



Community-Based Intervention: A Case Study of Pantoloan Boya Village Community Through the Rehabilitation Field Program of National Narcotics Agency, Palu City

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Abstract

Drug abuse is becoming more of a threat and garnering global attention, particularly in parts of Southeast Asia. The drug issue in Indonesia is urgent and multifaceted. In 2019, Central Sulawesi ranked fourth in Indonesia for the highest rate of drug abuse, with 3.30% of the population, or the equivalent of 61,857 drug users. According to research, Palu City has the highest rate of drug abuse in Central Sulawesi province. The purpose of this research was to find out how the Community-Based Intervention (CBI) Program is being implemented in the Rehabilitation Sector of BNN Kota Palu in Pantoloan Boya Village. The method used in this study was qualitative. This study used a purposive sample strategy to select 7 informants. The results showed that the mapping was carried out by RW (Hamlet)/RT (Neighbourhood)-based Recovery Agents (RA) with minimal Human Resources (HR) and clients who participated in limited interventions. Outreach is the delivery of information and approaches to the community, families, and drug users. This study's recommendations include mapping to expand HR capacity, in this case, RAs and clients, so that the program works more efficiently. Increase client compliance in group and individual meetings as part of outreach. Recovery services are being provided by pushing for the continuation of CBI's activities in Pantoloan Boya Village.

Keywords: Community-Based Intervention, Rehabilitation, Narcotics

Key Messages:

- The study's findings emphasize the need to enhance the implementation of the Community-Based Intervention (CBI) Program through increased human resources and improved client engagement to effectively address this issue.

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1. Introduction

Drug abuse is becoming more of a threat and garnering global attention, particularly in parts of Southeast Asia. The rapid growth of the world as a result of globalization not only facilitates communication across national borders but can also give opportunities for the quick emergence of cross-border or transnational crimes (1). According to data from the United Nations Office on Drugs and Crime (UNODC), there will be over 275 million

people taking drugs worldwide in 2020, with more than 36 million people suffering from drug-related disorders. It should be noted that the potency of cannabis has increased by fourfold in some regions of the world in the previous 24 years, and the percentage of teenagers who consider the drug dangerous has decreased by 40%. Despite evidence that cannabis use is connected with a variety of health and other problems, particularly among frequent long-term users (2).

In Indonesia, the drug problem remains urgent and complex. This problem has spread throughout the last decade. This is proven by the enormous increase in drug abuse as the number of drug abuse cases disclosed increases, the pattern of which is becoming increasingly diverse and the syndicated network becomes more massive (3). According to the study data, Central Sulawesi Province had the highest prevalence rate of drug abuse in 2019, ranking fourth out of 34 provinces in Indonesia. The prevalence of ever-consuming drugs is approximately 3.30%, or the equivalent of 61,857 people. Meanwhile, the incidence of drug abuse in Central Sulawesi has risen to 2.8% in the last year, or the equivalent of 52,341 people. The number of Central Sulawesi residents who used drugs but no longer do so has only decreased by about 15% in the last year (4). According to data from the National Narcotics Agency (BNN) for Palu City, drug users in rehabilitation grew by age group from 2018 to 2019, with 85 cases in the 11-20 year age group, for a total of 187 cases in 2018. In 2019, there were 103 cases for this age group of <18 and 55 cases for the age range of 18-25, for a total of 206 cases. In 2018, the highest area was in South Palu Sub District, while it was in West Palu Sub District in 2019.

The Palu City BNN noted that drug abuse undergoing rehabilitation in 2020 has decreased with a total of 52 cases. With a total of 23 cases, the most common age group was 18-25 years. Mantikulore Sub District has the highest number of drug users, particularly Amphetamine/Methamphetamine, with 48 cases. Rehabilitation is a method of rehabilitation that allows an individual to live and function effectively in society as a recovered or improving individual. The findings of research from the Peshawar rehabilitation center provide services that reduce sufferers for drug users, to lower the frequency of relapse in addicts. Drug addicts also have individual counseling that will help patients stop taking drugs and keep them from using them (5). Article 54 Law no. 35 of 2009 concerning narcotics, states that narcotics addicts and victims of narcotics abuse must undergo medical and social rehabilitation. Medical rehabilitation is a process of recovery from drugs while social rehabilitation is a process of physical, mental, and social recovery. Based on The results of research Gunawan (2016) (6), it show that Community-Based Rehabilitation (RBM). RBM activities are more concentrated on community awareness efforts (primary prevention), namely carrying out the tasks of communication, information, and education to the community, and assistance, namely reaching out and assisting continuously victims in the recovery process.

Based on the results of a preliminary study conducting interviews with the section head of the Rehabilitation Sector the Community-Based Intervention (CBI) program is still relatively new and will be implemented in 2021, which was previously also called Community-Based Rehabilitation (CBR) in 2020. CBI was formed on the problems raised Individuals who have access to BNN feel uncomfortable, afraid, and even ashamed, as well as the costs incurred for rehabilitation go directly to BNN. Because of that, the government took a way out to form CBI in the village/village.

The purpose of the CBI program is to identify drug users or early detection of drug users, then provide information on how to solve the problem of drug users to CBI cadres and conduct outreach to identify drug users and their level of problem. Currently, BNN Palu City is conducting CBI in the Pantoloan Boya area, Tawaeli Sub District, Palu City. Based on data, Palu City is the highest area related to drug abuse, five of which are in Palu City and the sixth area is in the Parigi Mautong sub-district. BNN Kota Palu is an agency that has the main task of carrying out the duties, functions, and authorities of BNN in the Palu City area, including carrying out prevention, community empowerment, rehabilitation, and eradication in the district/city area.

2. Methods

The research method used was qualitative. The research was conducted using a case study approach, namely research that develops an in-depth analysis of a case, often a program, event, activity, process, or one or more individuals. Cases are limited by time and activity. Researchers collected complete information by using various data collection procedures based on a predetermined time.

The informants in this study were divided as follows: Key informants, namely those who know and have the basic information needed in this research. The key informant in this study was the head of the rehabilitation

section at the Palu City National Narcotics Agency. Ordinary informants, namely those who are directly involved in the social interactions examined in this study. The ordinary informants in this study were Recovery Agents (RA) officers of the Community-Based Intervention (CBI) program in Pantoloan Boya Village. The next informants are additional, namely, those who can provide additional information to validate the data obtained even though they are not directly involved in the administrative structure. Additional informants in this study were clients who had completed the Community-Based Intervention (CBI) program. Purposive sampling was utilized in this study to determine informants, which means that data sources were sampled with certain considerations or criteria that were thought to know the most about what the researcher wanted. In this study, the criteria for determining informants include persons who are familiar with policy implementation, people who follow CBI's guidance, may be invited to communicate, and are willing to become informants.

The data collection technique used in this study was to distribute in-depth interview guidelines to all informants. The interview guide used is only an outline of the problems to be asked. During the interviews conducted with the informants, it was determined that the information the researcher wanted was collected. The processing of data from interviews was carried out through a content analysis approach. The data obtained were analyzed using the matrix technique. The information obtained is presented in a table containing the number, the variables studied, the code of informants, emics, ethics, and conclusions. The presentation of data or information from interviews and documentation that has been processed is interpreted and presented in the form of a narrative or story.

In this study, a credibility test was used to test the validity of the data using triangulation. Triangulation is a data collection technique that combines various data collection techniques and existing data sources. The type of triangulation used by researchers in this study is source triangulation.

3. Results

Pantoloan Boya Village, Tawaeli Sub District is a part of Palu City in the north which is directly adjacent to Donggala and Parigi Mautong Regencies, which was inaugurated on February 27 2012 with an area of ± 13.6 hectares. Administratively, the Pantoloan Boya Village is bordered by: the Northern Part: Donggala Regency, Eastern Part: Wombo Village, Tanantovea SUB District, Donggala Regency, and Marantale Village, Parigi Mautong Regency, Southern Part: Pantoloan Village, West Part: Palu Bay. Pantoloan Boya Village has a population of 3,276 people as of October 2014 consisting of 1,753 men and 1,523 women. The number of family heads in Pantoloan Boya Village currently reaches 882 families. This village has 6 RW and 18 RT. The main source of income is labor, with as many as 287 persons employed as of 2014.

Recovery agents (RA) who are in the Pantoloan Boya village, Palu city, namely those who intervene with clients. The RA formed by the National Narcotics Agency (BNN) for Palu City totaled 5 people, who also served as RW/RT and community leaders and community organizations. The characteristic in this study amounted to 7 people, consisting of 1 key informant, namely the Head of the Rehabilitation Section of the National Narcotics Agency (BNN) in Palu City, 5 ordinary informants, namely the heads of RT/RW and community leaders or willing to become Recovery Agents (RA) and 1 additional informant i.e. CBI Client of Recovery Agent or Rehabilitated User. In detail, the characteristics of the informants are provided in the following table 1:

Table 1. The Informants' Characteristics

No	Name	Age (Years Old)	Occupation/Position	Description
1	NK	47 Years Old	Section Head of BNN Rehabilitation Field, Palu City	Key Informant
2	JM	50 Years Old	Farmer/Recovery Agent	Common Informant
3	AW	33 Years Old	Self-Employed/Recovery Agent	Common Informant
4	AH	37 Years Old	Teacher/Recovery Agent	Common Informant
5	MS	58 Years Old	Farmer/ Recovery Agent	Common Informant
6	MP	42 Years Old	Self-Employed/Recovery Agent	Common Informant
7	RN	25 Years Old	Community	Additional Informant

4. Discussion

Mapping in the implementation of Community-Based Intervention (CBI) through the Palu City National Narcotics Agency (BNN) Rehabilitation Sector Program

Mapping on Community-Based Intervention (CBI) in Pantoloan Boya Subdistrict is adequate since it contains drug users who will serve as spokespeople for each RW/RT who will participate in CBI activities. As a result, each of the five Recovery Agents (RAs) receives two clients. This Community-Based Intervention included only ten clients. This is because the BNN in Palu City only accepts 10 drug addicts as clients. RA also provides prevention services to the public through outreach or education and is assisted by BNN in conducting health check-ups during BNN meetings. Human resources in drug handling are educating people who will become RA to undertake direct screening of clients. They are also given ways to deal with drug addiction so that clients feel at ease and willing to serve. Before CBI, informants said that there was no human resource that dealt directly with drug addicts.

Outreach in the implementation of Community-Based Intervention (CBI) through the Palu City National Narcotics Agency (BNN) Rehabilitation Sector Program

It was discovered that the outreach carried out by Recovery Agents (RA) was fairly good through outreach and approaches to the community, families, and drug users who are clients of Community-Based Intervention (CBI) through activities that exist in society during the implementation of Community-Based Intervention (CBI). Clients often receive assistance from family and society to recover. Furthermore, the client's compliance in engaging in the activities carried out during the CBI process was deemed very good, even though it did not achieve 100% because the client was unable to attend the scheduled meeting.

Recovery Services in the implementation of Community-Based Intervention (CBI) through the Palu City National Narcotics Agency (BNN) Rehabilitation Sector Program

Recovery services in the implementation of Community-Based Interventions (CBI) are provided by monitoring and mentoring activities carried out by the Recovery Agent (RA) once a week, accompanied by the Palu City BNN. In addition to regular meetings, the RA frequently conducts home visits. The informant further highlighted the support provided to drug abusers based on the actions carried out, saying that there was support for CBI clients, as well as enrolling clients in the BNN's life skills program, where a lot of CBI clients were also aided in getting jobs. However, this has not yet been realized for programs created directly by the urban village to empower clients. The RA is not in charge of referral centers; instead, the Palu City National Narcotics Agency is. Nonetheless, the RA is an extension of the National Narcotics Agency, whose task is to confirm directly if there are clients who cannot be handled directly by the RA. Clients go through several changes when participating in CBI activities, including changes in their social environment, and physical and spiritual health. The informant responded that the client's experience was positive since the RA always watched and supplied information to minimize relations with individuals who were still drug users. Information was also acquired from the informants' remarks in the form of several challenges for each RA, such as difficulty in addressing drug users and families that did not support them.

Mapping in the implementation of Community-Based Intervention (CBI) through the Palu City National Narcotics Agency (BNN) Rehabilitation Sector Program

According to the findings of in-depth interviews done by researchers, geographical distribution of user data or identification of drug abusers was carried out. The Recovery Agent (RA) conducted mapping on an RT/RW basis based on the statements of ordinary informants. RA targets drug users' families and friends to obtain information or information about drug users. According to the key informant, RA is a group of people who volunteer as CBI officers and whose purpose is to deliver knowledge to people in the Pantoloan Boya Village region through educational outreach and other means. RA asked authorities from both the RT/RW and figures in the urban village area to identify drug users. In line with Sukoco (2017) (7), mapping of vulnerable regions in the city of Semarang was done to establish the level of vulnerability and priority as the basis for action to prevent drug misuse and distribution. The findings of this study contradict the findings of Aldridge et al. (2018) (8), who found that the identified inequalities of the homeless population, drug users, sex workers, and persons in prison experience

extreme health inequalities in a variety of health conditions. As a result, the relative effect of exclusion is greater for females than for males.

Regarding the availability of human resources (HR) in handling drugs, from the statements of ordinary informants, it was found that before the Community-Based Intervention (CBI) program existed, there were no people who directly handled drug users or there was a desire to stop using drugs from those who abuse them. Efforts that have been made are limited to providing socialization on the dangers of drug abuse from the health sector; empowering women and children, and people who have an education. Based on the analysis of key informants' statements, it was found that the human resources formed by the BNN in Palu City were only five people and were said to be lacking in dealing with drug users regardless that the RA had run the program well. After CBI, some drug users took part in interventions assisted by RA.

This result is in line with the results of research by Hadiansyah and Rochaeti (2022) (9) that the lack of human resources does not reduce their sense of professionalism in helping residents to be able to free themselves from the addictive substances contained in narcotics. This result is not in line with Nasiri et al. (2022) (10), which revealed the failure of equity in the distribution of health human resources (doctors) at Qazvin University of Medical Sciences, resulting in the lowest level of development in health services.

Outreach in the implementation of Community-Based Intervention (CBI) through the Palu City National Narcotics Agency (BNN) Rehabilitation Sector Program

In-depth interviews yielded information about how the Recovery Agent (RA) transmitted information and approached drug users, their families, and the surrounding community. According to the claims of ordinary informants, information was disseminated through the media of mosques during Friday prayers, community gatherings, parties, and events for football children who were gathered. There is an approach to the community, family, and drug users in disseminating information or outreach about the CBI program. Following the key informant statements and other information, there is an informant submission by the RA in which the approach with the client is in the form of how the client can recover and be drug-free. According to the research of Nurbaya (2022) (11), the method for preventing drug addiction must be capable of dealing with all forms of drug misuse as well as other risk factors. The technique to preventing drug addicts must begin in the local community as well. This finding is consistent with the findings of Hardiana Ratni et al. (2022) (12), who discovered that communication in the Bersinar Tanah Seribu Village Program takes three forms: face-to-face contact in groups, communication through outdoor media, and indoor communication.

Based on the results of in-depth interviews regarding client compliance with CBI activities, statements from ordinary informants show that clients have good enthusiasm for attending meetings held by BNN Palu City. This compliance is due to the desire to change from the client. If it is presented, there are 65% -95% of the participants who attend the meeting, and some of the clients cannot attend the meeting. CBI activities are carried out for three months with 1-2 meetings a week. Statements of key informants regarding client compliance are very good, around 80%.

In line with the research of Jumran et al. (2019) (13), it was found that client compliance in participating in the rehabilitation program at the BNN Pratama Polyclinic in Southeast Sulawesi Province was (70.3%) in the obedient category, (14.1%) in the less compliant category and (15.6%) in the non-compliant category. Based on the test results, it was found that there was a relationship between clients participating in the rehabilitation program and the level of recovery at the BNN Primary Polyclinic in Southeast Sulawesi Province. The results of this study are not in line with (14) which revealed that adherence to Antiretroviral Therapy (ART) among women who use drugs globally is low.

Recovery Services in the implementation of Community-Based Intervention (CBI) through the Palu City National Narcotics Agency (BNN) Rehabilitation Sector Program

Based on in-depth interviews conducted by researchers with ordinary informants, key informants, and additional informants, it is known that there was monitoring and assistance carried out by the Recovery Agent (RA) and BNN Palu City for 3 months of activity. Routine monitoring and assistance has been scheduled during meetings with clients. Of the 5 ordinary informants, 1 of them stated that there had been no visits to clients' homes. Following the Post-rehabilitation Client Report Card (15), It was understood that monitoring is the practice of

closely observing, both directly and indirectly. The RA made this observation to provide early recovery support to post-rehabilitation clients for they to sustain their recovery. Information Communication and Education, recognizing post-rehabilitation service needs, easing access to post-rehabilitation services, identifying potential recurrence, and accompanying and/or encouraging clients to participate in positive community activities are examples of assistance activities. These results are also following the CBI Guidelines ((16) that RA assistance is in the form of facilitating a regularly scheduled monthly meeting with the client. Monitoring is the direct or indirect direct and indirect observation of activities performed by RAs to provide recovery support to CBI clients.

From the results of in-depth interviews regarding the support provided through the activities participated in, information was obtained from informants that Recovery Agents (RA) provide support and involve clients in activities such as growing hydroponic vegetables and grapes as well as in activities in the village. According to key informants, there were many interventions in CBI's activities, so there were individual and group activities. From additional informants, information was obtained regarding the existence of support from families and communities for clients in carrying out positive activities and participating in planting activities carried out by BNN. In line with the research of Ruhaedi & Huraerah (2020) (17) (17), improving survival skills and vocational are work skills and social skills as well as survival. This development facilitates the client's process of being accepted back by the family, community, and environment. The results of this study are in line with the results of Pidura (2021) (18) that the goal of engaging in this vocational guidance is to redirect the attention of drug users or recovery clients. Clients are allowed to learn directly to be creative and, most importantly, to hone their talents and interests through the implementation of vocational skills advice.

5. Conclusion

Monitoring carried out by RW/RT-based Recovery Agents to prevent narcotics abuse is through outreach, outreach, counseling, and making media posters. Before the existence of CBI, no personnel directly dealt with drug users, and the human resources developed by the BNNK of Palu City were still inadequate, but the program was working smoothly and there were only a few clients who intervened. Through socialization at mosques, meetings, and community activities, outreach is carried out by disseminating knowledge and approaches to the community. Clients desperately require help from family and society to recuperate and become obedient to CBI activities. Recovery services, mainly monitoring and mentoring, are carried out once a week by the RA with assistance from BNN Palu City; however, no sustainability activity has been carried out for clients who have completed following CBI. Referrals are made by directly confirming to BNN. Clients have reported that they have been able to stop using drugs and communicate better and that crime in the community has decreased as a result of the efforts undertaken. Obstacles in the CBI process are clients who don't want to be rehabilitated, and difficulties in approaching and assisting clients and families.

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