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Model of social handling for drugs relapse abusers in North Sumatra, Indonesia

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Abstract

The purpose of this research is to observe how the social handling model is conducted to the drug relapse misuse. A qualitative and descriptive method is used to achieve its objectives, besides data collection is done through literature study, in-depth interviews, and observation. The results showed that there is no significant social therapy for the drug relapse abusers at Pamardi Putra Social House "Insyaf" of North Sumatra. Furthermore, the provision of vocational training is the provision of productive skills that can be capital for clients/residents after leaving the rehabilitation center to avoid the suggestion to use drugs again.

Keywords: Social, relapse, community, drugs, abusers.

Modelo de manejo social para toxicómanos por recaída de drogas en el norte de Sumatra, Indonesia

Resumen

El propósito de esta investigación es observar cómo el modelo de manejo social se lleva a cabo para el abuso de la recaída de drogas. Se utiliza un método cualitativo y descriptivo para lograr sus objetivos, además de la recolección de datos a través del estudio de la literatura, entrevistas en profundidad y observación. Los resultados mostraron que no existe una terapia social significativa para los adictos a la recaída de drogas en Pamardi Putra Social House "Insyaf" de Sumatra del Norte. Además, la provisión de capacitación vocacionales es la provisión de habilidades productivas que pueden ser capital para los clientes/residentes después de abandonar el centro de rehabilitación para evitar la sugerencia de volver a consumir drogas.

Palabras clave: Social, recaída, comunidad, drogas, abusadores.

1. INTRODUCTION

The problem of abuse and illegal trafficking Drugs today have become a serious problem, and can be regarded as an extraordinary crime. This problem is not only a national issue or a problem in some countries, but the problem of drug abuse and illegal trafficking has become a problem all over the world. According to the United Nations Office on Drugs and Crime (UNODC) in 2006, the worldwide drug users are 162.4 million people in 2008 is estimated to increase 4% of

worldwide drug abuse, from 200 million people in 2006 to 208 million people in 2007, and the number continues to increase to date (BNN, 2014).

Indonesia has undergone a state of emergency Drugs, and has also been submitted by the President of the Republic of Indonesia. With the increase in the prevalence of Drug abuse, which in July of 2015 it was recorded 4.2 million abusers and in November 2015 there was a significant increase of 5.9 million drug abusers and 30-40 people died every day because of drugs (Syuhada, 2015). Indonesia is allegedly ranked the largest fourth users and abusers of drugs in the world, accessed on October 16, 2016 at 21:21 WIB. Meanwhile, in North Sumatra province, it was recorded in the latest data the prevalence rate of the drug users reached 600 thousand people in 2014, and became the third province with the highest prevalence of drug users from all over Indonesia.

The efforts to combat the trafficking and the abuse of drug have been done frequently, through surveillance in drug trafficking routes, regulation is marked by the passing of the latest law No. 35 of 2009 on narcotics. Meanwhile, the countermeasures for the drug abuse victims as drug addiction therapy is a rehabilitation program. This program aims to release the drug abusers from addiction and its dependence on drugs that make them difficult to adjust life without drugs and frequent relapse and sakaw (*in a very bad condition*). According to BNN data, there are currently 40 rehabilitation units occupied by 16,000 drug

users undergoing rehabilitation plus two BNN-owned institutions that accommodate 2,000 drug users. BNN provides a budget of Rp 1 Trillion in 2013 for the drug handling. The Rehabilitation Agency of National Narcotics Agency (BNN) states, the number of drug users who get therapy and rehabilitation services throughout Indonesia in 2012 is 14,510 people. Most of them are at the age of 26-40 years, as many as 9,972 people (BNNP Sumut, 2013).

The various methods and therapies given to the clients or drug abusers in the rehabilitation institution are not completely necessary to make the clients can be cured because in the process of drug rehabilitation, it is very unlikely to recover completely, but can only be said to recover from dependence, where there is no longer a desire to consume drugs or even feel the effects of "sakaw" after undergoing a program or therapy rehabilitation. Therefore, it often happens the case that a person who has completed a rehabilitation program becomes a drug abuser again. This condition is known as "Relapse". It is quite worrying that the high number of the drug users is also proportional to the high number of relapses in the drug abusers. Relapse is a behavior of drug abuse after undergoing a rehabilitation program which is characterized by the existence of thoughts, behaviors, and feelings addictive after the breaking period of the substance. According to the World Health Organization (WHO) a person is said to recover from the drug dependence when he is free or clean from drugs for at least 2 (two) years (Badan Narkotika Nasional, 2003).

The data from the National Narcotics Agency (BNN) in 2006 at Balai Kasih Sayang Institute Pamardi Siwi BNN showed that there were 38 cases, relapse many times and reentered to the same rehabilitation institution. In 2007 the relapse rate of 95% and even the clients who went to the fourth time to the rehabilitation institution. In 2008 the relapse data in Indonesia reached 90%. This means that of 10 rehabilitated addicts, 9 will most likely use again and only 1 is fully recovered. This is reinforced by a study conducted by YCAB (Yayasan Cinta Anak Bangsa) in 2010, where the results obtained are the recurrence rate that reached 90% of those who are declared to have recovered, then relapsed back which means that only about 10% who managed to maintain free from the substance (abstinence) (Pertiwi, 2011).

2. LITERATURE REVIEW

2.1 Model of Social Handling/Social Therapy

Turner (1987) explains that psycho-social therapy is a therapy that combines biosocial, psycho-social, human knowledge and social behavior, skills related to individuals, families, groups and communities. Then it is also a competence in mobilizing the available resources, in the medium of individual relationships, family and group. The purpose of conducting social therapy is to help people to change

personality, behavior or situation in order to contribute to the achievement of satisfaction, fulfillment of human functioning in the framework of values and the objectives of the person and the availability of resources in the community (Charles, 2008).

Social therapy is an activity that is conducted in a drug rehabilitation center. Social therapy is a form of service provided by the rehabilitation center to the resident or client in order to restore the social functioning of the client in order to return to the family and society. In this case, stop using drugs.

2.2 Relapse

Relapse or recurrence is a recurrent pattern of abuse (addiction) where the use of drugs takes place regularly (Nasution, 2014b: 101). Relapse does not take place at once. The relapse process becomes complete when it returns to its recovery path, so it returns to normal. This is called lapse. If the lapse occurs repeatedly and keeps on drugs, it quickly returns to its original state of addiction. This is called relapse (Martono & Satya, 2008).

According to Martono and Satya (2008) drug abuse is the use of drugs that are not done for the purpose of treatment, but because they want to enjoy its influence. Because of the influence that drugs are

misused, drugs are considered as negative because they have a negative impact on the person who misuses them. Among the consequences of drug abuse as described by Martono and Satya (2008), are disruption of brain function and normal development in adolescents, intoxication, overdose, withdrawal symptoms, relapse, health disorder, lack of values, behavioral/mental social disorders, economic and legal issues.

The efforts made in handling the drug abuse issues in an individual, then rehabilitation program is conducted either by government or private with the program organized in the form of medical, spiritual, and social through social therapy. Rehabilitation is a series of service processes that are given to the drug abusers/drug addicts to release them from their dependence on drugs, until they can enjoy a drug-free life. But certainly based on the data that has been described that drug abuse is a symptom of relapse when someone has undergone a rehabilitation and stopped using drugs can return relapse at any time. It is called relapse (Fahrudin, 2012).

3. RESEARCH METHODS

This research uses a qualitative and descriptive method for conducting research. The researcher conducted the descriptive research to answer a question or about the state of the observation object or

subject in detail. The data analysis technique in this study uses a qualitative approach with descriptive technique. This research will examine the data that has been obtained in depth by reviewing all the available data from various sources of the collected data.

In qualitative research, the research procedure is not standardized and flexible. So, there are clues that can be used, but not rules. According to Suyanto and Sutinah (2011), there are several methods of data collection known in qualitative research, although it can be said that the most important method is observation and in-depth interview or in-depth interview. And additional methods are the review of written documents.

The data analysis technique in this research uses qualitative approach with descriptive technique. This research examines the data that has been obtained in depth by reviewing all the available data from various sources of collected data. Studying the data, examining, compiling, in units and then are categorized them to the next stage, and checking the validity of the data and describing it by depicting facts and phenomena in depth with an analysis that matches the researcher's ability to make a conclusion (Moleong, 2007: 247).

4. RESEARCH RESULTS

4.1 Method of Social Handling for Drug Abusers

The social handling model is a form of planning that forms the pattern of activities as deeds or activities in handling a situation or problem that exists in a society either in the form of micro, mezzo, or macro.

The social handling model is different from other handling models, such as medical, psychological, and physiological models. The social handling model considers that the problems experienced by an individual, or community group that can be restored by social intervention by involving the participation of other individuals or groups in the physical, psychological, and social aspects so that a handling beneficiary can recover and re-function within their social life (Larimer et al., 1999).

In the case of social treatment against the drug addicts or drug abusers, social handling is called social as rehabilitation. According to Article 1 of Law Number 35 Year 2009, Social Rehabilitation is a process of integrated recovery activities physical, mental or social, in order the former Narcotics addicts can re-implement his social functions in public life. Referring to the Law No. 35 Year 2009, it is also mentioned that any drug abuser and drug abuse victim is obliged to undergo medical rehabilitation and social rehabilitation by mechanism of an underage or drug addict, must be accompanied by a parent/guardian when reporting to be rehabilitated. Meanwhile, those who are old enough/adults (17 years and above) are obliged to report themselves to be rehabilitated.

Today there are many rehabilitation institutions operating in Indonesia, either managed directly by the government, which is also called Government Organization or owned/managed by private sector called Non-Government Organization. There are various activities or methods during the rehabilitation process of a resident or a drug abuser who is undergoing rehabilitation. Among the methods that are recognized and already applied in various countries include:

1. Medical methods, either inpatient or outpatient (hospitalization) which is usually conducted by a Mental Hospital (RSJ) or Dependency Drug Hospital (RSKO).

2. Community-based rehabilitation methods. The principle of this program is the self-help group, as a group helping each other by using trained community members as counselors or peer counselors, and parents of addicts. The community-based rehabilitation programs include, outreach, detoxification, advanced care in the community and also organize the house assistance, (Martono, Lydia Harlina and Satya Juana, 2008: 96). This method usually applies the 12 step principles of "Self Helping Group" or Narcotics Anonymous (NA).

3. Therapeutic Community Method (TC). The TC method is the most widely used in handing the residents in rehabilitation centers especially in Indonesia. The rehabilitation centers that

become research sites also use the TC method. The characteristics of TC include:

- Using peer counselors who are recovered, selected, and trained drug users with 1-2 professional counselors.
- The programs may be primary or secondary for those who are not ready to return home. The program lasts 3 months to 2 years, with an emphasis on the socialization process. The treatment is usually confrontational.
- Some TCs require separate addicts from the surrounding world. Another TC does not. TC has life like a dormitory with daily schedules. Its members maintain and manage the facility. It can be provided with vocational education and training. Some TCs have outdoor recreational activities.

4. Half-Way House. The half-wayhouse is a transitional place between the hospital and the rehabilitation center before returning home. The half-wayhouse consists of 10-20 clients together with the supervision and are responsible for maintaining the house, such as shopping, cooking, cleaning house, and washing clothes. They work or go to school part-time, while still following the recovery program. Usually this program is made for:

- Addicts who have not progressed much in the primary therapy program.
- Those who do not have access to the hospital / rehabilitation center.
- Those who have not been able to return home due to family issues that have not been addressed or poor environmental conditions.

In Indonesia, this tool has not been developed. However, the half way houses already exist in North Sumatra Province, precisely in Medan City which is managed directly by BNNP of North Sumatra. Then, based on the observations during the study, the Alkamal Sibolangit Center also has an aftercare program in the form of half way houses, but the residents are not required to stay. They are only required to come every two times per month. And that also applies to the families, where a program is created for ex-addict family to have the ability to keep the restoration of their rehabilitated family. This program is called a Family support group. Rehabilitation with its various methods is one of the recovery efforts against the drug abusers or addicts to recover from their dependence on drugs. However, rehabilitation does not necessarily provide assurance that the drug abusers or addicts do not "fall" back (relapse)(Nasution, 2014a).

4.2 Driving Factors of the Relapse

The problems experienced by the residents or drug abusers who undergo rehabilitation found in the field are strongly related to the driving factors for helping the residents/clients in the recovery period. The problems that prevent the residents from recovering from the dependence on drugs include:

4.2.1 No intention for recovery

In general, the residents who do not have the intention to recover are those who undergo rehabilitation because they have to. His condition could have been caught by the police, or forced by the parents. The residents call it conditioning or being conditioned. So it is not a boost from themselves. The actions of conditioning from the police or parents cause distortions in the residents, on the other hand, the desire to use drugs is still exhilarating and there is no desire to stop, meanwhile the fact that must be accepted is he must undergo rehabilitation so that he is far from drugs.

In general, a resident who undergoes rehabilitation because of compulsion will do resistance. At the beginning of the rehabilitation of resistance, he usually does a physical rebellion. But over time, the resident will realize his efforts in vain. Then, in general, the resident

who has realized it will do the act of manipulating themselves and the counselor with as if both follow the program. But he does not do it with sincerity, just a formality only with the aim that he quickly declared restored and repatriated to the place of origin. Usually, a resident like this, when he finished undergoing the rehabilitation, he will immediately use drugs again(Nasution, 2004).

4.2.2Lack of parent/family participation

Many people in general think that social handling through rehabilitation is the same as medical treatment which only involves the doctor in the handling and recovery of the clients/residents. In fact, rehabilitation is an effort that must involve various parties, either the rehabilitation board and the officials or parents and surrounding communities.

Parent/family participation in terms of social handling or rehabilitation of drug abusers is not only limited to the cost of rehabilitation services. It should also participate in the disclosure of information about the client/resident who is a member of their family and provide information on the client/resident issue with the family in a transparent manner to the resident counselor in charge of the resident.

The role of resident parents/family is needed at the beginning of the resident undergoing rehabilitation until after rehabilitation. At the

time of post-rehabilitation parents are the most instrumental to help the recovery of a former drug addict. The problem that many occur, the family itself still has a negative stigma against the addict and in general difficult to give confidence to the resident. It may cause the former drug addict to feel restrained and frustrated, which he then re-ignites by re-using drugs (Rozak and Wahdi, 2006).

4.2.3 The absence of supporting facilities and infrastructure for recovery

According to *Kamus Besar Bahasa Indonesia* (KBBI) facility means everything that can be used as a tool in achieving the purpose or goal. Meanwhile, infrastructure is everything that is the main support implementation of a process.

Facilities and infrastructure in support of recovery of a former addict not only in the form of objects or other equipment such as funds, drugs, or physical fitness equipment. But the facilities and infrastructure needed are also activities that can accommodate ex-addicts to not have time to feel suggestion to use drugs again (Suyanto and Sutinah, 2008).

Based on the narrative of the research informant, one of the problems of former drug addicts who have completed the rehabilitation

is a suggestion to re-use drugs. It is a natural thing, since drugs are substances that the process works in the human body is spread throughout the body, including stimulating the nervous system and circulate in the blood. So if you are accustomed to enter drugs into the body, over time the body will become dependent and until whenever will be difficult to recover, even no word cured for the former drug addicts. That there is recovering and at times can experience the relapse. For that, there is an expression in the rehabilitation center and become the jargon or the resident slogan in the rehabilitation center that is, "recovery is a long journey". Recovery is a long journey and literally, it means recovery is all time.

4.2.4 Environment does not support recovery

The environment becomes one of the factors that affect the recovery of former drug addicts because as we know at least when a person has grown up, the environment shapes the person's character.

The environment that needed by an ex-addict who wants to maintain his recovery is a conducive environment. That is a clean environment from the circulation of drugs, and also the environment that does not give a negative stigma to the former drug addicts.

Most cases of recurrence in drug addicts are based on the environmental factors. It is very few ex-addicts who have completed the rehabilitation then returned to their home environment and still can maintain the recovery. Most of the former drug addicts when they return to their home environment, they will "fall" back on drugs, because the overly strong suggestions are related to the memory of feelings when using drugs earlier. There are even those who have gone from old to the new environment, but he returned to drugs because his new environment is also a place of drug circulation. But that number is very small. Because in general a former addict who is conscious to change but, does not have strong survival skills, he will be selective in finding new clean environment from drugs (Visimedia, 2006).

4.2.5 Relapse

The above factors in general can lead to the relapse of a former drug addict. It is undeniable and quite alarming that the high number of drug users is also proportional to the high number of relapses in drug abusers. Relapse is a behavior of drug abuse after undergoing a rehabilitation program characterized by the existence of thoughts, behaviors, and feelings addictive after the breaking period of the substance. According to the World Health Organization (WHO) a person is said to recover from drug dependence when it is free or clean from drugs for at least 2 (two) years.

So it takes an effective and sustainable handling so that ex-addicts can maintain its recovery and not return relapse. In this study, the researcher tries to explain the results of the observations and the field interviews about the social handling model of the drug relapse abusers in PSPP Insyaf North Sumatra and Alkamal Sibolangit Center.

4.3 Social Handling Model for Drug Relapse Abusers in North Sumatra

North Sumatra is among the top three provinces with the highest prevalence of drug users in Indonesia. It is recorded 600 thousand drug users exist in North Sumatra. This is absolutely very worrying where the circulation of drugs in North Sumatra increasingly rampant, and entered into all circles, both students and the community cannot afford, officials, and other cross-profession many entangled drugs. The higher prevalence of the drug users is caused by the entanglement of new drug users who are generally school-aged children and not accompanied by a decrease in the number of people who have recovered from dependence on drugs(BNNP Sumut, 2013).

Drugs become an easy thing to obtain and difficult to be released because the drug has entered into the joints of the life of a person who has abused it. This makes an addict a dependency and always "miss" for his drug use even if an addict has undergone

rehabilitation. So it is difficult for a drug addict to really clean from drugs. An addict must have strong intentions and good coping skills.

4.3.1 Special handling for resident drug relapse abusers

A resident who does not wish to be named in this report confessed that the therapy conducted by PSPP "Insyaf" North Sumatra has not been optimal in handling the resident drug relapse abusers. He admitted that if the resident who has relapse back to undergo treatment or the same program will not have a meaningful effect on it because he already knew about the program.

The most influential rehabilitation center in giving reinforcement is a community of drug abusers themselves. So in handling the maximum role in recovery is a community of the fellow abusers. So there is a place where a drug abuser or addict is to share and give positive feedback or motivation to each other. So if drug relapse drug abusers are combined with new ones undergoing rehabilitation, the process will not work effectively (Pertiwi, 2011).

Based on the interviews in the field with informants who are resident in PSPP Insyaf North Sumatra, it is similar to the previous informants said the need for special therapy against the drug relapse abusers because the informant assumes that the program functions that

have been undertaken before will not be maximally run against a relapse drug addict. The drug relapse addicts should also be placed in different places with new addicts undergoing rehabilitation. It means that there must be dealt with community relapse of addicts. They also suggested that therapy against drug relapse addicts should be more directed towards therapy of mindset and attitude(Lubis, 2012).

4.3.2Parents' support in recovery (Family Support)

The negative stigma of the family can make the former drug addict become down, not confident, rebellious, even frustrated. This is felt by one of the residents who became the informant in this research, Ari. The informant said the factor he "fell" back on drugs was because of the frustration of the family that frustrated him.

A relapse person will need more support from the family because in general,he falls and feel has disappointed the family back, and fear not accepted by the family. If the family continues to support the recovery of the resident, and does not give a negative stigma to a resident who "falls" back on drugs, it will help him to return to confidence and further reinforce his recovery(Rahmawati, 2016).

4.3.3 Improvement of Coping Skill

Unlike the previous informant, the next informant named Raja admitted the factor of experiencing relapse is the surrounding environment, so he is unable to survive from drugs. In other words, he does not have good coping skills in keeping with his recovery. Based on what he said, the handling of drug relapse abusers should be done outside the rehabilitation center with strict guidance and community facilities fellow addicts or abusers who have made the recovery, and directly taught about the implementation of effective coping skills to keep the recovery in order no longer trapped by the suggestion of drug abuse (YUD, 2014).

4.3.4 Vocational Training

Based on the observation and interviews of the research informants. It was found that one of the factors causing relapse is the lack of skill to do a productive thing to avoid negative thinking that leads to drugs. A former addict must be preoccupied with useful and productive activities which will prevent him from recalling drug use or at least continue to take time to get used to life without drugs. Therefore, the need for an after care program that provides a vocational to resident relapse so that the problem can be resolved and no longer use drugs.

5. CONCLUSION

Based on the analysis that has been conducted, the researcher gives conclusions about the model of social handling for drug relapse abusers in North Sumatra. There are several things that are considered to be factors that cause the relapse or recurrence in ex-drug addicts or abusers.

5.1 No intention for recovery

There is no intention to recover from the resident should be taken seriously by institutional counselors because the program will not be interpreted by the resident as an attempt to "repent" or restore to him. The resident who has no intention of recovering runs a course in formalities, but after completing the program, he already planned to return to using drugs. This is a lot happening among drug addicts who finished undergoing rehabilitation.

5.2 Lack of parent/family participation

The role of resident parents / family is needed at the beginning of the resident undergoing rehabilitation until rehabilitation finished. At the time of post-rehabilitation parents are the most instrumental to help the recovery of a former drug addict. The problem that many

occur, the family itself still has a negative stigma against the addict and in general difficult to give confidence to the resident. It may cause the former drug addict to feel restrained and frustrated, which he then reignites by re-using drugs. Relapse is very likely to occur against the former drug addicts because of the dependence on drugs that have long attached to the former drug addict. For that reason, the family support from the former addict himself is needed to continue supporting his family's recovery and distance himself from the negative stigma about the former drug addict.

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