

The Role of Nurses in the Rehabilitation Process of Patients Using Drugs (Narcotics, Psychotropic Drugs, and Addictive Substances): A Study at the Dhira Suman Tritoha Foundation

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ABSTRACT

Drug abuse is a problem that impacts physical, psychological, and social health and therefore requires treatment through rehabilitation. This study aims to describe the role of nurses in the rehabilitation process of drug users at the Dhira Suman Tritoha Foundation. The method used was a qualitative case study design through in-depth interviews with three nurses and non-participatory observation of rehabilitation services. The results indicate that nurses play a crucial role in monitoring physical conditions, administering medication, managing withdrawal symptoms, therapeutic communication, emotional support, and facilitating psychosocial and spiritual therapy. Based on thematic analysis, four main themes emerged: (1) medical-physical role, (2) psychosocial role, (3) spiritual facilitation role, and (4) challenges in nursing care. Nurses also help build patient motivation through cognitive-behavioral approaches and support behavioral change during the recovery process. Challenges faced include patient non-compliance, resistance to treatment, and limited resources. Overall, nurses contribute significantly to the success of rehabilitation through their holistic, patient-oriented role. These findings emphasize the importance of strengthening nurses' competencies in addiction nursing and providing adequate institutional support.

Keywords : Nurse, Rehabilitation, NAPZA (Narcotics, Psychotropics, and Addictive Substances), Addiction Psychology

INTRODUCTION

Drug abuse is a serious threat to public health in Indonesia and has a widespread impact on various aspects of life, from education and employment to family and social relationships. This phenomenon is not only found among adults, but is also increasing among teenagers. According to a report by the United Nations Office on Drugs and Crime (UNODC), in 2018 there were 275 million drug users worldwide, and in 2019 the figure reached 5.5% of the population aged 15-64 (Warnelis, 2020). In Indonesia, the prevalence of NAPZA abuse in West Java in 2020 reached 0.40% or around 68,042 people, including injecting and non-injecting users (Sulastiana, 2021). This condition shows that drug abuse needs to be addressed comprehensively to prevent broader physical, psychological, and social impacts (Fadilah et al., 2024).

NAPZA is a substance that has the potential to cause dependence and can cause various health disorders. The abuse of these substances is associated with physical risks such as

seizures, neurological disorders, HIV infection, and respiratory disorders. The psychological impacts include depression, behavioral changes, and severe mental disorders (Widiyawati, 2020). The magnitude of the impact of NAPZA use makes rehabilitation an important step for recovery. NAPZA rehabilitation is a coordinated effort that includes medical, psychological, social, religious, and vocational services to restore the physical, mental, and social abilities of abusers (Michiko, 2016). Law No. 35 of 2009 also requires addicts and victims of narcotics abuse to undergo rehabilitation as a form of recovery (Purwani et al., 2016; Putra, 2016).

From a psychological perspective, addiction is understood through several theoretical models. The biopsychosocial model views addiction as the result of a complex interaction between biological (genetic, neurobiological), psychological (cognitive, emotional, personality), and social (environment, culture, social support) factors (Sianturi et al., 2022). This model emphasizes that recovery from addiction requires interventions that address all three dimensions simultaneously. Cognitive Behavioral Theory (CBT) explains that substance dependence is reinforced by maladaptive thinking patterns, irrational beliefs about substances, and ineffective coping mechanisms. In the context of rehabilitation, the CBT approach helps individuals identify triggers, change negative thought patterns, and develop healthier emotional management skills (Khasanah et al., 2022). Nurses who understand the principles of CBT can provide basic psychological interventions through therapeutic communication and emotional support.

In addition, the Stages of Change Model developed by Prochaska and DiClemente shows that individuals with addiction go through stages of behavioral change, starting from pre-contemplation, contemplation, preparation, action, to maintenance. Understanding these stages is important for nurses in providing support that is appropriate to the psychological readiness of patients (Destiyana, 2019). The role of nurses is not only limited to medical aspects, but also as motivators who facilitate the process of behavioral change in patients.

Although there is a number of literature on drug rehabilitation, studies that specifically explore the psychological dynamics of the role of nurses in the context of non-hospital rehabilitation institutions are still very limited. Most previous studies have focused on evaluating rehabilitation programs in general or the roles of counselors and social workers (Amaliah et al., 2024), but few have examined in depth how nurses manage the psychosocial and spiritual aspects of patients in the recovery process. In fact, nurses are at the forefront and have the most intensive contact with patients, so their contribution to changes in patient behavior and emotional stability is very significant.

In addition, the challenges faced by nurses in dealing with patients with high resistance, noncompliance, and manipulative behavior have not been widely explored from a psychological perspective. This study attempts to fill this gap by exploring the experiences of nurses directly and analyzing their role within the framework of addiction psychology theory. Based on the background and research gap above, the research questions in this study are:

1. What is the role of nurses in the medical-physical, psychosocial, and spiritual aspects during the rehabilitation process of drug users at the Dhira Suman Tritoha Foundation?
2. What are the psychological challenges faced by nurses in providing care to drug users?

3. How do nurses apply theory-based psychological approaches to support behavioral change in patients?

This study aims to examine in depth the role of nurses in the rehabilitation process of drug users, including the methods used, the challenges faced, and the psychological approaches applied at the Dhira Suman Tritoha Foundation. The findings of this study are expected to contribute to the development of nurses' competencies in addiction nursing and strengthen the theoretical basis for drug rehabilitation practices in Indonesia.

METHODS

This study used a case study design with a qualitative approach. A case study was chosen because it allowed researchers to gain an in-depth understanding of the phenomenon being studied in a real-world context. A qualitative approach was used to explore more in-depth and detailed information about the experiences of nurses and the methods used to treat patients at the Dhira Suman Tritoha Foundation.

This research was conducted at the Dhira Suman Tritoha Foundation, Serang Regency, Banten, from August to October 2024. This foundation was chosen because it is a rehabilitation institution that has been operating for more than a decade and has structured programs for treating patients with mental disorders and drug dependence.

The participants in this study were three nurses who were actively involved in the rehabilitation services for NAPZA users at the foundation. The inclusion criteria for participants were: (1) being a permanent nurse at the foundation, (2) having at least one year of experience in treating NAPZA patients, and (3) being willing to participate in the study voluntarily. Participants were selected using purposive sampling to ensure that informants had experience and knowledge relevant to the research topic.

The data collection technique used by the researcher was in-depth interviews. Semi-structured interviews were conducted with each participant to obtain information about the role of nurses in rehabilitation, the treatment methods applied, the challenges faced, and their experiences while accompanying patients. Each interview session lasted between 45 and 60 minutes and was recorded with the participants' permission to be transcribed verbatim. The researcher also conducted non-participatory observations of rehabilitation activities, patterns of interaction between nurses and patients, the dynamics of therapy activities, and the implementation of rehabilitation programs in the field. Observations were made by recording the process of administering medication, therapeutic communication, and psychosocial and spiritual therapy activities.

The data were analyzed using thematic analysis, which included six stages: (1) familiarization with the data through repeated reading of the transcripts, (2) initial coding of the data, (3) search for initial themes, (4) review of themes, (5) definition and naming of themes, and (6) preparation of the final report. The analysis process was conducted inductively to identify patterns of meaning that emerged from the data.

To ensure data credibility, this study used source triangulation techniques by comparing data from interviews and observations, as well as member checking, which involved asking participants to verify the transcripts and the researcher's interpretations. In addition, the

researcher conducted peer debriefing with the supervising lecturer to ensure the objectivity of the analysis.

This study has obtained permission from the Dhira Suman Tritoha Foundation and approval from all participants through written informed consent. The identities of participants are kept confidential by using initials or code names in the reporting of results. Participants are given the right to withdraw at any time without consequences. Research data is stored securely and is only used for academic purposes.

RESULTS

Based on thematic analysis of interviews and observations, four main themes were identified that describe the role of nurses in the rehabilitation process of drug users at the Dhira Suman Tritoha Foundation, namely: (1) Medical Role and Physical Treatment, (2) Psychosocial Role and Therapeutic Communication, (3) Spiritual Role and Values Guidance, and (4) Challenges in Implementing Rehabilitation.

Theme 1: Medical Role and Physical Management

Nurses have the primary responsibility of monitoring patients' physical condition, especially during the detoxification phase and management of withdrawal symptoms. Informants stated:

"Our first task is to ensure that the patient's physical condition is stable, especially when they first arrive. They often experience symptoms such as tremors, cold sweats, nausea, and even seizures. We must always be on standby to administer medication according to schedule and monitor vital signs." (Informant P1)

Nurses also conduct routine checks of blood pressure, body temperature, and the patient's general condition to prevent medical complications. Another informant added:

"Sometimes patients refuse to take medication or become aggressive due to withdrawal effects. In such cases, we must be patient and maintain their safety. We also coordinate with doctors in case of emergencies." (Informant P2)

Observations show that nurses consistently record the development of the patient's condition in daily medical journals and report it to the multidisciplinary team.

Theme 2: Psychosocial Role and Therapeutic Communication

In addition to physical aspects, nurses also provide emotional support and psychological assistance to patients. Therapeutic communication is an important tool in building trust and motivating patients to recover. One informant explained:

"Many of them were initially closed off, felt guilty, or even hopeless. We must first build a good relationship, listen to their stories without judging. Only then will they open up and follow the program." (Informant P3)

Nurses are also actively involved in various psychosocial therapy activities such as psychodrama, art therapy, music therapy, and group discussions. Through these activities, patients are helped to express their emotions, understand destructive behavior patterns, and build adaptive social skills.

“During art therapy, there was a patient who cried because the picture reminded him of his past. We accompanied him, let him vent his emotions, then slowly encouraged him to talk and get back up again.” (Informant P1)

Theme 3: The Role of Spirituality and Values Education

The Dhira Suman Tritoha Foundation implements a rehabilitation approach that includes a spiritual dimension. Nurses act as facilitators in religious activities such as recitation of the Quran, communal prayer, and moral education. Informants said:

“We believe that recovery is not only physical and psychological, but also spiritual. Many patients begin to feel calm after regularly attending religious lectures or praying in congregation. They feel they have a new purpose in life.” (Informant P2)

Observations show that spiritual activities are carried out every day and are enthusiastically participated in by the majority of patients. Nurses not only supervise but also participate to set an example and create a conducive atmosphere.

Theme 4: Challenges in Implementing Rehabilitation

Despite their crucial role, nurses face various challenges in performing their duties. The main challenges identified are patient non-compliance, resistance to treatment, and limited resources.

“The biggest challenge is when patients are uncooperative. Some deliberately refuse to take their medication, some run away during activities, and some like to provoke conflicts with other patients. We have to be extra patient and firm at the same time.” (Informant P3)

In addition, the limited number of nurses compared to the number of patients adds to the workload. However, teamwork and support from patients' families are factors that greatly help in overcoming these challenges.

“If the family is supportive, the process is easier. But if the family is indifferent or even blames the patient constantly, it makes the patient feel down and difficult to recover.” (Informant P1)

DISCUSSION

The results of this study indicate that nurses play a highly strategic and multidimensional role in the rehabilitation process of drug users at the Dhira Suman Tritoha Foundation. These findings are in line with the concept of holistic nursing care, which emphasizes the importance of comprehensive care covering physical, psychological, social, and spiritual aspects (Rahmawati et al., 2016). This discussion will analyze the research findings based on the theoretical framework of addiction psychology and previous studies.

The role of nurses in physical treatment and detoxification is in line with the biopsychosocial model of addiction proposed by Engel (1977), which states that substance dependence is a complex condition involving biological, psychological, and social factors. The detoxification phase is a critical stage because patients experience withdrawal symptoms that can threaten their physical and even mental health (Khasanah et al., 2022). Research findings show that nurses consistently monitor patients' physiological conditions, administer medication, and treat withdrawal symptoms such as tremors, nausea, and seizures. This role is in line with the

research by Rahmawati et al. (2016), which found that nurses at the BNN rehabilitation center have primary responsibility for the medical stabilization of NAPZA patients. Effective physical stabilization in the early stages of rehabilitation is an important predictor of long-term recovery success because it reduces the risk of medical complications and increases patients' readiness to undergo psychosocial therapy (Fadilah et al., 2024).

In addition to their physical role, nurses also perform equally important psychological functions. Field data show that nurses actively provide motivation, support, and therapeutic communication to help patients overcome anxiety, guilt, and emotional instability. This approach is important because NAPZA users generally experience emotional regulation disorders, difficulty controlling impulses, and low motivation to recover. The therapeutic communication provided by nurses serves to build mutual trust, increase patients' openness in expressing their problems, and guide them in understanding the goals of recovery. This role is in line with the concept of holistic nursing care, which encompasses physical, psychological, social, and spiritual aspects.

The involvement of nurses in various forms of psychosocial therapy such as psychodrama, art therapy, and music therapy reflects the application of Cognitive Behavioral Therapy (CBT) principles in addiction rehabilitation. CBT emphasizes the importance of identifying and changing maladaptive thoughts and behaviors that underlie substance use. Through art therapy and psychodrama, patients are helped to express pent-up emotions, understand traumatic experiences, and develop new perspectives on themselves.

These findings are supported by research by Hasan et al. (2022), which found that music therapy is effective in reducing anxiety and improving the psychological well-being of drug rehabilitation patients. Expressive therapies such as art and music provide non-verbal means for patients to explore and process emotions, especially for those who have difficulty expressing their feelings verbally.

The role of nurses in facilitating spiritual therapy demonstrates the application of a meaning-making approach in addiction recovery. Logotherapy is a search for meaning in life, which is a fundamental motivation for humans, and the loss of meaning is often the root cause of addictive behavior. Spiritual activities such as recitation, communal prayer, and moral guidance help patients rediscover their purpose in life, build a positive value system, and strengthen their sense of purpose.

Rohman's (2017) research on tarekat-based spiritual education for drug addicts found that spiritual approaches are effective in building inner peace, reducing cravings, and increasing commitment to recovery. The spiritual dimension provides a source of internal strength (internal locus of control) that helps patients face the challenges of recovery and prevent relapse.

The challenges faced by nurses are noncompliance, resistance, and manipulative behavior. These are manifestations of the characteristics of substance use disorders. Substance use disorders are characterized by loss of control, strong cravings, and an inability to stop using despite awareness of the negative effects. Resistance to treatment is often associated with ambivalence—a psychological condition in which patients simultaneously desire change but are afraid or reluctant to give up the substance that has become their coping mechanism (Destiyana, 2019).

Findings regarding uncooperative behavior and a tendency to resist rules are also consistent with the concept of reactance—a psychological reaction to restrictions on freedom that are perceived as threatening to individual autonomy. In the context of rehabilitation, patients may perceive the program as a form of external control that restricts their freedom, thereby giving rise to resistance. This requires nurses to have motivational interviewing skills – an approach that respects patient autonomy while facilitating the exploration of internal motivation for change.

The success of nurses in carrying out their roles is inseparable from the existing support system. Collaboration with psychologists, psychiatrists, addiction counselors, and support staff reflects the application of the integrated care model in addiction rehabilitation (Mardin et al., 2022). This model emphasizes the importance of multidisciplinary teamwork to address the complexity of addiction issues involving medical, psychological, social, and spiritual dimensions.

Family support is also a significant protective factor. Social Support Theory explains that emotional, instrumental, and informational support from family increases patient resilience, strengthens motivation to recover, and reduces the risk of relapse (Linus & Hutaso, 2023). Conversely, family dysfunction and lack of social support can be risk factors that prolong the recovery process.

This study has several limitations that need to be considered. First, the study was conducted in a single rehabilitation setting, so the findings may not be generalizable to other rehabilitation contexts with different characteristics. Second, the limited number of participants (three nurses) limits the diversity of perspectives. Third, non-participatory observation may cause an observer effect, where the presence of the researcher influences the behavior of the participants. Fourth, this study did not involve the patients' perspective, so the understanding of the effectiveness of the nurses' role is only from the nurses' own point of view.

CONCLUSION

This study shows that nurses have a very strategic multidimensional role in the rehabilitation of drug users, covering medical, psychosocial, and spiritual aspects. This role is manifested through detoxification treatment, therapeutic communication, emotional support, and facilitation of various recovery therapies. Despite challenges such as patient resistance and resource limitations, nurses are able to contribute significantly to the success of rehabilitation through a holistic and patient-centered approach.

The findings of this study have several practical implications:

1. Strengthening nurse competencies: Specialized training in addiction nursing is needed, including the management of withdrawal syndrome, motivational interviewing, trauma-informed care, and difficult behavior management.
2. Institutional support: Rehabilitation institutions need to provide an adequate nurse-to-patient ratio, regular clinical supervision, and self-care programs to prevent nurse burnout.

3. Interprofessional collaboration: Strengthen the coordination system between nurses, psychologists, psychiatrists, addiction counselors, and social workers to ensure continuity of care.
4. Family involvement: Integrate family education and counseling programs as part of the patient recovery support system.

Further research is recommended to:

1. Involve the perspectives of patients and families to gain a comprehensive understanding of the effectiveness of the nurse's role.
2. Using a longitudinal design to track the patient recovery process and identify factors that predict long-term success.
3. Conducting comparative studies between various rehabilitation settings (hospitals, community-based institutions, therapeutic communities) to identify best practices.

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