



Experience of Nurses in Providing Rehabilitation Therapy Programs for Adolescents Using Narcotics, Psychotropic and Other Addictive Substances (NAPZA)

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ABSTRACT

Nurses who handle drug cases in adolescents need to focus on adjusting the social, emotional and physical aspects of the family through intervention at a rehabilitation therapy centre. This study aims to explore the experience of nurses in providing rehabilitation therapy programs to adolescent drug users. The research design uses qualitative methods with an interpretive phenomenological approach. In-depth interviews were conducted with 6 nurses at the Hayunanto Medical Center Drug Rehabilitation Center. This study resulted in 10 themes, including 1) feeling concerned about adolescent drug users, 2) being happy when successfully curing patients, 3) being frustrated seeing patients relapse and being rehabilitated again, 4) being challenged to devote themselves, 5) the key to successful treatment is to do more assessment and communication, 6) use various approaches to overcome obstacles, 7) interaction still carried out through outpatient and home visits, 8) difficulties in understanding the holistic aspects of patients, 9) the need for involvement of various parties in overcoming drug abuse, 10) the need to increase interventions involving social media. The conclusion of this study is that the experience of nurses in providing therapy programs to adolescent patients with drugs causes various conditions felt by nurses, it is necessary to involve several parties as supporting factors for achieving therapeutic programs for adolescent NAPZA users.

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ABSTRAK

Perawat yang menangani kasus NAPZA pada remaja perlu berfokus pada penyesuaian aspek sosial, emosi dan fisik pada keluarga melalui intervensi di pusat terapi rehabilitasi. Penelitian ini bertujuan untuk mengeksplorasi pengalaman perawat dalam memberikan program terapi rehabilitasi pada remaja pengguna NAPZA. Desain penelitian menggunakan metode kualitatif dengan pendekatan fenomenologi interpretatif. Wawancara mendalam dilakukan pada 6 perawat di Pusat Rehabilitasi Narkoba Hayunanto Medical Center. Penelitian ini menghasilkan 10 tema yaitu 1) merasa prihatin menghadapi remaja pengguna NAPZA, 2) bahagia ketika berhasil menyembuhkan pasien, 3) frustrasi melihat pasien kambuh dan direhabilitasi kembali, 4) tertantang mengabdikan diri, 5) kunci keberhasilan perawatan adalah lebih banyak melakukan pengkajian dan komunikasi, 6) menggunakan berbagai pendekatan untuk mengatasi hambatan, 7) interaksi tetap dilakukan melalui rawat jalan dan home visit, 8) kesulitan memahami aspek holistik pasien, 9) perlunya keterlibatan berbagai pihak dalam mengatasi penyalahgunaan NAPZA, 10) perlunya meningkatkan intervensi yang melibatkan media sosial. Kesimpulan penelitian ini adalah pengalaman perawat dalam pemberian program terapi

pada pasien remaja dengan NAPZA menimbulkan berbagai kondisi yang dirasakan perawat, perlu keterlibatan beberapa pihak sebagai faktor pendukung tercapainya program pemberian terapi pada remaja pengguna NAPZA.



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INTRODUCTION

NAPZA abuse done by adolescents is based on several reasons, including easing existential crises, forming social bonds and affection, and seeking pleasure (Pusat Data Kemenkes RI, 2014; Soares et al., 2019). NAPZA abuse in adolescents are past experiences in a biopsychosocial environment, such as the fragility of social and family ties, the emotional distance between adolescents and their parents or legal guardians, and characteristics of the adolescent phase itself, such as impulsive behavior and curiosity (Dignam & Bigham, 2017). In Indonesia, the report of drug cases since 2011 has increased with a peak in 2013 with 4,745 cases, which then decreased significantly until 2016. After that, a gentle increase happened until 2018. Overall from 2011 to 2018, there were 14,010 cases reported (Badan Narkotika Nasional, 2018; Pusat Data Kemenkes RI, 2014).

Based on the Drug Abuse Prevalence Survey (2019), it was found that East Java was ranked second after North Sumatra, both in the category of "had used NAPZA" (1,038,953 cases) and NAPZA abuse during the last 1 year (554,108 cases). The age that is classified as a child for the first time using drugs was also found in DI Yogyakarta. In this province, children at the age of 10 have used NAPZA for the first time. Next, the age for the first time using drugs is 11 years old, located in the provinces of North Sumatra, Lampung, and DKI Jakarta. In adolescence, those who used drugs for the first time were increasingly widespread. The children at the age of 12 for the first time using drugs were found in the provinces of South Sumatra, Bengkulu, Bangka Belitung Islands, East Java, Banten, and Central Sulawesi. The drug users aged above 20 years who used drugs for the first time were found in four provinces involving Riau, East Nusa Tenggara, Maluku, and North Maluku (Badan Narkotika Nasional, 2020; Pusat Penelitian Data dan Informasi Badan Narkotika Nasional, 2020).

Nurses who work in rehabilitation centers have roles in providing health information, creating a comfortable therapeutic environment and supporting lifestyle changes, providing comprehensive nursing care, and having roles as defenders of client rights. In addition to these roles, nurses have a very important main task, namely as case managers for clients undergoing rehabilitation (Rahmawati et al., 2016). Nurses who handle NAPZA cases in adolescents, need to think about and focus on their change to adults. This is done by considering the adjustment of social, emotional, and physical aspects of the family through intervention at the rehabilitation center. The role of nurses in rehabilitation centers is complicated, with uncertain workplace conditions in which the role of a doctor's assistant is also attached to nurses who work in rehabilitation centers (Rahmawati et al., 2016; Sumarno, 2016). Besides, nurses are also required to be able to replace the work duties of other parts, namely as counselors and administrators. Moreover, nurses must also have the ability to understand in detail the types of NAPZA commonly used and the various effects that the NAPZA cause. Based on these problems, the researchers wanted to explore the experience of nurses in providing rehabilitation therapy programs to adolescent NAPZA users through a qualitative study using a phenomenological approach.

METHOD

This study used a qualitative phenomenological method in which it was carried out in July 2021. The participants in this study were nurses who had special experience in treating adolescent clients who used NAPZA at the Mental and Addiction Therapy Center of Hayunanto Medical Center (HMC), Dau District, Malang Regency. Data were collected using in-depth interviews. The interview transcripts were then analyzed using the theory of (Creswell, 2014).

Table 1
Data Analysis and Presentation of Phenomenological Research Approach (Creswell, 2014)

No	Data Analysis and Presentation	Stages in Phenomenological Research
a.	Organizing data	<ul style="list-style-type: none"> • Researchers created data and organized files for the data
b.	Memoing	<ul style="list-style-type: none"> • Researchers read the whole text, made margin notes, and formed the initial code
c.	Describing data into codes and themes	<ul style="list-style-type: none"> • Researchers described personal experiences • Researchers described the essence of the phenomenon
d.	Classifying data into codes and themes	<ul style="list-style-type: none"> • Researchers developed important statements • Next, researchers grouped the statements into meaning units
e.	Interpreting data	<ul style="list-style-type: none"> • Researchers developed a textural description of "what happened" • Next, researchers developed a structural description of "how" the phenomenon was experienced, then developed the "essence" of the phenomenon
f.	Presenting and visualizing data	<ul style="list-style-type: none"> • Researchers presented data in the form of tables, pictures, and explanations.

RESULTS AND DISCUSSION

This study resulted in 10 themes, including 1) Nurses felt concerned when dealing with adolescent NAPZA users; 2) Nurses felt happy when they succeeded in curing patients through rehabilitation programs; 3) Nurses feel frustrated seeing patients who relapsed and needed to be rehabilitated again; 4) Nurses felt challenged to devote themselves to work in drug rehabilitation centers; 5) The keys to successful drug rehabilitation treatment were more assessment and communication; 6) Nurses used a variety of approaches to overcome barriers during rehabilitation; 7) Interaction with patients was still carried out through outpatient care and home visits as an effort to develop further treatment; 8) Nurses found it difficult to understand the holistic aspects of patients during rehabilitation; 9) Nurses felt the need for involvement of various parties in overcoming drug abuse; 10) Nurses felt the need to increase interventions involving social media. The description of each theme is as follows:

1. Nurses felt concerned when dealing with adolescent NAPZA users

The theme of feeling concerned when dealing with adolescent NAPZA users was supported by three sub-themes, including feeling surprised when seeing adolescent NAPZA users, feeling sorry for adolescents who were addicted to drugs, and sad to see adolescent NAPZA users. The theme of feeling concerned when dealing with adolescent drug users was conveyed by three participants with the following statements:

"..If we feel, what do we do..., most of the patients are in their productive age, it's like finding, like most drugs, it's like feeling surprised with the association..." (P1)

"..The first is pity, especially for teenagers, the second is what I feel apart from pity, it is a little sad, so I am a little sad, how can it's like this, this is wrong, that's what I feel for the first time. ..." (P6)

"My feelings about today's youth, the abuse of illegal substances, yes, it's really sad because yes, there is no benefit at all using drugs or substances like that" (P3)

The involvement of adolescents in criminal acts of NAPZA abuse is certainly a bad sign for the existence of the nation in the future. Adolescents who are expected to build the country fall into NAPZA addicts that make people feel pity and sad (Choate, 2015). Feelings of concern underlie nurses to help patients to recover from addiction and have a more purposeful life. Nurses also try to increase adolescent expectations to have a more purposeful life and a good quality of life even though they have experienced mental and physical disorders due to addiction (Sugiyanto, 2019). Adolescence is a very vulnerable age to try new things and want freedom so that adolescent resilience can depend on religious life and family support (Satria & Sazira, 2016).

2. Nurses felt happy when they succeeded in curing patients through rehabilitation programs

The theme of being happy when nurses succeeded in curing patients through a rehabilitation program was supported by two sub-themes, namely happy that the patient was cured because he was successful in

rehabilitation and proud of being able to rehabilitate the patient. The first sub-theme was supported by the following statement:

"..I'm glad that what has been done here is successful, some of them have sent messages through Facebook and said that, ' I'm now like this', it's really nice, some also said that, 'if you go to Malang, I would like to invite you to have coffee together', even there is someone who has been married, I feel very happy .." (P5)

The second sub-theme was supported by the following statements:

"My feeling when I see patients like that is yes..., they can actually go through it, yes..., I feel happy and there is a sense of pride for me" (P3).

Nurses felt happy when they succeeded in helping patients to recover. Nurses felt successful when adolescents who have used NAPZA did not experience addiction or relapse. Feelings of pride as a rehabilitation nurse arose when the therapy given was successful. Nurses were also grateful when they can recover from NAPZA addiction so that they can be productive again.

Nurses felt happy when the patient was cooperative in the therapy program so that the therapy process was successful. This is in line with the nurse's responsibility for the patient's physical and mental health from admission to completion of the isolation period (Sumarno, 2016). The nurses will feel that their advice and efforts in carrying out treatment will succeed in curing the patient. Nurses play a role in supporting the client's healing process during rehabilitation until returning to the midst of family and community (Muliawan, 2017). Cooperation of all parties can also be involved both from the Public health center, the role of village health workers, family understanding of the importance of the role of the family regarding individual health status, especially during the recovery process (Kumboyono et al., 2020); (Prasetyo et al., 2021).. That patients can return to their families and be productive in the community is a pride for rehabilitation nurses. This sense of pride increases the motivation of nurses to work and provide genuine care to patients.

3. Nurses felt frustrated to see patients who relapsed and needed to be rehabilitated again

The theme of frustration seeing the patient experiencing a relapse and having to be rehabilitated was composed of two sub-themes. The first sub-theme was feeling like a failure when the patient relapsed repeatedly. Participants felt that they failed when the patient had repeatedly relapsed, such as underestimating the therapy that had been carried out.

"..but if it was once, twice, but they still used..., then three times..., it feels like the nurses didn't succeed with this rehabilitation, that is a challenge for us, nurses, how do we change this child,... just like that, that's a challenge.." (P1)

The second sub-theme was disappointed to see patients relapse because they have tried to rehabilitate. Participants said that they were disappointed when patients who had been rehabilitated experienced a relapse.

"..Going back to the first question, of course, we were disappointed, we motivated them before they left from here, we have warned them, but they came back there, yes we were sad.." (P2).

Feelings of frustration arose when nurses found patients who relapsed and must be rehabilitated. The nurse felt that if it was only 1 time, it was understandable but not for repeated ones. Repeated relapse made nurses feeling failed in helping them to recover in this rehabilitation process. This usually happens because the patient underestimates the information and therapeutic process provided during the rehabilitation. Nurses also felt disappointed because they have tried to cure but addiction occurs again. This condition occurs because most NAPZA patients often manipulate to say stop but they use it again so that the rehabilitation process does not seem successful.

Recurrence in patients can be caused by the limited competence of nurses in carrying out the rehabilitation process or the lack of inadequate family support (Rahmawati et al., 2016). Recurrence events in adolescents often occur due to poor family communication patterns (Rahmadhayanti & Safrudin, 2021). Adolescents successfully go through a rehabilitation period with support and attention from medical personnel but they will recover when they are in the community. This causes nurses to feel frustrated and fail in the healing process. Thus, nurses expect to involve collaboration between patients, families, health workers, and across sectors so that the recovery process is achieved.

4. Nurses felt challenged to devote themselves to work in drug rehabilitation centers

The theme of feeling challenged to devote oneself to being a drug rehabilitation nurse was composed of four sub-themes. The first sub-theme was that rehabilitation nurse related to the soul and challenge. This was supported by the following statement:

"Back to passion, my passion is Alhamdulillah, regarding the soul, so the more I come here, the more I dive into the soul psychology in the end, which is what makes me motivated to treat clients with or without risk, even mental disorders like that.." (P6).

The second sub-theme required nurses to learn about behavior and psychology to apply in rehabilitation. Participants said that they were motivated to become rehabilitation nurses because this job required them to learn new sciences. Participants also said that it can be applied to families and communities. This was supported by the following statement:

"We know from their behavior, we learn..., so we continue to dig every day when it comes to disease, such as diabetes, so there is a special treatment. Regarding behavior, it is related to psychology so we need to learn. That's how I like it, that's my motivation" (P1).

The third sub-theme was feeling called to see children who abused drugs. Participants felt motivated when they saw adolescents who were not taken care of so that they fell into drug abuse. Participants felt called to provide care to these children. This statement was illustrated in the following statement:

"So far, there are not many nurses who know and rarely choose a place of rehabilitation in their work..Only people in which their souls are called, hehe..."(P3)

The fourth sub-theme was wanting to devote oneself and being challenged to see increasing drug cases. Participants felt like devoting themselves to be drug rehabilitation nurses. This statement was illustrated in the following statement:

"Because the longer, the more the drug users, not less.., but more.., that is what motivates me so that I can devote myself and be able to provide treatment, especially now it's not just adults who use it, even children have already used it. I'm afraid that if they've been using it since they were little, they're clearly mentally disturbed and that's the most pitiful thing... Yes.. I want to be useful..."(P5).

The nursing profession is associated with severe stressors from their work and is at risk for negative performance (Mokhtar et al., 2016). Nurses as health workers have an important role in the form of nursing care in the NAPZA rehabilitation process (Rahmawati et al., 2016). The role of nurses is not easy because the number of nurses in rehabilitation is small and the number of patients is increasing so that a strong commitment is needed in providing services to patients (Henwood & Booth, 2016). Nurses need the education to improve their competence and knowledge in doing rehabilitation (Dolansky & Moore, 2013). So that more efforts are needed to always update their knowledge and abilities. Appropriate capabilities can improve the quality and success of nursing services. Nurses also felt sad, bored, and afraid of NAPZA addicts at the beginning of working. On the other hand, it is a challenge that can motivate nurses to provide care to patients.

5. The keys to successful drug rehabilitation treatment were more assessment and communication

The theme regarding the keys to successful drug rehabilitation treatment consisted of three sub-themes. The first sub-theme was independent intervention including a trusting relationship (BHSP), review of the history of NAPZA users, and education. Participants said that they carried out nursing interventions starting from BHSP, reviewing NAPZA users' history, and educating patients during rehabilitation. This was supported by the following statement:

"Conducting detoxification must be consulted with a doctor like that.., but before we consult a doctor we have to dig first, there is an anamnesis, there is an anamnesis there..., how long? And what kind of substances used, hehe..." (P2).

The second sub-theme was the collaboration with doctors, counselors, and other medical personnel. Participants said that apart from performing independent nursing interventions, they also collaborated with other disciplines such as doctors, counselors, and medical personnel to carry out rehabilitation for patients. This was supported by the following statement:

"Preparation for the patients, especially that...., at least we prepare for therapy. For therapy, there is a staff there, usually at the beginning... we screen and then we review it at the beginning, as usual, then we consult to

each part, the first time we consult to the doctor and usually at the beginning, they're given detox therapy" (P4)

The third sub-theme was collaborative action across sectors. Participants said that in carrying out rehabilitation, they also collaborated with cross-sectors such as the police to report on the patient's health condition. This statement was illustrated in the following quote:

"So when they came, I received them, so I collaborated with the investigators or the police in addition to filling out the handover form, after that, the anamnesis was conducted in the room. Coincidentally, the workers are me, Mr. Bagus, and Mr. Aan, and then they were briefed first. ... then they would also be screened so we would check whether there was a dangerous thing or not or whether there was a necessary thing or not.... after that, they would be explained what would be done inside, such as detox therapy, drugs like that..." (P5).

Nursing care and intervention require different methods. Nurses need to conduct assessments using appropriate communication methods with patients. The rehabilitation process begins with BHSP when starting the assessment, then the nurses collaborate with the medical team and counselor. All intervention actions, both independent and collaborative, require communication techniques.

Nurse caring behavior and effective communication need to be used as a basis for nurses to provide nursing care for NAPZA patients to achieve recovery (Lestari et al., 2017); (Rahmawati et al., 2016). Communicating when dealing with patients and conducting assessments should always be applied in the prevention, therapy, and rehabilitation of patients (Kourkouta & Papathanasiou, 2014). This is because assessment is an important point in providing all forms of intervention to patients (Rahmawati et al., 2016). The assessment uses therapeutic communication that can be trained and planned and then carried out professionally to find the right intervention goals (Roos & Kusnarto, 2015).

6. Nurses used a variety of approaches to overcome barriers during rehabilitation

The theme of using various approaches to overcome obstacles during the rehabilitation of patients with special-purpose consisted of the three sub-themes. One of the themes was using the BHSP approach with effective communication and a friendly attitude to review the patient's history. Participants used the BHSP strategy to approach patients. Participants also used effective communication and showed a friendly attitude during assessing the patient.

"So we have to keep going back to our job descriptions, we have to keep a friendly smile, that's what makes us work, if not, we won't be able to..." (P2)

The second sub-theme was providing education to patients regarding therapy and the role of nurses during rehabilitation. Participants revealed that they tried to provide explanations to patients regarding the procedure, the length of time, and the rules carried out during rehabilitation. Participants also explained their role as nurses so that patients were not afraid to convey a history of NAPZA abuse.

"If refusing, there is a case,... but at the beginning, we have briefed that later will be detoxified, given medicine and so on ... if, for example, they refused, 'I don't want this', we will explain what the detoxification function is, then they wanted ... Yes, when they were ready to follow the rules, it will be rushed hahaha. (P5)

The third sub-theme was trying to approach the patients by adapting to the situation so that the patient was comfortable. Participants revealed that they assessed the patient by trying to adapt to the situation so that the patient felt comfortable and would tell stories.

"To respond it, yes, to eat..., we deliver the food until we enter the room while we chat, we provoke them to answer questions such as asking, 'why you don't want to go out', sometimes they said that they were afraid that there was a crazy patient, sometimes they were still in shock. Someone asked me, 'Why am I here?', then we brought the food to the medicine room, and when we changed the infusion, we talked to them so they were comfortable first when they were comfortable, we asked them to go out and taught them to go out watching tv or playing badminton like that..." (P5)

The rehabilitation carried out requires the participation of nurses in creating a therapeutic environment for patients and families, providing information, advocating, carrying out nursing care, and collaborating (Association of Rehabilitation Nurses, 2014). Nurses with adolescent patients need to use an approach that focuses on change towards adulthood and consider social, emotional, physical aspects including in the family, school, and group environment (Rahmawati et al., 2016). The purpose of this approach is the success of the rehabilitation program in achieving patient recovery. This success can be in the form of increasing the clients' ability to recognize symptoms and their management, being able to socialize in the community, being able to be productive and independent, and improving the quality of life (Mindiono, 2020).

7. Interaction with patients was still carried out through outpatient care and home visits as an effort to develop further development

The theme regarding interaction with patients was still carried out through outpatients and home visits as an effort to further development consisted of two sub-themes. The first sub-theme was further development for rehabilitation patients who were routinely monitored or outpatient. Participants provided service facilities to patients after undergoing rehabilitation with routine control and outpatient care as an effort to develop further treatment.

"Umm, so later, before they go home, or before they return, for example, at home, it will be held counseling for the last meeting with the counselor for further development" (P3).

The second sub-theme, which was further development, also included home visits to patients after undergoing rehabilitation. Participants provided facilities to patients with home visits when patients and their families wanted treatment as an effort to develop further treatment.

"It's for independent, there is also home care, like yesterday..., our team visited Mojokerto. Because they were contacted by the family, they suspected that the patient was using drugs again because of its strange

nature... because if he was taken to a rehabilitation center, he got trauma..." (P5)

Nurses need to carry out various psychological, cognitive, and behavioral therapies so that drug patients can re-socialize with the community (Rahmawati et al., 2016). Social rehabilitation is carried out for the recovery of victims of narcotics abuse so that they can be accepted back into the community. Social rehabilitation is a special individual service in the social field, to improve social skills, prevent social skills from declining or getting worse than previous social conditions (Novitasari, 2017). Efforts for further development or aftercare are carried out by nurses while still involving the participation of patients and families. The family can play a role as a supporter and controller in carrying out positive activities (Rahmadhayanti & Safrudin, 2021).

8. Nurses found it difficult to understand the holistic aspects of patients during rehabilitation

The theme of finding it difficult to understand the holistic aspects of patients during rehabilitation was composed of six sub-themes. The first sub-theme was that patients often lied when nurses assessed their history of NAPZA abuse. Participants said that NAPZA patients often lied and they were good at finding reasons when the assessment was carried out, so making it difficult to obtain valid data.

"Maybe there are no obstacles for me..., maybe there are a few obstacles..., usually drug users often lie... So the data collecting that we get is not accurate, they often lie... Hem, it's convoluted" (P2)

The second sub-theme was that the detoxification was not smooth because the infusion stuck and the blood vessels broke easily. Participants said that patients who have used NAPZA could cause blood vessels to break easily when the infusion was inserted. In addition, the patient continued to carry out activities during rehabilitation so that the infusion was easily jammed. This made it difficult for nurses to carry out detox therapy during rehabilitation. This statement was illustrated in the following statement:

"And sometimes they don't have bed rest, they are doing activities, so the infusion is often jammed, it's certain and sometimes it comes off..., if a patient in the hospital and they are bed rest, it's still safe... like that" (P5)

The third sub-theme was that patients felt uncomfortable with detoxification. Participants said that the patient was uncomfortable during the detoxification process. Patients felt that they did not get the benefits of detoxification so they did not comply with the procedure of the length of time of the detoxification.

"The obstacle when they are doing detoxification by themselves, is that sometimes the patients feel that the detoxification is useless and sometimes it's not at the right time, they speed up the infusion itself and sometimes they know they're going to go off the infusion therapy on their own, sometimes there are bad guys like that" (P6)

The fourth sub-theme was that patients experienced mental disorders due to the influence of NAPZA so that it

was difficult to direct them. Participants said that it was difficult to treat patients because patients have characteristics such as those having mental disorders.

"In terms of psychology, it tends to be less... usually children are less directed, if mentally..., many children are less good averagely, what does it mean by less good?.." (P2)

The fifth sub-theme was that patients were secretive with drug use background. Participants said that it was difficult for patients to reveal their background because patients tend to be secretive about revealing their problems to health workers.

"Social approach... social approach is the obstacle that occurs here... Usually, they are a bit closed to vent, so sometimes they are closed like that maybe because of various problems, sometimes it's not the same for people with different backgrounds, why they use drugs like that..., there are various kinds, some of them are family or school, and others like that.." (P3)

The sixth sub-theme was changes in patient behavior in which patients were not cooperative with nurses. Participants said that the patient experienced a change in behavior so that the patient was not cooperative with the nurse who helped them during undergoing the rehabilitation.

"How is it? sometimes, we have some problems or things that hinder us, that is..., they are not cooperative..., sometimes doing what they want to do, and maybe for those who may have a high social status..., so they feel like they don't want to listen to what we are directing or suggesting. That's the obstacle for the therapy given but if the social status is ordinary or middle class, they usually just follow the rules, maybe that's all that I've ever experienced" (P4)

Nurses encountered various obstacles during rehabilitation care for adolescents. Adolescents are children who are in a transitional period between childhood and adulthood, where children experience rapid changes in all fields (Kumboyono et al., 2004). Adolescent patients with NAPZA experience various changes in both biological, psychological, and social aspects. Changes in physical condition in NAPZA addicts are the same as changes in cigarette addicts in which they are experiencing damage to blood vessels due to chemicals (Kumboyono et al., 2021). Due to the patient's mental state, he often lies so that making it difficult to assess. Detox therapy that is done through infusion is often jammed because of the patient's mobility and is easily broken because the blood vessels in NAPZA users are thinner due to the influence of substances. The long detox process makes the patient becoming uncomfortable and feeling less useful. Adolescent drug users also experience mental disorders so that it is difficult to direct them to follow rehabilitation procedures. The patient's behavior also becomes uncooperative and closes himself off from the nurse.

Cases of substance abuse have increased in adolescence. Adolescent NAPZA users experience physical problems, feeling anxiety, depression, to psychiatric disorders (Rahmawati et al., 2016). NAPZA damage physical, psychological, and social health as psychoactive substances, substances that work on the brain so that causing changes in behavior, feelings, and thoughts (Anggraini, 2015). NAPZA addicts can be treated with rehabilitation, but this effort is not necessarily successful, there can also be a relapse (Satria

& Sazira, 2016). This condition also depends on the resilience of adolescents in addressing life problems (Aisha, 2014). These things make it difficult for nurses to carry out rehabilitation therapy for patients.

9. Nurses felt the need for the involvement of various parties in overcoming NAPZA abuse

The theme of feeling the need for involvement of various parties in overcoming NAPZA abuse was composed of two sub-themes. The first sub-theme is hoping that the younger generation will not use NAPZA because it destroys the future. Participants said the problem of NAPZA abuse can be overcome if the younger generation also tried to achieve their goals and tried not to use drugs.

"Hopefully, they are not naughty, but it's okay..., at least they stop being naughty at a young age, ok..., but there is a limit, that's the hope of nurses so that they don't damage the next generation" (P1)

The second sub-theme was hoping that counseling can help patients not repeat NAPZA abuse. Participants said that the counseling efforts made by the counselor during rehabilitation were expected to solve the problem of NAPZA abuse.

"In this place, there are also counselors, so they will be collected individually or in groups and then it will be held like what..., the term is like a game, how do they go individually or in groups... then other obstacles that might happen when they leave so they don't go back to use substances like this again" (P3).

The involvement of various parties is expected in solving this NAPZA problem, namely the role of other health workers, the community, and the government. Counselors in the rehabilitation process are needed because they have an influence on thinking processes, and changes in behavior patterns (Sleeper & Bochain, 2013). Collaboration must continue to be carried out between agencies effectively and efficiently so that it can have a positive impact on the relevant agencies (Bankston & Glazer, 2014). Family and community are also needed as patient support systems in the form of emotional support, material assistance, information, services, and openness in social relationships (Kusuma, 2011). The role of the family is needed to deal with addiction problems in adolescents. This condition is the same as the case of cigarette addiction in adolescents who need parents who are not smoking as role models to prevent it (Kumboyo et al., 2018). Emotional support in the form of love, affection, attention, sympathy, and positive thoughts can help the success of the rehabilitation process for patients (Mindiono, 2020). The government through the National Narcotics Agency (BNN) also needs to work together in determining the success of rehabilitation for patients (Roos & Kusnarto, 2015). Solving this addiction problem requires the involvement and responsibility of individuals, parents, teachers, and the community (Kumboyo et al., 2020).

10. Nurses felt the need to increase interventions involving social media

The theme of enhancing interventions involving social media was composed of two sub-themes. The first sub-theme was hoping that nurses will improve the ability of interventions to treat NAPZA patients. Participants said that

in solving the problem of NAPZA abuse, nurses' efforts were also needed to improve their ability to intervene for patients.

"That's just the first impression, then I have to go back to my profession. I have to be able to handle it. I have to be able to motivate them. We have to be able to provide therapy, ..especially what is done is BHSP. After that collecting information, how can it happen? Is there any broken home or other factors such as the environment or association?" (P2)

The second sub-theme was hoping that intervention can be done with social media. Participants said that intervention can be done by utilizing social media.

"In the further development stage, usually I ask them to do this, bro..., follow my Facebook for this, for example, if they want to hang out or want to confide, they can contact my Facebook, bro..., it's a personal problem, of course, it is different from the development stage of this agency.. like that" (P6)

Social media that is very close to teenagers today can be used to provide interventions to patients. Social media can affect the use of NAPZA in adolescents. This can be an opportunity to use social media as an intervention and delivery of information on the prevention of NAPZA abuse (Moreno & Ed, 2014). The government together with health workers and technology experts have tried to limit the use of social media for NAPZA addicts (Meng et al., 2017). Social media can also be used for health education media by conveying the prevention of NAPZA abuse and a healthy lifestyle according to the health belief model. This health belief model can be applied within the framework of quitting drug addiction (Kumboyo, 2011). This collaborative action also creates social media containing information on preventing NAPZA abuse among adolescents (Dunstone et al., 2017). This is based on the fact that most of the internet users are those having productive age. The internet is also easily accessible anywhere and anytime, making it easier for anyone to use it. Social media such as Facebook, Twitter, or Instagram also allows connection between patients and nurses so that the condition remains under control.

LIMITATION OF THE STUDY

The study was conducted during the COVID-19 pandemic and the interview process was carried out according to health protocols, using PPE so that researchers could not see the facial expressions of participants directly. Researchers were only allowed to meet participants in the evening to avoid contact with patients and activities in the hospital considering that participants lived in dormitories.

CONCLUSIONS AND SUGGESTIONS

During undergoing the rehabilitation treatment, the nurses encountered various difficulties due to changes in the patients' physical and mental condition but they still tried to do their best for the patient. Nurses carry out treatment until they feel successful when the patient can recover and does not relapse.

The interaction process with patients is still carried out when they are undergoing outpatient care and home care,

where it is hoped that the stakeholder can improve the quality of home care services more systematically during outpatient care. Besides, efforts to monitor patients' conditions directly to the patients and families need to be improved which can be achieved through the use of technology. The government through the BNN can increase education efforts for the community, especially at the age of teenagers, to socialize concerning drugs and their effects. The program can be inserted into the UKS program in schools.

ETHICAL CONSIDERATIONS

This research has obtained a certificate of health research ethics no. 206/EC/KEK-S2/07/2021 from the Research Ethics Committee of the Faculty of Medicine, Universitas Brawijaya.

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