JEs (2) (2025), E-ISSN 3031-4232
JES
Journal of Educational Studies
https://ejournal.baleliterasi.org/index.php/JEs

Education Curriculum Management: A Case Study of Adolescents with Drug Dependence

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Abstract

Narcotics, psychotropics, and other addictive substances are types of drugs or substances needed in the medical field. In handling them, victims of drug abuse can be treated with social service programs located in social rehabilitation centers. In their duties, social workers help provide assistance to victims related to using social services. The aim of this research is to analyze educational support through curriculum management for adolescents with narcotic dependence. This research uses a qualitative approach with a case study type. Data collection techniques consisted of observation, interviews, and documentation. Data analysis techniques used the Miles and Huberman and Saldana model, which includes data collection, data condensation, data display, and data verification. The research results show that the implementation of social rehabilitation for victims of drug abuse carried out at the "Satria" Center Baturraden includes: assessment, intervention, evaluation, and termination. Second, the supporting factors in the social rehabilitation process are: resident self-confidence, spiritual enthusiasm, therapy and guidance for residents, family atmosphere at "Satria" Center Baturraden, adequate facilities, a supportive environment, and peer support among residents. Meanwhile, the inhibiting factors are: insufficient family support, dishonesty during assessment, and delayed activities due to the Covid-19 pandemic.

1. Introduction

Drug abuse (Narcotics, Alcohol, Psychotherapeutics, and other Addictive Substances) is one of the many social problems that arise in society (Alamsyah T et al., 2024; Handayani & Utari, 2024). Drug abuse is a worrying and completely undesirable social problem to exist and be present in the community (Petersen et al., 2025; Setiyaningrum et al., 2022b). The social problem of drug abuse is not just a standalone issue; rather, the social problem of drug abuse can lead to other problems in the community, such as social issues related to crime, a threatened economy, socio-cultural problems, and even health issues for the community

(Dewabhrata et al., 2023).

A rising public health concern in low- and middle-income nations (LMICs) is drug use. According to estimates from the United Nations Office on Drugs and Crime (UNODC), the number of people in LMICs most at risk of drug use will rise by 43% by 2030. One In LMICs, drug use caused 585 000 premature deaths, of which 167 000 were from overdoses, with 59% of the deaths occurring in people under 50. 2. Additionally, 31.8 million (1.3%) Disability-Adjusted Life Years (DALYs) in 2016 were linked to drug use, endangering national productivity and causing economic burden (such as productivity, health, and crime costs) in LMICs (Dewabhrata et al., 2023). In Indonesia, there was an overall increasing trend in drug abuse within the age ranges of 15-24 years and 50-64 years from 2019 to 2021. Although there was a decrease in the 25–49 year age range, increased vigilance is still necessary this year.

Drug abuse is a pattern of behavior in which a person uses narcotic drugs, psychotropic substances, and addictive substances in a way that is not appropriate for their function and not under the supervision of a doctor. Drug abuse is generally caused by various factors, namely individual, family, peer group, and community factors (Alhammad et al., 2022; John et al., 2023; Nawi et al., 2021; Pranawa et al., 2020). The reasons why someone uses drug individually can be due to an inability to adapt to the environment, a weak personality, lack of self-confidence, inability to control oneself, the urge to know, wanting to try, wanting to imitate, the urge to seek adventure, experiencing psychological pressure, not thinking about the consequences in the future, and ignorance of the dangers of drugs (John et al., 2023).

Drug abuse can also be caused by disharmonious families where there is a lack of attention, insufficient supervision, a lack of affection among family members, and poor communication, leading individuals to seek solutions outside the family (Pourallahvirdi et al., 2016; Umam & Prasetyo, 2020). Meanwhile, peer/group influence can be a cause due to one or more friends in the group being drug users, group members being drug dealers, and the presence of invitations, enticements, or coercion from friends to use drugs (Bunu et al., 2023; Deep et al., 2024). Causes originating from the community environment include indifference or lack of concern from the surroundings, lax social control, difficulty finding employment, weak law enforcement, high poverty and unemployment rates, declining public morality, a large number of drug dealers seeking consumers, and many drug users in the vicinity influencing one another (Bunu et al., 2023).

Victims of drug abuse are not only adults, university students, and high school students, but also elementary school students (Gunjan, 2020). It is said that adolescents are a vulnerable group to drug abuse because, in addition to being dynamic, energetic, and always wanting to try new things, they are also easily tempted and prone to despair, making them susceptible to drug abuse problems. One of the reasons why teenagers get involved in drug abuse is due to a lack of parental attention, such as a lack of communication and emotional closeness with their children (Arias-De La Torre et al., 2019; Olanrewaju et al., 2022; Umam & Prasetyo, 2020).

Based on initial observations, it appears that the handling of drug abuse victims at Sentra Satria Baturaden, which has been ongoing, has not been fully maximized in its implementation. This is evidenced by the fact that some beneficiaries still feel compelled to undergo the program due to court decisions requiring them to participate in social rehabilitation at Sentra Satria Baturaden. The researcher is interested in analyzing the extent to which the role of a teacher/counselor as an educator provides educational material, both written, oral, and practical or therapeutic, so that a child who was initially an addict returns to normalcy. After receiving religious education, the child's level of awareness in interacting with society improves, up to the point of increased adherence to their religion.

The existence of an education curriculum for child victims of drug abuse is very beneficial. This specially designed curriculum not only meets the academic needs of adolescents but is also integrated with their recovery process, thus creating a holistic approach in handling drug dependence cases. Through a tailored learning structure, adolescents get the opportunity to develop cognitive, social, and emotional skills that were hindered by drug abuse, while also rebuilding self-confidence and motivation for a better future. This curriculum also plays an important role in facilitating the transition back into society and the formal education system by providing a framework of ongoing support, knowledge about relapse prevention, and essential practical life skills. Furthermore, a comprehensive educational approach in rehabilitation can significantly reduce the stigma associated with drug dependence, increase program completion rates, and ultimately lower relapse rates by equipping adolescents with the necessary tools to face life's challenges without returning to drug abuse behavior.

Many studies have discussed the importance of education for child victims of drug abuse. Setiyaningrum et al. produced findings from a literature study on the importance of curriculum development with the aim of providing guidelines for institutions organizing addiction care education services (Setiyaningrum et al., 2022b). This is also reinforced in research conducted by Petersen et al., which found that teacher or public knowledge about educational treatment for child drug addicts is still very low (Petersen et al., 2025). Therefore, there is a need for institutions that can provide assistance to them. Furthermore, Setiyaningrum et al. stated that the developed curriculum showed a very good category, making it suitable for implementation in assisting the treatment of drug abuse victims (Setiyaningrum et al., 2022a).

Previous research has identified that conventional curricula often fail to meet the specific needs of adolescents with drug dependence, who require an approach that focuses not only on academic aspects but also on therapeutic ones (Petersen et al., 2025; Setiyaningrum et al., 2022a). Researchers have found that effective curricula need to integrate an understanding of the neuroscience of addiction, the trauma underlying substance abuse, and sustainable recovery approaches (Cicchetti & Handley, 2019; Moreland et al., 2020). These studies also emphasize the importance of personalizing learning materials and teaching methods that are adaptive to the cognitive and emotional conditions of adolescents during the recovery process (Medina-Martínez & Villanueva-Blasco, 2025; Shafie et al., 2023). However, there remains a

significant gap in the literature regarding the practical implementation and effectiveness evaluation of such curriculum models in local contexts, particularly in Indonesia. This research will conduct a comprehensive analysis of the design, implementation, challenges, and impact of the education curriculum applied at Sentra Satria Baturaden, considering the cultural, social, and economic factors that influence the rehabilitation and reintegration process of adolescent drug victims into society.

Based on the background explanation the aim of this research is to analyze educational support through curriculum management for adolescents with narcotic dependence at "Satria" Center Baturraden. The findings of this case study on education curriculum management for adolescents with drug dependence at Sentra Satria Baturaden have several key implications. They underscore the critical need for tailored educational approaches that go beyond traditional academic curricula to address the unique cognitive, emotional, and recovery-related needs of this vulnerable population. The study emphasizes the essential role of educators and counselors in providing specialized educational support and fostering a positive learning environment that aids in the rehabilitation and reintegration of these adolescents. Ultimately, the insights gained from this research can inform the development of more effective and comprehensive educational programs within similar rehabilitation centers, contributing to improved recovery outcomes and successful reintegration into society and the formal education system for adolescents struggling with drug dependence.

2. Method

This research employs a qualitative approach with a case study design. Case study research is an in-depth investigation of a single case (or a small number of cases) within its contemporary real-life context. This means that the researcher explores in detail a single entity or several entities bounded by time and place, such as individuals, groups, programs, organizations, events, or activities (Creswell, 2014). The subjects in this research are moral guidance instructors, skills instructors, sports instructors, counselors, social workers, and caregivers. Data collection techniques include documentation, interviews, and observation. Triangulation is used for data validity. The data analysis technique uses the Miles and Huberman and Saldana model, which includes four stages data collection, data condensation, data display, and data verification (Miles et al., 2014).

3. Results and Discussion

1. Curriculum Planning at the Baturraden Satria Center

Curriculum planning at the Satria Baturraden Center is as follows:

a. Family-based approach

The family is co-dependent in social rehabilitation, where the family is a component that can influence and be influenced in handling substance abuse. The family, as the primary and first unit, must

be involved as a supporting system, so that social rehabilitation is directed/prioritized towards family unification. Families need to be prepared to provide intensive social support and be positioned as both subjects and objects of social rehabilitation. Therefore, the mentoring process carried out by addiction social workers/addiction counselors must be directed towards increasing the family's ability to be a comfortable place.

In detail, the roles of the family are:

1) Being a place to fulfill physical and psychological needs;
2) The primary place of shelter;
3) A place for beneficiaries to carry out their roles and actualize themselves;
4) A good, harmonious, and happy family can improve the quality of the beneficiary's social welfare.
5) A family that is uncaring, disharmonious, and full of conflict will pose a risk to the physical and psychological health of the beneficiary;
6) The family is the best place for the beneficiary. Therefore, family support must be strengthened to ensure the fulfillment of the beneficiary's rights and needs.

This result is relevant to several previous studies indicating that family plays the most important role in controlling drug dependence. Family support provides a stable emotional foundation for the recovery process (Al Shawabkeh, 2025; Sari et al., 2021). Active family involvement in therapy can increase adherence to treatment programs and reduce the risk of relapse. Longitudinal research also proves that the quality of intrafamilial communication, consistent parenting patterns, and the family's understanding of addiction as a disease significantly contribute to the success of long-term rehabilitation. Furthermore, families equipped with knowledge about addiction can create a home environment conducive to recovery and are able to detect early signs of relapse, allowing for faster intervention (Rachman et al., 2020).

b. Community-based approach

Every community has the potential to independently overcome social welfare problems they face by organizing themselves to manage their human, natural, and social resources. It is hoped that the community can:

1) A community that has a shared awareness will protect beneficiaries from vulnerability, stigma, and discrimination;
2) Mandatory Reporting Institutions become the main drivers for families and communities to accompany/care for beneficiaries;
3) The community is the closest to the beneficiary's family. Therefore, the community must be strengthened through Mandatory Reporting Institutions to be more sensitive and responsive in preventing and resolving problems experienced by beneficiaries.

This result is relevant to several previous studies indicating that the community plays an important role in assisting the recovery of drug victims (Alamsyah T et al., 2024; Darcy, 2021).

Community support provides a social structure that supports the rehabilitation process by creating a stigma-free environment. Various studies show that good social integration strengthens recovery motivation and prevents isolation, which is often a trigger for relapse. Community-based programs such as peer support groups have been proven to increase the sense of belonging and self-esteem of victims. Research also indicates that the involvement of community leaders in anti-drug campaigns and the formation of positive social networks helps victims rebuild their identities beyond addiction. Furthermore, a community educated about addiction can play a role in early detection and case referral, as well as reduce discrimination that often hinders the social reintegration process of victims (Malick, 2018).

c. Residential-based approach

1) Institutional/residential-based services are the last resort after family and community-based services.
2) Residential-based social rehabilitation services for Victims of Substance Abuse are carried out through Mandatory Reporting Institutions.
3) Residential care becomes a necessity and one alternative for the social needs of beneficiaries who do not have families or are neglected by their families, or whose families do not have the ability to care for them due to economic and social problems.
4) Care in Mandatory Reporting Institutions can guarantee the quality of social welfare for the fulfillment of the physical, psychological, and social needs of beneficiaries, carried out temporarily.
5) Mandatory Reporting Institutions as Residential Services must be able to increase their capacity and quality of service, and focus on strengthening family support so that neglected/vulnerable/special needs beneficiaries can return to their families as soon as possible.

This result is relevant to several previous studies indicating that rehabilitation institutions play an important role in the treatment of drug victims (Anwar et al., 2023; Mericle et al., 2022). The structured interventions provided by rehabilitation institutions offer a higher chance of recovery compared to self-recovery. Comprehensive and continuous therapy programs have proven effective in addressing not only the physical aspects of dependence but also the psychological and social dimensions of addiction. Rehabilitation institutions also act as a bridge between the detoxification phase and social reintegration, providing a controlled environment that allows victims to develop positive coping mechanisms before returning to society. Furthermore, professionals at rehabilitation institutions have specialized expertise in handling the complexities of addiction and comorbid mental disorders that often accompany it (De Andrade et al., 2019).

2. Implementation of the curriculum at the Baturraden Literature Center

Before prospective residents who are victims of substance abuse begin social rehabilitation at the "Satria" Center in Baturraden, they must follow several stages and procedures in place at the center. This is done so that the officers responsible for handling prospective residents can understand what needs the prospective residents will have during rehabilitation. Additionally, these stages are also to make it easier for

officers to create interventions for prospective residents so that the social services provided can meet their needs.

First, when prospective beneficiaries arrive at the SSB for the first time, an intake and screening process will be carried out. Intake itself is a process where the social worker can get to know the client or prospective beneficiary in depth. Here, the social worker will usually ask various questions, build rapport with the prospective beneficiary, so that the prospective beneficiary can feel comfortable with the social worker, and the social worker can get an overview of the prospective beneficiary. Similar to intake, screening is also conducted so that the social worker can determine the extent to which the prospective beneficiary has used drugs.

> "Before prospective residents enter here, we will definitely conduct an intake and screening process with them first. This involves an interview regarding their substance abuse over the past 3 months. In addition, there will also be health and psychological examinations for the prospective residents".

Second, after the staff completes the first stage, in the second stage, the social worker, counselor, social service personnel, psychologist, health officer, and related staff will conduct a Case Conference (CC). This CC itself is a case discussion or conference, where the staff who have conducted the initial approach with the prospective resident will discuss the case together. It is at this stage that the decision will be made whether the prospective resident will be accepted into the SSB to receive social services or not. This stage will also determine whether the prospective resident will undergo social rehabilitation as an inpatient or outpatient.

> "After the intake and screening are conducted, we will then hold a CC, or discussion meeting, to discuss the prospective beneficiary. During the CC stage, we also simultaneously design an intervention plan for the prospective beneficiary if they are declared ready to undergo the rehabilitation process".

> "Usually, after the screening is done, the assigned staff will immediately schedule a Case Conference to discuss the results of the intake and screening. It is from this point that we will determine whether the prospective beneficiary is ready for us to accept or not yet ready. If the staff decides that they are ready to accept the prospective beneficiary, we also immediately create an intervention plan for them, deciding whether it will be inpatient or outpatient care. After that, the head of the centre decides which staff members will handle the prospective beneficiary. This team consists of one social worker and one counsellor. Each resident will have one team of staff to continuously monitor their progress while at the centre".

Third, when it has been decided that the prospective beneficiary is ready to be accepted, and the staff for the prospective resident have been officially assigned to handle them, the next step is to conduct observation. During the observation stage, the staff will need 4 to 14 days to assess the beneficiary's condition and the extent of their substance abuse. Then, when the beneficiary is declared ready for rehabilitation and stable within the 4-to-14-day period, they will be directly enrolled in the existing social

service program according to the intervention designed during the CC. In addition, an initial assessment process will also be carried out during the observation stage, where the social worker and counselor will delve deeper into the beneficiary's background, such as their habits in the social environment, their family situation, their social interactions, how the beneficiary started using drugs, and so on, using in-depth interview methods.

> "After the CC activity is completed, the beneficiary will go through an observation process for 4 to 14 days. This observation is like an isolation room, so the beneficiary will stay there first. If their condition has stabilized, their dependence has decreased, and their social interaction has also improved, they will then be included in the rehabilitation program outside the observation or isolation room. At this time, an initial assessment will also be carried out, where the assigned staff will ask more in-depth questions about the beneficiary's personality and daily life, so that we also know what kind of needs the beneficiary has.".

Fourth, when the beneficiary has completed the observation process and initial assessment, the next stage is to enter the social service program. Beneficiaries who have entered the social service program will be accompanied by a social worker and staffing (social rehabilitation officers). While participating in the program, beneficiaries or residents are not allowed to receive visitors from their families initially. This is done so that residents can begin to adapt to the new environment. Residents are also prohibited from smoking, and smoking time will be limited and directly monitored by staff. Residents are also required to follow all existing regulations and are obligated to participate in training and activities at the social rehabilitation center.

From the results of in-depth interviews with key informants and observations made by the reviewer while in the field, the reviewer can conclude that victims of substance abuse must follow several stages of processes before participating in the rehabilitation process at the SBB, which will be directly monitored by the on-duty staff. The staff at the center also have the principle that they work as a team, not individually. Social workers, counselors, social service officers, health officers, and psychologists work hand-in-hand to handle resident victims of substance abuse. Discussing with each other to solve existing problems is also one of their principles when working. This is done so that beneficiaries truly receive good service that meets their needs.

The social rehabilitation services at the "Satria" Centre in Baturraden still utilize two main forms:

a. *Terapeutic Community (TC)*

The Therapeutic Community (TC) method is one method within the social rehabilitation centre that is primarily aimed at victims of substance abuse who are gathered in a group, share the same problems, and have the same goal. The principle in implementing the TC method is that we as fellow human beings have an opportunity to change all our bad behaviours for the better in the future.

b. ATENSI

ATENSI itself is a social rehabilitation service that uses a family-based, community-based, and residential-based approach in its implementation process. As a Technical Implementation Unit under the auspices of the Ministry of Social Affairs, the "Satria" Center in Baturraden has begun to implement social rehabilitation services that refer to ATENSI. In the process, social rehabilitation services that refer to ATENSI use the social worker method. The stages of implementing social rehabilitation services at the "Satria" Center in Baturraden using the social worker approach method are divided into:

1) Assesment stage

In its positive aim, assessment is carried out to diagnose the client's nature or other relevant aspects. In the concept of social work, this assessment is commonly used as a tool that will help social workers examine various aspects of the client's life who have social pathologies in order to formulate effective social interventions.

2) Intervention stage

The intervention stage at the "Satria" Centre in Baturraden uses an intervention model developed by Rothman. This Rothman-developed intervention model has 3 models, including: locality development, social planning, and social action. The SSB's intervention uses the second model, namely social planning, which in its application will involve cooperation with the local government as the power structure and requires having experts in each field to assess client needs, analyse alternatives, and make appropriate decisions for the client.

The first thing done in the intervention process at the "Satria" Centre in Baturraden is that the social worker and staffing from the SBB will conduct a Case Conference (CC). This CC itself is a case discussion or conference, where the staff who have conducted the initial approach with the prospective resident will discuss the case together. It is at this stage that the decision will be made whether the prospective resident will be accepted into the SSB to receive social services or not. This stage will also determine whether the prospective resident will undergo social rehabilitation as an inpatient or outpatient. Then, when the intervention has been well-designed according to the beneficiary's needs, the beneficiary will immediately enter the social rehabilitation program at the "Satria" Centre in Baturraden.

3) Termination stage

The termination stage is the formal ending of the relationship with individuals or groups undergoing the social rehabilitation process. At this stage, the relationship is ended not because the beneficiary is considered independent, but because the beneficiary has completed the social service process provided according to their needs, and will then be monitored with further guidance.

At the "Satria" Centre in Baturraden, before a resident's termination is decided, the "Satria" Centre will hold another discussion meeting regarding the termination plan and the readiness of the resident who is a victim of substance abuse. Of course, every staff member, such as social workers, counsellors, psychologists, social service personnel, health personnel, and other staff, must report the resident's

progress and provide input to the resident regarding their readiness from a health perspective, psychological perspective, social perspective, and others, which will be discussed further during the discussion meeting.

Before a resident actually goes home, the "Satria" Centre in Baturraden will also provide a family discussion social service, where the resident will be questioned again by the staff in front of their family about their plans after leaving the rehabilitation centre, such as their intentions after returning home, the family's wishes or expectations for the resident, and so on. This is done to avoid unwanted situations. This is because there are still many cases where the resident's family is still afraid that their son or daughter will engage in the same misbehaviour, return to using drugs, or there are also cases where their son or daughter does not want to go home because the social or family environment has never supported them.

3. Curriculum evaluation at the Baturraden Literature Center

Evaluation is used to assess the effectiveness of social service interventions, which involves reviewing and discussing any problems that arise during the intervention process. In practice, evaluation at the "Satria" Center in Baturraden will use the case conference method, often referred to as a *'temu bahas'* (discussion meeting) at the SSB. A CC (Case Conference) is a case conference that brings together staffing or related personnel to discuss the condition, progress, and problems of an individual.

The evaluation process or discussion meeting is held every month. This activity discusses the progress of residents during their participation in the social rehabilitation program at the SSB. This will be reported directly by every social worker, counselor, psychologist, health officer, and social service officer at the "Satria" Center in Baturraden. This activity is also carried out so that the SSB social rehabilitation team knows the extent of the residents' progress, whether additional services are needed or if the current services are sufficient, whether additional time or a longer rehabilitation period is needed, or if the resident is ready for termination.

The supporting and hindering factors in the social service activities at the "Satria" Centre in Baturraden are as follows:

a. Supporting Factors

1) Belief in oneself among residents undergoing the social rehabilitation process is a supporting factor in the success of social rehabilitation at the "Satria" Center in Baturraden. Self-belief can help residents develop a stronger mentality. Residents will also be more confident that they still have many opportunities to become better, and they will be more optimistic in their efforts. Furthermore, having strong self-belief can help residents recover quickly when experiencing setbacks in their lives.
2) Cultivating spiritual enthusiasm during the social rehabilitation process is a supporting factor that makes social rehabilitation run smoothly. This is because religion plays a crucial role in healing residents from substance abuse addiction. With the growth of spiritual enthusiasm within residents,

a positive spirit or energy will be formed, their honesty will gradually develop, and their courage to reject bad things will also begin to form with this spiritual enthusiasm.

3) Therapy and guidance for residents, both individually and in groups, are one of the social rehabilitation services provided by the "Satria" Center in Baturraden to help residents accept and understand themselves, and to have a renewed spirit to recover from their substance abuse addiction. Residents who undergo therapy and guidance well will gradually develop self-confidence, a sense of responsibility for themselves and their future, and most importantly, regular therapy and guidance can restore the social functioning of substance abuse victims.

4) A sense of kinship is the feeling of growing deep affection and a growing sense of responsibility for oneself and one's family. The "Satria" Center in Baturraden has a strong sense of kinship, making it a supporting factor in the rehabilitation process for resident victims of substance abuse. The affection they provide, both from SSB staff, social workers, counselors, and other officers at the SSB, can melt the hearts of drug addicts and embrace them to become better.

5) Adequate facilities will also be a very important supporting factor in the social rehabilitation process. With good facilities, the activities being carried out will run smoothly and well. The "Satria" Center in Baturraden has provided everything needed by victims of substance abuse, so the victims feel cared for and comfortable while undergoing the social rehabilitation process at the SSB.

6) The environment will be an equally important factor for the self-growth of every individual. A good environment will shape a good personality, while a less favorable environment will also have its own impact on individuals in that environment. The environment at the "Satria" Center in Baturraden is conducive to encouraging the individuals involved to become better people. The community around the SSB always considers residents as individuals equal to themselves, without differentiating them based on their backgrounds. This ultimately fosters a sense of comfort and security for resident victims of substance abuse.

7) Mutual support means that we trust each other, understand each other, and encourage each other in goodness. The support from fellow residents turns out to provide extraordinary new energy. Residents at the SSB have a fairly high level of solidarity. This form of assistance provides warmth within the residents and can make them believe that they can change for the better.

b. Inhibiting factors

1) Lack of family support. Family support is an activity where families and residents meet in one room to evaluate all social services provided by the SSB. However, there are still many cases where residents' families are reluctant to meet residents during family support, even though the SSB has tried to bring residents and their families together. From the cases the reviewer found, many residents who have completed their program still reside in the Banyumas area even if their hometowns or houses are outside Banyumas Regency. This is because residents feel less

comfortable when they return to their hometowns with their families and still have a fear of relapsing and using drugs again.

2) Dishonesty during the initial assessment is a hindering factor in the social rehabilitation process. The reviewer found a case during the initial assessment of the family. This initial assessment will be the benchmark for carrying out the social service intervention process to provide appropriate services for victims of substance abuse. However, in the cases at the SSB, many of the residents' families are never united during the initial assessment. The statements between the resident's mother and father usually differ, and this can hinder the intervention process for the resident.

This result is relevant to previous research indicating that a lack of family support for victims of drug abuse has a negative impact on them (Cai & Wang, 2022; Syazrah Mohd Ghazalli et al., 2017). Rejection and stigmatization from the family environment can worsen the victim's psychological condition and increase the risk of relapse. When family is absent in the recovery process, victims lose a primary support system that should provide motivation and supervision during rehabilitation. The family's inability to understand addiction as a medical illness often results in punitive approaches that are counterproductive to the recovery process. Furthermore, a dysfunctional or conflict-ridden family environment has been proven to be a trigger for relapse, creating a cycle of dependence that is difficult to break without intensive professional intervention (Manurung, 2024).

4. Conclusion

The research results show that the implementation of social rehabilitation for victims of drug abuse carried out at the "Satria" Center Baturraden includes: assessment, intervention, evaluation, and termination. Second, the supporting factors in the social rehabilitation process are: resident self-confidence, spiritual enthusiasm, therapy and guidance for residents, family atmosphere at SSB, adequate facilities, a supportive environment, and peer support among residents. Meanwhile, the inhibiting factors are: insufficient family support, dishonesty during assessment, and delayed activities due to the Covid-19 pandemic. Further research is recommended to develop an integrated curriculum that combines academic aspects with addiction recovery principles, involve multidisciplinary teams in curriculum design, increase specific training for educators on trauma-informed learning approaches, implement individualized education plans that take into account each adolescent's academic background and stage of recovery, strengthen life skills components in the curriculum especially stress management and relapse prevention, establish formal partnerships between education authorities, health services, and social welfare departments.

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