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Quality of Narcotics Prevention, Eradication, Abuse, and Illicit Circulation Services (P4GN) at BNN Gorontalo Province in Drug Addict Rehabilitation Patients

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Abstract

Tessy Nursanty Podungge. NIM 711524024. "Quality of Narcotics Prevention, Eradication, Abuse, and Illicit Circulation Services (P4GN) at BNN Gorontalo Province in Drug Addict Rehabilitation Patients". Supervisor I Prof. Dr. Asna Aneta, M.Si., Supervisor II Dr. Drs. Rusli Isa, M.Si.The study aims to find out and analyze the quality of narcotics prevention, eradication, abuse, and illicit circulation (P4GN) services in BNN Gorontalo Province in drug addict rehabilitation patients. The research approach used is a qualitative method with descriptive research methods and research procedures carried out by observation and interviews with informants. The data analysis technique used was the interactive analysis of the Miles and Huberman models. The results of the study show that the quality of P4GN services at BNN Gorontalo Province for drug addict rehabilitation patients shows a fairly systematic and structured implementation, especially in the dimensions of medical, non-medical, and social rehabilitation services. Each stage of rehabilitation, from assessment, detoxification, stabilization, to re-entry and after care, is carried out with a multidisciplinary approach that prioritizes team coordination, family involvement, and community involvement. However, budget constraints and the suboptimal sustainability of post-

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rehabilitation economic empowerment programs are challenges that can affect patient recovery resilience. However, the existence of service practices based on empathy, responsiveness, and quality assurance through periodic evaluation and social support shows that BNN Gorontalo Province strives to maintain the quality of service professionally. This reflects that drug rehabilitation services in the institution have moved towards sustainable recovery and are oriented towards the social reintegration of former addicts in a sustainable manner.

Keywords: Rehabilitation; Service; Drug; Addict; BNN Gorontalo

INTRODUCTION

Public administration plays a role as the main instrument in the implementation of public policies aimed at improving people's welfare. Public services are a concrete manifestation of the government's responsibility in meeting the needs of the community for goods, services, and administrative services. Public services require innovation and high flexibility (Solihin & Aneta, 2021). Quality service is a fundamental need in the implementation of public policies, especially in drug addict rehabilitation programs. Kamumu et al. (2024) emphasized that public services must prioritize five main dimensions, namely tangible, reliability, responsiveness, assurance, and empathy in providing satisfaction to the community. Aneta et al. (2020) criticized the effectiveness of services which are still hampered by the lack of infrastructure readiness and human resource competence. According to Podungge and Aneta (2020), employee professionalism is also a determinant of service quality, where the internal organization of the bureaucracy must be able to build high commitment and integrity to realize good governance.

One of the public services that needs attention is services in the rehabilitation of drug addict patients. The Prevention and Eradication of Narcotics Abuse and Illicit Trafficking Program (P4GN) is an integrated strategy implemented by BNN and related agencies to reduce the demand and supply of narcotics in Indonesia (Kiyai et al., 2025). The Gorontalo Provincial BNN has a very important role in the implementation of the P4GN program in its region. This program includes various activities, such as counseling to the community, drug raids, and rehabilitation for addicts. Based on rehabilitation data at the Gorontalo Provincial BNN, the number of rehabilitation patients has fluctuated in the last four years. In 2021, there were 100 people undergoing rehabilitation, while in 2022 this figure decreased to 82 people. In 2023 it showed an increase to 95 people, but again experienced a drastic decline in 2024 with only 40 people rehabilitated. This decrease in the number of rehabilitation can be interpreted in two ways, namely the success in

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prevention efforts or the limited access to services for addicts. However, the fact that there are still drug users who need rehabilitation shows that illicit narcotics trafficking is still a serious threat in Gorontalo Province. Therefore, there is a need for strategic steps to increase the effectiveness of rehabilitation services so that more addicts get optimal access to recovery.

There are several crucial problems in the implementation of P4GN services at BNN Gorontalo Province, especially for post-rehabilitation drug addicts. In the prevention aspect, the level of public awareness of the dangers of narcotics is still low, which is exacerbated by the socialization and education program that is not optimal. Community participation in preventive efforts also seems to be minimal. Meanwhile, in terms of eradication (repressive), the problem includes limited human resources (HR), budget, and technology that supports the implementation of tasks. In addition, there is a maximum effectiveness of law enforcement against the perpetrators of illicit narcotics trafficking. Then there is a lack of integration between prevention theory that prioritizes efforts to avoid drug abuse, and law enforcement theory that focuses on strict action against law violations. The inequality between preventive and repressive approaches is the main obstacle in maintaining the continuity of rehabilitation and social reintegration of addicts, as well as hindering the overall quality of P4GN services at the regional level.

The implementation of the Prevention, Eradication, Abuse, and Illicit Circulation of Narcotics (P4GN) program at the Gorontalo Provincial BNN still faces various challenges. One of the main problems is the limited human resources and infrastructure in supporting the implementation of rehabilitation programs. In addition, the low level of community participation in supporting the rehabilitation and social reintegration process for drug addict patients is an obstacle in itself. Although prevention efforts have been made through socialization and education, there are still many individuals who return to the same environment and are vulnerable to drug use again. The lack of coordination between various parties, such as government agencies, social institutions, and law enforcement officials, also hinders the effectiveness of this program. Therefore, evaluation and service quality are needed so that the P4GN program can run more optimally and have a real impact on the community.

RESEARCH METHODOLOGY

This research was carried out at BNN Gorontalo Province. from December 2024 to March 2025. The research approach used is a qualitative method with descriptive research methods and research procedures carried out by observation and interviews with informants. The data analysis technique used was the interactive analysis of the miles and huberman models.

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RESEARCH RESULTS

a. Sub Focus 1 - Assessment / Screening and Intake Rehabilitation Services

1) The initial assessment process was carried out on patients who had just entered the rehabilitation program at BNN Gorontalo Province

The initial assessment process in rehabilitation services at BNN Gorontalo Province is carried out systematically, structured, and thoroughly. The implementation of the assessment which took place in a short time from the time the patient was received showed the alertness and readiness of the service. The rehabilitation team involves various professions to assess the physical, psychological, social, and history aspects of narcotics use, so that this process is not only administrative, but really aims to understand the specific needs of the patient. The application of in-depth clinical interviews, behavioral observations, and health examinations implies that the Gorontalo Province BNN strives to pay close attention to the patient's background and condition. This service reflects a process that is not general or uniform, but is more personal and adapts to the characteristics of each individual undergoing rehabilitation.

2) The results of the initial assessment are used as a basis for determining the type of rehabilitation services to be provided

Rehabilitation services at BNN Gorontalo Province apply an objective data-based approach through the results of initial assessments as a basis for determining the appropriate type of rehabilitative services. This process shows that there is a comprehensive mapping of the patient's individual needs so that decisions regarding hospitalization, outpatient care, psychosocial therapy, and medical therapy are made with a strong foundation. The use of assessment results as a reference for the preparation of therapy plans, both in terms of type, duration, and intensity, reflects the service's commitment to accuracy and compliance with set operational standards. With this approach, rehabilitation services are not uniform but responsive to the personal dynamics of patients, demonstrating the reliability of the institution in carrying out the recovery function in a directed and structured manner.

3) Obstacles that are often faced in the implementation of assessments and intake

The implementation of assessments and intake in rehabilitation services at BNN Gorontalo Province faces a number of obstacles that affect the effectiveness of services. One of the main obstacles is the limited number of professionals who have to deal with many patients at the same time, which has the potential to reduce the quality of interaction and assessment accuracy. In addition, the limited supporting facilities such as laboratories and medical equipment also hinder

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the completeness of clinical data needed to establish the right rehabilitation strategy. This limitation indicates that there are challenges in the physical aspect of services that need attention to support the smooth initial assessment process. These technical barriers, if not addressed systemically, can affect the consistency and reliability of rehabilitation services, as well as prolong the time it takes to determine the appropriate therapeutic direction for patients.

b. Sub Focus 2 - Detoxification rehabilitation services

1) Medical detoxification procedures are performed on drug addict patients

The medical detoxification procedure at BNN Gorontalo Province is designed in a professional, structured, and based on intensive monitoring of the patient's physical and psychological condition. This service is only provided to patients who are indeed declared to need hospitalization as a result of the assessment. The detoxification process includes closed treatment with 24-hour supervision, administration of drug therapy, additional nutrition, and thorough observation of the condition of the body experiencing symptoms of substance breakdown. The involvement of medical and psychological personnel in a single procedure ensures that responses to physical symptoms such as pain, as well as mental disorders such as psychotic symptoms, can be handled quickly and appropriately. This service reflects the reliability and responsiveness of the institution in ensuring patient safety during the initial critical period of recovery, and shows the certainty of medical actions as a form of quality assurance of rehabilitation services.

2) Adequate availability of medical professionals to handle the detoxification process

The availability of medical professionals in detoxification services at BNN Gorontalo Province still faces quantitative challenges even though the quality of individual workers is considered good. The limited number of doctors, nurses, and psychologists causes the service process, especially in the detoxification stage, to often experience delays or long queues. This has a direct impact on the patient's waiting time to get an examination or medical treatment, which in the context of rehabilitation services should be fast and responsive considering the patient's condition that is physically and psychologically vulnerable. Although the officers have shown competence and empathy in service, the imbalance between workload and the number of support personnel indicates that the reliability and responsiveness aspects of service are not optimal.

3) Key challenges in detoxification implementation and efforts to overcome challenges

The implementation of detoxification services at BNN Gorontalo Province faces multidimensional challenges, ranging from structural aspects to the psychological dynamics of patients. One of the main obstacles is the limited operational budget which has an impact on the

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availability of supporting medical facilities and equipment, especially in handling patients with severe dependency conditions that require intensive facilities. When internal capacity is insufficient, patients should be referred to external institutions, which of course risks disrupting the continuity of the recovery process. The quality of services is maintained through a systematic referral mechanism, but these limitations indicate the need to strengthen institutional support. However, the professionalism and alertness of the officers in getting around these limitations is an indication of the reliability of the service that tries to continue to run even in less than ideal conditions.

c. Sub Focus 3 - Entry Unit Rehabilitation/Stabilization Services

1) The main objectives of stabilization services in the unit entry phase in the rehabilitation program

Stabilization services in the entry phase of the unit at BNN Gorontalo Province have a crucial function as a bridge between the detoxification process and the advanced rehabilitation therapy stage. The main goal is to stabilize the physical and psychological condition of post-detox patients so that they are mentally and physically ready to follow the next program consistently. This service is carried out through monitoring vital signs, managing emotional conditions, and providing initial psychosocial support. These interventions are not only medical in nature, but also take into account the emotional and social aspects of the patient as the basis for preventing recurrence. This entry unit service reflects the institution's seriousness in building the foundation of patient readiness, which is not only assessed from physical condition alone, but also from emotional maturity and mental stability as a provision to undergo a long-term program.

2) Strategies used to stabilize the patient's condition post-detox

The rehabilitation service strategy in the entry unit/stabilization phase at BNN Gorontalo Province is designed comprehensively by combining physical, psychological, and social approaches to stabilize the condition of post-detoxification patients. This approach includes structured daily activity therapy, light counseling, physical exercise, and meditation as a form of strengthening calmness and emotional regulation. All of these strategies aim to create fundamental physiological and emotional stability so that patients can undergo an optimal follow-up rehabilitation program. The administration of health supplements and electrolyte monitoring signifies attention to the health dimensions of the body, while expressive and self-reflection sessions reflect empathetic service efforts in guiding patients to recognize and understand themselves again after a crisis of dependence.

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3) Medical approaches are used in preparing patients for the next stage of rehabilitation

The medical approach is the main foundation in rehabilitation services in the unit entry phase/stabilization phase at BNN Gorontalo Province, especially as a first step to ensure the physical and psychological readiness of patients before proceeding to the advanced therapy stage. Periodic physical examinations, monitoring of laboratory results, observation of vital conditions, and routine medical reporting are part of procedures that are not only curative, but also preventive against the potential for advanced health problems. This reflects that medical services are not only run administratively, but actually function as a basis for determining appropriate follow-up interventions. This approach shows the quality of service that prioritizes ensuring safety and accuracy of medical procedures, so that the rehabilitation process runs according to the specific needs of each patient.

d. Sub Focus 4 - Primary rehabilitation services

1) Integration between medical and non-medical services in primary rehabilitation

Primary rehabilitation services at BNN Gorontalo Province have developed integration between medical and non-medical approaches in a structured and planned manner. Collaboration between a team of doctors, nurses, psychologists, and counselors does not only occur in implementation, but also begins from the planning stage through coordination meetings and the preparation of personal therapy plans. This approach reflects that the quality of service is not only seen from the individual areas of expertise, but from the ability of institutions to synergize all resources in designing a complete recovery. Monitoring of the patient's physical condition is carried out periodically, while psychological assistance is carried out through counseling sessions and mental-emotional recovery activities. This integrated intervention reflects a responsive service, guaranteed reliability, and is able to ensure the sustainability of the patient's overall recovery.

2) Therapy and counseling methods are applied to help the patient's recovery process

Primary rehabilitation services at BNN Gorontalo Province, therapy and counseling methods are designed holistically by integrating psychological, behavioral, emotional, and family involvement approaches. Behavioral therapy and psychotherapy are the main foundations for shaping patients' self-awareness and emotional control, including through techniques such as stress management, narrative reflection, and guidance on writing personal experiences. This approach allows patients to recognize the root of the addiction problem, manage anger, as well as design a more positive and purposeful future. The presence of family counseling is also an

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important aspect that shows that services focus not only on the individual, but also on the social relations system that supports successful recovery. All of these methods demonstrate responsive, empathetic service quality and prioritize the continuum of patient behavior change in a measurable and comprehensive manner.

3) Evaluation was carried out on the patient's progress in the primary rehabilitation phase

In the primary rehabilitation phase at BNN Gorontalo Province, evaluation of patient progress is carried out systematically, scheduled, and involves an integrated rehabilitation team. The evaluation process is carried out every two weeks through a series of methods such as assessment forms, behavioral observations, case records, and medical and psychological reports. This reflects that rehabilitation services are not only reactive, but based on a data-driven approach that aims to measure patients' physical, mental, and emotional development objectively and sustainably. This evaluation also acts as an internal monitoring mechanism to ensure that the therapy process continues to run according to the personal recovery plan, while demonstrating the reliability of structured and evidence-based services in clinical and psychosocial decision-making.

e. Sub Focus 5 - Re-entry rehabilitation services

1) The process of preparing the patient to return to the social environment after completing rehabilitation

Re-entry rehabilitation services at BNN Gorontalo Province are designed with a comprehensive and structured approach to prepare patients to return to the post-rehabilitation social environment. This program not only focuses on administrative completion, but also on life skills briefing, job training, social interaction simulations, and family guidance. This approach shows that the service pays attention to the personal and social readiness of the patient in a balanced manner, in order to minimize the risk of recurrence when returning to the community. Activities such as life plan discussions, skills workshops, and home visits are a means to assess and strengthen patient readiness as a whole. This service contains an element of continuous assurance from the institution, which reflects the commitment to the success of rehabilitation not only during the institution, but also afterwards.

2) Forms of social support provided during the re-entry phase

In the re-entry phase, BNN Gorontalo Province organizes rehabilitation services that focus on strengthening social support as one of the main strategies to maintain the sustainability of the

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recovery of drug addict patients. This support is provided through active involvement in the recovery community, the formation of alumni groups, peer mentoring, and social activities aimed at rebuilding community confidence and trust. The service is designed not only as mentoring, but also as an effort to internalize positive social values in patients. This reflects a guarantee that BNN does not just release patients after the main phase of rehabilitation is completed, but still provides empathetic, responsive, and socially oriented support spaces.

3) Efforts of the Gorontalo Province BNN in building patient confidence and independence at the stage

In the re-entry phase, BNN Gorontalo Province implements a strategy that focuses on building patient confidence and independence through a participatory, educational, and reflective approach. Patients are not only considered as service recipients, but are also actively involved in functional roles such as activity coordinators, mentors, discussion facilitators, and resource persons in public forums. This approach provides space for patients to feel responsibility and trust, which psychologically positively impacts the formation of a new, healthier and more productive identity. The guidance provided through life skills training, decision-making coaching, and identity strengthening therapy makes the rehabilitation process not only oriented to recovery, but also to character development and self-potential.

f. Sub Focus 6 - Rehabilitation services after care

1) The form of aftercare services provided by the Gorontalo Province BNN to former rehabilitation patients

After care services at BNN Gorontalo Province are designed as an ongoing effort to ensure that former rehabilitation patients remain stable and do not experience relapse after returning to the social environment. These services include follow-up counseling, online and face-to-face mentoring sessions, alumni meetings, home visits, and regular monitoring through digital communication groups such as WhatsApp. In addition, involvement in religious and social activities with community leaders is a form of spiritual and social support that strengthens the identity and mental resilience of post-rehabilitation patients. This approach emphasizes that services do not end after formal rehabilitation, but continue in the form of intensive and measurable control, guidance, and coaching, demonstrating the responsiveness and reliability of the institution in maintaining the sustainability of recovery.

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2) Training or economic empowerment program for former patients as part of after care

In aftercare rehabilitation services at BNN Gorontalo Province, training or economic empowerment programs for former patients were previously part of the sustainable recovery strategy. Training activities such as screen printing, workshops, and catering were facilitated through cross-sector cooperation, especially with the Social Service. However, since the last few years, the program has no longer run due to the absence of an allocated budget. The absence of this program creates a vacuum in the aspect of economic empowerment, which should play an important role in building self-sufficiency and preventing recurrence. The absence of further information, socialization, or assistance from the institution makes former patients lose access to practical self-capacity building, even though this is a crucial dimension in ensuring the sustainability of rehabilitation.

3) The success of the aftercare program in preventing relapse in former addicts

The after care program organized by the Gorontalo Provincial BNN has a significant contribution in reducing the relapse rate in former drug addict rehabilitation patients. This success can be seen in patients who actively participate in mentoring activities, stay connected to the alumni community, and receive strong family support. Regular medical and psychological monitoring, follow-up counseling, and access to discussion forums and support groups are important elements that maintain the physical and mental stability of post-rehabilitation patients. This program is not only a technical extension of rehabilitation services, but also reflects the institution's sustainability guarantee and responsiveness to the challenges faced by former patients when returning to their social environment.

DISCUSSION

The results of the study found that the quality of P4GN services at BNN Gorontalo Province in drug addict rehabilitation patients showed a fairly systematic and structured implementation, especially in the dimensions of medical, non-medical, and social rehabilitation services. Each stage of rehabilitation, from assessment, detoxification, stabilization, to re-entry and after care, is carried out with a multidisciplinary approach that prioritizes team coordination, family involvement, and community involvement. However, budget constraints and the suboptimal sustainability of post-rehabilitation economic empowerment programs are challenges that can affect patient recovery resilience. However, the existence of service practices based on empathy, responsiveness, and quality assurance through periodic evaluation and social support shows that BNN Gorontalo Province strives to maintain the quality of service professionally. This reflects that

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drug rehabilitation services in the institution have moved towards sustainable recovery and are oriented towards the social reintegration of ex-addicts as a whole.

Meanwhile, the results of each sub-focus of the quality of narcotics prevention, eradication, abuse and illicit circulation services (P4GN) at BNN Gorontalo Province in drug addict rehabilitation patients, can be described as follows:

1. Assessment / Screening and Intake Rehabilitation Services

Assessment and intake rehabilitation services are the initial stage in the recovery process for drug addicts which focuses on identifying, initial evaluation, and collecting data on substance abuse history, physical-mental health conditions, and client psychosocial factors. This stage aims to ensure that subsequent treatment can be designed personally and accurately. The assessment process includes urine tests, in-depth interviews, behavioral observations, and legal consent from patients and families. In addition, intake also determines the classification of dependency, risk of relapse, and the need for follow-up services. According to research by Syam (2017), this stage begins with a urine test and body spot check before the patient is transferred to the next stage. Riadi et al. (2021) also emphasized the importance of this initial assessment as a determinant of the right direction of recovery for narcotics rehabilitation patients. Without a thorough assessment, the risk of therapy inaccuracies will increase and decrease the effectiveness of long-term rehabilitation.

The results of this study are in line with the statement of experts that the quality of drug rehabilitation services is determined from the initial stage through comprehensive assessments and intakes. Bio-psycho-social approaches such as ASSIST screening and psychological interviews are considered to be able to identify rehabilitation needs more precisely on target (Hamid et al., 2020). This practice is also supported by the results of Hendra (2021) research which emphasizes the importance of general consent and approval of medical actions as a form of protecting patients' rights as well as ensuring the quality of accountability-based services. In the context of the Gorontalo Provincial BNN, the use of written SOPs in the assessment process shows professionalism and procedural consistency that is relevant to national standards. Although it has gone according to the flow, the follow-up monitoring aspect of the assessment results is still minimal, as also highlighted by Ginting et al. (2023), who assess the importance of continuous evaluation as part of a quality assessment system.

Furthermore, the importance of cross-professional coordination in the assessment and intake process was also strengthened by Latief (2024) in his research which highlighted the synergy between counselors, doctors, and rehabilitation officers as the foundation of

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integrative-based services. A similar thing was also stated by Herdriani and Samputra (2021) who found that multidisciplinary assessments encourage the effectiveness of the subsequent therapy process because patient needs are more mapped from the beginning. At the Gorontalo Provincial BNN, the implementation of this assessment can be seen from the collaboration of the rehabilitation team and a systematic reporting mechanism, although the digital infrastructure is still not optimal. Laisa et al., (2025) say that digital service systems are very important for effectiveness and efficiency so they must be further optimized. These limitations have an impact on the effectiveness of advanced documentation and integration of assessment data with therapy plans. However, the structuring of the workflow through the SOP document shows that this service has a solid foundation in supporting the success of the next phases of rehabilitation in a professional and measurable manner.

2. Detoxification Rehabilitation Services

Detoxification rehabilitation services are the initial stage in the recovery process of drug addicts which aims to remove addictive substances from the patient's body medically. This process is important to stabilize the patient's physical and psychological condition before entering the social rehabilitation stage. Detoxification is usually done in a closed environment under the supervision of a professional medical team, using symptomatic therapy to relieve withdrawal symptoms that vary depending on the type of drug used. Asriwandari and Rizka (2025) explained that detoxification is the stage of cleansing the patient's body from narcotics to restore the stability of the body's metabolism and emotional stability. This stage lasts for 3–14 days depending on the patient's condition. Setyawati (2015) also stated that the success of detoxification is greatly influenced by the right treatment method and the active involvement of the patient in the initial recovery process. This process is an important foundation so that patients can proceed to the social rehabilitation stage with optimal readiness.

The results of this study are in line with the statement that the detoxification stage in drug rehabilitation services is a crucial part that determines the continued effectiveness of the addict's recovery process. In the context of the Gorontalo Province BNN, the medical approach to detoxification has been carried out in a structured manner with the supervision of doctors and the provision of pharmacological therapy based on the patient's individual condition. This is reinforced by the findings of Alhawi (2024) which affirm the importance of medical monitoring and pharmacological support to significantly reduce withdrawal symptoms, especially in opioid patients, to prevent early relapse. In addition, Hamid et al. (2020) in a

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rehabilitation study in Peshawar revealed that medical detoxification carried out with protocols clearly helps increase the physical and mental readiness of patients to face the next stage of rehabilitation in a sustainable and more stable manner.

Although the implementation of detoxification demonstrates the professionalism of medical personnel and good documentation of symptoms, infrastructure challenges remain obstacles that have the potential to disrupt the quality of services. This is in line with research by Herdriani & Samputra (2021) which underlines that the limited physical facilities in detoxification wards have an impact on the effectiveness of services, especially when the number of patients exceeds capacity. This is also in line with Ginting et al. (2023), who stated that effective rehabilitation depends on the synergy between service systems, facility readiness, and consistency of patient medical monitoring during the detox period

3. Unit Entry Rehabilitation/Stabilization Services

The Entry Unit rehabilitation service or stabilization stage is an advanced stage after detoxification in the narcotics rehabilitation process, which aims to stabilize the emotional, psychological, and behavioral conditions of the patient before entering primary treatment. At this stage, patients are placed under intensive supervision to ensure that they are mentally and emotionally prepared to follow a more intensive process of social rehabilitation. Stabilization includes initial counseling therapy, motivation strengthening, adaptation to the rehabilitation environment, and instilling discipline through structured rules and routines. This is also an important time to assess readiness for participation in therapeutic community-based programs. According to Marlina et al. (2020), the initial adaptation process is very important because post-detoxification psychological disorders can interfere with the continuation of rehabilitation. Meanwhile, Wardhani & Mahmudah (2019) emphasized the importance of the stabilization phase as an effective transition period before the patient undergoes full social and spiritual interventions, especially in the Therapeutic Community method.

The results of this study are in line with the statements of experts who affirm that the stabilization phase is very important in ensuring a safe transition from a state of dependence to better psychosocial readiness. Adjustment to the new rehabilitation environment, including strengthening discipline and routine, is a basic strategy in reducing the risk of relapse in the early phases of rehabilitation. A study by Hamid et al. (2020) in the context of narcotics rehabilitation services in Peshawar shows that psychosocial stabilization carried out in a structured manner can accelerate patients' readiness to receive follow-up interventions and

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improve the overall efficacy of the program. Similarly, research by Hendra (2021) confirms that the implementation of initial interventions based on behavioral observation and individual counseling in the entry phase is very important to build therapeutic relationships and form a foundation of trust in rehabilitation personnel. This reinforces that the unit entry stage is not only technical, but also strategic psychologically and relationally.

Furthermore, the unit entry phase also serves as a space to set service expectations as well as identify more complex psychosocial and medical needs. Intensive counseling procedures in this phase contribute to emotional stabilization and behavioral adjustment, which according to Ginting et al. (2023), are key indicators of the success of the early stages of rehabilitation. They concluded that monitoring adaptive behavior and patient responses to group therapeutic approaches became valid measures of program success. In another study, Latief (2024) emphasized the importance of consistency of rehabilitation officers in building a supportive and structured atmosphere to prevent patient disorientation in the early stages of post-detoxification. These findings support that the Gorontalo Province BNN approach has led to the fulfillment of the multidimensional needs of patients by implementing stabilization interventions that prioritize observation, guidance, and continuous evaluation as a basis for referral for the next phase of rehabilitation.

4. Primary Rehabilitation Services

Primary rehabilitation services are a core phase in a series of narcotics rehabilitation that involves intensive community-based therapeutic interventions, psychotherapy, individual and group counseling, life skills training, and values and spiritual education. This stage usually lasts for 3 to 6 months, depending on the patient's response to therapy. The main goal is to form new mindsets, behaviors, and values that support long-term recovery. In a study by Pratiwi et al. (2018), the implementation of community therapy in this phase was proven to increase patients' awareness of the dangers of drugs and strengthen social skills. In addition, a study by Gunawan & Sari (2022) states that active involvement in key therapy sessions is a strong predictor of rehabilitation success. This phase creates a strong foundation for healthy social reintegration and prevents relapse through a more meaningful structure of life.

The results of this study are in line with Sudarto's (2024) statement in his study that rehabilitation based on integration between medical and non-medical creates service continuity that is able to strengthen long-term behavioral change. In practice, counseling and group therapy accelerate the process of strengthening new identities in former addicts. In

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addition, research by Indriyani and Komar (2025) also shows that the integration of psychosocial and spiritual approaches is very effective in building self-resilience to the temptation of relapse, especially when combined with periodic evaluations and family support. In the context of the Gorontalo Province BNN, the use of bi-weekly observation and assessment forms reflects a systematic approach that is in accordance with the latest rehabilitation service trends based on program individualization and thorough monitoring of patients' psychological development.

On the other hand, primary rehabilitation services in Gorontalo also show alignment with the global rehabilitation model as described by Potočnjak et al. (2024) who emphasize the need for integration between medical approaches and psychoeducational activities to ensure the active involvement of patients in the recovery process. This is in line with the coaching model developed by Potempa and Chamroonsawasdi (2023) in a self-management-based program for chronic populations, where self-reflection and awareness of change are important indicators in behavioral transformation. Although there are still challenges in the limited number of human resources, the existence of a consistent daily routine and documentation of patient progress shows that primary rehabilitation services at BNN Gorontalo Province have applied modern clinical principles in adaptive and evidence-based rehabilitation practices.

5. Re-entry Rehabilitation Services

Re-entry rehabilitation services are an advanced phase after primary rehabilitation that prepares drug addicted patients to return to society with adequate life skills, social resilience, and support systems. This phase serves as a bridge between life in a structured rehabilitation environment to a challenging real world. Activities in this phase include job training, post-rehabilitation counseling, family involvement, and social assistance. The main goal is to prevent relapse through strategies to strengthen independence and social empowerment. According to Siregar & Siahaan (2019), this stage is crucial to reduce the recurrence rate because many patients fail to maintain recovery without re-entry support. Meanwhile, Lubis & Fadilah (2022) highlight the importance of community involvement and a work environment that accepts ex-addicts as part of ongoing rehabilitation.

The results of this study are in line with Maharani's (2024) statement that the process of social reintegration in drug rehabilitation services must include educational, social, and psychological approaches to ensure that former users are ready to return to society

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productively. At BNN Gorontalo Province, the involvement of patients in coaching activities and the formation of alumni groups is an important part of forming confidence and a sense of belonging. This supports the findings of Riski (2024) who affirm that re-entry will be optimal if patients are involved in leadership training and directed to independent living. The study also notes that the success of this stage is strongly influenced by family involvement, basic skills training, and social simulations that create readiness to re-interact with the community without significant recurrence.

The re-entry phase at the Gorontalo Provincial BNN shows that the success of recovery is not only clinical, but also depends on the creation of a strong support network and empowerment opportunities. Sipahutar and Muhammad (2024) state that the social resilience and adaptive ability of former addicts can be formed through constructive interaction with a new environment that is free from stigma. Meanwhile, Allyssa and Adhari (2024) emphasize the importance of the involvement of rehabilitation institutions in instilling independence and providing life skills education, even though budget constraints often hinder aspects of economic empowerment. This study shows that although the economic training program has not been running optimally, a humanistic and community-based approach still makes re-entry services at BNN Gorontalo Province have a significant contribution to long-term social integration.

6. After Care Rehabilitation Services

Aftercare rehabilitation services are the last phase in the recovery process of drug addicts, which aims to maintain the sustainability of recovery through a system of mentoring, supervision, and social reintegration in a sustainable manner. This phase includes routine monitoring activities, follow-up counseling, group therapy, strengthening social relationships, and support for work and family stability. The after care program is very important to prevent relapse that often occurs in 6 months to 2 years after primary rehabilitation. An effective aftercare plan involves collaboration between rehabilitation institutions, families, communities, and government agencies. Research by Maharani & Damayanti (2021) highlights that post-rehabilitation services with a spiritual approach and economic empowerment play an important role in reducing redependence. Meanwhile, Kurniasari et al. (2017) emphasized the importance of regular monitoring and long-term therapeutic relationships as part of a successful aftercare mechanism.

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The results of this study are in line with the statement that after care is a crucial aspect in preventing recurrence and improving post-rehabilitation stability. Research from Marlina and Suryani (2020) confirms that the existence of support groups and routine post-rehabilitation monitoring services strengthens the psychological and social resilience of former addicts. This is reinforced by the research results of Hermanto and Safitri (2021), which show that the integration of post-rehabilitation services through advanced counseling, family education, and community-based monitoring contributes significantly to the long-term success of the recovery process. At BNN Gorontalo Province, this practice is seen through the consistency of home visits, digital communication, and coaching of alumni groups. However, the limited reach and the absence of a technology-based tracking system are gaps that need to be fixed for equitable distribution of benefits.

After care services at BNN Gorontalo Province also support the formation of a new identity that is healthier and more productive for former patients. Community-based activities and access to medical and psychosocial assistance are a form of sustained response to post-rehabilitation dynamics. These findings are strengthened by research by Wibowo et al. (2019) which stated that intensive post-rehabilitation services reduced the risk of recurrence by more than 40% in the first 12 months after leaving a rehabilitation institution. In addition, the study by Setyawan (2022) also states that alumni involvement in the post-rehabilitation community strengthens self-control and motivation for healthy living. Thus, despite logistical and infrastructure obstacles, aftercare services at BNN Gorontalo Province show a progressive policy direction based on the sustainability of patient recovery.

Active patient involvement and social support systems greatly support the success of services. This is in line with the findings of Hamid et al. (2020) who affirm that multidisciplinary approaches and family involvement strengthen the effectiveness of drug rehabilitation. Similarly, Hendra (2021) shows the importance of standardizing regulation-based rehabilitation services as the foundation of institutional quality and accountability in serving drug addicts professionally and humanely. Rehabilitation services at BNN Gorontalo Province not only focus on medical healing, but also on the social transformation of post-rehabilitation patients. Interventions in the form of individual and group counseling, family approaches, and screening and evaluation of changes in quality of life are evidence that services are directed to support optimal social reintegration. Research by Ginting et al. (2023) supports this by stating that medically and socially comprehensive services improve the stability of patient recovery. Latief (2024) also emphasized the importance of consistency in non-medical rehabilitation services in order to achieve sustainable behavior change.

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However, even though the system is running well, challenges such as limited budgets and suboptimal economic empowerment programs are obstacles in achieving long-term rehabilitation results.

The monitoring and evaluation mechanism for service quality shows BNN's efforts to maintain quality in a sustainable manner. Activities such as periodic evaluation of treatment plans and reporting changes in quality of life show concern for the dynamics of patient recovery. Hayati et al. (2024) revealed that standardised quality of service measurement is important to ensure the effectiveness of rehabilitation programs. Suherman and Wahyudin (2023) also stated that the evaluation of the P4GN program must be supported by empirical data and active participation from all service elements, including officers, patients, and families. This condition illustrates that despite some administrative and technical obstacles, the service process continues to run within a framework consistent with the principles of quality public service.

Overall, drug rehabilitation services at BNN Gorontalo Province have shifted from just a healing program to an inclusive holistic recovery approach. A combination of professional services, social sensitivity, and guarantees for the sustainability of rehabilitation characterize the approach developed. Alumni community support and family involvement are important social capital in keeping patients on the path to recovery. Mursyid et al. (2023) mentioned that a supportive social environment strengthens the long-term effects of rehabilitation. On the other hand, Herdriani and Samputra (2021) emphasized that good rehabilitation services have a significant impact on the quality of life after rehabilitation. Therefore, despite the challenges in terms of economic empowerment and post-rehabilitation sustainability, the quality of BNN services in Gorontalo Province shows a positive direction towards a comprehensive and humane recovery.

CONCLUSION

The quality of P4GN services at BNN Gorontalo Province for drug addict rehabilitation patients shows a fairly systematic and structured implementation, especially in the dimensions of medical, non-medical, and social rehabilitation services. Each stage of rehabilitation, from assessment, detoxification, stabilization, to re-entry and after care, is carried out with a multidisciplinary approach that prioritizes team coordination, family involvement, and community involvement. However, budget constraints and the suboptimal sustainability of post-rehabilitation economic empowerment programs are challenges that can affect patient recovery resilience. However, the existence of service practices based on empathy, responsiveness, and quality assurance through periodic evaluation and social support shows that BNN Gorontalo Province

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strives to maintain the quality of service professionally. This reflects that drug rehabilitation services in the institution have moved towards sustainable recovery and are oriented towards the social reintegration of former addicts in a sustainable manner.

1) BNN Gorontalo's assessment and intake services are quite good, combining a bio-psycho-social approach with ASSIST screening. This process helps to accurately map rehabilitation needs, although there are still shortcomings in digital facilities and post-assessment evaluations that are not optimal are carried out periodically.
2) The detoxification stage is carried out clinically with strict supervision by medical professionals. Patients receive treatment according to protocol, despite the limitations of facilities and treatment rooms are a challenge. However, this service is very important in preparing the patient's condition for the next rehabilitation process.
3) The stabilization phase plays an important role in organizing the emotions and behaviors of post-detox patients. Psychosocial and medical approaches, such as group therapy and counseling, reinforce patient adherence. Although it has not been digitally documented, the supportive atmosphere and intensive monitoring support the smooth transition to the advanced rehabilitation stage.
4) Primary rehabilitation services blend medical and non-medical approaches such as counseling, spiritual therapy, and periodic evaluations. This service has proven to be responsive to patient changes, although limited to the number of human resources. The patient's active participation in self-reflection strengthens the overall psychological and social recovery process.
5) The re-entry stage emphasizes the patient's social readiness, through skills training, life simulations, and family involvement. Although the economic program has not run optimally, mentoring activities, alumni development, and strengthening spiritual values show the direction of humane empowerment towards gradual social reintegration.
6) The aftercare phase maintains the sustainability of recovery through follow-up counseling, home visits, and active support groups. Although it has not reached all alumni, this service shows long-term care for former patients. Community and family support is key in strengthening the quality of life after rehabilitation in a sustainable manner.

SUGGESTION

1. BNN Gorontalo Province is advised to strengthen the continuity of rehabilitation services by increasing the capacity of accompanying human resources and expanding budget support,

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especially in post-rehabilitation economic training programs. Improving digital infrastructure is also urgently needed to support real-time patient tracking systems and service documentation. In addition, it is necessary to strengthen integration between work units, especially in synergizing medical, psychosocial, and social services so that patient recovery is more holistic. BNN is also expected to collaborate more closely with religious institutions, the private sector, and community organizations in supporting the re-entry and after-care phases to better touch the aspects of sustainable empowerment.

2. Patients' families are recommended to play an active role in each stage of rehabilitation, especially in the re-entry and after-care phases, by creating a supportive, stigma-free, and communicative home environment. They also need to obtain more comprehensive education about the dynamics of drug recovery, signs of potential relapse, and appropriate psychological support methods. It is necessary to increase family involvement in the fostered family forum or family support group formed by BNN, in order to form synergy in long-term supervision and motivation for former patients. Active collaboration between families and rehabilitation workers is a key factor to ensure the success of sustainable social reintegration.
3. Rehabilitation patients are encouraged to maintain consistency in following the entire series of rehabilitation programs, including the after-care phase and alumni coaching. Personal commitment to living a healthy lifestyle, staying away from risky environments, and participating in support group activities will strengthen one's resilience to drug temptation. In addition, patients are also expected to build intrinsic motivation by setting meaningful and productive life goals. For patients who have entered the re-entry phase, participation in skills training, social activities, and alumni group leadership will help in the recovery process and reintegration into society. They also need to actively utilize advanced counseling services to strengthen self-control and psychological resilience.
4. Local governments and related agencies such as the Social Service, Health Office, and educational and religious institutions need to play a more active role in supporting the sustainability of post-rehabilitation services. Cross-sector cooperation is urgently needed in providing job skills training, entrepreneurial assistance, and access to advanced health services. Non-governmental organizations and religious-based communities can also be involved in moral coaching and strengthening the spiritual values of former addicts. In addition, the formulation of regional policies on the empowerment of former drug addicts and the integration of data between institutions can accelerate service response and reduce the

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risk of relapse systematically. All stakeholders need to realize that recovery from drug dependence is a long-term process that requires consistent multi-stakeholder synergy.

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Regulation of the President of the Republic of Indonesia Number 23 of 2010 concerning the National Narcotics Agency

Presidential Regulation of the Republic of Indonesia Number 2 of 2020 concerning the National

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Medium-Term Development Plan (RPJMN) for 2020–2024

Presidential Instruction of the Republic of Indonesia Number 2 of 2020 concerning the National Action Plan for the Prevention and Eradication of Narcotics Abuse and Illicit Trafficking for 2020–2024

Regulation of the Minister of Home Affairs of the Republic of Indonesia Number 12 of 2019 concerning Facilitation of the Prevention and Eradication of Abuse and Illicit Circulation of Narcotics and Narcotic Precursors

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Regulation of the National Narcotics Agency of the Republic of Indonesia Number 6 of 2022 concerning the Implementation of Sustainable Rehabilitation

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Regulation of the Head of BNN Number 6 of 2017 concerning Procedures for the Appointment of Anti-Drug Volunteers and Activists

Regulation of the Head of BNN Number 2 of 2020 concerning the P4GN National Action Plan in Government Agencies, the Business World, and the Education Environment

Regulation of the Head of BNN Number 5 of 2021 concerning Technical Instructions for the National Action Plan for P4GN and Narcotics Precursors for 2020–2024

Gorontalo Provincial Regulation Number 4 of 2019 concerning Facilitation of Prevention and Countermeasures against Abuse and Illicit Circulation of Narcotics, Psychotropics, and Other Addictive Substances

Circular Letter Number B/50/M.SM.00.00/2020 concerning ASN Support for P4GN.

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