

# COMMUNICATION PATTERNS OF THE NATIONAL NARCOTICS AGENCY IN DOING RESIDENT DRUGS REHABILITATION IN KENDARI CITY

MANSUR<sup>1</sup>, RUSTINA<sup>2</sup>, SUHARNIS<sup>3</sup> and MUH. IKHSAN<sup>4</sup>

<sup>1,2</sup>Kendari State Islamic Institute, <sup>3</sup>Datokarama State Islamic University Palu, <sup>4</sup>Kendari State Islamic Institute  
Email Id: mansurrahman7291@yahoo.co.id<sup>1</sup>, rustina\_ftik@gmail.com<sup>2</sup>, suharnis1234@gmail.com<sup>3</sup>,  
muhikhsan.72ar@gmail.com<sup>4</sup>

## Abstract

This study focuses on discussing the Communication Pattern of the National Narcotics Agency in Rehabilitating Drug Residents in Kendari City. The problem of this research is how is the communication pattern of the National Narcotics Agency in rehabilitating drug residents in Kendari City? What are the difficulties faced by the National Narcotics Agency in rehabilitating drug residents in Kendari City? The research data were collected through interviews, observation and document review analysis, with data analysis procedures: data reduction, data presentation and data verification (Conclusion Drawing). This research produces the following findings: a. the communication pattern used in rehabilitating drug residents is to develop dynamic interactions in an effort to raise awareness, namely: 1) One-way communication, the communicator plays an active role as the giver of the action and the communicant as the recipient of the action. 2) Two-way communication, the communicator and the communicant can play the same role, namely the giver of action and the recipient of the action. 3) Multi-directional communication, communication does not only involve dynamic interactions between communicators and communicants but can also involve dynamic interactions between other communicant elements. b. The obstacles faced by BNN in rehabilitating drug residents in Kendari City are: First, the addict is already in a semi-crazy condition (dual diagnosis) or has had a severe illness that requires special medical treatment. This is due to the use of narcotics for many years and has led to being a heavy addict. Second, addicts do not want to be open / aware that narcotics are very dangerous. Addicts are afraid of being targeted for surgery. Third, Family Factor.

**Keywords:** Pattern, Communication, Rehabilitation, Drugs, Kendari City.

## A. INTRODUCTION

The Indonesian Child Protection Commission (KPAI) noted that of the 87 million child population in Indonesia, 5.9 million of them became drug addicts. They become drug addicts because they are influenced by the people closest to them. "Out of a total of 87 million children, a maximum of 18 years old, there are 5.9 million children who are categorized as drug addicts," said KPAI Commissioner for Health, Sitti Hikmawatty at a press conference at the KPAI Building, Menteng, and Central Jakarta. Already in the stage and currently following the rehabilitation program. Rehabilitation is a very important treatment step in order to save addicts from the shackles of narcotics and illegal drugs. Currently, Indonesia is in a state of emergency with the dangers of drugs. Most of the drug addicts are in their productive age between 24 and 30 years.

The abuse of narcotics and psychotropic substances is a big problem that must be faced by the Indonesian people and even other countries in the world. Narcotics abuse began to be detected growing in Indonesia and developed into a social problem since 1969. In Article 1

number 15 of LAW no. 35 of 2009 concerning Narcotics, narcotics abuse means people who use narcotics without rights or against the law. People who abuse can cause addiction, addiction to Narcotics. According to the National Narcotics Agency (BNN) Head Budi Waseso, the number of narcotics users in Indonesia in 2015 reached 5.9 million people and every day 30-40 people die from drugs.

Likewise in the Southeast Sulawesi Regional area, narcotics, psychotropic and illegal drug abusers (Drugs) have increased by 7% compared to 2014. Head of Southeast Sulawesi BNNP La Ode Muhammad Yusuf said that currently the number of drug users in Southeast Sulawesi reached 27,000 people spread across all regencies/cities in Southeast Sulawesi. Meanwhile, according to the head of the Kendari City BNN, the number of drug addicts in Kendari City is 143 people. Drug use in Southeast Sulawesi (Southeast Sulawesi) is now really very worrying. The results of the latest research show that Southeast Sulawesi ranks first as users of these illicit goods, beating a number of big cities in Indonesia. The head of the Kendari City National Narcotics Agency (BNN), Murniati, revealed that the results of the study showed drug use was mostly among students and college students. He said that socialization about the dangers of drugs in Kendari City will continue to be improved and needs to be supported by various parties because drug abuse among youth and students in Southeast Sulawesi currently occupies the highest position out of 34 provinces throughout Indonesia. Socialization of the dangers of drugs in the scope of government is intended so that the government helps and disseminates the dangers of drugs among the younger generation. He admits that overcoming the dangers of drugs is still experiencing various obstacles in the field because the cooperation between the community, government and law enforcement officers is not yet optimal.

## **THEORITICAL REVIEW**

### **A. Communication Pattern**

Communication is a basic human activity. By communicating, humans can relate to each other. Communication is a process, where two or more people form or exchange information with each other, which in turn will arrive at a deep mutual understanding. In addition, communication is a form of human interaction that influences each other intentionally or not. Communication patterns consist of 3 kinds, namely:

1. One-way communication pattern is the process of delivering messages from the communicator to the communicant either using media or without media, without any feedback from the communicant in this case the communicant acts as a listener only.
2. Two-way or reciprocal communication patterns (Two way traffic communication), namely communicators and communicants exchange functions in carrying out their functions, communicators in the first stage become communicants and in the next stage alternate functions. But in essence, the main communicator is the main communicator, the main communicator has a specific purpose through the communication process, the process is dialogical, and feedback occurs directly.

3. Pattern of multi-directional communication, namely the communication process occurs in one group where more communicators and communicants will exchange ideas in a dialogical manner.

Types of communication are divided into two, namely first, verbal communication is a symbol or verbal messages are all types of symbols that use one or more words. Almost all speech stimuli that we are aware of fall into the category of intentional verbal messages, namely conscious efforts to relate to other people verbally. Verbal language is the primary means of expressing our thoughts and intentions. Second, non-verbal communication is communication beyond the spoken and written words. At the same time we must realize that many non-verbal events and behaviours are interpreted through verbal symbols.

Larry and Richard, as quoted by Mulyana that divide non-verbal messages into two broad categories, namely: 1. Behaviour consisting of appearance and clothing, movement and posture, facial expressions, eye contact, touch, smells and proverbs 2. Space, time and silence. Devito Joseph, suggests that non-verbal messages have general characteristics, namely:

1. Behavior Communication is communicative, namely in situations of interaction, such behavior always communicates something.
2. Non-verbal communication occurs in a context that helps determine the meaning of each non-verbal behavior.
3. Non-verbal messages are usually in the form of packages, non-verbal messages reinforce each other, sometimes these messages contradict each other
4. Non-verbal messages are highly trusted, generally when verbal messages contradict each other, we trust non-verbal messages.
5. Non-verbal communication is controlled by rules.
6. Non-verbal communication is often metacommunication, non-verbal messages often function to comment on other messages, both verbal and non-verbal.

Communication technique is a way or "art" of delivering a message from a communicator in such a way, so that it has a certain impact on the communicant. Based on the competence of the communicant in communicating, there are several techniques that are often used in carrying out a communication. Informative communication is providing information (facts) then the communicant draws his own conclusions and decisions. In certain situations, informative messages are more successful than persuasive information, for example if the audience is intellectuals and educated people.

Persuasive communication, namely communication that contains persuasion in order to raise awareness and understanding to the audience that what we convey will provide a change in attitude, but the change is based on self-awareness. Not a change that results from the communicator's wise action efforts to the communicant. Instructive/coercive communication, namely the delivery of information that is coercive by using sanctions if not implemented. A well-known form of delivery of this model is agitation with emphases that cause inner stress and fear among the audience. Coercion can be in the form of orders, instructions, and so on.

Human relations. When viewed in terms of communication, then this human relationship is included in interpersonal communication (interpersonal communication) because it takes place in general between two people in a dialogical manner. It is said that human relations are action-oriented communication, containing activities to change one's attitudes, opinions and behaviour.

## **B. Overview of Narcotics**

Definition of Narcotics According to Law Number 35 of 2009 Article 1 point 1 that narcotics are substances or drugs derived from plants or non-plants, both synthetic and semi synthetic, which can cause a decrease or change in consciousness, loss of taste, reduce to eliminate pain, and can cause dependence, which is divided into groups. The effects of using narcotics include the following. a) Depressant, which relaxes or reduces the activity or activity of the central nervous system, so that it is used to calm a person's nerves to be able to sleep/rest. b) Stimulant, namely increasing the activity of the central nervous system, thereby stimulating and increasing one's physical abilities. c) Hallucinogens, namely causing feelings that are not real or pleasant fantasies.

As for Law Number 35 of 2009, narcotics are classified into 3 (three) groups, namely: a. Class I narcotics are narcotics that can only be used for the purpose of developing science and are not used in therapy, and have a very high potential to cause dependence. Examples: Heroin, cocaine, cocaine leaves, opium, marijuana, jicing, cathinone, MDMA/ecstasy, and more than 65 other types. b. Class II narcotics are narcotics that are efficacious for treatment which are used as a last resort and can be used in therapy and/or for the purpose of developing science and have a high potential to cause dependence. Example: morphine, pethidine, fentanyl, methadone. c. Class III narcotics are narcotics that have medicinal properties and are widely used in therapy and/or scientific purposes and have mild potential to cause dependence. Example: codeine, buprenofin, ethylmorphine, codeine, nikokodina, polkodina, propyram.

## **C. Rehabilitation**

Definition of Rehabilitation, according to article 1 number 23 of the Criminal Procedure Code is: "a person's right to obtain restoration of his rights in his ability, position, and dignity as well as given at the level of investigation, prosecution or trial because he was arrested, detained, prosecuted or tried without any reason based on law. Or because of an error regarding the person or the law applied according to the method regulated in this law." Rehabilitation is a form of punishment that aims as a recovery or treatment. According to Soeparman, rehabilitation is a semi-closed facility, meaning that only certain people with special interests can enter this area. Rehabilitation for prisoners in prisons is a place that provides skills and knowledge training to avoid narcotics.

This program is implemented to help inmates get rid of addiction to narcotics and psychotropic substances, with this rehabilitation making an integrated prevention centre under one roof or One Stop Centre (OSC). To achieve the aims and objectives mentioned above, a rehabilitation program is needed which includes medical, psychiatric, psychosocial,

and psycho religious rehabilitation according to the definition of healthy from WHO (1984), and the American association/APA (1992). The integrated service and rehabilitation process for narcotics abusers, both medical rehabilitation and social rehabilitation, must meet human resources that meet the requirements or criteria, because overcoming narcotics abusers is not an easy thing, so special skills and expertise are needed.

In the implementation of rehabilitation by the Ministry of Social Affairs for those who are addicted to narcotics based on several regulations, namely: a. Law of the Republic of Indonesia Number 22 of 1997 in conjunction with Law Number 35 of 2009 concerning Narcotics Article 45, Article 46 paragraph (1), (2), (3), Article 47, paragraph (1) and (2), Article 48 paragraph (1) and (2), Article 49 paragraph (1), (2), (3), Article 50. b. Decree of the President of the Republic of Indonesia Number 17 of 2002 concerning the National Narcotics Agency. The implementation of therapy for narcotics abusers is adjusted to the problems of the group with the level of addiction.

According to Nalini Muhi, there are potential groups who are easily influenced by drugs: a. The primary group is a group that is experiencing mental problems, the cause can be due to anxiety, depression and the inability to accept the reality of life that is being lived. This is made worse because they are usually people who have introverted or introverted personalities. By taking drugs or something that is believed to be able to get rid of the problem even if only temporarily.

This confirms that the guidelines in other prisons are the same as those in the Narcotics Correctional Institution, namely Law Number 12 of 1995 concerning the UUP and other regulations. The importance of the need for therapy and rehabilitation in the Correctional Institution/Rutan is caused by: a. Negative effects of drugs in the long term. b. An increase in the average death rate due to comorbidities as a result of drug abuse such as TB, HIV-AIDS and Hevatitis. c. Reducing the transmission of TB, HIV-AIDS and Hevatitis.

To achieve the goal of rehabilitation as a stage of recovery for drug abusers, it is carried out through coaching. This is in line with new ideas about the function of punishment which is no longer a deterrent but has turned into a rehabilitative and reintegrative effort with the aim that prisoners realize their mistakes, do not repeat criminal acts again and can return to being responsible citizens for themselves, family and society as well as useful for the homeland and nation.

According to RI Law No. 35 of 2009, there are two types of rehabilitation, namely: 1. Medical Rehabilitation Medical rehabilitation according to RI Law no. 35 of 2009 is a process of integrated treatment activities to free addicts from narcotics dependence. M.Min gave an understanding of medical rehabilitation that medical rehabilitation is a new field of specialization in medical science, which is related to the comprehensive treatment of patients with impaired function/injury (impairment), loss of function/disability, which originates from the musculoskeletal system (muscle-bone structure). musculoskeletal), the nervous system (neuromuscular), and mental, social and work disorders that accompany the disability.

There are two objectives of medical rehabilitation, namely: a. Long-term, in which the patient immediately gets out of bed can walk without or with equipment at least able to care for himself. b. In the short term, where the patient can live again in the community, at least able to take care of himself, ideally and can return to his original or close life activities. Social Rehabilitation According to Law No. 35 of 2009 concerning Narcotics is a process of integrated recovery activities, both physically, mentally and socially, so that narcotics prisoners can return to carrying out social functions in community life. Social rehabilitation is intended in relation to services to individuals who need special services in the social field, namely increasing social skills, preventing social skills from declining or being more severe than previous social conditions. The objectives of social rehabilitation are: a. Restoring a sense of self-esteem, self-confidence, awareness and responsibility for the future of oneself, family and society, or their social environment. b. Restoring the will and ability to obtain normal social functions.

Provisions for rehabilitation for narcotics abusers are regulated in Law No. 35 of 2009, it is stated in Article 54 that Narcotics Addicts and Narcotics Victims are required to undergo medical and social rehabilitation. This is clarified in Article 3 paragraph (1) of the Regulation of the Head of the National Narcotics Agency Number 11 of 2014 concerning Procedures for Handling Narcotics Addicts and/or Defendants of Narcotics Addicts and Victims of Narcotics Abusers into Rehabilitation Institutions (BNN Regulation 11/2014) which stipulates that Narcotics Addicts and Victims of narcotics abusers who are without rights and against the law as suspects and/or defendants in narcotics abuse who are undergoing the process of investigation, prosecution, and trial in court are given treatment, care and recovery in rehabilitation institutions.

At the time of the decision to rehabilitate the judge who determines whether the person concerned (in this case the Narcotics Addict) undergoes rehabilitation or not based on whether or not the crime committed is proven. This is regulated as in Article 103 of Law no. 35 of 2009 concerning Narcotics. (1) Judges examining Narcotics Addict cases may: a. decide to order the person concerned to undergo treatment and/or treatment through rehabilitation if the Narcotics Addict is proven guilty of committing a Narcotics crime; or Explanation; This provision confirms that the user of the word decides for Narcotics Addicts who are proven guilty of committing a Narcotics crime implies that the judge's decision is a verdict (punishment) for the narcotic addict concerned. b. stipulates to order the person concerned to undergo treatment and/or treatment through rehabilitation if the Narcotics Addict is not proven guilty of committing a Narcotics crime.

The procedure for applying for rehabilitation in the context of a request for rehabilitation in court is that the application is made to the Prosecutor (prosecution level) or Judge (examination level). Then, after that, the Public Prosecutor for the purpose of prosecution and the Judge for the purpose of examination in court may request assistance from the local Integrated Assessment Team to conduct an assessment of the defendant. So, it is the public prosecutor or judge who asks for help to first conduct an assessment of the defendant. This assessment assistance is carried out based on BNN Regulation 11 of 2014 and the results are

submitted to the Prosecutor or Judge with the Minutes of Submission of the recommendation of the assessment results. Although the BNN regulation no. 11 of 2014 is basically a technical guideline for investigators (investigation level) to request placement of rehabilitation for a suspect/defendant after an assessment has been carried out, but at the level of prosecution or examination in court, the prosecutor or judge can request an assessment from the Integrated Assessment Team whose procedure is based on the Regulations. BNN No. 11 of 2014 concerning Procedures for Handling Suspects/Defendants of Narcotics Addicts and Victims of Narcotics Abusers in Rehabilitation Institutions.

There are provisions regarding rehabilitation for prisoners in the implementation of rehabilitation guidance in Correctional Institutions as stated in the provisions of the above regulations as follows; 1. Resident coaching period is 6 (six) months. 2. During detoxification and unit entry, the resident cannot be visited by the family. 3. Residents can be visited after entering the primary and re-entry phases. 4. If the resident escapes from the rehabilitation centre and returns to his family, the family is obliged to inform the National Narcotics Agency and send him back to continue his rehabilitation. Apart from being in prison, the Government together with BNN also utilize non-rehabilitation institutions within government institutions/agencies to utilize health service facilities and social services for outpatient and inpatient treatment for addicts and victims of narcotics abuse.

According to Article 1 number 23 of the Criminal Procedure Code that rehabilitation is: "a person's right to obtain restoration of his rights in his ability, position, and dignity as well as granted at the level of investigation, prosecution or trial because he was arrested, detained, prosecuted or tried without any reason based on law or because mistakes regarding the person or the law applied according to the method regulated in this law." Rehabilitation is a form of punishment that aims as a recovery or treatment.

According to Soeparman, rehabilitation is a semi-closed facility, meaning that only certain people with special interests can enter this area. Rehabilitation for prisoners in correctional institutions is a place that provides skills and knowledge training to avoid narcotics. From the above understanding, it can be concluded that rehabilitation is one of the efforts to restore and restore conditions for drug abusers and victims of narcotics abusers so that they can return to carrying out their social functionality, namely being able to carry out activities in society normally and fairly. The following is a further explanation of the rehabilitation process for drug users.

### **1. Handling Withdrawal Substances.**

The withdrawal stage is often referred to as withdrawal in heroin users. When entering rehabilitation, the user who had been using it suddenly had to stop. As a result, conditions will arise such as symptoms of depression, anxiety, anxiety, and a strong urge to return to using drugs. At this stage, the doctor examines the physical and mental condition of drug users. The doctor will decide if the user needs to take medication to reduce withdrawal symptoms. Drug administration depends on the type of drug and the severity of withdrawal symptoms.

## 2. Stages of Non-Medical Rehabilitation

At this stage, the doctor considers the user's condition to be stable enough so that they can be transferred to a dormitory or boarding house with other users. In this stage, users begin to receive social therapy such as therapeutic communities (TC). This method applies the principles of, by, and for the user. Other social methods used are 12 steps (twelve steps) and a religious approach. Users also begin receiving therapy to prevent relapse or return to drug use.

## 3. After Care

At this stage the user is declared to have been able to leave the rehabilitation center. Furthermore, users will receive assistance such as support groups, skills training, as well as fostering interests and talents to support themselves. In each stage of rehabilitation, it is necessary to monitor and evaluate the recovery process for drug users. In Babesrehab, there are several houses (rehabilitation sites) which are grouped as follows:

1. Detox, is the home for addicts who are just starting treatment. Home Detox is divided into two, namely for men and women. Here addicts will be treated for an average of 2 weeks.
2. \Entry Unit, is a house where addicts who have been "cleaned" previously visited the Detox House. In the Entry Unit, each addict will be given an understanding of the program he is currently undergoing and will undergo for the next 6 months.
3. Green House, is a place for training and education for male addicts who are less than 35 years old. Here the addicts will be trained in their attitudes, behavior, and personality so that they can be accepted by society. This home program lasts for 4 months.
4. House of Hope, is a place for training and education for male addicts over the age of 30, or addicts who have been out of rehab before. In contrast to Green's house, at Hope's house, addicts will change their mindset so that they are not bound to drugs and accepted by society. This home program lasts for 4 months.
5. HoC (House of Change), this house has the same program as Hope's house, but is devoted to civil servants or state officials, and the military or police. This home program lasts for 4 months.
6. Re-Entry, this house is the last house of the entire rehabilitation program at Babesrehab BNN. Here addicts will be monitored, and given training/improvement of skills as well as improvement of mindset so that they can be ready to return to society. This home program lasts for 1 month.
7. Female, a special house for women (divided into 4 parts, namely: Detox, Entry Unit, Green, and Re-Entry).

Rehabilitation for addicts at Babesrehab BNN is carried out through the rehabilitation process which is as follows: through the Detox House (2 weeks), followed by the Entry Unit (2 weeks), then entering the main program at the Green House/House of Hope (for civilians) or HoC for PNS and Military for 4 months.[5] Furthermore, addicts will continue at home Re-Entry for 1 month, so the total normal program is 6 months. Medical rehabilitation.

Detoxification, intoxication, outpatient care, medical examinations, supporting examinations, treatment of ill-effects of drugs, psychotherapy, dual diagnosis treatment, Voluntary Counseling and Testing (VCT), seminars, group activity therapy, and others. Social rehabilitation based on Therapeutic Community. The activities in it include: individual counseling, static groups, seminars, group therapy, and others.

## **RESEARCH METHODS**

This research is a qualitative descriptive research. Qualitative research usually starts from a specific problem and is specifically researched that is raised to the surface, without the intention of making generalizations. This research was conducted at BNN Kendari City, Southeast Sulawesi. When this research was conducted, there were 68 residents who were undergoing a rehabilitation program. This research data was collected through

In-depth interviews were conducted as an effort to find out more substantively the problem of this research. The initial conditions that are really needed from in-depth interviews are closeness and intimacy between the interviewer and the respondent and the level of understanding of the interviewer on the desires and perceptions and principles of the respondent. In-depth interviews were conducted repeatedly.

Observation is one method of collecting data in qualitative research which is quite effective. Before conducting observations, the researcher first adapts to the object under study. From here, it is hoped that accurate and original data will be obtained, so that the actual data can be disclosed carefully and completely.

## **RESEARCH RESULT**

### **A. Communication Pattern of the National Narcotics Agency in Rehabilitation of Drug Residents in Kendari City.**

According to Law Number 35 of 2009 concerning Narcotics. Drug addicts or users do not always have to end up in detention or imprisoned (punished) by the police. If the family has the initiative to report or take their child to a rehabilitation center or the office of the National Narcotics Agency, then the family member will not be punished. Voluntary surrender to rehabilitation is a good and commendable thing. However, not many families have the initiative and awareness to report their family members because there are fears and concerns from families of drug addicts to report themselves for fear of undergoing punishment. In addition, there is a general lack of public awareness about their role in efforts to prevent and eradicate narcotics abuse.

The rehabilitation activities carried out by the Kendari City National Narcotics Agency are carried out to break the chain of dependence of drug addicts/users on addictive drugs. In addition, rehabilitation activities are also carried out to further direct the formation and strengthening of the character of addicts after primary rehabilitation. Mental maturity must really be formed in addicts so that they have mental readiness to re-mingle with society.

Those who are rehabilitated have a weak mentality and are very vulnerable to taking drugs again because they cannot stem the stigma of society regarding their past as drug addicts.

Interpersonal communication in a persuasive form carried out by the Kendari City National Narcotics Agency through face-to-face and through telephone lines. The Kendari City National Narcotics Agency takes the time to communicate with drug addicts who are participating in the rehabilitation program. This method is carried out as a form of concern and concern for social rehabilitation participants. This effort is carried out as a form of sympathy for the rehabilitation participants to remain active and enthusiastic about participating in the rehabilitation program they are currently undergoing. Through this pattern, participants feel closer and valued so that comfort and a sense of belonging grow in them. Meanwhile, the sharing feeling activity is a form of information disclosure for both Kendari City BNN management and rehabilitation participants. Control over the activities of rehabilitation participants is more coordinated. Addicts who have recovered or are clean in undergoing social rehabilitation at the Kendari City National Narcotics Agency feel the effects of this persuasive communication. Discipline has been made as a principle of life, more empowered and confident. a persuasive communication approach, improves the quality of life of addicts, they are more productive, have started to build communication with their families and communities. Thus, their escape to return to drugs can be avoided and addicts who have recovered or are clean have run a joint effort for economic independence.

Empathy for the risks and dangers of drug abuse which currently threatens the younger generation and women encourages the desire of addicts who have recovered at the Kendari City National Narcotics Agency to actively disseminate information about the dangers of drugs. Submission of this information is intended to provide knowledge to the outside community so that they are always aware of the dangers of drug abuse. They must be trained to be responsible for what they do. This aims to foster a sense of trust that their past as drug addicts is not an inhibiting factor in developing trust and responsibility. The independence of addicts who have undergone rehabilitation programs from the Kendari City National Narcotics Agency is one of the effects of interpersonal communication in the form of the nature of equality that they know and understand.

There are three communication patterns that can be used in rehabilitating drug residents to develop dynamic interactions in an effort to raise awareness, namely: 1) Communication as action or one-way communication, communicators play an active role as givers of action and communicants as recipients of action. This form is a lecture which is basically one-way communication. 2) Communication as interaction or two-way communication, the communicator and the communicant can play the same role, namely the giver of action and the recipient of the action. Both can give and receive each other. 3) Multi-directional communication or communication as a transaction, communication does not only involve dynamic interactions between communicators and communicants but can also involve dynamic interactions between other communicant elements. Transactional communication models emphasize processes and functions to share knowledge and experience.

Communication is a process in which all participants are dynamically active in fulfilling their social functions as members of society.

This perspective can be used to explain how individual factors (characteristics) of people determine the pattern of communication they use. In addition to individual factors, environmental factors cannot be ignored. Because the Kendari City BNN officers in their daily live with drug residents always interact with the social environment. So the communication patterns that occur are also influenced by the social environment. Human behavior depends on knowledge, opinion, what people believe about the environment and about oneself. So, in rehabilitating drug residents using a type of communication pattern, it is determined both by individual factors and environmental factors.

In addition, the Therapeutic Community (TC) method is good to use. The Therapeutic Community (TC) method, which is based on the science of social work, is a method of social rehabilitation for drug abuse victims by using the principle of kinship and focusing on the strength of groups/communities consisting of individual drug abusers with the same problems and needs so as to overcome the problem. Their addiction through solutions that come from within or which in social work is known as the concept of “to help people to help themselves”.

In its implementation, the TC (Therapeutic Community) method is harmonized with social work science approaches and methods, so that the targets achieved in the social rehabilitation program for drug abuse victims in Kendari City are not only limited to abstinence, but also towards the social functioning of former clients of victims of abuse these drugs. Recovery of a person from dependence on drugs, not only to stop their use, but helps to develop mental, psychosocial, emotional, spiritual and abilities (competence) aspects and have life skills (life skills) to carry out their lives.

## **B. Obstacles to the National Narcotics Agency in Rehabilitating Drug Residents in Kendari City**

There are several factors that cause drug addicts to be reluctant to be rehabilitated, including First, the addict is already in a semi-crazy condition (dual diagnosis) or has experienced a severe illness that requires special medical treatment. This is due to the use of narcotics for many years and has led to being a heavy addict. Second, addicts do not want to open up and realize that narcotics are very dangerous. Addicts are afraid of being targeted for surgery. Third, Family Factor. The success or failure of the rehabilitation process is also determined by family support. In fact, there are still many people whose families are narcotics addicts have not reported themselves. The community does not yet have a voluntary rehabilitation culture. Fourth, the police's view is that they still apply imprisonment for narcotics addicts. Police investigators still hold to the view that the rehabilitation facilities are not adequate and the numbers are not sufficient.

It takes a long time and the right approach to communication patterns to create calm and comfort for residents to open up. Instilling a sense of confidence in one's own abilities is very important to overcome it.”

The commitment and great desire to recover and recover has not been maximized, the seriousness of undergoing rehabilitation at the National Narcotics Agency is still low. In addition, the awareness that rehabilitation is their need in order to return them to healthy and normal human beings free from the influence of drugs are still very lacking, so building communication with them is difficult". The main obstacle faced by the National Narcotics Agency is stigma and discrimination for addicts, especially for addicts in the process of social rehabilitation (after care). Stigma is a form of giving social sanctions to addicts in the form of ridicule and exclusion from the association. Meanwhile, discrimination is a psychological and social distinction made by addicts from society in general.

The Kendari City National Narcotics Agency does not yet have a drug victim rehabilitation institution so it must be sent out of Kendari City to handle residents who are Kendari City BNN drug patient's drugs. This research concludes that:

1. There are three communication patterns that can be used in rehabilitating drug residents to develop dynamic interactions in an effort to raise awareness, namely first, communication as action or one-way communication, the communicator plays an active role as the giver of the action and the communicant as the recipient of the action. This form is a lecture which is essentially one-way communication. Second, communication as interaction or two-way communication, communicators and communicants can play the same role, namely the giver of action and the recipient of the action. Both can give and take each other. Third, multi-way communication or communication as a transaction, communication does not only involve dynamic interactions between communicators.
2. Obstacles faced by BNN in rehabilitating drug residents in Kendari City are: First, the addict turns out to have experienced a semi-crazy condition (dual diagnosis) or has experienced a severe illness that requires special medical treatment. This is due to the use of narcotics for many years and has led to being a heavy addict. Second, addicts do not want to open up and realize that narcotics are very dangerous. Addicts are afraid of being targeted for surgery. Third, Family Factor. The success or failure of the rehabilitation process is also determined by family support. In fact, there are still many people whose families are narcotics addicts have not reported themselves. The community does not yet have a voluntary rehabilitation culture. Fourth, the police's view is that they still apply imprisonment for narcotics addicts. Police investigators still hold to the view that the rehabilitation facilities are not adequate and the numbers are not sufficient. In addition, the city of Kendari does not yet have a special institution to handle the rehabilitation of drug victims so that patients who are currently participating in the rehabilitation program must be sent to Makassar and Java.

## REFERENCES

1. Adi Sujatno, *Enlightenment Behind Prison from Cage to Studio to Become an Independent Human*, Teraju, Jakarta, 2008.
2. Anwar Arifin, *Communication Strategy; a Brief Introduction* (Cet: 3, Bandung: CV. Armico, 1994).
3. Berlo, K. David *Introduction to Communication Studies*. Bandung. Rosdakarya, 2010.
4. Center for Therapy & Rehabilitation of the Indonesian National Narcotics Agency. *Comprehensive Rehabilitation Therapy for Drug Addicts From a Psychosocial Side*, 2008.

5. Center for Therapy & Rehabilitation of the Indonesian National Narcotics Agency. Walking Paper: Concept Therapeutic Community, 2009
6. Center for Therapy & Rehabilitation of the Indonesian National Narcotics Agency. Training Module for Social Rehabilitation Officers in One Stop Center (OSC) Program Implementation, 2006.
7. Dadang Hawari, Drug Abuse & Addiction (Narcotics, Alcohol, & Addictive Substances), Jakarta FKUI: New Style 2006.
8. Dedy Mulyana, Communication Science An Introduction, (Bandung Youth Rosdakarya: 2015), Cet. 8th.
9. Djamarah, Syaiful Bahri. Learning Achievement and Teaching Competence. Surabaya: National Business, 2004.
10. Effendy, Onong Uchjana. Communication Dictionary. Bandung : PT. Mandar Maju, 1989.
11. Effendy, Onong Uchjana. Communication Dynamics, Bandung. Youth Rosda Karya, 2004
12. Eti Ratnawati and Sunarto, Competence of Professional Secretary. Ghalia Indonesia: Jakarta. 2006.
13. H. A. W. Wijaya, Introduction to Communication Studies, (Jakarta: PT. Rineka Cipta, 2000).
14. Hafied Cangara, Communication Planning and Strategy, (Jakarta: PT. Raja Grafindo Persada, 2013).
15. Hafied Cangara, Introduction to Communication Studies. Jakarta: PT Raja Grafindo Persada, 1998.
16. <https://butonpos.fajar.co.id/2017-pecandu-narkoba-di-kendari-meningkat/>
17. <https://elshinta.com/news/35191/2015/11/26/user-narkoba-di-sultra-meningkat-7-percent>
18. <https://www.antaraneews.com/berita/548440/bnn-50-orang-meninggal-per-hari-karena-narkoba>
19. Joseph Devito, Human Communication. Professional Books: Jakarta. 1997.
20. M. Min, <http://vhasande.blogspot.co.id/2014/03.tipe-pelayan-rehabilitasi.html>.
21. Media Vision Team. Rehabilitation for Drug Victims. Jakarta: Media Vision, 2006.
22. Ngainun Naim, Fundamentals of Educational Communication, (Jogjakarta: Ar-Ruz Media, 2011).
23. Onong Uchana Effendy, Communication Science Theory and Practice, (Bandung: PT. Teen Rosdakarya, 2009).
24. Onong Uchana Effendy, Group Dynamics, (Bandung: PT. Teen Rosdakarya, 2008).
25. Rahmat Kriyantono, Practical Communication Research Techniques, (Jakarta: Kencana Pernada Media Group, 2008).
26. Raudhonah, Communication Studies, (Jakarta: Research Institute of UIN Jakarta 2007), cet.-1.
27. Sasangka Day, Narcotics and Psychotropics in Criminal Law, Bandung; Mandar Maju, 2003.
28. Siahaan, S.M. Communication: Understanding and Its Application, Jakarta: BPK Gunung Mulia, 1991.
29. Ulfah, Maria. Community Therapeutic Method for Narcotics Residents in the Therapy and Rehabilitation Unit of the National Narcotics Agency, Lido-Bogor. Thesis: State Islamic University, 2011.
30. Widjaja, Communication Studies: Introduction to Study (Cet. 2; Jakarta: PT Rineka Cipta, 2000).