



## Psychosocial Interventions to Improve Quality of Life in Drug Users at the National Narcotics Agency Primary Clinic of South Sumatra

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### ABSTRACT

Background: The increasing trend in the number of drug users in various circles makes this issue a major concern for the government and related institutions in efforts to overcome drug abuse. The challenges in dealing with drug problems remain large despite the decline in the prevalence of drug abuse in Indonesia. Aims: to obtain a clear and comprehensive picture of the rehabilitation process for outpatient NAPZA user clients at the South Sumatra BNNP Pratama Clinic and to understand how psychosocial interventions are implemented to support client recovery during the rehabilitation program. Methods: The approach used in this report is a descriptive qualitative approach, with psychosocial interventions applied to drug abuse clients. The research process was carried out for 3 months, starting from March 3-June 2025, at the South Sumatra BNNP using the intervention provided in the form of psychosocial interventions. Data collection was carried out in three ways, Participatory Observation, Case Study, and Documentation. The data analyzed were in the form of documents resulting from psychosocial interventions through individual, group, family and couple counselling. Result: Psychosocial interventions in outpatient rehabilitation at the Pratama Clinic of the South Sumatra BNNP have been shown to have a positive impact on improving the quality of life of drug users. These interventions include individual counselling, family counselling, couples counselling, and complementary group counselling. Conclusion: psychosocial intervention can make positive developments, such as increased motivation to stop using drugs, improved quality of life, and the ability to manage emotions and improve social and family relationships.

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## 1. INTRODUCTION

Drug and illicit drug abuse is a phenomenon that is growing globally and has become a serious problem in various countries, including Indonesia [1]. The distribution and use of these addictive substances have very detrimental impacts on individual users, families, and the wider community [2], [3]. According to [4] individuals who abuse substances often experience various emotional problems, such as depression, anxiety, identity crises, and conflicts in social relationships. These psychological impacts are often profound and long-lasting, affecting the way individuals think, feel, and behave. As a result, their ability to live their daily lives healthily and productively is also disrupted.

The increasing trend in the number of drug users in various circles makes this issue a major concern for the government and related institutions in efforts to overcome it [5]. This condition gives rise to various health, social, economic, and legal problems that are interrelated and influence each other. Therefore, a deep understanding of the rehabilitation process as a strategy for overcoming drug problems is needed.

According to the latest global data, the number of drug users has now reached around 296 million people, an increase of 12 million compared to the previous year. This figure reflects around 5.8% of the world's total population. Meanwhile, the results of BNN monitoring over the past three years have shown a downward trend. The prevalence in 2022 was recorded at 1.95%, decreasing to 1.73% in 2023. Furthermore, data from 2024 showed that the number of drug users who successfully quit increased by 0.6%, so around one million people in Indonesia managed to escape the trap of drug addiction [6].

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The challenges in dealing with drug problems remain large despite the decline in the prevalence of drug abuse in Indonesia. In practice, not all clients can complete the rehabilitation process to completion [7]. Some of them experience obstacles such as lack of motivation, social stigma, economic pressure, or conflict within the family [8]. Therefore, it is important to understand how the dynamics of the rehabilitation process work, both from the perspective of professionals and the subjective experience of clients. This is important to increase the effectiveness of the rehabilitation program as a whole.

Social stigma, lack of public awareness of the dangers of drugs, and limited access to rehabilitation services, are still significant obstacles [9]. Social stigma often makes individuals with drug abuse problems reluctant to seek help for fear of being judged by society [10]. This causes many drug users not to get the rehabilitation services they need, thus worsening their condition.

Rehabilitation efforts conducted at the BNN South Sumatra Province Pratama Clinic have succeeded in helping many clients in the process of recovering from drug abuse. However, major challenges remain, especially in the form of relapse cases. Relapse is a condition in which a sufferer returns to using drugs after undergoing a period of rehabilitation and being declared cured [11]. This phenomenon is one of the main problems in the world of drug rehabilitation that requires special attention because it can hinder the long-term success of the rehabilitation program.

Various causes can trigger relapses, such as psychological disorders experienced by clients, lack of social support, pressure from the surrounding environment, and less-than-optimal rehabilitation implementation. Relapse not only worsens the client's health condition but can also cause deep disappointment and reduce motivation to continue the recovery process. Therefore, a deep understanding of the rehabilitation process experienced by clients is very important to detect risk factors for relapse and find effective solutions to minimize relapse cases.

In addition, this condition has a direct impact on the decline in the client's quality of life, both from psychological, social, and environmental aspects. Many rehabilitation clients, even though they have stopped using drugs, still have difficulty in building a healthy, productive, and meaningful life. Therefore, a deep understanding of the rehabilitation process, especially psychosocial interventions, is important to improve the quality of life of drug users, detect risk factors for relapse, and find effective intervention strategies to support sustainable recovery.

Quality of life is one of the important aspects that needs to be considered in the recovery process of drug users. Substance abuse not only affects physical health but also disrupts emotional stability, social relationships, and the environmental conditions in which individuals live their lives [12]. Many rehabilitation clients, even though they have successfully stopped using substances, still experience limitations in building a meaningful and productive life. In outpatient rehabilitation, recovery is not only measured by substance-free status (abstinence) but also by the client's ability to live their daily lives healthier physically, mentally, and socially. The improvement in the quality of life of drug users is visible when compared before and after undergoing a rehabilitation program.

This is in line with the findings of Mardiyah and Prasetya (2018), which showed that former addicts experienced significant improvements in their quality of life after undergoing outpatient rehabilitation. This improvement is seen in physical aspects, such as increased energy and reduced fatigue so that they feel healthier and are able to carry out daily activities more optimally compared to their condition before undergoing rehabilitation. In addition, various other dimensions of quality of life also show positive developments.

Psychosocial intervention is an approach that emphasizes the dynamic relationship between psychological and social aspects in individuals and groups (Beaudry et al., 2021). The main goal of this intervention is to change problematic behaviour through understanding the social and psychological context behind it. This approach not only focuses on the individual as a single unit but also considers the important role of family and community in the recovery process. Psychosocial interventions such as group, couple, and family counselling have an important role in improving the quality of life of drug users because they touch on the emotional and social aspects of clients as a whole.

According to the BNN Psychosocial Intervention Guidelines (2023), this approach aims to change individual behaviour by considering the family and community context. Group counselling helps build social support and life skills, family counselling improves the dynamics of household relationships, and couple counselling strengthens communication and trust in intimate relationships. By creating healthy interpersonal relationships, clients can be more motivated to recover, manage stress, and live a more meaningful and stable life. This study aims to obtain a clear and comprehensive picture of the rehabilitation process for outpatient NAPZA user clients at the South Sumatra BNNP Pratama Clinic and to understand how psychosocial interventions are implemented to support client recovery during the rehabilitation program.

## 2. RESEARCH METHOD

The approach used in this report is a descriptive qualitative approach, with the aim of understanding in depth the outpatient rehabilitation process through psychosocial interventions applied to drug abuse clients. This approach allows the author to describe real conditions in the field, especially in the context of interactions between rehabilitation



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officers and clients and their impact on the client's addictive behaviour. The research process was carried out for 3 months, starting from March 3-June 2025, at the South Sumatra BNNP using the intervention provided in the form of psychosocial interventions. Data collection was carried out in three ways, namely:

- a. Participatory Observation: The author is directly involved in the rehabilitation service process. This observation aims to understand the dynamics of interaction between officers and clients and the client's response to various forms of intervention.
- b. Case Study: The study focused on several outpatient clients undergoing rehabilitation. The case study was conducted by exploring the history of substance use, stages of rehabilitation that have been undergone, and changes in addictive behaviour during the program.
- c. Documentation: The documents used include initial client assessment records, intervention plans, rehabilitation progress reports, and behavioural monitoring data. This documentation is used to strengthen and verify data from observations

The data analyzed were in the form of documents resulting from psychosocial interventions through individual, group, family and couple counselling,

### **3. RESULTS AND DISCUSSION**

#### **3.1. Results**

##### **3.1.1. Individual Therapy**

Based on the results of the case study on Client "R" with a series of interventions by conducting observations and accompanying psychologists in implementing counselling and social support for clients, the following data were obtained: Client R, a 26-year-old male with a history of extraction abuse due to work. Client R began the outpatient rehabilitation process at the end of April 2025 and underwent a series of individual counselling sessions for approximately three weeks. Four individual counselling meetings started on April 22, 2025, and ended on May 27, 2025. Counselling sessions were conducted in stages with a brief intervention approach, motivation, and reality therapy.

##### **a. First Meeting**

The first meeting on April 22, 2025, began with an introduction session and initial assessment of a client with the initials R, an adult male who was referred to an outpatient rehabilitation program. The client showed guilt over his substance abuse behaviour. The activity began with a group counselling session discussing the losses due to drug abuse, followed by an individual counselling session using a brief intervention approach, motivation, and reality therapy. In this session, the client revealed a history of substance abuse that began with an invitation from an office friend to a nightclub known through social media. The client admitted that he first consumed index with his friend, then returned to the place twice, once without using substances and finally when caught in a raid. A quality of life measurement was carried out (WHOQOL-BREF) with the following results:

- 1) Physical Health Domain: 68 (sufficient)
- 2) Psychological Domain: 60 (sufficient)
- 3) Social Relationship Domain: 50 (less)
- 4) Environmental Domain: 57 (sufficient)

Education was also provided regarding the negative impacts of drugs on oneself and one's family, as well as motivation to undergo rehabilitation consistently. Based on the results of the URICA test, the client showed readiness to change with a Readiness for Change score of 8.9 and was predominantly at the Contemplation stage. This indicates that the client has realized the negative impacts of his addictive behaviour and has begun to consider making changes seriously. The client appeared cooperative and active during the session, with a follow-up plan in the form of a urine test and relapse prevention education.

##### **b. Second Meeting**

In the second meeting on May 5, 2025, the client attended as scheduled and participated in the activities with a cooperative attitude. A urine test was conducted, and the results showed a negative for addictive substances, indicating that the client was in an abstinent state. The activity was continued by preparing a family approach plan by appointing a person in charge (PJ) of the family to strengthen the support system during the recovery process.

##### **c. Third Meeting**

At this meeting on May 14, 2025, the client attended with the person in charge (PJ), who was N, the employer where he worked, who had been considered family. PJ conveyed moral and emotional support to the client and shared his story of struggle as a former drug abuser who has now succeeded in becoming a young entrepreneur. The client

showed feelings of gratitude and appreciation for PJ's support. Education was given to PJ regarding the impact of drugs, the role of the family in recovery and the importance of social support and a positive environment. The next plan is to end the outpatient process with a follow-up examination.

#### **d. Fourth Meeting**

In the fourth meeting on May 27, 2025, the Client said that he had worked late at night and showed a commitment not to use drugs again because he had considered the fear of being caught again, did not want to disappoint his parents and employer and also wanted to be a good example for his young child. A urine test was carried out with negative results, and a repeat measurement of the WHOQOL-BREF, with the results:

- 1) Physical Health Domain: 94 (increased)
- 2) Psychological Domain: 100 (increased)
- 3) Social Relationship Domain: 75 (increased)
- 4) Environmental Domain: 88 (increased)

The Client was given relapse prevention education with strategies to recognise suggestions to use and stop these thoughts by remembering the consequences and personal reasons for abstinence.

The next plan is to involve the Client in continued guidance as part of maintaining recovery results. Client R showed positive behavioural changes, a commitment to undergoing recovery, and an understanding of the importance of social and family support. Although the Client was passive in group counselling, active involvement in individual counselling is a major indicator of early success in the rehabilitation process.

#### **e. Observation Results**

After undergoing a series of interventions in the outpatient rehabilitation program at the Pratama Clinic of BNNP South Sumatra, the client showed quite significant behavioural changes. Before the intervention, the client's motivation to stop using drugs was driven more by external factors such as fear of being caught again, worry about disappointing family and pressure from the work environment. The client also tended to be passive in group counselling sessions and did not yet have adequate coping strategies to deal with suggestions to use substances.

However, after going through several counselling sessions and education on relapse prevention, the client began to show a stronger commitment based on internal awareness. The client expressed his desire to be a good example for his child and improve relationships with those closest to him. The client's quality of life also increased, especially in the social and environmental domains, which showed the client's ability to build healthier and more adaptive relationships. In addition, the client maintained his abstinence status, as evidenced by negative urine test results and began to understand how to recognise and stop suggestions to use substances. The client's active involvement in individual counselling sessions is an important factor that supports the success of the recovery process

#### **3.1.2. Couple Counselling**

Second case study is Client "AS" with a series of interventions by conducting observations and accompanying psychologists in implementing counselling and social support for clients, the following data were obtained:

Client R, a 35-year-old male with a history of crystal meth abuse from her friends and stress factors. The client has a strong motivation to stop using drugs, supported by his wife, children, parents, siblings, and friends who are not users. However, the client faces obstacles in the form of easy access to buy drugs and difficulties in managing stress and emotional pressure. The client's main goals are to stay away from drugs, not use drugs forever, and live a healthy lifestyle. The client began the outpatient rehabilitation process on Thursday, January 23, 2025, and completed it on Tuesday, March 11, 2025, with a total duration of six weeks. During this period, the client underwent six counselling sessions, consisting of individual counselling and couples counselling. This intervention aims to help the client build self-awareness, manage family conflicts, increase social support, and develop strategies for dealing with triggers for drug use.

##### **a. First Meeting**

The client came with his wife on January 23, 2025, and told of the first time he used drugs because he argued with his wife, then stopped for a month before finally using crystal meth again. The client's wife took the initiative to seek information about rehabilitation at BNNP. The client also told of the conflict with his wife regarding economic problems and the interference of his in-laws, who wanted to separate the client from his child. Currently, the client lives with his parents, wife, and two children in their house, while the first child lives with his in-laws. The client was cooperative and actively told his story. Quality of life measurements were carried out with the following results:

- 1) Physical Health Domain: 75 (good)
- 2) Psychological Domain: 56 (sufficient)
- 3) Social Relationship Domain: 50 (lacking)



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4) Environmental Domain: 44 (lacking)

The URICA test was conducted to measure readiness for change with an overall score of 8.4, meaning that the client has good motivation and readiness to make changes. Based on the wife's story, the client often plays the role of a victim, often changes jobs, has difficulty managing finances, and has even used company money. The wife often complained to her mother, who also wanted a divorce. The client and wife were married while pregnant, and the client had asked the wife to abort their two children. The psychologist conducted motivational interviewing during this session.

**b. Second Meeting**

The client came with his wife and younger sibling on February 4, 2025. Activities at home were only helping to clean and look for work. The client admitted that he had no contact with friends who used meth and did not want to use meth. The relationship with his wife improved, often communicating via video call. The client was cooperative, and his emotions were in sync with the story. Motivational counselling was carried out, focusing on making a list of problems and priorities for solving them and daily activities.

**c. Third Meeting**

The client returned on February 11, 2025, with his wife and younger sibling. He still lives with his parents and has applied for jobs in several places. The client emphasized that he did not want to use meth anymore. Communication with his second child via video call went well, but there was no communication with his first child. The client expressed a desire to go home, but his wife was afraid that her in-laws would not agree and was worried that the client would use meth again if he did not have a job. During the session, the client seemed calm but was angry and said harsh words to his wife. Motivational counselling discussed the differences in mindset between users and non-users in dealing with problems, and couple counselling discussed plans to go home and communication between husband and wife. Follow-up individual sessions were planned.

**d. Fourth Meeting**

On February 25, 2025, the client came with his wife and younger sibling in good health. He was still waiting for a response to his job application. The client did not use drugs and showed cooperation, although he was angry when discussing his wife. Cognitive behavioural counselling focuses on distorted thought patterns such as "mind reading" and pessimism. The client felt that there was no significant change even though he involved his wife in counselling because his wife was considered to follow her parents too much. The client believed that his in-laws wanted to control his wife and prevented him from meeting with the client. He was aware of this negative thought pattern but hoped that he would be trusted to change and get off drugs. Silent treatment of his wife was also discussed.

**e. Fifth Meeting**

The client came with his wife and younger sibling on March 4, 2025. His activities during the week were only at home, with his wife and child visiting on weekends and praying together. The client admitted that he had reconciled with his wife and regularly communicated via video call. He did not communicate with drug users, did not use drugs, and did not experience suggestions of use. Counselling discussed internal triggers such as frustration, pressure, and conflict with in-laws, as well as external triggers such as financial problems and the home environment. Risk factors in the form of unhealthy stress management were also discussed, along with strategies to avoid triggers. Couples counselling was planned.

**f. Sixth Meeting**

On March 11, 2025, the client attended with his wife and younger sibling. He spent weekday activities at home and applied for jobs in several places, while weekends were spent at home with his wife and second child. The client was happy to be able to go home and was not tempted to use crystal meth because the home environment was free from users. He planned to live temporarily at his younger sibling's house and rent his own house. The client was cooperative, and a urine test showed negative results. After undergoing six counselling sessions during the outpatient rehabilitation program, quality of life measurements were re-conducted using the WHOQOL-BREF instrument to assess the client's progress. The evaluation results showed an increase in scores in all domains, namely:

- 1) Physical Health Domain: 82 (increased from 75)
- 2) Psychological Domain: 71 (increased from 56)
- 3) Social Relationship Domain: 68 (increased from 50)
- 4) Environmental Domain: 60 (increased from 44)

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This increase in scores reflects significant positive changes in the client's perception of his quality of life, especially in the psychological and social relationship aspects. This session was used to review progress from previous meetings, reinforce positive changes through individual counselling, and strengthen family support through couple counselling. The client and his wife also plan to report drug trafficking in the surrounding environment. The client's relationship with his wife has improved, family support is strong, and the client will continue to the advanced coaching stage.

#### **g. Observation Result**

Before the intervention, the client showed various characteristics of addictive behaviour, such as emotional dependence on drugs as an escape from conflicts and life pressures, especially domestic conflicts. The client also had unstable relationships with partners and family, often played the role of victim, and had difficulty managing emotions and financial pressures. Arguments often coloured communication with partners, and the client even told his wife to have an abortion. Psychologically, the quality of life score showed weaknesses in the social and environmental domains, and the motivation for change score was still moderate. The client appeared passive in planning for the future and did not yet have a healthy routine. The main obstacles faced were easy access to drugs and non-adaptive stress coping.

After the intervention, the client showed significant behavioural changes. He began to show strong motivation to stay away from drugs, was able to rebuild communication with his partner, and was more open in counselling sessions. The motivational, couple and cognitive-behavioural counselling interventions succeeded in increasing the client's awareness of previously dominant negative thought patterns, such as pessimism and blame-shifting towards others. The client also began to build healthy routines, such as worshipping with family, actively seeking work, and avoiding environments where people use drugs. Urine test results showed negative for drugs, and WHOQOL-BREF scores showed improvements in social and environmental domains. The client became more cooperative and emotionally stable and took the initiative to get involved in preventing drug trafficking in the surrounding environment.

#### **3.1.3. Family Counselling**

Third case study is Client "MFAD" with a series of interventions by conducting observations and accompanying psychologists in implementing individual and family counselling, the following data were obtained:

Client MFAD, a 17-year-old male, student with a history of crystal meth abuse from her friends. The client began the outpatient rehabilitation process on Monday, January 13, 2025, and completed it on Monday, March 24, 2025, for a total duration of eight weeks. During this period, the client attended seven counselling sessions consisting of individual counselling and family counselling. The frequency of sessions was adjusted to the needs, with some scheduled weekly and every two weeks. This intervention focused on building motivation for change, increasing the client's productivity and independence, improving communication and family relationships, and developing effective strategies to prevent relapse of drug abuse.

##### **a. First Meeting**

In the first meeting, the client came to the Pratama Clinic of the South Sumatra BNNP on January 13, 2025, accompanied by both of his parents. The client appeared cooperative but did not show any productive activities in the first meeting. In this initial session, an initial assessment was conducted to explore the history of substance abuse, psychosocial conditions, and motivation for recovery.

The client revealed that he had stopped using drugs for several months but returned to using them because he felt bored at home, had no activities, and lacked supervision. The parents expressed the hope that their child could return to being a healthier and more productive person. The psychologist used the Motivational Interviewing (MI) approach to build a therapeutic relationship and increase the client's motivation for change. WHOQOL-BREF measurements were conducted to assess the client's quality of life:

- 1) Physical Health: 30 (88) - Sufficient
- 2) Psychological: 28 (94) - Sufficient
- 3) Social Relationships: 10 (63) - Lacking
- 4) Environment: 31 (75) - Sufficient

The client agreed to follow a series of rehabilitation and counselling routinely. The follow-up plan is to schedule individual counselling sessions and family counselling preparation.

##### **b. Second Meeting**

The client attended as scheduled on January 20, 2025, for an individual counselling session. Topics discussed included the client's daily activities, feelings of boredom that often arise, and her relationship with her parents. The

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client began to open up and said that she felt closer to her mother, while her relationship with her father felt tense and less communicative.

The psychologist provided education on time management and the importance of productive activities and began to explore interaction patterns within the family. The follow-up plan was to schedule family counselling to explore the dynamics of relationships between family members.

The client returned to the second meeting with both of her parents in good health. The client said that during the past week, she had spent more time at home and showed increased cooperation by starting to write down daily activities in a journal. The client's appearance was neat, clean, and expressive. The client began to be more productive, as seen from the daily journal, by doing learning activities, physical activities, worship, socializing, and self-care.

However, these activities were more oriented towards recreation, entertainment, and worship, and full productivity was not yet visible. The psychologist then explained that productive activities could include housework. In addition, the psychologist explained drugs and their impacts. The client was planning to undergo family counselling therapy. The client began to open up and said that he felt closer to his mother, while his relationship with his father felt tense and less communicative. Old friends at the boarding school were methamphetamine users. The client was determined to recover in one month, proven by a negative urine test result, and was reminded to avoid old relationships and consistently undergo rehabilitation.

#### **c. Third Meeting**

On February 10, 2025, the client came in good health and carried out the same daily activities as before, namely watching TV, playing with a cell phone, praying five times a day, eating, and sleeping. The client began preparing to study for the test in the next two days and planned to register for college. However, the client did not bring a daily journal and came with her mother. The psychologist discussed with the client's mother regarding increasing the client's productivity by increasing household activities within one month before college started. The evaluation of the agreement was carried out by involving the father in counselling. The results of the counselling showed that the client was still less productive and spent a long time using a cell phone, up to nine hours per day. According to the mother, the client's father insisted that if the child were wrong, he would be thrown out immediately.

#### **d. Fourth Meeting**

The client returned with her mother in good health on February 24, 2025. In the last two weeks, the client showed increased cooperation and began to be open about her activities. She was more productive by completing the agreed tasks and increasing study time by two hours in two days to prepare for college. The psychologist discussed time management strategies and efforts to increase productivity. In addition, risky and safe situations began to be identified. The mother was involved in evaluating the client's development and family dynamics, especially the client's interaction with the father. It was revealed that the father's anger decreased if the rules were followed, but the mother still felt worried, so housework such as washing dishes was done together by the client and the mother. The psychologist reminded the importance of giving responsibility so that the client learns to be independent and develop life skills.

#### **e. Fifth Meeting**

On March 3, 2025, the client came with her father, but the father did not attend the counselling session because he had other business. The client was in good health and admitted that most of his time was spent at home. He did not use drugs and began to reduce his smoking habit from one pack every two days to one pack per week. The client also diligently kept a daily journal, and the urine test results were negative.

#### **f. Sixth Meeting**

At the sixth meeting on March 17, 2025, the client came with both parents in good health without complaints. The client's daily activities are still supervised by the parents, and they continue to carry out productive activities at home. He is cooperative, does not use narcotics, and continues to reduce cigarette consumption. The client is also preparing for college. Family support can be seen in the presence of both parents. Family counselling therapy is planned to evaluate developments during the program and discuss risk and protective factors that affect the recovery process. Before family counselling, the client undergoes individual counselling first, and the client agrees by telling the psychologist to limit his information during family counselling, for example, not mentioning smoking habits in front of the father.

First, the psychologist discusses with the father, mother, and client to review the client's development during rehabilitation. The father expressed his doubts because the client is still heavily protected and rarely leaves the house,

so there has been no change in his mind. The mother agrees with the father's opinion, even though she had previously conveyed positive developments. The psychologist sees that the mother is in a difficult position between the client and father's relationship and tends to side with the father so that the client appears to withdraw and shows negative emotions.

Furthermore, special counselling is carried out with the mother. The psychologist said that without realizing it, the mother's attitude had formed an alliance that hurt the client. The mother realized this and felt sorry, admitting that she had been a communication bridge between the father and child and had always taken sides so that the father would not get angry.

Then, counselling was conducted with the father. The father seemed strict but open and willing to listen. He expressed his suspicions since the client became friends with someone, felt unheard when warning him, and compared the client to his more obedient older sibling. The father regretted the client's attitude of daring to sell his belongings and often contradicting the mother. He also deliberately made the client jealous by paying attention to his younger siblings. The father explained the purpose of his anger regarding punishment, for example, throwing the client out, and the father meant to go to the terrace of the house instead of to someone else's house. The psychologist conducted emotional reflection and discussed the father's parenting style, the impact of a strict attitude, and more effective communication methods. The father began to realize that his education was too strict and emphasized religion more.

In a session with the father and mother, both were allowed to express their respective hopes. The mother expressed her difficult feelings because she felt that there was discrimination from the father against the client, and she had to maintain the situation so that the father would not get angry. The mother also thought that the approach to the client had to change because the client had become an adult. The father was surprised and responded that the mother should not be too gentle so as not to be taken advantage of by the client. The father recalled the past when the father had a close relationship with the client because the client was indeed more physically active than her brother.

The psychologist concluded that the father's harsh attitude and the mother's biased position could negatively affect the client's development. The method of implementing rules harshly or punishments such as expelling them was considered less effective, so an approach that was appropriate to the client's adolescent development stage was needed. Comparisons with siblings and the client's isolating attitude could make them increasingly distant from their family. Family can be a protective factor if the relationship is harmonious or, conversely, a risk factor if there is no change. Parental support is very important for the client's recovery.

In the next plan, the father and mother began to discuss changes in parenting patterns that are more appropriate for adolescents towards adulthood. The father is committed to getting closer to the client through joint activities such as eating and praying, while the mother will encourage the client to be more open and brave in talking to the father.

#### **g. Seventh Meeting**

At the last meeting on March 24, 2025, the client came with his mother in good health for the past week. The client's activities remained as productive as before. The client said that his father had started asking him to help with household activities, such as being on the committee for competitions and replacing gas cylinders. Although the relationship with the father has not changed much because the father rarely talks much, the client remains cooperative and diligently writes a daily journal. The last urine test showed negative results.

The results of measuring the quality of life with WHOQOL-BREF showed an increase

- 1) Physical Health: 81 - Good
- 2) Psychological: 69 - Moderate
- 3) Social Relationships: 69 - Moderate
- 4) Environment: 69 - Moderate

The psychologist and the client, together with the mother, discussed the progress during rehabilitation and motivated so that the client was enthusiastic about studying and choosing a social environment that supported recovery.

#### **h. Observation Result**

Before the intervention was carried out, the client came to the Pratama Clinic in a cooperative state but had not shown any productive activities in his daily life. He admitted that he had stopped using drugs but relapsed because he felt bored at home, had no activities, and received less supervision from his family. In addition, the client's interpersonal relationships, especially with his father, were considered less harmonious. The client felt closer to his mother, while communication with his father was stiff and tense. The client's daily activities were dominated by watching television, playing with his cellphone, and sleeping, with a fairly high duration of gadget use. In terms of psychology, the client showed low motivation for recovery and did not have a concrete plan for the future.





From the results of initial measurements using WHOQOL-BREF, the client's quality of life score was still classified as low to moderate, especially in the aspect of social relationships, which was in the poor category. At that time, the client was also not yet able to show a form of personal responsibility or contribution to his social environment. In addition, the client was still accustomed to smoking with a fairly high frequency and had not shown full awareness of the risk of relapse due to the influence of a negative social environment.

After ongoing psychosocial intervention through Motivational Interviewing, individual counselling, and family counselling, there were significant changes in the client's behaviour and quality of life. The client began to show active involvement in counselling sessions, working on daily journals, and forming healthier routines such as studying to prepare for college entrance exams, doing physical activities, regular worship, and helping with housework. The intensity of smoking also decreased, from one pack every two days to one pack per week. Urine test results showed that the client was no longer using drugs.

Psychologically, the client became more open and cooperative and showed increased motivation for recovery. The relationship with the father began to improve gradually, although there were still limitations in communication. Family counselling helped identify ineffective communication patterns and the mother's tendency to form alliances that unknowingly weakened the client's recovery process. After receiving reflection from the psychologist, both parents began to realise the importance of cooperation in creating a supportive family environment. The father began to show a change in attitude by involving the client in household activities, such as being on the competition committee and helping with household chores. The mother also began to encourage the client to be more independent and open to the father.

At the last meeting, the client's positive changes were increasingly visible. The client is performing more productive daily activities, maintaining negative urine test results, and demonstrating readiness to begin a college education. WHOQOL-BREF scores also showed significant improvements, especially in the domains of physical health and social relationships, which were previously low and have now increased to the moderate to good category. Overall, the interventions provided not only have an impact on the client's behaviour but also help improve family dynamics, which are important factors in the recovery process. The changes that occurred in the client reflect the success of the psychosocial intervention in encouraging the client to achieve independence, self-control, and readiness to live a healthier and more productive life.

### 3.2. Discussion

Psychosocial interventions in outpatient rehabilitation at the Pratama Clinic of the South Sumatra BNNP have been shown to have a positive impact on improving the quality of life of drug users. These interventions include individual counselling, family counselling, couples counselling, and complementary group counselling. In individual counselling, clients showed improvements in daily routines, emotional management, and motivation to recover, as indicated by improvements in quality of life and consistent abstinence status. Family counselling helped improve the dynamics of the relationship between clients and parents, especially with fathers who previously implemented harsh parenting. Through education and communication facilitation, families began to provide more adaptive support. Couples counselling revealed complex household conflicts, but with the support of their wives, as well as a cognitive behavioural approach, clients were able to improve their relationships and remain committed to the recovery process. Meanwhile, although client involvement in group counselling was relatively passive, social support from the work environment, which was considered family, also strengthened the commitment to remain abstinent. Overall, the combination of various forms of counselling showed effectiveness in improving motivation, quality of life, social support, and success in maintaining abstinence in clients, so it can be concluded that psychosocial interventions play an important role in supporting the holistic outpatient rehabilitation process.

### 4. CONCLUSION

The client showed various positive developments, such as increased motivation to stop using drugs, improved quality of life, and the ability to manage emotions and improve social and family relationships. Support from the surrounding environment, both from family, partners, and coworkers, also plays an important role in strengthening the client's commitment to remain abstinent.

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