

FAMILIES RESILIENCE WITH RECOVERY ADDICT IN SUMEDANG UTARA DISTRICT SUMEDANG REGENCY INDONESIA

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Abstract

This research is motivated by substance abuse in Indonesia worrying increasingly year by year. Substance abuse is a threat to Indonesia, especially at a productive age, and affects family resilience. The family resilience of recovery addict is the family in facing all living conditions to achieve an independent life and improve family welfare. Research on " Families Resilience with recovery addict in Sumedang Utara Sub-district, Sumedang Regency" is a case study that aims to determine how the resilience of families who have family members of drug abuse is seen from the aspects of physical endurance, social resilience, and psychological resilience. The method used in this research is descriptive method with a qualitative approach based on the interpretation of primary data and secondary data. The informants in this research consisted of 4 families who have family members of drug abuse victims. The data collection techniques used consisted of: (1) in-depth interviews, (2) observation, (3) documentation study. The results showed that the four informants gave varied answers. Judging from the aspect of physical resilience, there is 1(one) family that does not fulfill its basic needs, including clothing, food, shelter, education, and health. Other informants, namely 3(three) families can fulfill basic needs well. From the aspect of social resilience, the informants indicated that 3 families could not spend time maximally with other family members and 1(one) other family could spare time. Meanwhile, from the psychological aspect, 3 (three) families were unable to control anger and disappointment and 1(one) family was able to control emotions towards family members of substance abuse.

Keywords:

Family resilience; family; substance abuse

Abstrak

Penelitian ini dilatarbelakangi oleh penyalahgunaan NAPZA yang terus menerus meningkat dan semakin mengkhawatirkan dari tahun ke tahun. Penyalahgunaan NAPZA menjadi ancaman bagi Indonesia khususnya usia produktif dan mempengaruhi ketahanan keluarga korban penyalahguna tersebut. Ketahanan keluarga korban penyalahgunaan NAPZA adalah ketangguhan serta keuletan keluarga dalam menghadapi segala kondisi kehidupan untuk mencapai kehidupan mandiri dan meningkatkan kesejahteraan keluarga. Penelitian tentang “Ketahanan Keluarga Korban Penyalahgunaan NAPZA di Kecamatan Sumedang Utara Kabupaten Sumedang” merupakan penelitian yang bertujuan untuk mengetahui bagaimana ketahanan keluarga yang mempunyai anggota keluarga korban penyalahgunaan NAPZA dilihat dari aspek ketahanan fisik, ketahanan sosial dan ketahanan psikologis. Metode yang digunakan dalam penelitian ini adalah metode deskripsi dengan pendekatan kualitatif berdasarkan interpretasi dari data primer dan data sekunder. Informan dalam penelitian ini terdiri dari 4 (empat) keluarga yang memiliki anggota keluarga korban penyalahgunaan NAPZA. Teknik pengumpulan data yang digunakan terdiri atas: (1) wawancara mendalam, (2) observasi, (3) studi dokumentasi. Hasil penelitian menunjukkan bahwa keempat informan memberikan jawaban yang variatif. Dilihat dari aspek ketahanan fisik, terdapat 1(satu) keluarga yang tidak maksimal dalam memenuhi kebutuhan dasar, diantaranya kebutuhan

sandang, pangan, papan, pendidikan dan kesehatan. Informan lainnya yaitu 3(tiga) keluarga mampu memenuhi kebutuhan dasar dengan baik. Dari aspek ketahanan sosial informan menunjukkan bahwa terdapat 3(tiga) keluarga yang tidak bisa meluangkan waktu dengan maksimal bersama dengan anggota keluarga lainnya dan 1(satu) keluarga lainnya dapat menyisihkan waktu bersama dengan anggota keluarganya. Sedangkan dari aspek psikologis terdapat 3(tiga) keluarga yang tidak mampu mengontrol amarah dan rasa kecewa dan 1(satu) keluarga mampu mengontrol emosi terhadap anggota keluarga korban penyalahgunaan NAPZA.

Kata kunci:

Ketahanan keluarga; keluarga; penyalahgunaan zat

INTRODUCTION

Narcotics, Psychotropic and Other Addictive Drugs (NAPZA) violence continues to rise in Indonesia from year to year. Drug abuse does not only occur in urban areas but is increasingly widespread in rural areas. Besides, the victims of drug abuse who were scattered did not consider their age, occupation, social status, or gender, even children could be threatened using it. If prevention efforts are not made, the number of abusers will increase so that it will increasingly worry the nation, especially the younger generation, who were destroyed earlier and destroyed by drugs.

The 2018 Narcotics Abuse and Trafficking Survey conducted by the National Narcotics Agency produced the following data: 1) The prevalence rate of drug use among students was 3.2% or equivalent to 2,297,492 out of 15,440,000 people; 2) The prevalence rate of drug use among workers is 2.1% or equivalent to 1,514,037 out of 74,030,000 formal workers; 3) Meanwhile, the number of patients rehabilitated nationally in 2018 was 21,358 (1,710 in the Ministry of Health, 16,727 in the Ministry of Social Affairs, 1,196 in the Police and 1,725 in BNN). Drug abuse continues to develop in society therefore data on drug abuse needs to be updated from year to year.

The substance addiction issue is a threat to Indonesia, since the 10-59 age group is responsible for the majority of drug users. The Head of the West Java Provincial BNN also said that 30 percent of drug users are of productive age. This means that this group is young or still productive and of course hampers the development of quality human resources.

Indonesia is now an international drug smuggling target, inseparable from a number of factors, namely the open geographical conditions of Indonesia, the potential for easy drug smuggling, and a large population assisted by the relatively high growth of Indonesia's economy, which attracts drug syndicates. In 2018, the National Narcotics Agency revealed that there were at least 12 cases of smuggling through the Malacca Strait using boats. This is only one place, not to mention the smuggling case through the outer / border areas of Indonesia. The entry of drugs will easily result in the drug trade in Indonesia becoming increasingly rampant. This will certainly be detrimental to many parties, including victims and families of drug abuse. Losses experienced by individuals and families of drug abusers occur in various aspects, for example, social aspects, namely the stigma of the community in the environment where they live. This will affect the support and attention of the family that will be given to family members who abuse drugs and will result in weak family resilience. Apart from the stigma from society, the following is the negative impact of the social aspects of drug abuse based on the 2019 National Narcotics Agency survey, including being shunned in friendship, being ostracized in the community where they live, and being bullied in the family environment.

Apart from having an impact socially, it also impacts the economic conditions of families and individuals who abuse drugs. The impact of the economic aspect on the family where one of the members is a drug user, will slowly but surely experience a heavy life burden

where the family has to pay for treatment or rehabilitation of family members, depletion of family savings, drug users often ask for money/lie to get money to use get drugs because they are addicted. Even worse, there will be the behavior of stealing goods to get money to buy drugs. This economic impact will certainly affect family resilience.

The next psychological impact on the family is when a family member experiences drug dependence, the family also feels "sick" due to shock does not believe that the child or family member is exposed to drugs, is angry and disappointed, confused does not know what attitude to take, until on a "neglect" attitude. These negative attitudes will certainly reduce family resilience.

Based on data from the National Narcotics Agency in 2019, victims of drug abuse in West Java reached 5% of the total population and became the first province with the most drug users (Bisnis.com, Jakarta, August 13, 2019). Drug abuse is spread in several cities in West Java and one of them is Sumedang Regency which is the location of this research.

The researcher was interested in determining Sumedang Regency as the research location with the consideration that Sumedang Regency is closer to Bandung City as the city center where the highest number of drug users is in West Java. Has the impact also been experienced by Sumedang District given its relative proximity to Bandung City. The second consideration, BNN Sumedang Regency was only established in 2017. At the age of only 3 years, BNN Sumedang Regency has taken many

actions in dealing with drug abuse in Sumedang Regency.

The head of the Sumedang BNNK stated that the remote areas of Sumedang had been exposed to drugs and even reached rural areas. Data in the National Narcotics Agency (BNN) of Sumedang Regency states, in the last 3 years, drug trafficking in Sumedang has not only occurred in urban areas but even in remote areas (Kompas, March 5, 2019).

This can be seen from the results of the selection conducted by at least 91 drug users and dealers who were arrested in various areas in Sumedang. Of the 91 people netted, 54 of them are users as well as dealers and the rest are only drug users.

During 2019, the Sumedang BNNK has succeeded in securing as many as 21 drug users, all of whom are currently undergoing the rehabilitation phase. Besides, 41 drug abusers are undergoing medical assessment services, all of whom are male. Based on the work, consisting of 21 private employees, 6 client drivers, 3 students and students, 1 client of the National Police, 1 security guard client, 1 blogger, and 8 clients.

A person who has completed recovery will return to his family and the environment in which he lives will be an important factor in maintaining the recovery that has been undertaken by drug users. Family is one or more individuals who live together so that they have emotional bonds that can develop their respective roles and duties. (Allender, et al in Sunaryo, 2015: 54). We hope that when they are declared to have recovered and will start a new life in their family and community, hopefully, the family and society can show a positive and supportive

response so that drug users can maintain their recovery (no relapse). But often the reality they face is an attitude that is less conducive (neglect) to their presence.

According to research M. Holaday and Mc. Phearson in the *Journal of Counseling & Development*, that the core factors that affect resilience including social support are the influence of culture and community, school, personal, and family support, cognitive skills (intelligence, coping style, personal control, and assignment of the meaning), and resources. Psychological Power.

Previous research was conducted by Pribowo and Ade Subarkah (2015) on family resilience in facing the dangers of drug abuse in Cirebon Regency. Research has been conducted using quantitative methods with the respondent of the Head of the Family in Gebang District, Cirebon Regency. The difference with the author is that the previous research respondents were non-family heads of families who have children who use substances/drugs which aims to describe how family resilience can prevent drug use (*Social Work Scientific Journal*, 2017). While this study aims to describe how the resilience of families who have family members who use drugs using qualitative research methods.

Then another research was conducted by Yuti Sri Ismudiyati (2016) on the effect of social support and the resilience of substance abuse victims on relapse. Where this research aims to design a social rehabilitation model to increase the resilience of drug abuse victims in the face of relapse by using quantitative research methods with the research location in a rehabilitation center

for substance/drug users in PSPP Galih Pakuan Bogor.

Relapse prevention can be successful if the resilience of the recovery addict is developed optimally. Because by having adequate resilience, both the family and the recovery addict can jointly overcome the problems that arise from the struggle towards recovery or the anticipation and management of relapse. So resilience is an important thing that requires special attention for families who have a recovery addict in order to manage difficult situations that trigger relapse. This means that rehabilitation programs and prevention of drug abuse must make the development of family resilience as an integral part. In short, resilience can build stronger defence against any trigger of relapse. Based on this, the research is directed towards the resilience of families who have a recovery addict.

Family resilience referred to in this study includes physical, social and psychological resilience (Euis Sunarti, 2017). Physical resilience fulfills the needs for food, clothing, housing, education and health. Then social resilience is oriented towards religious values, effective communication, and high family commitment. Then psychological resilience includes the ability to overcome non-physical problems, control positive emotions, positive self-concept and care for couple.

Resilience is often interpreted as a person's ability to get up or get out of the problem or difficulty he is facing. The word resilience comes from the Latin "resilire" which means to bounce back. Reivich and Shatte (2002: 26), explain that: "Resilience is the capacity to respond

in healthy and productive ways when faced with adversity or trauma, that is essential for managing the daily stress of life". This means that resilience is the capacity or ability that a person has in responding to life difficulties or traumas they experience in healthy and productive ways, which essentially can control stress in everyday life.

Family resilience according to Sunarti (2001) concerns the family's ability to manage the problems it faces based on the resources it has to meet family needs; Measured by using a systems approach which includes components of input (physical and non-physical resources), processes (family management, family management, coping mechanisms) and output (meeting physical and psychosocial needs).

Compton, Galaway, and Cournoyer (2005) put forward the definition of resilience as follows: "Resilience is the ability to adjust or recover from change or adversity, it is the capacity to "bounce back "from troubles. In system terms, it involves an efficient return to a state of balance or equilibrium following exposure to disequilibrium ". This definition shows that resilience is the ability to adapt or recover from changes or difficulties. It is the capacity or ability to bounce back from adversity to a state of balance.

According to Walsh (2006), family resilience/family resilience is defined as a process of coping and adaptation in the family as a functional unit. A family that is said to be resilient is not only defined as a family that can withstand a crisis but is also able to develop and rise from a crisis (Black & Lobo, 2008). In line with Walsh

and M. Jojo Rahardjo, Reivich. K and Shatte. A (2002) states that resilience is the ability to cope with and adapt to serious events or problems that occur in life. Survive in a state of stress, and even face adversity or trauma in life.

Family resilience is a tool to measure family achievement in carrying out its roles, functions, and responsibilities in realizing the welfare of members (Shalfiah, 2013). The level of family resilience is determined by individual and community behavior. Individuals and families who have good knowledge and understanding of family resilience will be able to survive changes in structure, function, and family roles that change according to developments in information and communication technology (Thariq, 2017). Family resilience can show family conditions that have resilience and contain material physical abilities to achieve an independent life and be able to develop themselves and their families to live harmoniously in increasing welfare, physical and mental happiness. (Hoesni & Firmansyah, 2020), (Rosidin et al., 2019).

Based on the research background, literature search, and previous research, the researcher is interested in researching "How is the resilience of the family with recovery addict in North Sumedang Sub-district, Sumedang Regency."

METHOD

The research method used in this research is the descriptive qualitative method. Qualitative methods are research methods that aim to describe something in words or writing to get the desired result. This is reinforced by the definition of

qualitative research according to Patilima in Bambang Rustanto (2015: 12):

“Qualitative research is an investigative process, where researchers gradually try to understand social phenomena by distinguishing, comparing, imitating, cataloging, and classifying the object of study.”

This research method is used by researchers to describe the family resilience of drug abuse victims in North Sumedang Sub-district, Sumedang Regency. The desired result of the researcher is to obtain data about the characteristics of the family with recovery addict, how is the physical resilience of the family with recovery addict, how is the social resilience of the family with recovery addict and how is the psychological resilience of the family with recovery addict.

The research will be conducted using two data sources, namely primary data sources as the main data source for researchers and secondary data sources as supporting data sources. Primary data sources are data sources obtained by researchers from informants who will provide answers to research statements that will be submitted by researchers. The informant will be submitted several statements to obtain information about the research. The informants in this study were the heads of families or household heads who had family members who had abused substances in the North Sumedang sub-district. Secondary data sources are data sources obtained at the research location through documentation studies of books and literature related to the family resilience of substance abuse victims in

North Sumedang Sub-district, Sumedang Regency.

To obtain information, the researcher used data collection techniques through in-depth interviews (in-dept interview), non-participant observation, and documentation study. Besides, to test the validity of the data, the researcher uses the credibility test or trust test, increasing the accuracy in research, triangulation, transferability, dependability, and confirmation. According to Sugiyono (2007: 270) the validity of the data is carried out to prove whether the research carried out is scientific research as well as to test the data obtained.

The data analysis technique used in the research went through the reduction and selection stages. The reduction stage is the first stage that must be carried out by researchers to focus on certain problems. Researchers select data by examining which data is interesting, important, useful, and new. Meanwhile, data that is deemed unused will be discarded. After reducing the data, a selection stage will be carried out in which the researcher outlines the predetermined focus in more detail. After the researcher conducts an in-depth analysis of the data and information obtained, the researcher can determine the theme by constructing the data obtained into new knowledge, hypothesis, or science.

RESULT

Substance abuse data in Sumedang Regency is calculated based on the prevalence rate in West Java 2.2% of the population at the age of 10-56 years (the results of the BNN research in collaboration with the UI Research Center

for 2019). Substance abuse data in Sumedang Regency is described as follows:

Table 1
Substance Abuse Data from 2018 to 2020 in Sumedang Regency

No	Sub-district	2018	2019	2020	INFORMATION (Compared to 2019)
1.	Jatinangor	27	30	34	increased 4
2.	Sumedang Selatan	28	29	30	increased 1
3.	Pamulihan	20	20	20	0
4.	Tanjung sari	22	23	23	0
5.	Cisitu	3	4	4	0
6.	Ujung Jaya	4	6	6	0
7.	Darmaraja	7	13	13	0
8.	Paseh	9	10	12	increased 2
9.	Ganeas	3	5	6	increased 1
10.	Sumedang Utara	19	25	30	increased 5
11.	Cisarua	1	2	4	increased 2
12.	Jatinunggal	5	7	7	0
13.	Situraja	4	6	6	0
14.	Rancakalong	4	2	4	increased 2
15.	Wado	2	2	4	increased 2
16.	Cimalaka	9	12	15	increased 3
17.	Tanjungkerta	3	5	7	increased 2
18.	Buahdua	1	2	3	increased 1
19.	Cibugel	1	2	4	increased 2
20.	Conggeang	1	5	6	increased 1
21.	Cimanggung	6	6	11	increased 5
22.	Jatigede	1	2	3	increased 1
23.	Surian	1	1	3	increased 2
24.	Tanjungmedar	1	3	4	increased 1
25.	Sukasari	1	4	6	increased 2
26.	Tomo	0	0	0	0
TOTAL		183	226	251	

Source: Research Year 2020

Based on the data described above, it can be seen that the highest number of drug abuse is in Jatinangor District, which is 34. The second highest data is then followed by Sumedang Utara District with 30 which is the research location chosen by the researcher. Drug abuse in Sumedang Regency has increased in several districts. This increase occurred in 18 sub-districts of the 26 sub-districts in Sumedang Regency. If averaged based on the number of districts, in 2020 the average number of each sub-district will increase by 1 person. The data on drug abuse above also shows that the highest increase occurred in 2020 in North Sumedang Subdistrict, then both Jatinangor Districts. This is a reason for researchers to make North Sumedang Sub-district a research location.

Table 2
Types of Substance Used in 2018-2020 In North Sumedang Sub-district

No.	Types of Drugs	2018	2019	2020
1	crystal meth	12	32	19
2	Gorilla Tobacco	1	5	5
3	Sedative	3	0	0
4	Benzodiazepine	1	7	5
5	THC	0	1	4
6	Trihexi(Heximer)	4	0	1
7	Dextro	0	0	1
8	Antimo	0	0	1
9	Glue	1	1	0
10	Analgesic	1	0	0
11	Suboxone	0	1	1
		23	47	37

Source: Research Year 2020

Based on the data above, it can be seen that the type of drug most widely used by drug abuse is the type of Shabu-shabu. From 2018 to 2019 the type of methamphetamine was identified as the most widely used. This happens because this type of drug is the easiest to find in the community and has the most suitable effect for substance abusers.

This research discusses of the resilience on family with recovery addict in North Sumedang Sub-district, Sumedang Regency. Euis Sunarti (2013) states that a family is said to have a high level of family resilience if it meets the following aspects: 1) Physical Resilience, namely the fulfillment of food, clothing, housing, education, and health needs; 2) Social Resilience, which is oriented to religious values, effective communication, and high family commitment; 3) Psychological Resilience includes the ability to overcome non-physical problems, positive emotional control, positive self-concept and husband's concern for his wife. The informants in this research were the heads of families or heads of households who had family members who had abused drugs in the North Sumedang sub-district.

According to Friedman in Sunaryo (2015: 59) the family has several functions, including providing individual and psychosocial development to family members, some families are capable and less capable of providing and preparing so that family members, especially families of recovery addict, can interact with their environment. The social function of the family also has a family which is not the first place for individuals before

socializing with their environment. The economic function in fulfilling family needs with the existence substance abuse can be carried out well despite the obstacles, but this does not interfere with meeting daily needs. This is evident in the focus of family attention on meeting the physical needs of family with recovery addict, although there are also obstacles, namely conflict in the family.

More clearly can be seen in table 3.

Table 3

Research Results on Family Resilience of Substance abuse in North Sumedang Sub-district, Sumedang Regency

Informant (Family)	Physical Resilience	Social Resilience	Psychological Resilience
<p>"BW" family</p> <p>Gender: Male Age: 62 Years Occupation: Retired Last education: S1 Marital Status: Widower (Death divorce) Number of children: 3 children Addiction recovery: "LE" Religion: Christian</p>	<p>1. Food: receive assistance from family, relatives and close friends to survive. The remaining pension is only Rp. 400,000</p> <p>2. Clothing: Never bought new clothes in the last 2 years.</p> <p>3. House: contract</p> <p>4. Health: Unable to pay BPJS premium in the last 3 years.</p> <p>5. Education: LE dropping out of school</p> <p>1.</p>	<p>1. Communication: "LE" (recovery addiction) rarely expresses his feeling and thought to his father. There has never been a discussion between father and son, especially after his mother pass away.</p> <p>2. Commitment: BW makes family rules so that "LE" does not come home at night later than 11 pm. However, this rule was not obeyed by "LE".</p> <p>3. Religious Values: LE did not want to follow her father's exhortation to conduct religious worship together. LE always refused with reason that she had done her own prayers, even LE replied to her father's exhortation by saying that it was useless to pray because "LE" has not yet got a job.</p>	<p>1. There is a conflict between elder and young brother and sister; her brother accused "LE" of being the source of the problem and the cause of her mother's death due to her mother was sickly from thinking about "LE".</p> <p>2. Her sister looked down on "LE" and was labeled as trash because she often went in and out of rehabilitation.</p> <p>3. "LE", as a recovery addiction, feel that he is worthless because he is often scolded.</p> <p>4. "BW" feels that he has failed to educate his children.</p>
<p>SD" family</p> <p>Gender: Male Age: 54 Years Occupation: Government Employee (PNS) Last education: S1 Number of children: 4 children Addiction recovery: "RIS" Religion: Islam</p>	<p>Able to meet the needs of: clothing, food, shelter, health and education.</p> <p>Able to pay for the rehabilitation of his child by an amount of 7 million per month.</p>	<p>1. Communication: After finding out that his son ("RIS") used a type of drug and was already at the stage of dependence, his father often exhorted his children to exchange ideas, discuss solutions to "RIS" problem.</p> <p>2. Commitment: Realizing that his son was addicted to drug (alprazolam drug is a benzodiazepine category), his father ("SD") was shocked and disappointed. After that his father ("SD") began to set the rules for a special time to gather with his family and it was agreed every week after the Isha prayer.</p> <p>3. Religious values: the father is obedient in carrying out religious worship, often <i>tahajud</i> prayer (midnight</p>	<p>1. There is jealousy between brothers and sisters. The two sisters of "RIS" (recovery addiction) are jealous because their father ("SD") spoils RIS so much.</p> <p>2. Although disappointed and angry, his father was still able to control his emotion.</p> <p>3. As a father "SD" feels that he has failed to educate his child, but tries to improve the relationship and interaction between the child and</p>

		prayer), prays for his son to recover soon. His son ("RIS") wanted to be invited to pray together.	the father which has been considered less than optimal. "RIS" has desire to recover and a strong motivation to undergo rehabilitation at Suryalaya Islamic Boarding School/Pesantren Suryalaya.
<p>"AN" family</p> <p>Gender: Female Age: 58 Years Occupation: Entrepreneur Last education: High School Number of children: 4 children Addiction recovery: "RK" Religion: Catholic</p>	<p>Able to meet the needs of clothing, food, shelter, health and education.</p> <p>Able to pay for the rehabilitation of his child by the amount of 6 million per month.</p>	<p>1. Communication: His mother ("AN") rarely invites "RK" as her son to discuss or exchange ideas." RK" almost never expresses his feeling to his mother. In RK's view, his mother is tough and very disciplined and dominant in making decision than his father.</p> <p>2. Commitment: There are no rules in the family that require meeting and gathering regularly. His mother made a rule so that "RK" could be independent to provide and manage a material shop (building materials), but the business went bankrupt because the profits and even business capital were used to buy crystal meth (crystal methamphetamine/sabu-sabu)</p> <p>3. Religious values: His mother was obedient in carrying out its religious worship. Her mother invited "RK" to join the church to worship, but "RK" often refused.</p>	<p>1. There is a conflict/quarrel between brothers and sisters. RK's (recovery addiction) siblings think that "" is a source of problems, irresponsible, no self-awareness, making their mother sickly because of thinking about" RK" who often goes in and out of rehabilitation.</p> <p>2. This situation made "RK" unable to express his feeling and thought to his family.</p> <p>3. After finishing the rehabilitation," RK" chose to live together in her cousin's house which, according to" RK", he could be invited to discuss and exchange ideas.</p> <p>4. His mother ("AN") is very tough/harsh and irritable.</p>
<p>"EK" family</p> <p>Gender: Female Age: 54 Years Occupation: Government Employee (PNS) Last education: S1 Number of children: 3 children Addiction recovery: "IM" Religion: Islam</p>	<p>Able to meet the needs of: food, clothing, shelter, education and health in standard size.</p>	<p>1. Communication: His mother seldom invites her son ("IM") to exchange ideas, likewise "IM" rarely expresses his feeling and thought to his mother. According to his mother," IM" is very quiet," IM" spends more of his time in the room.</p> <p>2. Commitment: There is a commitment to perform Friday prayers together with his father, however, his father rarely obeyed by "IM" because he is ashamed of meeting neighbors.</p>	<p>1. There is conflict and jealousy between brothers and sisters.</p> <p>2. "IM" sees that his mother over spoiled his younger brother.</p> <p>3. This situation caused frequent quarrels between" IM" and his younger siblings.</p> <p>4. His mother was unable to control her children's fighting.</p>

3. **Religious values:** Both his father and mother ("EK") is parent who devout of worship. His father is a Koran/Quran teacher and one of the community leaders in his neighborhood.strengthening is not done together).

5. His mother feels ashamed because as a civil servant/government employee and her husband as a community leader is unable to educate their children.

6." EK" felt that her family was often gossiped by her neighbors.

Source : Research year 2020

DISCUSSION

Research on Family Resilience of Drug Abuse Victims in North Sumedang Sub-district, Sumedang Regency includes three (3) aspects, namely physical resilience, social resilience, and psychological resilience. Based on the research results that have been explained previously, understanding of the family related to the three aspects of maintaining family resilience is carried out in different ways. Not all families who become informants have good resilience.

In the following, the researcher will discuss in more depth the results of the research regarding the family resilience of victims of drug abuse in North Sumedang Sub-district, Sumedang Regency by predetermined problematic sub-problems.

1. Physical Resilience of family with Recovery Addict

The physical resilience of the families of victims of drug abuse includes the fulfillment of physical needs including clothing, food, shelter, health, and education. The physical resilience of families in carrying out their lives has changed a lot with the presence of family members who are victims of drug abusers. The majority of family attitudes in this aspect show several things, namely the family fulfills the food needs of all family members with good economic conditions, pays attention to fulfilling health, and gives the best when experiencing problems. This is following the opinion of Euis Sunarti (2013) that one aspect of family resilience is physical endurance which affects the condition of the integrity of the family that has drug abuse problems. Therefore, the role of the family

in physical endurance is very important to maintain the integrity of a family.

Besides, the Ministry of Women's Empowerment and Child Protection provides indicators and parameters in building family resilience in Physical Resilience as follows :

Table 4
Indicators of Physical Resilience according to the Ministry of Women's Empowerment and Child Protection

No.	Physical Resilience	Parameter
1	Adequacy of Food and Nutrition	All household members eat staple foods with vegetable/animal side dishes
2	Family Health	All household members did not have a chronic disease
3	Family Residence	Own House
4	Family income	Minimum income of 500,000 / month Minimum savings of Rp. 500,000 in the account of one householder
5	Education	There are no children who drop out of school

Source: Research Year 2020

Based on this, it can be seen that the physical resilience of the family in meeting the needs for clothing, food, and shelter can be done well. However, some families have houses that do not belong to themselves and have children who do not complete education (BW informant's family). The results showed that the majority of families or informants were able to pay attention to the needs of food and health for each family member. The family continues to provide it even though each family has different ways of fulfilling it, both single families and complete families with family economic fulfillment by working or given from other family members. According to Zastrow's (2008) opinion, economic problems are one of the problems experienced by a family. This of course will affect the family in realizing family resilience. Families will not

provide the best for their family members if there is no economic support. However, economic adequacy is not the only thing that can maintain a family, communication within the family will also affect the integrity of the family. Based on this, it can be concluded that the physical resilience of the families of victims of drug abuse is still not optimal.

2. Social Resilience of Family with Recovery Addict

Family social resilience is a family effort in maintaining the integrity of the family through the application of religious values, effective communication, and high family commitment. According to E. Sunarti and the Ministry of Women's Empowerment and Protection, it is clear that one of the characteristics of a family that has strong family resilience is the obedience of family members to carry out worship following their religion or belief.

Religious obedience and the application of religious values are components of maintaining the integrity of a family. Religious belief needs to be increased and continues to grow in each family member where religion is a source of strength in accepting everything that happens in the family. Referring to this statement, it can be concluded that all family heads of victims of drug abuse are obedient in carrying out worship according to their religion. There are religious values that support the re-acceptance of children who are victims of drug abuse, namely that children are entrusted by God, the good and bad of children must be accepted sincerely. The obstacle experienced by the informants was the difficulty in carrying out worship together with other family members.

Worship that is carried out collectively can increase social cohesion within the family so that it has the potential to strengthen family resilience (E. Sunarti, 2016). The difficulty of carrying out worship together with family members is because all family members have their activities and there are still psychological barriers (upset, angry, negative stigma) to establish communication with victims of drug abusers.

Besides, from the point of view of victims of substance abuse, they have obstacles in communicating with family members because there are attitudes of family members that do not support the development of effective communication, such as resentment, anger, and negative stigma against victims of drug abuse. Walsh interpreted that effective communication was important in family functioning and increasing family resilience (Walsh, 2006). Almost all families who were informants of this study lacked harmonious communication between family members and victims of substance abusers. The following is the explanation, the BW informant has a communication barrier with his child after his wife died because the wife is closer to the victim of substance abuse. In the SD informant's family, there was an attitude of the victim's siblings which became a communication barrier, namely their jealousy and resentment towards victims of substance abuse because their fathers gave excessive attention. In the AN informant's family, there was an attitude of the victim's siblings/siblings that became a communication barrier, namely annoyance, anger, and hatred because their mother was sick due to the behavior of the

victim who is a drug abuser. This disharmony has made the victim who is a substance abuser, after being rehabilitated, does not return to his house but instead lives in his cousin's house. In the EK informant's family, the victim who is a substance abuser feels hurt and jealous of his younger brother because according to him his mother is favoritism (pays more attention to his younger siblings / indulges) resulting in fights in the family. Conditions that do not support effective communication will certainly result in less than optimal family resilience.

The next aspect of social resilience is a family commitment. Based on the research results, there are 3 families of substance abuse victims who do not have special time for family togetherness, it is difficult for them to set aside special time for children and their families. They rarely have time for recreation together. There is only one family who tries to commit to being able to set aside regular special time to gather with family members (elementary school informants) after experiencing problems that their child becomes a victim of drug abuse. The fall of elementary school informants' children into drug abuse became a traumatic experience for the family so that since then the primary school informants committed with family members to be able to gather at the agreed time. Then seen from the commitment to the rules to go home no later than the agreed time. can be obeyed by family members. Furthermore, family commitment to supervise victims of drug abuse is still low. The low condition of family commitment will certainly affect family resilience. Families with low

commitment will certainly reduce/weaken family resilience.

3. Psychological Resilience of family with Recovery Addict

Psychological Resilience is one aspect that affects family resilience. Families with good psychological resilience are those who can exercise positive emotional control, overcome non-physical problems, and have a positive self-concept. This statement was reinforced by Sunarti who said that family resilience was related to the family's ability to manage and face problems based on the resources it had (E. Sunarti, 2013).

The families of victims of substance abuse in realizing family psychological resilience appear to be less than optimal in controlling their emotions positively, also less than optimal in overcoming non-physical problems, but still able to maintain the integrity of the family. Following the opinion by Euis Sunarti (2014), the psychological resilience of the family has a very big effect on individuals in the family. The family is the first place for each individual to learn all forms of living conditions because it is in the family that the individual manifests the emotional forms that each individual in the family has.

Positive control of family emotions based on the results of the study seems less than optimal. All informants (parents of drug abusers) felt disappointment, resentment, and deep sadness which had a physical impact on the informants. The informants BW (his wife), AN, and EK experienced illness because they were constantly thinking about the problem of victims of substance abusers. This feeling

was clearly shown by the informant families of BW, AN, and EK. These three families, especially the older siblings of the victims of substance abuse, show displeasure with the presence of victims of drug abuse in the family. The impact of this refusal made it difficult for victims of drug abusers to interact with their families and even resulted in victims of abusers being unable to live with their families (RK informant). Less optimal emotional control also occurs in AN families where mothers of victims of substance abuse fall ill because they harbor disappointment over their children's behavior. EK informants are often dizzy and sick because they often hold their emotions against victims of substance abusers. Even the mother of the BW informant's family fell ill and died. According to a BW informant, his wife died because he thought about his son LE for too long. In AN's family, victims of substance abuse choose not to share the same house with their siblings because they always fight. This happens because of the lack of emotional control in AN family members in dealing with victims of substance abuse. Also, one other family felt disappointment and frustration but did not show it (SD informant).

The ability of the family in overcoming non-physical problems by providing emotional control either from themselves or with other family members also still looks less than optimal. The need to feel happiness is less felt by the family because they still have feelings of resentment and anger.

Besides, there are self-concepts in every family that have a positive self-concept and are also lacking in self-

concept. A positive self-concept is included in family expectations and satisfaction with the problems that occur. The AN and EK families feel that they have high hopes that their children will change for the better, but because the relationship between substance abuse victims and their siblings is not good, this is an obstacle to the realization of psychological resilience in the family. On the other hand, the SD family feels that they have hope for their child and are satisfied with the changes their child has shown in undergoing rehabilitation. Meanwhile, the BW family has a resigned attitude towards victims of substance abuse because their children often go in and out of rehabilitation centers.

The results of the research that was conducted on the four family informants showed that there were different ways of exercising psychological resistance either by showing them directly to victims of substance abuse or keeping them in their hearts. There were 3 families of informants who showed immediate disappointment or anger, namely BW, AN, and EK, while one informant family (SD) had disappointment and anger towards victims of substance abusers but did not openly show their attitude. The feeling of annoyance, anger, and stigma given to substance abusers will affect the psychological aspects of family resilience. One measure in maintaining the psychological resilience of a family is not to abuse children. Therefore, the psychological resistance of the families of victims of substance abuse is still low.

Through the results of research conducted by researchers in North Sumedang Sub-district, Sumedang

Regency regarding the Family Resilience of substance Abuse Victims, it can be seen that the family has experienced several changes in conditions and situations in the family caused by the presence of family members who are victims of substance abuse. This condition affects family resilience both physically, socially, and psychologically.

The results showed that families, especially parents of victims of substance abuse, have high hopes for realizing a harmonious family again by sharing ways of getting through every challenge and problem experienced by their families. There are several forms of business undertaken by families to realize family resilience by carrying out the following efforts: 1) finding institutions that provide rehabilitation for substance abusers; 2) giving special attention to victims of substance abuse so as not to relapse again; 3) making a commitment to time together with family even though in the end it is difficult to gather; 4) Trying to establish harmonious communication with substance abusers. It is hoped that the efforts made by the family can motivate the victims of substance abusers to reorganize their lives in a better direction according to family expectations.

CONCLUSIONS

The research entitled Family Resilience of Substance Abuse Victims in North Sumedang Sub-district, Sumedang Regency, was carried out to obtain a description of the family resilience of substance abuse victims. The family resilience of victims of substance abuse is the resilience and resilience of the family in facing all living conditions to improve

family welfare. There are 3 (three) aspects in this research, namely physical resilience, social resilience, and psychological resilience. Families who became informants in this study consisted of four families, namely complete families and single-parent families.

The results of the research that have been conducted show that the resilience of the families of victims of substance abuse in North Sumedang Sub-district, Sumedang Regency in physical endurance is generally quite good. However, there is 1 (one) informant whose physical endurance is still low. One informant's family is categorized as having low physical endurance because the informant's family has not been able to meet their needs properly, including not having a proper home (their own) and there are still family members who have not yet completed a proper education. This is in accordance with the opinion of E. Sunarti who said that a family that has good physical endurance is a family that can meet the needs of three meals a day, has proper clothing, has a proper home and own property, can maintain health for each family member and able to provide proper education to their family members.

Based on the research results, family social resilience still has barriers to effective communication because: 1) the informant's family is busy; 2) there is an attitude of anger and disappointment by other family members towards victims of drug abusers; and 3) the existence of a family of informants where the mother is the main breadwinner, making it difficult to communicate effectively with her children. Apart from the communication aspect, the commitment aspect is still low

where: 1) the family is not committed to the agreed rules; 2) there is still a lack of supervision of family members who abuse drugs in terms of associating with peers; 3) there is no agreement on a routine time to gather with family (for example submitting complaints/problems or doing recreation together). Another aspect of social resilience is the aspect of religion. Based on the results of the study, it was found that the informant's family generally still had difficulty carrying out spiritual strengthening activities together. So based on the description above in general, it can be concluded that the social resilience of the informant's family is still low or not optimal in implementing their social resilience.

Based on the results, the psychological resilience of the informants' families is generally still not good, where the informants' families are still not optimally controlling their emotions. The evidence of lack of good emotional control in informal families includes 1) family members of informants including parents still feel resentful, disappointed, and angry with victims of substance abusers; 2) there is a conflict between family members; 3) there is a stigma that substance abusers are a source of problems that cause their parents to become ill; So that this attitude affects the interaction between family members and victims of substance abusers. The feeling of resentment, anger, and stigma gave to victims of substance abusers will affect the psychological aspects of family resilience and specifically affect the victims of substance abusers. The impact of this less positive attitude is that a substance abuser does not have the comfort of living with his family

after returning from the rehabilitation center, he feels comfortable living with his cousin separated from his family. The feeling of annoyance, anger, and stigma given to drug abusers will affect the psychological aspects of family resilience. One measure in maintaining the psychological resilience of a family is not to abuse children. Therefore, the psychological resistance of the families of victims of substance abuse is still low.

Psychological Resilience is one aspect that affects family resilience. Families with good psychological resilience are those who can exercise positive emotional control, overcome non-physical problems, and have a positive self-concept. This statement was reinforced by Sunarti, who said that family resilience was related to the family's ability to manage and face problems based on its resources (E. Sunarti, 2001).

Psychological resilience certainly affects family resilience in creating a comfortable and peaceful home atmosphere and creating a harmonious family. Based on the results of research on the resilience of single-parent families and complete families of substance abuse victims, there are no specific differences. The four families with different types of families have different ways of dealing with and resolving problems in the family.

Based on the research problem studied, namely "Case Study of The Resilience on Families With Recovery Addict in North Sumedang Sub-district, Sumedang Regency", the researchers provide the following recommendations:

1. Increase meetings between family members. This is done so that the family can become a forum for family

members to tell stories comfortably and to create good communication within the family.

2. Conducting special activities for the internal family such as recreation. This activity is useful for increasing the attachment between family members to create a harmonious atmosphere in the family.
3. To Increase involvement in the community. This is done so that families get used to mingling with the community so they are not ashamed of the problems they are experiencing.
4. BNN Sumedang is expected to be able to involve families of victims of substance abuse to participate in Family Support group (FSG) activities that provide education related to substance abuse problems and prepare families to receive back family members who have undergone rehabilitation.
5. BNN Sumedang Regency collaborates with Poltekesos to design a prevention program involving the community and youth leaders as well as related agencies aimed at educating the public about the dangers of substance/drugs.
6. Increase visits (home visits) to families who will receive family members back so that the family is ready physically, socially, and psychologically to accept family members back.
7. Solid coordination is needed between the Social Service and the Sumedang Regency BNN to create synergy and collaboration in preparing the community, especially the families of victims of substance abusers to

receive back victims of substance abusers.

REFERENCES

- Badan Narkotika Nasional Republik Indonesia. (2011). Pencegahan Penyalahgunaan Narkoba Bagi Remaja. BNN: Jakarta.
- _____. (2013). Dampak Negatif Kecanduan NAPZA. BNN: Jakarta.
- _____. (2017). Survey Nasional Penyalahgunaan Narkoba di 34 Provinsi. BNN: Jakarta
- Departemen Ilmu Keluarga dan Konsumen, Fakultas Ekologi Manusia, IPB. 2015. Kajian Akademik Pengerian Kesejahteraan dan Ketahanan Keluarga. IPB Press & Departemen Ilmu Keluarga dan Konsumen, Fakultas Ekologi Manusia, IPB
- Hoesni, F., & Firmansyah, F. (2020). Analisis Ketahanan dan 8 Fungsi Keluarga di Provinsi Jambi Serta Faktor-Faktor yang Mempengaruhinya. *Jurnal Ilmiah Universitas Batanghari Jambi*, 20(1), 309. <https://doi.org/10.33087/jiubj.v20i1.888>
- Holaday, M., & McPhearson, R. W. (1997). *Resilience and severe burns. Journal of Counseling & Development*, 75(5), 346-356.
- Ismudiyati, Yuti S. (2016). Pengaruh Dukungan Sosial Dan Resiliensi Korban Penyalahguna Napza Terhadap Relapse di PSPP Galih Pakuan Bogor. *Jurnal Penelitian STKS Bandung*
- Johnson, Jerry L. (2009). *Fundamental of Substance Abuse Practice*. Belmont, CA: Brooks/Cole-Thomson Learning, Inc.
- Kementerian Pemberdayaan Perempuan dan Pelindungan Anak. 2016.

- Pembangunan Ketahanan Keluarga*. Kementerian PPPA: Jakarta
- Lexy, Moleong. (2007). *Metodologi Penelitian Kualitatif*. Cetakan Ke-29. Bandung: PT Remaja Rosdakarya.
- Marbun, Jumayar. (2017). *Pekerjaan Sosial dengan NAPZA/NARKOBA*. Bandung : STKS
- Moleong, Lexy J. (2007). *Metologi Penelitian Kualitatif Edisi Revisi*. Bandung : PT. Remaja Rosdakarya
- Pribowo & Ade Subarka. (2017). *Ketahanan Keluarga Dalam Menghadapi Bahaya Penyalahgunaan NAPZA di Cirebon*. Jurnal Penelitian STKS Bandung.
- Rahardjo, M.J & Zacharias, D (2020). *Resilience : Tetap Tangguh di Masa Sulit*, Jakarta
- Reivich, Karen., and Shatte, Andrew. (2002). *The Resilience Factor, 7 Essential skills to overcoming life's inevitable obstacles*”, Parl Avenue New York: Brodway Books
- Compton, Galaway dan Cournoyer (2005). *Self-Effacy, Self-Concept, and Social Competence as Resources Supporting Resilience and Psychological Well Being In Young Adult Reared within thr Military Community*, Dissertation, Fielding University.
- Plummer Ken. (2011). *Sosiologi the Basics*. Jakarta: PT Raja Grafindo Persada.
- Shalfiah, R. (2013). *Peran Pemberdayaan dan Kesejahteraan Keluarga (PKK) dalam Mendukung program-program Pemerintah Kota Bontang*. EJournal Ilmu Pemerintahan, 1(3), 975–984.
- Sri Kuntari. (2010). *Memutus Mata Rantai Pengguna NAPZA*. Yogyakarta: B2P3KS Press.
- Sunarti, E (2013). *Kajian terhadap Indikator Ketahanan Fisik, Ketahanan Sosial, dan Ketahanan Psikologis serta Syarat Tercapainya Indikator Ketahanan Keluarga*. Jurnal.
- _____ (2014). *Modul Ketahanan Keluarga Bagi Motekar (Motivator Ketahanan Keluarga di Jawa Barat)*. Departemen Ilmu Keluarga dan BP3AKB Provinsi Jawa Barat Bandung: PT Refika Aditama
- _____ (2017). *Modul Ringkasan Materi Pelatihan Diagnostik Ketahanan Keluarga*. Bogor: Penggiat Keluarga GiGa Indonesia.
- Sunaryo. (2015). *Sosiologi Untuk Keperawatan*. Jakarta: Bumi Medika
- Sugiyono. (2012). *Metode Penelitian Kuantitatif Kualitatif dan R&D*. Bandung: Alfabeta.
- Suradi. (2012). *NAPZA (Narkotika, Psikotropika dan Zat Adiktif), Penyalahgunaan dan Penanganannya*. Jakarta: P3KS Press
- Thariq, M. (2017). *Membangun Ketahanan Keluarga dengan Komunikasi Interpersonal*. Simbolika, 3(1), 34–44.
- Walsh, F. (2003). *Family Resilience: A Framework for Clinical Practice*, Family Process, 2 (1), 1-18
- Walsh, F. (2006). *Strengthening Family Resilience*. (2nded). New York: Guilford Press
- Zastrow, C. H. (2008). *Find Social Work with Groups*. Newburg Park:Sage Publications

Other Resources :

Undang-Undang Republik Indonesia
Nomor 5 Tahun 1997 tentang
Psikotropika.

Undang-Undang Republik Indonesia
Nomor 11 Tahun 2009 tentang
Kesejahteraan Sosial

Undang-Undang Republik Indonesia
Nomor 35 Tahun 2009 tentang
Narkotika.

Undang-Undang Republik Indonesia
Nomor 52 Tahun 2009 tentang
Perkembangan Kependudukan dan
Pembangunan Keluarga

Peraturan Menteri Sosial Nomor 08 Tahun
2012 tentang Penyanggah Masalah
Kesejahteraan Sosial dan Potensi
Sumber Kesejahteraan Sosial

Peraturan Menteri Sosial Nomor: 26
TAHUN 2012 tentang standar
Rehabilitasi Sosial Korban
Penyalahgunaan NAPZA (menjadi
NSPK/Norma, Standar, Prosedur, dan
Kriteria).

