

# STRATEGIC PLANNING BASED ON SOCIAL CAPITAL IN SOCIAL REHABILITATION SERVICES TO VICTIMS OF DRUG ABUSE (STUDY AT NON-GOVERNMENT INSTITUTIONS PESONA KOTA BENGKULU)

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**Abstract** - This study aims to determine the results of social capital-based strategic planning in social rehabilitation services for victims of drug abuse. This research uses descriptive qualitative research with literature studies, with data obtained from observations, field defects, interviews, and documentation. Moreover, the results of this study state that social management in strategic planning in the rehabilitation process of victims of drug abuse has not been integrated between social capital bonding, bridging and linking. Social capital bonding at the micro level has not played many roles. This is due to difficulties in coordination and collaboration between related institutions, families, and groups in implementing rehabilitation service programs for victims of drug abuse. The difficulty is related to the stigma of values in victims. As a result, the rehabilitation process is slow to restore the social function of victims in society.

**Keywords:** social capital, social rehabilitation services, victims, drug

## INTRODUCTION

BNN Indonesia declared that Indonesia has a drug emergency. This means that the problem of drug abuse in Indonesia is quite complex because it relates to the causes and range of adverse effects caused to humans. The existence of this phenomenon is studied from the dimensions of the quality and quantity of drug users and the flow of drug trafficking in Indonesia.

Drug trafficking enters all corners of Indonesia through openness, mainly through air, sea and unofficial ports (rat lanes) and borders. The drug traffickers are coordinated by a series of international networks (West Africa, Iran, China, Pakistan, Malaysia and Europe, national networks (Aceh, Medan, Surabaya, South Kalimantan, Jakarta, Lampung) and prison networks (LP Tangerang, LP Medan, LP Jawa Timur, LP Kalimantan Selatan, LP Cipinang, LP Lampung); (Endang, 2017).

Access to open channels for drug distribution has implications for an increase in the number of increased demand and network modes of drug dealers. Drug abuse in Indonesia in the last 3 (three) years has increased, namely from 3.3 million people in 2017, then increased to 3.5 million people in 2018 and increased to 3.6 million people in 2019 (BNN RI, 2019).

The network of drug dealers in Bengkulu Province through open access, primarily through the spectrum of information technology, sea lanes (Kaur seaport) and unofficial ports such as Mentawai waters transportation. The first transportation route for drug shipments is in the form of goods tucked into clothes. The two travelled using land transportation, such as buses and sabotaged by putting drugs in bags on the bus.

A map of areas prone to drug abuse in Bengkulu province has been spread across 9 districts (Bengkulu City, Rejang Lebong, Kepahiyang, Kaur, North Bengkulu -Muko, Lebong, Seluma, South Bengkulu and Central Bengkulu (see Table 1).

**Table 1. Drug-Prone and Vulnerable Areas in Bengkulu Province**

Regency	District
Bengkulu City	Sawah Lebar Village Pagar Dewa Village Sumber Jaya Village Kandang Mas Village Kelurahan Kandang Lempuing Village Panorama Village
Rejang Lebong	Head Curup Village, Binduriang District

	Ex. New Rimbo Gutter District, Central Curup District Air Apo Village, Binduriang District Kampung Jeruk Village, Binduriang District Balai Butar Village, Sindang Beliti Ilir District Tanjung Aur Village, Sindang Kelingi District
Kepahiang	Ex. Kampung Pensiunan, Kec.Kepahiang Ex. Kepahiang Market, Kec.Kepahiang Taba Tebelet Village, Kepahiang District, Pagar Gunung Village, Kec.Kepahiang Bogor Village, Kepahiang District Permu Immigration Village, Kec.Kepahiang Penanjung Panjang Village, Kec.Kepahiang
Kaur	Manau IX I Village, Padang Guci Hulu District Manau IX II Village, Padang Guci Hulu District Sukarami Village 1, Central Dark District Talang Marap Village, Central Kelam District
North Bengkulu	Taba Tembilang Village, Arga Makmur District Ex. Purwodadi, Kec. Arga Makmur Marga Sakti Village, Padang Jaya District
Muko-muko	Sibak Village, Ipuh District Ipuh Market Village, Ipuh District Lubuk Pinang Village, Lubuk Pinang District
Lebong	Muara Aman Village, North Lebong District
Seluma	Ex. Tais Market, Seluma District, Seluma Regency
South Bengkulu	Ketaping Village, Manna District
Central Bengkulu	Bajak Village 1, Taba Penanjung District

Source: (BNNP,2021)

In Bengkulu City, there are 7 areas prone to drug abuse: Sawah Lebar Village, Pagar Dewa Village, Sumber Jaya Village, Kandang Mas Village and Kandang Village, Lempuing Village. Drug abuse in Bengkulu province follows the national trend, namely from 2017-2019, there was an increase in drug abuse from 22,605 people to 24,114 and in 2020, there were 24,575 people (BNNP Bengkulu, 2021). This means that the problem of drug abuse in nature and the quality of the tendency has increased. Drug abuse cases in the region generally use narcotics (Marijuana), psychotropic (methamphetamine), and Addictive substances (Heroin, Ecstasy, Multiple); (BNNP,2021). The logical consequence of the problem is that comprehensive drug abuse is needed.

A comprehensive drug abuse countermeasures program is carried out through 3 approaches tailored to the effects of drugs and the quality and quantity of criminal acts. The approach (1). *Demand reduction*. (2) *Supply reduction*, and (3) a combination of *Demand and supply*. *The Demand and Supply interface* is carried out in collaboration with related agencies, including non-governmental organizations ranging from preventive, repressive and curative efforts as well to sustainable rehabilitation (Putra, 2019)

The government and non-government parties carry out rehabilitation efforts for drug abuse. Bengkulu Province Handling the problem of drug abuse by non-government institutions in the form of community organizations and Non-Governmental Organizations (NGOs) as many as 63 organizations (Kesbangpol, 2018). This organization collaborates in social rehabilitation of drug abuse, namely BNN-Province, City, Regency and Mental and Drug Addiction Hospital (RSKJO). The Hidayatul Muftadi-in Institute of Mandatory Report Recipients (IPWL) and the National Social Care IPWL (Pesona) were other organisations that won drug rehabilitation activities (Hasibuan, et.al., 2023).

IPWL Pesona is a non-profit organization, one of the services provided are rehabilitation, social services, and drug abuse. IPWL Pesona's activities in social services for victims of drug abuse are based on *Standards of performance (SOP)* with the quality of professional human resources. Strategic planning instruments control the implementation of social services as the locus of success in the social rehabilitation of drug abuse. The logical consequence of the implementation of strategic planning as a guarantee of successful rehabilitation of social services for drug abuse is that those who have been addicts do not relapse.

The facts show that the rehabilitation of drug abuse victims in IPWL Pesona is not all who survive not to be involved as drug users anymore but among them, some relapse as drug users. While handling them through strategic planning in the rehabilitation process of social services is given the same standard. This means that the strategic planning of the IPWL Pesona organization as a solid basis for the

successful rehabilitation of social services of drug abuse is not enough SOP instrument of strategic planning but requires building another strength, namely social capital.

Social mosaic building is inherent through cooperation between related parties in every strategic planning stage. Resources in the form of social capital can build the strength of cooperation for the recovery of victims of drug abuse with various related parties in the team unit. Thus, the question of this research is how to plan social capital-based strategies in the rehabilitation process of drug abuse. The research question is formulated explicitly in the form of a problem statement

## LITERATURE REVIEW

### Drug

Narcotics are derived from the English language (narcotic). Narcotic mean anesthetic or Greek Narcosis (anesthetize). This substance is used by drinking, suction or injection and has the effect of damaging human organs. Understanding drugs and the classification of drugs based on Law No. 35 of 2009 are substances or drugs derived from plants or non-plants, both synthetic and semi-synthetic, that can reduce or change to relieve pain and can cause dependence. These substances are classified into three groups

The first group of narcotics not used for health care purposes are only for developing science and technology, such as marijuana, heroin, cocaine, hashish, ecstasy and methamphetamine. The second class of narcotics is used for treatment and has a high potential to cause dependence, such as Morphine, Pethidine. The third group of narcotics is used for treatment with low potencies, such as Codeine, Dionim, and drugs containing Morphine, which can harm organ function that brings death when consumed in excess.

Psychotropic substances or drugs whose function is to reduce brain function and stimulate the central nervous system, resulting in hallucinations, thinking disorders, and unexpected behavior jumps. Psychotropics are classified into three groups, namely (1) drugs that can cause hallucinations, (2) relatively common effects such as Metafeari, LSD, Dom Ecstasy, and Amtefamine, (3) drugs that have a reasonably low level such as Mugda, Brupronorphine, anorthosite, (4) as sedatives such as Kexotan, Koplo Pills, Sedativa, Hypnotics, zrazepam and nitrazepam. All of these drugs have the risk of dependence that can damage organs and cause death.

Addictive substances such as Inhalasin, nicotine, esters and chloroform can have a dependent effect on humans. If consumed not according to doctor's recommendations, can damage the organs and cause death. Narcotics, Psychotropic and Adactive Ingredients are drugs that have a bad effect that damages the function of human organs ranging from the brain, eyes, hair, skin, heart and digestion and even death.

Victims of drug abuse in Groups I, II, III, and IV must follow treatment through medical rehabilitation and social service rehabilitation at mandatory reporting service institutions and community organizations in NGOs. The rehabilitation process is a representative activity for conciliation and social services for the recovery of victims of drug abuse.

### Rehabilitation

Rehabilitation is a repressive effort in efforts to treat and recover victims of drug abuse through psychiatric and physical actions. L.E Hensie and RJ Campbell stated that rehabilitation is all physical measures, psychosocial adjustment and vocational training to carry out social functions, improve maximum self-adjustment ability, and prepare physical, mental, social and vocational services for an optimal life, by advantages and disadvantages. Moreover, Scott Allan states that rehabilitation is not just a restoration process, but an effort to achieve independence self-care and to realize one's potential. (In Epi et al, 2005). According to Law No. 35 of 2009 the form of rehabilitation is divided into 2 (two): First - Medical Rehabilitation is carried out inpatient/outpatient. This rehabilitation activity is carried out by providing integrated treatment to addicts involving health workers. Second- Social rehabilitation is carried out physically and mentally, psychically, through family and community support. This means that rehabilitation of drug abuse victims requires organized social services in the form of strategic planning.

### Strategic Planning

*Strategic planning* is the process of determining policies in a program aimed at maintaining service planning and policies that have been implemented. Specifically strategic planning is a long-term process that is structured and used to achieve organizational goals. This is based on three reasons why strategic planning is essential. First, strategic planning provides a basic framework for planning. Second, strategic planning will facilitate the form of related planning. Third, strategic planning as a first step for understanding and assessing the team's activities as managers and organizations.

### Social Capital

Social capital is the values and norms shared by group members that enable cooperation among themselves to achieve common goals. Social capital can be invested, developed and requires *maintenance* for its development. This characteristic of social capital greatly influences community development practices, especially those developed by many international institutions such as the Asian Development Bank, World Bank.

World Bank defines social capital as social norms and relationships embedded in a social structure that enable a person or actor to coordinate actions to achieve goals that are by desires (Cohen, 2001). Similarly, Coleman argues that social capital is a resource that appears permanently in the social structure that facilitates some of the functions of actors to achieve social mobility (Coleman, 1990). Similarly, Bourdieu (1996) corrects his view by stating that social capital is an actual and potential resource if pursued continuously by actors and actors have institutionalized social networks.

Bourdieu explains unequivocally that social capital is "the actual and potential resource possessed by a person with membership in a group that each provides support to its members of various forms of collective support. In other words, social capital is built from institutionalized and continuous social networks through mutual recognition and introduction between actors as social group members.

Bourdieu also emphasized that social capital is not only related to each other, both economic and cultural capital, but also forms of *social capital* in the form of local institutions and wealth in the form of local assets *Lamnya*. His opinion asserts that social capital refers to the benefits and opportunities a person gets through membership in particular social entities such as groups, social gathering groups, specific associations.

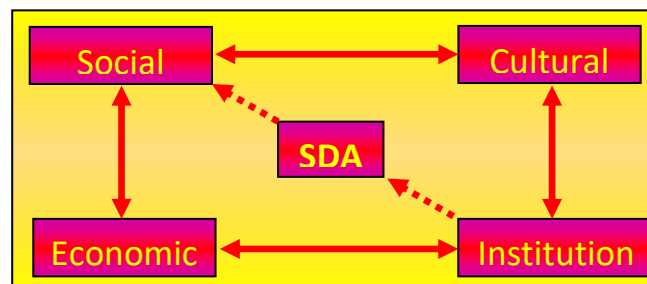


Figure 1. The Relationship of Social Capital with Economic Capital and Cultural Capital

Bourdieu focuses not only on social capital with an individual dimension but also at the group level. For Bourdieu (1995) Social capital describes the attributes of an individual in a social context. People can obtain social capital through targeted actions and can turn that capital into conventional economic gains. The ability to do so depends on the nature of the social obligations, connections, and networks available to you and establishing a position within the social structure.

Bourdieu views social capital as related to how power and *inequalities* are generated within social networks. Because of this, Bourdieu also explains that social capital emphasizes social networks that provide access to group resources. By having access to *group resources*, it is hoped that an individual will eventually enjoy economic benefits. For Bourdieu, the individual will only enjoy these economic benefits if he is constantly involved in the group. In this context, social capital is understood as something instrumental (mutually beneficial and trusting exchange).

Social capital emphasizes resources accessed through social relations by actors as individuals, groups, organizations and communities to achieve desired goals. The formulation of social capital according to Coleman (1988-1990) does not work alone but social capital can be developed based on *human capital* (human capital) and *physical capital* (*physical capital*). Coleman's understanding of social capital criticizes Bourdieu's concept of social capital in principle. Coleman states the factors that work in him so that the person displays a specific action and produces something very beneficial for his development, related to social capital (intangible because it exists in relations between people), human capital (intangible, manifested in skills, knowledge acquired by the individual) and physical capital (manifest clearly in the form of material possessed and mastered) that may be possessed or that can be mastered or utilized by someone in their activities (Coleman, 1990: 372-373).

Coleman explains the conceptual framework of the "relationship" between human, physical, and social capital. The relationship between the three capitals is: (1) social capital in the form of potential, in the form of social structure and social relations, will be actualized if there is *trust* in other people or social groups in the potential that the person has in the form of human capital and physical capital. This means that the formula of human capital and physical capital is the basis for actualising social capital: (2) human capital can develop because of social capital, but the formula is physical and social capital. This means that physical and social capital are the basis for human capital development:

(3) physical capital can develop, survive, and function well if supported by human and social capital. No capital works alone in the ongoing social reality. The direction of Social Capital shows the direction of the relationship that affects each other to the components of human and physical capital (see figure 2.2).

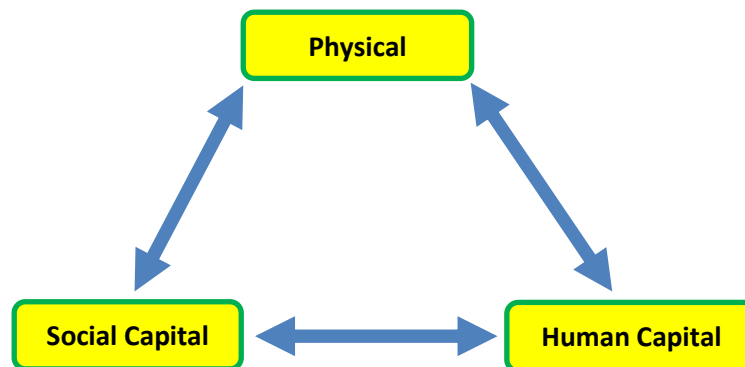


Figure 2. The Relationship of Social Capital, Physical Capital and Human Capital

Coleman (1988 and 1990:95-120) sees social capital as a social resource and encourages certain behaviors in individual and group life associated with balanced obligations and expectations that foster trust. Social trust grows in associative life when bonds and *expectations* work well. He defined social capital as "something that has two features, namely (1) it is an aspect of the social structure (2) it facilitates individual action within that social structure.

Coleman defined social capital not literally, but based on the concept of social structure based on its function without regard to differences in form, appearance and arrangement. These functions are identified based on the concept of social capital as a value from an aspect of social structure and for actors can be used as a source of what they can use to achieve interests/desires.

Aspects of social structure can be put forward by Coleman leading to the concept of social capital in the form of engagement and expectations, potential channels of information, norms and effective sanctions that are appropriate and support certain attitudes and exist in human relations, authority relations, adaptable social organizations, intentional organizations that can be used appropriately and give birth to social contracts. He points out that social structures in the form of more restrictive and relatively closed networks tend to be more effective than those that are open. While community networks developed by nomad groups in various regions are usually exclusive, their membership is based on kinship relations and regional similarities, languages, ethnicities, and religions. Perhaps because of their closure, they can *survive*. They can master commodity trading networks and specific skills. This corroborates Weber and Bourdieu's views on the need for social networks for economic use.

Coleman (1988-1990) paralleled social capital with other capitals. "*Social capital paralleling the concepts of financial capital, physical capital and human capital, but embodied in relations among persons*. For Coleman, social capital has three forms: (1) first, *obligations and expectations* based on the *trustworthiness* of the social environment: (2) second, the capacity of information flow of social structures or social networks: and (3) third, norms that are carried out with various sanctions.

Coleman sees social capital as distinct entities, with two elements in common: they all consist of some aspect of social structure that facilitates specific actions. Coleman states explicitly that "a form of social capital valuable in facilitating certain actions may be useful or even harmful to others" (Coleman 1988: 598). In reality, he explained that social capital is concerned with social structure in general and with the norms that govern interpersonal behavior. These sources of social capital arise in the form of responsibilities and expectations that depend on the beliefs of the social environment, the ability to flow information in social structures and norms that are accompanied by sanctions (Coleman 1998 in Dasgupta and Stiglitz, 1999: 13).

Studies of repetition of the concept of social capital were also conducted by Putnam (1993). He defined social capital as a value of *mutual trust* between members of society and society towards its leader. Social capital is a resource that permanently resides within the social structure and facilitates the function of choice of action. Social institutions involve *networks*, *norms*, and social *trusts* that encourage social collaboration (coordination and cooperation) for the common good.



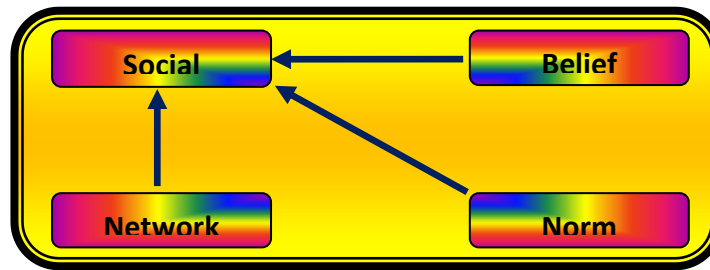


Figure 3. Elements of Social Capital

It also implies the need for social networks ("networks of civic engagement"), social networks that exist in society, and norms that encourage community productivity. Even further, Putnam loosened the definition of horizontal associations, not only those that provide *desirable* outcomes but also *undesirable outcomes*.

Then one of the leading figures who is very influential in social capital thinking is Francis Fukuyama (1995). Based on his study of the state economically, Fukuyama expressed social capital as *trust*, the ability of people (society) to work together to achieve common goals (*collective action*) in groups or organizations. Thus, social capital is vital in several groups of people in various activities.

Fukuyama also said that not all norms, values, and cultures together can complement each other to support economic growth (*The Social Values and the creation of Prosperity*. New York: Free Press, 1995: 20-26). He further emphatically stated that not necessarily the shared norms and values guided as a reference to attitude, act and behave automatically become social capital, but only shared norms and values raised by trust. Just like physical and financial capital, social capital can also negatively impact. In this sense, Fukuyama defines social capital as a *trust* in which actors (individuals, groups, communities) work together for a common purpose (*collective action*).

Fukuyama says that social capital is built on beliefs between individuals. Mutual trust is formed in a short time and requires tortuous social processes. The main argument is to explain that the role of *trust* is valuable in creating social capital and economic development in society. He understands that societies and cultures have high and low levels of trust. People with high levels of trust tend to build better social capital, consequently enjoying good economic development, especially in the transition to advanced economies

Similarly, high group and cultural beliefs accumulate much social capital. Fukuyama defines social capital as closely related to the concept of *trust*. This means that social capital is the activity of a social organization whose terms with networks and trust facilitate coordination and cooperation in creating mutual benefits for all members. In this sense, social capital emphasizes the importance of transforming from social relationships such as neighborliness, friendship, or kinship, to long-term relationships colored by feelings of obligation towards others.

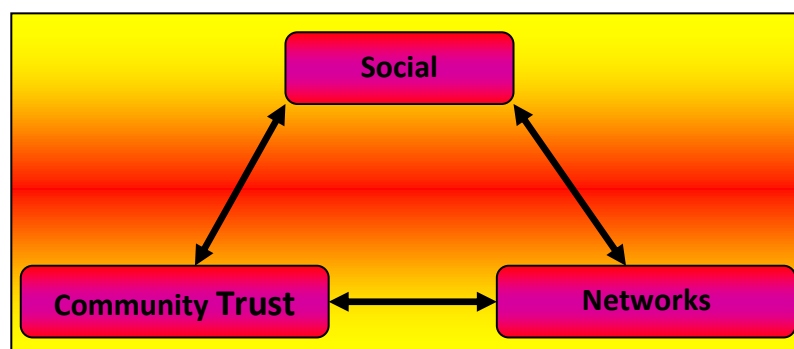


Figure 4. Social Capital Dimensions

According to Putnam and Fukuyama (Webstarmaster, 1998: 6) the concept of social capital is not only applied at the individual level, but also to groups, communities and even national. Communities build social capital through the development of functional relationships of democratic participation, and the strengthening of community ownership and trust. Furthermore, Portes (1997) states that social capital has positive and negative consequences. Positive consequences: sources of social surveillance, support for families, and socioeconomic benefits through outside social networks. While the negative consequences are in the form of limiting opportunities for others (exclusivity), brickingsan individual freedom excessive claims to group membership, and leveling norms for all members (comparability).

While Woolcock (1998: 27, 151- 2110) differentiate tribe capital social type. (1) *Social Bounding*. The definition of social *bounding* is value, kultur, perception and tradition or *adat (custom)*, a type of social capital with the characteristics of solid ties (the presence of social glue) in a social system. For example, most family members are related to other families who may still of the same ethnicity.

Here there is still a kinship system with the client system. In many areas *klien* still prevails. The understanding here is very different from the *lineage* of unilateral kin groups that can still be traced to relationships, or *tribes/stem* (the highest unity that unites groups of relatives). *Clients* are traditional, unilateral and exogamous kin groups. It is called exogamy because the marriage in the *client* is not justified. Unilateral because lineage is considered starting from patrilineal line only or matrilineal only. Traditional because *clients* also include residents or relatives whose relationships can no longer be traced.

This kinship can lead to a sense of empathy/togetherness. It can also manifest sympathy, a sense of obligation, trust, reciprocity, reciprocal recognition of the cultural values they believe in.

*Rule of law/rules of the game* are rules or mutual agreements in society, this form of rule can be formal with clear sanctions such as the rules of the Law. However, there are also non-formal sanctions that will be given by the community to members of the community in the form of exclusion, disrespect and even considered non-existent in a community environment. This raises the fear of any member of society who does not carry out part of his responsibilities. This results in a *social order* in society. (2) *Social Bridging*, can be in the form of institution or mechanism is a social bond that arises as a reaction to various characteristics of the group. It can arise because of various kinds of weaknesses around it so that they decide to build a strength from existing weaknesses

*Civic engagement, associations, and networks* can also see *Social Bridging*. The goal is to develop the potential in the community so that the community can explore and maximize their strength, both human and natural resources can be achieved. (3) *Social Linking* is a social network relationship of social power and social status that exists in society that involves community elites (figures, political elites, figures) as people trusted to channel group aspirations, collective action and empowerment. Figure 2.5 explains the interrelationships of social capital in *bonding, bridging* and *linking* that work depending on circumstances.

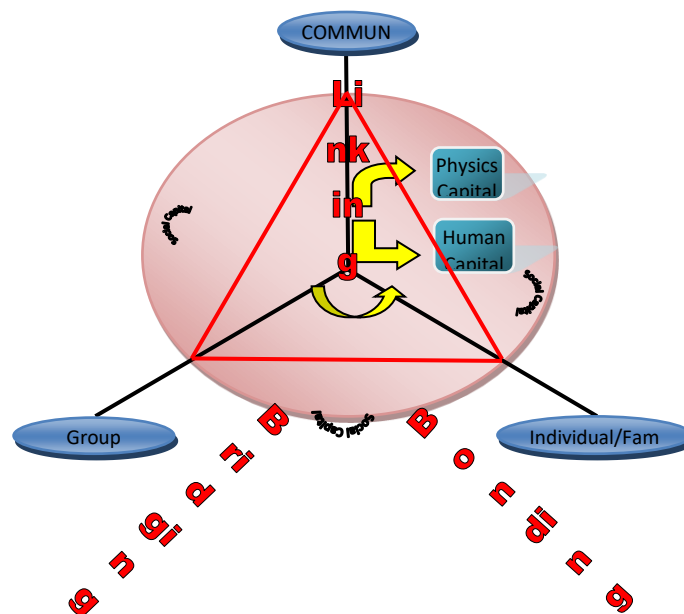


Figure 5. Linkage of Social Capital with *Bonding, Bridging* and *Linking*

These three types of social capital can survive depending on their circumstances in the dimensions of (1) bonds of solidarity where social capital creates group cohesion at a loss, (2) *reciprocity transactions*, namely institutions that give birth to exchanges between actors, (3) noble values, namely ideas and values, noble morals and commitment through contractual relationships of achievement. The individual objectives behind the instrumental objectives, (4) fostering trust i.e. formal institutions and informal/participatory groups use different mechanisms to ensure the fulfillment of needs based on agreement using rational mechanisms.

The four types of social capital are always related to the use of values that live in society to maintain the availability of social capital in meeting needs by specific shared goals. The source of social

capital is instrumental is mutually beneficial exchange and mutual trust and social capital is *consummatory*, i.e., fundamental socio-cultural values and social solidarity.

Woolcock's further understanding of the concept of social capital reaches out to aspects of what he calls "*embeddedness*" and "*autonomy*". Adhesion at the micro level refers to intra-community ties and at the macro level refers to the relationship of state and society.

Autonomy at the micro level refers to networks between groups or communities and at the macro level to capacity building and credibility. The social capital approach to understand the building of strategic planning in successfully rehabilitating social services victims of drug abuse uses a social capital perspective approach from Woolcock (2008).

## METHOD

### Informant Determination Techniques

Data collection is centered on them based on team units within the PEPESONA institution. In addition, researchers determined that some of them were considered vital informants, and in-depth interviews were conducted. They have much knowledge about strategic planning on the rehabilitation process of drug users. The key informants consist of 5 people, namely (1) Director of the Enchantment Institute. (2) Secretary. (3) Program Manager. (4) Social workers as many as 5 people. (6) Counselor. (7) Field personnel 4 people) and Partners 2 people. The total number of informants needed in this study amounted to 15 people.

### Data Collection Technique

Data collection is carried out using several data collection techniques, namely:

- Participatory observation, that is, observations made by researchers in a way that researchers participate in a limited way certain social events into the object observed. Before making observations, make a list of concepts to be observed by following the activities carried out by the planning team and related parties. Furthermore, researchers made archival efforts to the victims and families of beneficiaries. Participation observations are complemented by an overview of activities related to: (1) availability of social capital related to bonding, bridging and linking. (2)) The form of social capital inherent in the strategic planning stages of the rehabilitation process of drug users.
- Field notes are the recording of data in observations used as tools by researchers in observational situations that do not participate. Observations in this case are relatively free to take notes and are made at the time after the observations are made. The record is in the form of categories in the pattern of strategic planning and effectiveness of social capital.
- Interviews are conversations and questions and answers directed to achieve research objectives. Interviews in qualitative research were conducted to gain knowledge about subjective meanings understood by the planning team, partners, and victims. Interviews were conducted; (1) informally i.e., the interview process is based on random questions in interaction, (2) in general is the researcher's interview with informants with very general interview guidelines oriented to the phenomena needed and aspects to be discussed, (3) formal open interviews.
- Document study. This study is one of the data collection methods used to trace historical data. Documentary materials include diaries, personal notes, letters, reports.

In addition, data collection is classified into two stages: exploratory and descriptive. Data collection in a systematic way demands context, so that accurate and holistic information accumulates.

### Data Analysis Techniques

Data analysis began in eight years, starting from classifying and categorizing data between what is obtained from documentation and data obtained through interviews and observations related to the component of social capital in strategic planning in the rehabilitation process of drug users. Data is analyzed qualitatively through 3 (three) processes, namely reduction, presentation and drawing conclusions that move back and forth between the three processes in an interactive loop.



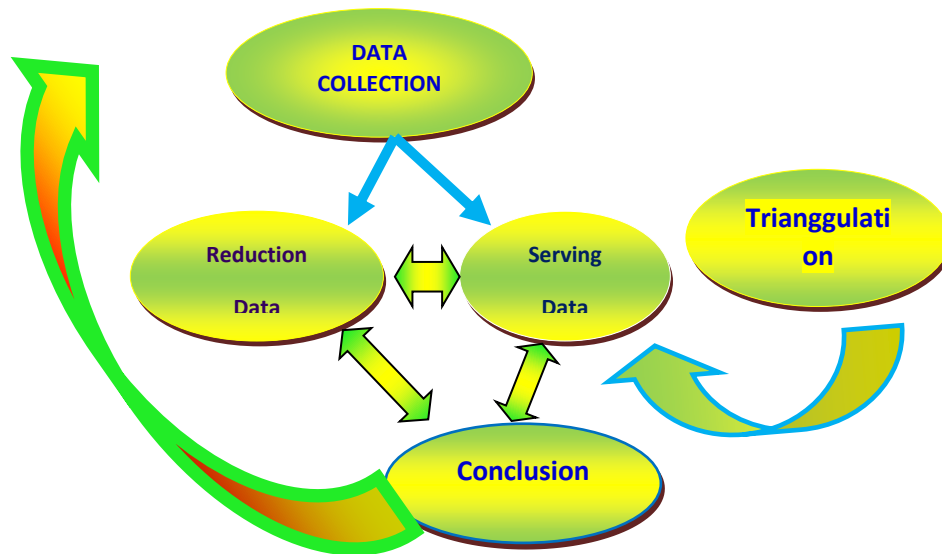


Figure 6. Interactive Analysis Components

This qualitative analysis process is an analysis model that is not one by one, but interactively, for example, collecting data first and then presenting, analyzing data. The data is reduced and then presented in conclusions. The deviation stage is checked back to the original data, so the data analysis is wrong in concluding the description of the research results. This comparative mechanism aims to formulate the concept of social capital attached to the strategic planning process in the rehabilitation process of social services for victims of drug abuse.

## RESULTS AND ANALYSIS

### Social Capital in Strategic Planning in the Successful Rehabilitation of Drug Abuse Victims

Strategic planning in social services can be in the form of formal plans or informal plans. Formal planning is written planning that the organization must carry out within a certain period or in the long term, while informal planning is unwritten according to the field's circumstances.

IPWL Pesona organization has implemented strategic planning in the management of their management in non-governmental organizations such as IPWL Pesona changes in the environment around the organization are very fast changing and must also be quickly anticipated by the organization. The basis of strategic planning is the application of IPWL Pesona organizational capabilities in managing and identifying weaknesses internally and externally to make planning and management changes quickly and precisely, this is an effort to keep the IPWL Pesona organization running strategically and relevantly.

Strategic planning functions include *Organizing, Actuating, Controlling*. It is (1) IPWL Pesona fully understands that to provide social services must be done by planning various aspects. The planning point involves all IPWL Pesona staff to know what they need to achieve, with whom they must provide social services and what must be done to achieve organizational goals and develop a plan of organizational work activities. Everything related to management has been archived, both written and unwritten. (2) Activities in administration are well organized from registration, client admission, outpatient drug user victims and inpatient drug user victims, to services provided during the social rehabilitation process carried out at IPWL Pesona through established procedures and provisions. (3) The formation of a social service team that also involves *stakeholders* to improve the quality standards of social services such as plans that have been prepared and agreed upon.

This means that strategic planning is an essential tool in social service organizations because careful planning is needed in the provision of social services. Efficiency is indispensable in every administrative implementation. The goal is to achieve good results with the minimum possible cost and effort. So strategic planning is a systemic process agreed upon by the organization that can sharpen the organization's focus so that all organizational resources are used optimally.

The research results show that the IPWL Pesona organization when establishing an organization sees more organizational opportunities when it will establish the IPWL Pesona organization and adjusts to the internal conditions or external circumstances around the IPWL Pesona organization in Bengkulu City. Strategic planning carried out by social organizations should lead to action, implementation, results and evaluation. Based on the observations and interviews conducted by researchers, researchers obtained and concluded that IPWL Pesona carries out 5 stages of strategic planning in providing social

services. In other words, implementation and evaluation do not have to wait until the end of the planning stage but must be an integral part of the planning process.

The nature of *strategic planning* is the process of determining policy in a program aimed at maintaining service planning and wisdom used in achieving organizational goals based on social capital. Strategic Planning includes explaining that achieving goals as a service process requires logic at every stage of strategic planning. There are 12 (twelve) stages in the strategic planning process: (1) Agreement on planning steps. (2) Team orientation. (3) Analyze the situation. (4) Team and staff building. (5) Issue Analysis. (6) Scenario Approach. (7) Scenarios between the two sides. (8) Improve information between teams and other parties. (9) Evaluate activities between the team and those in need. (10) Develop aspects of mission, service, facilities and implementation.

### Social Capital on Agreement Planning Steps

This is the beginning of the direction of the form of activity carried out by IPWL Pecharma. The reference to planning steps is an agreement of decision makers from internal and external parties of the organization to formulate effective planning patterns. This stage determines the form of strategy to be carried out by the organization which is synergized between existing rules and user or service needs. There is a statement from the IPWL that as explained by the DH informant as follows:

*"The IPWL Pesona institution in preparing service planning is based on the Ministry of Social Affairs provisions because it is to become an organization under the auspices of the Ministry of Social Affairs. This provision already has criteria or SOPs the Ministry of Social Affairs provides. We adjust to the needs and policies that we previously agreed on in the deliberation process with the founder of IPWL Pesona Kota Bengkulu" and related partners including the victims' families (DH, 2021).*

Strategic planning at the stages of Service Planning steps carried out by IPWL Pesona, is a systematic process agreed by the organization with partners that supports the success of social rehabilitation for drug abuse. The organization builds engagement with stakeholders in the planning process. It sharpens the focus of the objectives of each organizational sub-unit so that all organizational resources carry out optimal functions. Strategic planning at the stage of service planning steps is prepared based on unit units as social sparseness as part of the involvement of other parties, both institutions and communities or groups to determine agreement on steps in planning rehabilitation services in the abuse case.

The rehabilitation service planning process involves various parties, namely families, source systems (medical and non-medical elements) and charm parties. The Pesona team uses an assessment instrument for drug abuse rehabilitation patterns (DH, RH, DN; 2022)

The agreement on service planning steps in the rehabilitation process of victims of drug abuse begins when Klein comes to IPWL Pecharma. The agreement between the victim, family and IPWL, includes responsibility in the "care" of victims in the rehabilitation process of drug abuse. Family responsibility provides cohesiveness in the form of *apeksi* through the consequences of receiving rehabilitation services to IPWL. While the victims accepted the stipulation that they did not demand anything outside the provisions of the institution such as not demanding a rehabilitation mechanism, they participated in the Daily Activity of IPWL Social Care for 6 months. IPWL conducts 4 (four) program structures, namely (1) the formation of behavior that emphasizes the rules correctly. (2) emotional and psychological control carried out in groups through reprimands in case of emotional inter-victim events. (3) Thought and spiritual development, victims are given education on the dangers of narcotics through recreation and application of religious values. (4) work and social and survival skills (DN, DH, RH; 2022).

The agreement on the steps to plan these services in the rehabilitation process of drug abuse victims is supported by social capital. A type of social capital *bridging, linking* attached to the strategic planning process at the agreement stage of the rare-step planning of victim rehabilitation services. The type of social capital in the form of bridging is a network of cooperation with partners who support the achievement of rehabilitation goals for drug victims. While the type of social capital linking involves policy makers such as agencies of the Department of Social Welfare that provide referrals for rehabilitation process facilities for drug victims. This aims at the recovery of victims in order to carry out their social functionality. Social capital resources in the form of bridging access to power in making service planning for victims are heterogeneous and horizontal in the form of activity patterns tailored to the needs of victims at the individual, group, family, and community levels. Social capital type *bridging* and *linking* emphasizes cooperation for family strengthening starting from assessment, counseling and termination as well as after care including outpatient for 3 months and inpatient for 4 months.

### Social Capital on Team Orientation

Strategic planning at the Team Orientation stage, IPWL in the rehabilitation process of drug abuse victims consists of 2 (two) social workers and 7 counselors and 2 (nurses as medical personnel).

Team orientation as human resources to change behavior in klein, although it is tough to get clients completely clean from drug use, but there is progress at the stage of the quantity phase of the number of doses used by clients (TH, PS; 2022)

The service carried out by the team in the Screening process is an initial assessment as a form of extracting general client information, this becomes the initial guideline before the assessment. Extracting general information emphasizes more on how the family controls the client. This means that in team orientation, the nature is continuing social capital at the activity stage of service planning steps, namely social capital based on bonding bonds because the range of work team orientation is to seek client interest to carry out rehabilitation at IPWL with family support.

Social capital *bonding* type between family members and IPWL Pesona refers to regulations involving families and institutions. The rule is that the family obeys the provisions or rules of conduct, including visiting hours, monitoring the progress of victims, and supporting self-development through counseling and checking urine regularly. In addition, conducting home visits to strengthen families can accept family members back and ask families to break the stigma against clients.

### **Social Capital on Situation Analysis**

Strategic planning stages of situation analysis, IPWL collects information based on initial screening and assessment. Screening results obtained data on the length and history of drug use including the type consumed by the client. In addition, it is understood the situation about the client's sexual orientation and the comorbidities suffered by the client. This is through the diagnosis of the Screening results, if a specific diagnosis arises with a medical problem, the IPWL will refer the client to the medical team before carrying out the social rehabilitation process. Like the case of DV (27 years) who identified the disease over time, the client was treated with venereal disease and simultaneously assisted stages of rehabilitation.

The situation analysis stage refers to (1) the client's data, (2) the client's medical history, (3) the client's work history, (4) drug abuse history, (5) legal involvement history, (6) psychiatry history, (7) social relationship history. This stage of the situation cannot be carried out in one go, but a gradual service process starting from assessment, counseling and referral as needed.

During the first assessment, usually the client is not so open to assistance. The client is still closed, feels uncomfortable, and does not trust the companion. As a logical consequence of this, the companion repeatedly interacts on the aspect of self-introduction and creates an understanding atmosphere towards the client's problems.

The results of the assessment will refer to the planning of the intervention model and the implementation of appropriate interventions (not malpractice) so as not to cause new problems for the client. Client intervention activities based on working groups and costs required as part of victim rehabilitation, facilitated by the Ministry of Social Affairs and partner institutions such as BNN, Bengkulu Regional Government, Ministry of Social Affairs of the Republic of Indonesia. The characteristics of the work pattern at the situation analysis stage conducted by IPWL illustrate that the social capital attached to the situation analysis in the victim rehabilitation process is social capital in the form of bridging (through working groups) and linking (regional and central governments) is vertical cooperation. This can be seen in the referral process to parties outside the family and institutions such as medical parties, partners, the Bengkulu regional government, and the central government vertically. The involvement of external parties during the rehabilitation process of drug victims aims to develop the potential functionality of clients to the stage of after care and settlement through business activities with a capital of 5,000,000 (five million rupiah).

### **Social Capital on Team and Staff Building**

Strategic planning for the stages of team and staff formation, 6 people formed IPWL Pesona as founders of the foundation, 5 Social Workers (Peksos) and 2 counselors. In 2020, due to the Ministry of Social Affairs provisions, there is only 1 Peksos and 3 Counselors with a Ministry of Social Affairs Decree. The reality is that several parties are involved as a team building unit and IPWL Pesona staff in the rehabilitation process of drug abuse victim clients, namely (1) Social Workers who focus on case managers and cooperation with various related partners. (2) The counselor counsels' clients undergoing rehabilitation. (3) Psychologist if there is a need related to the client's or victim's psychiatric condition. (4) Doctors and nurses for health checks, urine and comorbidities. (5) scholars for spiritual guidance. (6) Chief as a broker between clients and companions for inpatient clients. (7) Housekeeping is staff responsible for supervising the cleanliness of the environment, rooms, and outside the environment. (8) Kitchen staff in charge of the kitchen, cooking meals for breakfast, lunch, dinner and all food facility clients are borne by the agency (RH, AA; 2020). This means that the interaction between the team and staff can be realized cooperation or synergy between groups, is the capacity of bridging and linking social capital that forms values, institutions and mechanisms as resources needed in the

rehabilitation process of victims of drug abuse. Social capital facilitates and bridges the relationship between clients and team groups as a source system to build better client self-functionality capacity.

#### **Social Capital on Issue Analysis**

Strategic planning at the issue analysis stage of IPWL maps the source of the problem using the problem tree tool. The classification of issues from the problem tree illustrates the dimensions of program planning and implementation of interventions in victims of drug abuse. In addition, deepening the issue of the victim phenomenon is identified through SWOT analysis (*Strengths, Weaknesses, Opportunities, Threats*) which is related to providing information that is used as a basis for decision making related to therapeutic patterns in the rehabilitation process of drug victims (YG, SAA; 2020).

At this stage, IPWL Pesona mapped the pattern of cooperation networks with partners such as medical assistance groups, psychiatrists, scholars and sources of costs. The cooperation mechanism is built based on the MOU. The partner will make a format as a strategy in the victim rehabilitation process. The strategy is humanist-based (a pattern of therapy carried out through solid awareness in the victim), so the victim feels comfortable and finds potential self. This is a formidable challenge because this process goes against the victim's perception. There are three stages in one social capital implementation cycle in the form of bridging and linking, namely the stages of cohesiveness, exchange or reciprocal, and trust. The stages of cohesiveness and trust tend to be carried out by Social Workers, psychiatrists, scholars in assisting private matters. While social capital in the form of exchange or reciprocal tends to be carried out by medical groups, regional governments and the central government of the Indonesian Ministry of Social Affairs).

#### **Social Capital in a Scenario Approach**

Strategic planning stages of scenario approach IPWL Pesona approached the beginning of the rehabilitation process with newspapers and partners. The concentration of activities is to explain the rules of daily activity so that each victim knows his duties and functions and responsibilities. The flow of daily activity activities displays role models through victim development outreach obtained from Case Conferences including determining the pattern of rehabilitation services for victims (inpatient or outpatient). Inpatient means the rehabilitation process is carried out for 6 months, while outpatient rehabilitation is for 3 months. Outpatient rehabilitation scenarios include assessment, urine test, counseling, case conference, home visit, recovery activities, refreshing and vocational. Meanwhile, outpatient victim rehabilitation scenarios include assessment, urine tests, counseling, home visits, case conferences and recovery activities (DN; 2022).

The achievement of the inpatient and outpatient victim rehabilitation scenario approach is used by bridging and linking social capital resources, namely IPWL connecting victims with the source system (families, medical and social groups and local governments and the Ministry of Social Affairs of the Republic of Indonesia vertically), running relationships based on *trust resources* (belief that victims have potential strength to develop for their future), proactive participation (victims build courage to convey ideas), norm values (rules and meanings of life goals and drug effects), social exchange (recognition of the victim's status in the social environment).

Social capital at this stage of the scenario approach has not been reintegrated with the social environment or community to work together. It is not inherent that drug victims find it difficult to adapt to social environments outside the family, because the rules in community life morally refuse victims to interact to build social relationships on a broad spectrum.

#### **Social Capital in a Scenario between Both Parties**

Social capital between the two parties is classified, namely between institutions and other supporting networks. This means the institution builds relationships between families and networks with other related institutions or partners.

##### ➤ Between the institution and the client

The type of social capital in the scenario process between the two parties between the institution and the client is to build trust through interpersonal relationships between officers i. as companions and clients. The companion seeks several possible opportunities provided by the client such as participating in competitions, cognition and repression therapy and provides inspiring figures to develop the client's potential and strengths. Client's awareness of this potential and self-concept, the institution hammering the accompanying officer requires developing motivational techniques. Motivational development techniques are most commonly used through game therapy, spiritual therapy, and psychological therapy.

The but-therapy process's success will impact the client's openness during the assessment process and has built trust between the client and the companion.

Before the therapy, the client is usually closed and blocked, closing his problems related to Narkota dependence and the cycle of social impact in the family. They avoid socially and keep their mouths shut



and stay in their rooms. The first therapy to open up problems to clients is to invite them together to do domestic tasks and realize their potential. Openness is built not coercively, but through an approach that emphasizes the element of empathy, which pays attention to the psychic condition and understanding of his cognition of the client (DN and DH; 2022)

Openness between clients and mentors of the institution transforms trust between them. The client believes that a companion will restore his social functioning. This condition makes it easier for the accompanying party to map out an intervention plan in the process of successful social rehabilitation for drug victims (clients). Intervention plans based on the assessment process results through interpersonal communication, comfortable with listening to client stories, explaining *life stories* of causality using drugs. This activity is usually carried out for 1-3 weeks to identify client dependence. The results of the assessment process with the client, determine the pattern of stages of planning and implementing accurate interventions in the rehabilitation process and avoid malpractice services.

➤ Between Family and Social Network

IPWL Pesona has conducted social networking as a partner in social rehabilitation to facilitate the healing process of drug abuse victims. Parties supporting and cooperating with IPLW Pesonan include:

1. Municipal and provincial Social Services
2. City and provincial Health Office
3. Clinics throughout the city of Bengkulu
4. Job Training Center
5. Women's Prison
6. Bengkulu Class II Prison
7. BNN City and Province
8. Legal aid institution (LBH) Bintang Keadilan
9. Professional Associations and Similar Institutions.

The IPWL Pesona Institute conducts social networking with the various institutions mentioned above aimed at exposing the social rehabilitation process to drug victims. They are in physical and non-physical recovery in order to be able to restore social functioning, so the relevant institutions provide the necessary support such as drugs that reduce dependence on drug use. In addition, the assistance provided is some skills and expertise tailored to Klein's talents and interests. Skills and expertise provided to clients through the Job Training Center.

The work hall provides limited training at the primary stages that have not yet reached or are amplified. No wonder clients do not feel able to compete with others in the job market, some affect relapse (relapse).

Clients still challenging to trust by society or employment give room for Klein to experience relapse. Relapse clients feel that they do not escape the disease of dependence on drugs and bring up feelings of anxiety, intolerance, irritability, isolation, feeling unnecessary. Mental disorders clients will tend to use cannabis marijuana often—the process of efforts to recover relapse clients through cooperation with institutions tailored to client needs. The form of cooperation with partners, through the element of *bridging* social capital (Lembaga IPWL Pecharma) bridges clients to be guided and therapized in institutions that are by the needs of the crushing process. While social capital is *linking*, it is a form of cooperation between institutions and clients. The institution emphasizes a cohesive pattern of interaction in which clients are still recognized that they still have strengths developed as physically and non-physically healthy human beings.

### Social Capital on Improving Information Between Teams and Other Parties

Increasing information aims to develop the resources owned by IPWL Pecharma. Human resource development is carried out through an assessment of achievements and expertise of the team from each work unit. Human resource development prioritizes training conducted by the Ministry of Social Affairs, BNN RI, and BNNP. The training program obtained is informed to the relevant units including the social networks involved.

The path of increasing information based on social capital emphasizes *aspects of Bridging and linking*. This type of social capital involves partners and stakeholders through *case conference* activities by developing social networking models and social exchanges and trust principles that aim to support the strengthening of solutions according to the cases experienced by clients and mentors. The results of the *administrative case conference* will be arranged on a case-by-case basis. The intervention planning model needed at the social rehabilitation stage to the client will be mapped.

Case handlers in the rehabilitation process are classified as inpatient and outpatient clients. Inpatient clients for assistance officers have a picket schedule day and night before the exchange must hand over information.

We as a companion always handicap all processes occur from morning to afternoon. Then day to night about developments and events that exist in the client. The information we record is oriented towards



the development of drug dependence and its effects related to behavior (hallucinations, yelling if you want to use drugs, emotional turmoil). We as a companion find it difficult if the client is tired, which is done to hold the client to stay afloat from consumption by diverting his mind to pleasant things such as providing motivation, self-value or self-concept, and life value. The companion and the client have not yet built mutual trust or trust. Clients are more closed to drug dependency conditions while we have limitations on trust-building strategies on the part of clients (DH, 2022).

The client's progress is obtained from his or her companion involved. Human capital as a companion determines social capital resources in the form of interpersonal bridging, it is challenging to build mutual exchange between the assistance team and the client. The woodworking system (exchange system) form that occurs should be based on the principle of *reciprocity* between the accompanying team and Klein. However, the problem found came from Klein's side because Klein had not even had trust (trust) in the assistance team. Like they block when asked to share the problem of the case. Social capital bonding has been unable to support the assessment stage at this stage because it still requires human capital from the client side. The client must understand self-concept and the power of togetherness through the relationship of identifying the actor as a companion.

### Social Capital Evaluates Between Teams and Others

The evaluation process is a process of reassessing the planning process, this is the last stage of strategic planning, which is an evaluation or measuring the success rate of planning that has been done. The client's rehabilitation process that has been running for 3 months or 4 months, both inpatient and outpatient rehabilitation, is evaluated and conveyed success to the client after an intervention for 3 months or 4 months. Evaluation is also carried out during termination (termination) when the client has rehabilitated for 6 months and is declared to have recovered from drugs. At this stage the evaluation process is carried out to determine what stages of further development will be given by the client.

Success evaluation not only results in conclusions about how far the problem has been resolved by social workers (client assistants) in the IPWL Pesona organization but also clarification and criticism of the values underlying the policy, assisting in adjustment and reformulation, the evaluation process focuses on the implementation of social service activities as well as to improve the information needs of evaluation of social service delivery carried out by the organization IPWL Enchantment of Bengkulu City for the future. Implementing the evaluation that has been carried out will help a lot in mapping the planning problems that have been prepared previously to formulate the following steps to be carried out by social workers (client assistants) in the IPWL Pesona Kota Bengkulu organization.

Evaluation between the IPWL Pesona team and partners aims to make improvements based on an assessment of the realization of the work guideline aware program for the organization. Evaluation activities between teams involved in building social capital are *bridging*, where *trust* and *reciprocal* are translated into job descriptions that must be accounted for by the team. The results of the evaluation illustrate the reality of the client in the recovery of social diversity. Cooperation between members of the *dikat* with moral responsibility that Klein is a human being chooses the right to a decent life and every human being has the opportunity to recover and be able to carry out social functioning.

The client's picture of reality is mapped based on the client's progress or failure on drug substance dependence. These indications are seen changes in cognition and behavior. "We saw that the success rate of social services provided resulted in changes in the behavior shown by clients during the recovery process from the effects of drugs they had previously taken. For example: the client got closer to religion by participating in all activities related to religion after I did the recovery procedure for 6 months, I did a urine test again to ensure that the results were still positive or negative. Evaluation is carried out continuously, and assesses the results that have been done both the quality and quantity of services during the inpatient rehabilitation process and outpatient rehabilitation. We do evaluations at the end of each year or at the closing time of the book. We also conduct evaluations, if necessary, not waiting for the time that has been done" (RH, DP;2022)

In addition, the success rate can be measured by conducting urine tests again on clients who have received social services in recovering victims of drug users, to see the results of the urine test still stating positive for containing drugs or damaging. The success rate that has been carried out by IPWL Pesona by looking at social service beneficiary clients who carry out the inpatient social rehabilitation process or the outpatient social rehabilitation process provided by IPWL Pesona by doing a urine test for the second time after the 6-month rehabilitation process is complete. Success evaluation not only produces conclusions about how far the problem has been resolved but also clarification and criticism of the values underlying the policy, assists in adjustment and reformulation, the evaluation process focuses on the implementation of social service activities and to improve the information needs of evaluation of social service delivery carried out by the IPWL Pesona Kota Bengkulu organization for its imperality. Implementing the evaluation that has been carried out will help a lot in mapping the planning problems

that have been prepared previously to formulate the following steps to be carried out by the IPWL Pesona Kota Bengkulu organization.

### Social Capital in Developing Service Vision and Mission

The development of IPWL Enchantment's Vision-Mission began building *Linkin g's* social capital resources in reaching the needs of stakeholders. Institutional Capability At this stage is a step to describe the success as to be achieved and has been mutually agreed upon in implementing the strategy that has been prepared. The vision provides flexible networking support and many alternatives, tolerant problem-solving processes. A compelling vision that is right for the future is a guideline or basic framework of strategic planning for social services in the long term (long-term programs) or unchanging strategic planning whose success rate must be achieved within 1 year (short-term programs).:

*"We have prepared a vision of the organization that we will run, this vision will be a benchmark in implementing or implementing planning in providing social services to clients in IPWL Pesona Kota Bengkulu"* (SA, 2022)

The nature of vision is confirmed by the explanation of the RH informant as follows:

*"The vision that is prepared and agreed now is a vision that every staff at IPWL Pesona must carry out to ensure that everyone in IPWL Pesona Kota Bengkulu has the same vision in carrying out social service planning and has the same level of success that every IPWL Pesona staff must achieve"* (RH, 2022).

In this step, the development of the implementation process carried out by the organization is in the form of: who plays a role in planning, who is responsible for every implementation of planning what steps will be carried out, preparation of schedules, necessary human resources, and facilities that will support performance in providing social services to clients. An organisation's vision can move well if it has guidelines with careful planning.

Linking-based social capital means that the IPWL Pesona organization by building and collaborating with *stakeholders* using the IPWL Pesona organization coordinates and builds commitment with the Bengkulu Provincial Social Office to issue a letter stating that IPWL Pesona is registered as an organization and obtain recommendations from the Bengkulu Provincial Social Office to provide social services in the form of social rehabilitation for addicts Drugs. The next step taken by the IPWL Pesona organization is in the form of a proposal making process or submitting a proposal to establish a Mandatory Report Recipient Institution in Bengkulu Province, the proposal is sent to the Ministry of Social Affairs to determine whether or not it is entitled to provide social services in the form of social rehabilitation.

IPWL Pesona to assist in providing social services to drug users during social rehabilitation. Stakeholder involvement in various inclusive efforts at the strategic planning stages is appropriate (Pribadi, 2022). In building partners, IPWL Pesona updates the information needed for planning that has been made and agreed, states previous strategic planning and current strategy planning that has been evaluated, collects and receives input from internal and external *stakeholders*. Internal stakeholders involve staff or people who establish the IPWL Pesona organization while external *stakeholders* involve people or social entities such as the Ministry of Social Affairs, Social Welfare Office and other social agencies, the IPWL Pesona organization builds commitment with the Social Service and gets recommendations from the Social Office to build an organization of Mandatory Report Recipient Institutions in Bengkulu City. In principle, parties involved in the social rehabilitation process of narcotics koraban in the IPWL Pesona organization facilitate achieving the organization's vision.

Realizing this vision, IPWL Pesona also produces rehabilitation flows for both inpatient rehabilitation clients and outpatient rehabilitation flows, which are as follows:

1. Build contacts by conducting outreach, establishing initial communication, and building trust between clients and the IPWL Pesona Kota Bengkulu organization.
2. Initial acceptance, is the process of prospective clients visiting the IPWL Pesona Kota Bengkulu organization, whether prospective clients accompanied by family, prospective clients who are law enforcement referrals or prospective clients who come to the IPWL Pesona organization through community referrals or from field outreach who work at IPWL Pesona Kota Bengkulu.
3. *Screening* is the stage of identifying client history such as personal and client family data.
4. *Assessment*, this stage aims at problems related to the client and the needs and potentials that can be extracted from the client.
5. *Case conference* is the stage of determining the pattern of rehabilitation services that will be provided to clients by conveying the client's condition to get an agreement on the intervention to be carried out.
6. Intervention, problem-solving activities by the intervention plan of the client.
7. Evaluation, discussion of the results of all interventions carried out during the client's social rehabilitation process for 6 months and preparing clients' return to their families and social environment.

8. Termination, termination of the rehabilitation process to the client.
9. Bina continued, at this stage the potential in the client gives the client activities.

The flow of social rehabilitation supports the achievement of the IPWL organizational vision, charm seems to be more of a *bridging* and *linking* social capital approach than a *bonding social* capital approach. The consequences of the social rehabilitation process related to the client will be problems such as clients being challenging to believe, closed, uncomfortable. This makes it difficult for the assistance team to create an appropriate intervention plan for the client

### CONCLUSION

Social Capital is transmitted through strategic planning stages in the successful rehabilitation of victims of drug abuse, namely social capital in the form of bonding, bridging and linking. Social capital at the strategic planning stage in activities (1) agreement on service planning steps and (2) team orientation is social capital in the form of bonding, namely activities that support the priority of the planning program, directed at family-based solidarity strength and strengthening the victim's self-concept is homogeneous (nuclear family). While the stages (3) situation analysis (4) team and staff formation (5) issue analysis (6) scenario approach, (7) scenario between both parties, (8) increasing information between teams and other parties, (9) evaluating activities between teams and parties in need, (10) developing aspects of vision and mission. Social capital further develops networking aspects with external parties (relations with external systems) in developing cooperation vertically and horizontally. The cooperation is in the form of awareness and responsibility of parties between groups outside the victim's family members such as victims are given opportunities to work and try (workshops, trade, employees in stores) and skills training (sewing, internships, computers, billboards), spiritual guidance (guidance on understanding the power of the Creator).

Social capital in strategic planning in the rehabilitation process of victims of drug abuse has not been integrated between social capital bonding, bridging and linking. Social capital bonding at the micro level has not played much role. This is due to difficulties in coordination and collaboration between related institutions, families, and groups in implementing rehabilitation service programs for victims of drug abuse. The difficulty is related to the stigma of values in victims. As a result, the rehabilitation process is slow to restore the social function of victims in society".

### SUGGESTION

Strategic planning in the process of achieving action objectives is the success of rehabilitation of victims of drug abuse carried out by IPWL based on social capital, it is necessary to reintegrate services to restore drug victims to their social functions. Reintegration of each strategic planning stage must have an intervention format that involves elements of social capital (bonding, bridging and linking) in relationships between families, groups (neighborhoods) and communities so that the recovery process of drug victims can run well.

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