

The Effectiveness of Rehabilitation for Narcotics Abusers and Addicts

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Abstract. *The purpose of this research is to review and analyze the implementation of medical and social rehabilitation for narcotics abuse and to review and analyze the obstacles to the implementation of medical and social rehabilitation for narcotics abuse. The approach used in this study is Juridical Sociology. The results of this study indicate that the rehabilitation process for narcotics addicts carried out in West Java is divided into three parts, namely medical rehabilitation, social rehabilitation (social rehabilitation), and post-rehab programs. The stage of medical rehabilitation (detoxification) is to eliminate a sense of physical dependence, at this stage the addict is examined for all his health both physically by a trained doctor. It is the doctor who decides whether the addict needs to be given certain drugs to reduce the withdrawal symptoms he is suffering from. Drug administration depends on the type of drug and the severity of withdrawal symptoms and narcotics addicts is a lack of medical personnel who have the ability to carry out the rehabilitation process they have, this results in existing medical personnel being overwhelmed to treat rehabilitation patients. Apart from that, the rehabilitation center has inadequate facilities, both in terms of security, rooms that are not suitable for patients so that many rehabilitation places accommodate more than the specified capacity. Another factor is the lack of support for the environment occupied by ex-addicts after leaving the rehabilitation center, both from the family and social environment.*

Keywords: Addicts; Narcotics; Rehabilitation.

1. Introduction

Narcotics crime is a dangerous crime, damaging the younger generation as well as the character and physique of the people who use it. Currently, narcotics are

no longer circulating illegally in big cities, but have penetrated into regencies, even down to sub-district and village levels. Its use is not only for those who have money, but also has penetrated the middle to lower economic circles. Likewise, people who consume it are not only teenagers, but from children to old age.¹

Drug abusers are divided into two categories, namely perpetrators as "dealers" and/or "users" tackling narcotics abuse cases is Law Number 35 of 2009 concerning Narcotics, that Narcotics on the one hand are drugs or useful substances in the field of medicine or health services and development of science, but on the other hand it can also lead to dependence which is very detrimental if misused or used without trial and strict and thorough supervision.²

The existence of the Narcotics Law has further obscured the right to rehabilitation for narcotics users, both social and medical rehabilitation. The criminalization of narcotics users¹⁶ has a negative impact on narcotics users. The concept of decriminalization has been regulated in Article 54 of the Narcotics Law. In this article it is explained that narcotics addicts are required to receive rehabilitation services, while in Article 103 it is stated that judges can decide and determine narcotics addicts and victims to undergo treatment or treatment.³

Prevention of narcotics abuse is aimed at protecting the public from being involved in narcotics abuse, the target is people who have never been involved with narcotics abuse so they don't become abusers, and don't become dealers. Rehabilitation of narcotics abusers and addicts, with the aim of curing the sick conditions of narcotics addiction for abusers and addicts so that abusers and addicts recover from narcotic disease/addiction. Abusers are prohibited and threatened with imprisonment as well as narcotics addicts who do not report themselves to be cured are also threatened with criminal law, but forced efforts and punishment are in the form of rehabilitation.⁴

Often the authority to try becomes a dilemma for judges when there is a conflict between legal certainty and the community's sense of justice. As in enforcing narcotics cases, the meaning has shifted for users who are no longer perpetrators of crimes, but rather as victims. In accordance with Government

¹ Puteri Hikmawati, "An Analysis of Criminal Sanctions for Narcotics Users", State Journal of Law, No. 2 Vols. 2, (2011) p. 329.

² Hanafi, "Analysis Regarding Criminal Sanctions for Drug Users and Dealers in Law Number 35 of 2009 Concerning Narcotics", Journal of Voice Justice, No.2 Vol.1, (2017), page 18.

³Sepha Dwi Hananto, Anis Mashdurohatun, Jawade Hafidz, "Criminal Law Enforcement Against Drug User Accused Undergoing Rehabilitation at the Central Java Regional Police", in Khaira Ummah Law Journal Vol 17, No 2 June 2022
url:<https://jurnal.unissula.ac.id/index.php/jhku/article/view/2594/1950>

⁴ Anang Iskandar, 2009, Narcotics Law Enforcement, Jakarta: PT Elex Media Komputindo Gramedia, page 7.

Regulation Number 25 of 2011 concerning Obligation to Report Addicts Until Healed. This is in line with the trend of law enforcement in the international world against perpetrators who are proven to be victims of narcotics abusers who are not subject to imprisonment but instead enter rehabilitation institutions, such as in Malaysia and Portugal.

The reality in court, the Narcotics Law adheres to the principle of strict liability (absolute responsibility), investigators and public prosecutors are still guided by the perpetrator's urine regardless of the amount of evidence that is only used once, if the perpetrator's urine is negative then the perpetrator is charged with Article 111 for narcotics type of plant or article 112 for non-plant narcotics. Against this fact the judge passed a decision that was still guided by the indictment by imposing a sentence as stipulated in Article 111 and Article 112. Judges like this are known as judges as mouthpieces of law. However, there are some judges who are progressive, although they are still guided by the indictment, but pass a criminal verdict below the minimum sentence that has been determined because based on the facts of the trial, the perpetrator is qualified as a narcotics user. In fact, some other judges dared to deviate from the indictment by applying Article 127, where accountability is absolute if it fulfills a criminal element in the Narcotics Law, there is even a Supreme Court (MA) decision that acquits the defendant (*vrijspraak*) because the public prosecutor did not charge Article 127 while based on the facts of the trial the perpetrator must be qualified as a narcotics abuser for himself.⁵As in the case in the city of Cirebon, in the CIREBON District Court Decision No. 229/Pid.Sus/2017/PN CBN, narcotics abusers are considered to be positioned as perpetrators and are sentenced to 1 year in prison by the judge. Implementation of rehabilitation for narcotics abusers is very difficult to realize.

A defendant for the crime of narcotics abuse can only obtain legal action in the form of rehabilitation if he has fulfilled the requirements in the Supreme Court Circular Number: 04 of 2010, namely: the defendant was caught red-handed, at the time of his arrest, evidence was for 5 grams of cannabis, a positive laboratory permit using narcotics, a certificate from a government psychiatrist/psychiatrist, there is no evidence that the person concerned is involved in narcotics trafficking and there is expert testimony explaining how big the condition/level of addiction of the defendant is.⁶The application of legal sanctions in the form of rehabilitation for addicts and users as perpetrators of drug abuse will reduce the excess capacity of correctional institutions as well as reduce the illicit traffic of

⁵ Dahlan, 2017, *Problems of Justice, in the Application of Crime Against Narcotics Abuse*, Yogyakarta: CV Budi Utama, pp. 9-10.

⁶ Dian Hardian Silalahi, 2020, *Countermeasures against Narcotics Abuse*, Medan: Six Media, page 6.

drugs.⁷

2. Research Methods

The approach used in this study is Juridical Sociology, the specifications in this study are analytical descriptive, the data used are primary data and secondary data, using data collection by interviews and literature studies, qualitative data analysis, problems are analyzed by theory, law enforcement and legal certainty.

3. Results and Discussion

In general, the rehabilitation participants do not know in depth what the standards and procedures for implementing narcotics rehabilitation in detention centers/ penitentiaries are like in accordance with applicable regulations. Nevertheless, according to their perception, the implementation of narcotics rehabilitation is very good. This could be because detainees feel and assess the rehabilitation program as having a positive impact and are needed to get rid of drug addiction while they are serving their sentences. Based on the results of interviews with members of the Cirebon City BNN and related agencies, it is known that the implementation of narcotics rehabilitation is not as good as the results of the perceptions of rehabilitation participants. This is because the implementation of the narcotics rehabilitation program in Detention Centers/Correctional Institutions has not been carried out consistently in accordance with applicable standards and regulations,

Based on field data findings, most of the detention centers/correction centers providing medical rehabilitation have met the minimum requirements that have been set, namely having health service facilities or clinics that have operational permits and have medical staff, doctors and nurses who have received training in the drug sector. However, there are still detention centers/ correctional institutions whose clinics are still in the licensing process and there are limited medical staff who have received rehabilitation training and most members of the rehabilitation team have never received rehabilitation training. This has an impact on the lack of knowledge of medical staff regarding handling and rehabilitation methods for new types of narcotics cases. In addition, most detention centers/correction centers still lack addiction counselors.

Medical rehabilitation methods used by detention centers/correction centers vary, such as maintenance therapy (methadone), symptomatic therapy, therapy for complicating medical conditions, and therapy for psychiatric comorbidities. In

⁷Hera Saputra and Munsyarif Abdul Chalim, Application of the Penal System for Drug Abuse Offenders (Case Study in Central Java Regional Police), in Daulat Hukum Journal Volume 1 No. March 1, 2018 : 163 -170 url:<https://jurnal.unissula.ac.id/index.php/RH/article/view/2630/1979>

general, detention centers/correction centers that use maintenance therapy methods (methadone) are limited to adult offenders and children who have attended rehabilitation before entering the detention center/correctional center and/or have a referral letter from the hospital/clinic/doctor. The provision of methadone maintenance therapy is strict and selective, because there are indications that request methadone therapy only to replace the narcotics that are usually consumed and do not want to be free from dependence. The medical therapy given must be according to the needs of each individual, therefore the medical rehabilitation period should not be limited to 6 months, because the needs and treatment methods are different. each participant is examined periodically and if the child recovers, he can be replaced by another actor without having to wait 6 months. The appropriate duration for the client depends on the type and degree of problem and the resident's needs.

Research indicates that individuals with the highest levels of dependence need at least 3 months of rehabilitation in order to significantly reduce or stop using narcotics or addictive substances. Recovering from drug or substance abuse is a long-term process and often requires several stages of rehabilitation. As with other chronic diseases, relapse of narcotics or addictive substance abuse can occur and is a sign that rehabilitation needs to be adjusted to the needs of the resident. The rehabilitation program must also have a strategy in place to retain Residents in the programme, as they often leave the program prematurely.

In the opinion of correctional officers who only carry out medical rehabilitation, stating that medical rehabilitation should be carried out simultaneously with social rehabilitation, because the medical condition of an addict affects his psychological condition and both need to be given treatment, so that in fact the rehabilitation process for a narcotics addict also requires and must be followed by social rehabilitation. while undergoing medical rehabilitation. In general, the success of medical rehabilitation can be seen from several indicators, including: results of follow-up assessments and negative urine tests; The activeness of the participants in the rehabilitation program every day; It can be seen that there is a change in behavior, calmer and the mindset of the rehabilitation participants has changed for the better.

From these 3 indicators, the average medical condition of rehabilitation participants has progressed and changed. However, there is no standard measure of rehabilitation success that can be assessed based on scoring. Social rehabilitation is the type of rehabilitation that is mostly carried out by detention centers/correctional institutions compared to medical rehabilitation, because the conditions for carrying out social rehabilitation are easier to fulfill. In general, detention centers/correction centers can fulfill these requirements, such as having at least 1 health worker (doctor and/or nurse) who has received

rehabilitation training, correctional guardians (correctional officers who have received rehabilitation training and are appointed as program managers or instructors) and officers who Experienced in addiction counseling.

From field findings, most detention centers/correction centers still lack trained officers and on average correctional officers received training in 2015-2016 and currently some of these correctional officers have been transferred to detention centers/correctional offices or regional offices. Therefore, in several detention centers/correction centers, correctional officers who are part of the rehabilitation team learn on their own how to provide rehabilitation materials based on implementation instructions and methods they have learned when receiving training at the National Narcotics Agency. To overcome this, several prisons have collaborated with the local BNNP and BNNK, this cooperation is not based on a written MoU but is influenced by factors of good relations between agencies, especially the ability to coordinate.

This form of cooperation includes assistance from counselors when conducting assessments and becoming resource persons in filling out rehabilitation materials. However, there are also detention centers and prisons that have not received assistance from the relevant agencies. As a result of the observations of the research team, most detention centers/correctional institutions try to provide special residential blocks/rooms for rehabilitation participants, but due to limited space and overcrowding in detention centres/correctional prisons, the separation of blocks or special blocks is not 100% in accordance with the expected standards. Likewise, special rooms for social rehabilitation activities still use other rooms such as clinic rooms and multipurpose rooms.

Materials for social rehabilitation activities follow a determined schedule of activities, both daily and weekly. Materials for social rehabilitation already exist in the instructions for implementing narcotics rehabilitation so that the social rehabilitation team can actually carry it out immediately. However, in practice the implementation is not as easy as the Juklak, because the competence of correctional officers is not evenly distributed so that the provision of material seems sober. This was also confirmed based on interviews with rehabilitation participants⁷³ who stated that rehabilitation material was monotonous and boring. Therefore, according to the rehabilitation participants, it is better if there is the latest material and sources from outside are often invited.

Materials for social rehabilitation carried out in detention centers/correction centers are generally group activities not per individual, this causes individual needs and development not to be known in detail and detected by officers. As with medical rehabilitation, social rehabilitation should also use individual treatment apart from group treatment, because each rehabilitation participant has different rehabilitation needs so that the intervention of correctional officers

can be right on target and according to the needs of each participant.

Regarding the level of success of the social rehabilitation program, it cannot be determined because there is no standard or instrument to measure the success of social rehabilitation. Based on the observations of correctional officers, the achievement of the goals of the social rehabilitation program was considered quite good, with indicators including changes in the resident's behavior, increased self-confidence, more discipline, and more care for fellow rehabilitation participants as well as urine test results when the rehabilitation program was running or after end the result is negative.

Talking about the problems of the theory of rehabilitation, sentencing and the theory of effectiveness, they are considered mutually sustainable. A sentence is of course not limited to the weight of the verdict handed down by the panel of judges or the length of the sentence of a convict, but also very much depends on the means and supporting facilities. One way to eradicate illicit traffic in narcotics which is seen as effective needs to be found a solution to the problem is to find the root of the problem in social life. One of the functions of law, both as a rule and as an attitude of action or regular behavior is to guide human behavior. The problem of legal influence is not only limited to the emergence of obedience or compliance with the law but includes the total effect of the law on attitudes or behavior, both positive and negative.

In my opinion, the effectiveness of law enforcement in the City of Cirebon requires physical strength to enforce these legal principles to become a reality based on legal authority. Sanctions are the actualization of the legal norms of threats and promises, that is, a threat will not gain legitimacy if there is no point in being obeyed or obeyed. Internal values are personal judgments according to conscience and have a relationship with what is interpreted as an attitude of behavior.

Thus, it is not only limited to socializing convicts in narcotics cases, various special programs or treatment are needed for a perpetrator of narcotics abuse. These various kinds of programs certainly need the support of existing facilities and facilities in narcotics correctional institutions. The thing that becomes an obstacle is that the existing facilities and infrastructure are very inadequate. The standardization of rehabilitation by the Narcotics Penitentiary also does not yet exist and is only limited to normal handling in residential blocks by officers for inmates who are withdrawing. Once again this is also due to land and facility problems. The effectiveness of law enforcement in imposing rehabilitation sanctions for narcotics users is closely related to the effectiveness of the law. For the law to be effective, it is necessary law enforcement officers to enforce these sanctions. A sanction can be actualized to society in the form of obedience (compliance), with these conditions showing an indicator that the law is

effective.

There are several factors that cause addicts to be reluctant to undergo rehabilitation, including First, addicts are already experiencing a semi-crazy condition (dual diagnosis) or have experienced a serious illness that requires special medical treatment. This is due to the use of narcotics for years and has led to becoming a heavy addict. Second, addicts don't want to open up and realize that narcotics are very dangerous. Addicts are afraid of being the target of operations. Third, Family Factors. The success or failure of the rehabilitation process is also determined by family support. In fact, there are still many people whose families are drug addicts who have not reported themselves. The community does not yet have a culture of voluntary rehabilitation. Fourth, the view of the Police is that they still apply prison sentences for narcotics addicts.

Rehabilitation of narcotics abuse is basically an effort to cure and eliminate dependence on victims of narcotics abuse where the rehabilitation process is divided into 2 (two) stages, namely medical rehabilitation and social rehabilitation as well as post-rehabilitation/after care stages. Medical rehabilitation is a process of integrated treatment activities to free addicts from narcotics dependence.

Medical rehabilitation is carried out for narcotics abusers who have experienced a very high level of narcotic dependence, which is characterized by the urge to use narcotics continuously with increasing doses so that they produce the same effect when their use is stopped it will cause psychological symptoms for the addict. This medical rehabilitation is an effort to eliminate the dependence of an addict on narcotics. The stages that must be passed by a narcotics addict who will undergo medical rehabilitation are:

- Detoxification is the process of removing narcotic substances that are in the body of drug users. The detoxification process for narcotic addicts is carried out in stages, the length and number of times the detoxification process depends on the amount of narcotic substances in the addict's body.
- Community therapy is therapy by forming groups and addiction counselor groups, where the appointed addiction counselors are former narcotics users who have been trained to guide addicts undergoing rehabilitation.

Social rehabilitation is an integrated process of recovery activities, both physical, mental and social, so that former drug addicts can return to carrying out social functions in community life. Rehabilitation social carried out by rehabilitation institutions formed by the provincial national narcotics agency (BNNP) and some were established based on community initiatives that wanted to establish

rehabilitation institutions. This self-help rehabilitation institution is under the supervision of the provincial national narcotics agency, social services, and also the health office. In this rehabilitation center, addicts undergo various programs including therapeutic communities (TC) programs, 12 steps (twelve steps), religious approaches,

Post-rehabilitation/after care stage, in order to provide maximum results in the rehabilitation of narcotics addicts, the West Java provincial narcotics agency established a post-rehabilitation section with the aim that former narcotics addicts can more easily return to society. Post-rehabilitation activities formed by the West Java National Narcotics Agency, namely by forming assisted homes as a place to provide assistance to former addicts and victims of narcotics abuse. The assisted homes here provide vocational training for former addicts so that they have skills. At this stage, addicts are given activities according to their interests and talents to fill their daily activities, addicts can return to school or work but remain under supervision.

Furthermore, related to the place of implementation of rehabilitation, as mandated in article 54 of Law no. 35 of 2009 concerning Narcotics, narcotics addicts are required to undergo medical rehabilitation and social rehabilitation. The place where rehabilitation is carried out must meet the standards of the minister of health for medical rehabilitation and the standards of the minister of social affairs for social rehabilitation. Medical rehabilitation and social rehabilitation are carried out in medical rehabilitation and social rehabilitation facilities organized by the government, local government or the community. Medical rehabilitation facilities have the obligation to:

- Carrying out medical rehabilitation according to professional standards, service standards and standard operating procedures;
- Carry out social functions;
- Participate in networking and carry out referral functions;
- Carry out a series of therapies and efforts to prevent disease transmission through the use of injecting narcotics;
- Develop standard operating procedures for rehabilitation management in accordance with the modalities used with reference to medical management standards and guidelines;
- Recording and reporting in the implementation of medical rehabilitation.

Of course, it is hoped that the imposition of criminal penalties on narcotics abusers will not only provide a deterrent effect for the perpetrators but also as a means of overcoming crime. The humanistic approach must also be considered in giving legal sanctions to narcotics abusers. It is this humanistic value-oriented approach that calls for attention to the principle of criminal individualization in the use of criminal sanctions as a means of overcoming crime.⁸

4. Conclusion

Based on the research results from the discussion, it is concluded that the process of implementing the rehabilitation program for narcotics abusers has been going well even though it is not optimal, but not all rehabilitation runs smoothly and successfully. The failure of rehabilitation is due to several factors or obstacles that hinder the success of the rehabilitation. Factors or obstacles in the implementation of rehabilitation for narcotics addicts are the lack of medical personnel who have the ability to carry out the rehabilitation process they have, this results in existing medical staff being overwhelmed to handle rehabilitation patients, in addition to inadequate facilities owned by rehabilitation institutions, both from a security standpoint, the rooms are inadequate for patients so that many rehabilitation centers accommodate more than the specified capacity.

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