

Medical And Non-Medical Rehabilitation in Alternative Efforts to Resolve Narcotics Abuse Cases

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Abstract

Law Number 35 of 2009 concerning Narcotics directs the handling of narcotics abuse in rehabilitation, not just criminal punishment, by regulating compulsory rehabilitation for perpetrators involved in legal proceedings and voluntary for those who surrender. Offenders applying for rehabilitation must obtain a determination from the receiving institution after a medical and social assessment. This policy reflects a change in the approach from punishment to rehabilitation, in accordance with the recommendations of the 1972 International Convention amending the Single Convention on Narcotic Drugs 1960. Medical and social rehabilitation aims to help drug addicts function again in society and minimize the negative impact of drug abuse. This study uses a qualitative approach with thematic analysis, grounded theory, content analysis, and narrative analysis to understand the effectiveness and challenges of narcotics rehabilitation policies. In conclusion, the rehabilitative approach in this law shows progress in humane treatment of narcotics abuse, supporting the social reintegration of individuals. Suggestions to improve the effectiveness of rehabilitation include increasing the availability of rehabilitation facilities, strengthening social support, and increasing public awareness of rehabilitation over criminal punishment, with regular evaluation of rehabilitation programs to ensure the achievement of rehabilitation goals.

Keywords: *Narcotics, Narcotics Policy, Rehabilitation Evaluation, International Conventions, Medical and Social Rehabilitation*

INTRODUCTION

Law Number 35 of 2009 concerning Narcotics was drafted as a firm legal response from the Indonesia government to the increasingly worrying problem of narcotics abuse and trafficking. The law not only emphasizes tough law enforcement but also underscores the importance of a preventive and rehabilitative approach to dealing with the narcotics problem. Article 4 of this law details the four main pillars that form the basis of narcotics policy in Indonesia: ensuring the availability of narcotics for medical purposes and closely supervised research, preventing narcotics abuse by protecting vulnerable groups, eradicating illicit narcotics trafficking, and ensuring the implementation of rehabilitation for narcotics addicts and abusers. A rehabilitative approach is an important aspect of the law, with Article 127 specifically stipulating that self-medication users can be subject to rehabilitation rather than imprisonment. This reflects a paradigm shift in the handling of narcotics cases, where the focus is not only on repressive law enforcement but also on comprehensive recovery efforts. The rehabilitation regulated in this law includes medical and social rehabilitation, which is designed to restore the physical, mental, and social conditions of drug addicts, as well as help them return to normal life in society.

To support the implementation of this law, the Supreme Court Circular Letter (SEMA) Number 4 of 2010 and SEMA Number 3 of 2011 were issued. SEMA Number 4 of 2010 provides guidance on rehabilitation actions that can be applied to defendants in narcotics cases. According to this SEMA, defendants who are caught with evidence of drug use for one day, with positive laboratory test results, and who obtain a certificate from a government psychiatrist appointed by a judge, can be given rehabilitation, as long as they are not involved in the illicit circulation of narcotics. This SEMA emphasizes that rehabilitation should be given to defendants who are truly in need, ensuring that those undergoing rehabilitation are deserving and not serious offenders.

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SEMA Number 3 of 2011 further regulates the placement of abusers, victims of abuse, and narcotics addicts in medical and social rehabilitation institutions. This Circular Letter states that rehabilitation can only be granted if the defendant meets certain conditions, such as not having a previous record of narcotics crimes and the evidence found does not exceed a certain limit. The goal is to ensure that the rehabilitation process truly helps those in need, as well as prevent abuse of the rehabilitation system by disadvantaged parties. Medical rehabilitation, as part of recovery, aims to free addicts from dependence through a series of treatment processes that include physical examination, diagnosis, treatment, and prevention. On the other hand, social rehabilitation has a wider scope, encompassing the recovery of physical, mental, and social aspects of the individual. The goal of social rehabilitation is to return drug addicts to their social lives, restore self-confidence, and help them re-interact with the social environment normally.

However, this rehabilitation effort is not without challenges. One of the main dilemmas is the availability and accessibility of adequate rehabilitation services, which are often limited. In addition, social stigma against narcotics users is still a major obstacle in the rehabilitation process, where people tend to view them as marginalized individuals. Another challenge is in evaluating the effectiveness of rehabilitation programs, which requires appropriate assessment methods to ensure that the programs actually provide benefits. Overall, Law No. 35 of 2009 on Narcotics seeks to create a holistic legal framework to deal with various aspects of the narcotics problem, by balancing punitive and rehabilitative approaches. This reflects the country's commitment to not only eradicate narcotics trafficking decisively but also to rehabilitate individuals entangled in narcotics abuse, so that they can return to normal functioning in society.

METHODOLOGY

Qualitative analysis provides in-depth insights into the rehabilitation of inmates and drug addicts through several key methods. Thematic analysis uncovers key themes from the inmate's experiences and views, while grounded theory helps develop theories about the rehabilitation process as a whole. Qualitative content analysis allows for the determination of patterns in rehabilitation documentation and policies, while narrative analysis provides a perspective on how inmates interpret and experience the rehabilitation process. The combination of these methods offers a holistic picture of the effectiveness and challenges in narcotics rehabilitation, as well as how social interactions and rehabilitation activities contribute to recovery.

RESULTS AND DISCUSSIONS

MEDICAL AND NON-MEDICAL REHABILITATION AS AN ALTERNATIVE TO SOLVING NARCOTICS ABUSER CASES

The provisions for rehabilitation of narcotics abuse in law number 35 of 2009 concerning narcotics, handling narcotics abuse are not only based on a penal approach (imprisonment), but also through a rehabilitation (health) approach to perpetrators of narcotics abuse, addicts, or victims of narcotics abuse. Rehabilitation policies can be applied to perpetrators or victims of narcotics abuse which can be classified into two groups, namely narcotics abuse that is entangled in the legal process (compulsory) and narcotics abuse that voluntarily (volunteers) to the recipient institution that is required to report.

Perpetrators or clients of narcotics abuse who submit an application for rehabilitation or are required to report must obtain a rehabilitation determination from the institution that receives the mandatory report after an assessment is carried out which includes medical aspects and social aspects. Narcotics addicts or narcotics abuse volunteer clients who have undergone mandatory reporting after receiving an assessment are required to undergo medical rehabilitation and/or social rehabilitation. For compulsory narcotics abuse clients who also have an assessment for rehabilitation, they are required to undergo medical rehabilitation and/or social rehabilitation in accordance with the stipulated provisions. The provisions for rehabilitation for victims and addicts of narcotics abuse in the 2009 Law follow a change in the legal paradigm from punishment with a penal approach (imprisonment) in accordance with the recommendations in the 1972 international convention which amended the Single Convention on Narcotic Drugs 1960 in Geneva, which emphasizes the need for treatment and rehabilitation of narcotics addicts.

Cases of narcotics abuse in Indonesia continue to increase every year, so it requires serious treatment with a special rehabilitation (health) approach. This applies both to clients of narcotics abuse perpetrators who are processed by law (compulsory) and clients who are required to report (volunteers). Data on narcotics cases show that narcotics crimes occupy the highest position in Indonesia, causing correctional institutions in Indonesia to become overcapacity. The majority of inmates in prisons and correctional facilities are narcotics cases, which reach almost 50% of the total inmates in non-narcotics criminal cases. Based on 2020 data, the capacity of prisons and correctional facilities throughout Indonesia has only reached 130,000 inmates, while the number of inmates in narcotics cases alone has reached 134,000, exceeding the existing capacity limit.

The effectiveness of the implementation of Medical and Social Rehabilitation can be measured from the achievement of the main goal of rehabilitation as part of decriminalization efforts so that narcotics addicts who have become addicted to narcotics can recover and reduce the rate of relapse.

According to a report by the National Narcotics Agency (BNN), there were 43,320 rehabilitation patients for narcotics addicts in Indonesia throughout 2021. Based on the facilitator, the majority of patients are rehabilitated by the General Correctional Institution of the Ministry of Law and Human Rights. The number reached 14,122 patients or 32.6% of the total national rehabilitation patients.

Then 10,016 patients at the Ministry of Social Affairs' rehabilitation institutions, and 9,779 patients at the Provincial National Narcotics Agency (BNNP) or the Regency/City National Narcotics Agency (BNNK). There are also 4,526 patients who are rehabilitated by community components, 2,396 patients through community-based interventions, and 1,533 patients at BNN rehabilitation centers/workshops. Meanwhile, only 947 patients or 2.18% of the total national rehabilitation patients are rehabilitated by the Ministry of Health.

Law Number 35 of 2009 concerning Narcotics is the legal response of the Indonesia government to the serious challenge of narcotics abuse and circulation that threatens public health, social stability, and national security. In the face of the complexity of the narcotics problem, the government realizes the importance of regulations that focus not only on eradication, but also on prevention and rehabilitation for abusers. Article 4 of Law No. 35 of 2009 emphasizes the four main pillars in narcotics policy, namely: ensuring the availability of narcotics for medical purposes and closely supervised research, preventing narcotics abuse by providing protection to vulnerable communities, eradicating illicit trafficking involving various actors in the narcotics trafficking chain, and ensuring rehabilitation for narcotics addicts and abusers. One of the important aspects that this law focuses on is the rehabilitative approach to narcotics abusers. Although the law does not explicitly mention decriminalization, the nuances are reflected in a number of articles that emphasize rehabilitation rather than detention, especially for self-serving drug users. For example, Article 127 states that the use of narcotics for oneself can be punished by rehabilitation, not imprisonment. This rehabilitative approach reflects the awareness that handling the narcotics problem cannot only be done through repressive law enforcement, but also needs to be balanced with comprehensive recovery efforts. Medical and social rehabilitation is regulated as an integral part of the recovery of drug addicts, with the aim of reducing their dependence and helping them return to normal functioning in society. Therefore, the background of the establishment of Law No. 35 of 2009 is based on the need to create a legal framework that is able to handle various aspects of the narcotics problem holistically, by prioritizing preventive and rehabilitative approaches, in addition to strict eradication measures against illicit narcotics trafficking.

The physical, mental, and social recovery process of inmates or patients addicted to narcotics is carried out through a series of activities that involve direct interaction with the community. These activities include counseling, work visits, and competitions between inmates, which aim to strengthen social relationships and increase their confidence in adapting back into society. Social rehabilitation plays an important role in this stage, where individual and group therapies are used to address the underlying problems of narcotics abuse. This therapy involves various experts such as supervisors, coaches, and psychologists who apply social work methods to find alternative solutions to problems faced by inmates. In group therapy, inmates are divided based on factors such as age, length of sentence, and gender, with the aim of building productive pro-social values and encouraging them to solve problems constructively. The legal basis for this rehabilitation effort is regulated in Article 54 of Law Number 35 of 2009 concerning Narcotics, which requires addicts and victims of narcotics

abuse to undergo medical and social rehabilitation. This provision emphasizes the importance of physical healing and social reintegration for individuals entangled in narcotics abuse. In addition, Article 103 of the same law authorizes judges to order rehabilitation for defendants found guilty of narcotics abuse, with a view to providing a more holistic approach to the handling of narcotics cases, where rehabilitation is seen as an essential part of an individual's recovery, rather than just a punishment.

This provision is supported by the Supreme Court Circular Letter (SEMA) Number 4 of 2010 and SEMA Number 3 of 2011, which regulates the placement of drug abusers, victims, and addicts in medical and social rehabilitation institutions. According to SEMA Number 4 of 2010, defendants who meet certain conditions, such as only having evidence of narcotics use for one day, obtaining a positive result from a laboratory test requested by the investigator, and obtaining a certificate from a government psychiatrist appointed by a judge, can be rehabilitated. Medical and social rehabilitation can only be carried out if the defendant is not involved in the illicit circulation of narcotics, has no previous record of narcotics crimes, and the evidence found does not exceed certain limits. This ensures that rehabilitation is provided to those who really need it, as part of the country's efforts to combat narcotics abuse with a more humane and preventive approach.

Prison sentences for narcotics users have a negative impact because they result in loss of freedom, so the purpose of the punishment cannot be fully achieved. Rehabilitation is present to free narcotics addicts from dependence and provide guidance during the rehabilitation process. The condition of narcotics addicts actually worsened after receiving a judge's decision which ultimately did not provide benefits. Rehabilitation for narcotics abuse consists of two types, namely medical rehabilitation and social rehabilitation. Medical rehabilitation is carried out in hospitals appointed by the minister of health, while social rehabilitation is carried out in social rehabilitation facilities appointed by the minister of social affairs. One of the rehabilitation methods carried out by BNN is the use of substitutes, especially subutex, which are used to replace heroin. However, the dependency effect of subutex causes its use to be replaced with methadone in the medical rehabilitation process. This method is only intended for narcotics addicts who consume or inject heroin, not for other groups.

The main goal of rehabilitation is to restore the social and moral qualities of individuals as part of the expected sanctions. Social rehabilitation aims to return drug addicts to their social lives to prevent the return of Abuse behaviors. This is done by reintegrating them into society, restoring their thinking, emotions, and behavior processes, so that they can re-interact with their social environment normally.

The dilemma of drug rehabilitation often involves a consideration between punitive and rehabilitative approaches. On the one hand, the punitive approach emphasizes strict law enforcement against drug users, with a focus on detention and punishment. On the other hand, rehabilitative approaches offer treatment, support, and social reintegration for drug users, with the aim of restoring them into society. However, there are several dilemmas in the implementation of drug rehabilitation. First, is the availability and accessibility of adequate rehabilitation services. Many countries face obstacles in providing adequate rehabilitation facilities, both in terms of quantity and quality. These limitations can hinder efforts to help drug users recover and reduce the risk of relapse. Second, is the stigmatization approach to drug users. People often see drug users as marginalized or even dangerous people. This stigmatization can prevent individuals from seeking help or accessing existing rehabilitation services for fear of being labeled as an "addict" or shunned by society. Third, there is the challenge in determining the effectiveness of rehabilitation programs. Proper evaluation of drug rehabilitation programs is essential to ensure that they are truly assisting individuals in their recovery. However, evaluating the effectiveness of a rehabilitation program can be complicated because many factors affect the outcome, including the social, economic, and psychological conditions of each individual.

Medical rehabilitation is a series of treatment processes aimed at narcotics addicts with the main goal of freeing them from dependence. Within the scope of medical rehabilitation, these activities include physical examinations, diagnosis, blood tests, treatment, and prevention efforts. The ultimate goal of medical rehabilitation is for patients to be able to exit the rehabilitation program after feeling free from the influence of narcotics and able to keep themselves from falling back into abuse. In addition, another goal is for patients to live and reintegrate into the community.

On the other hand, social rehabilitation has a wider scope, covering physical, mental, and social aspects. The main goal of social rehabilitation is for victims of drug abuse and addicts to be able to actively participate in community activities again, restoring their confidence, self-esteem, awareness, and responsibility for themselves, their families, the environment, and their future. Often, drug addicts are shunned by society because of the negative impact they bring, so social rehabilitation becomes essential to return them to their original position and allow them to be readmitted into the social environment. According to the Regulation of the Minister of Social Affairs Number 9 of 2017 concerning National Standards for Social Rehabilitation for Addicts and Victims of Abuse of Narcotics, Psychotropics, and Other Addictive Substances, social rehabilitation is defined as the process of restoring a person's social function so that they can play a normal role in community life.

The approach to victims of narcotics abuse must be focused on healing and recovery, both through medical institutions such as hospitals and health centers, as well as social institutions, so as to create a treatment model that can be implemented for victims of narcotics use.

Handling victims of narcotics users can be carried out through two channels, namely the medical route through the agency where the report is made and the legal channel. Through medical channels, the government provides reporting places in every province, district/city, and sub-district throughout Indonesia to record and report victims of narcotics users or addicts. Furthermore, the victim will be taken to rehabilitation centers to get the necessary treatment. Meanwhile, for law enforcers such as the police and BNN, who have the authority to arrest, they can immediately bring victims or narcotics addicts who have not reported to seek treatment at a rehabilitation center until they recover. This aims to ensure that victims of narcotics users receive appropriate treatment and support their recovery process.

From the data described by the Integrated Assessment Team, there are 411 people for male narcotics abusers and 22 people for female narcotics abusers. So, the total number of narcotics abusers is 433 people.

From the data outlined by the Integrated Assessment Team for Narcotics abusers with adult users as many as 421 people and for Narcotics abusers with minors as many as 12 people, so, the total number of narcotics abusers is 433 people.

From the data on the achievement of the South Sulawesi BNNP integrated assessment in 2022 for cases of narcotics abuse that occurred at the Gowa Police as many as 58 people, Sidrap Police as many as 1 person, Pinrang Police as many as 27 people, Makassar Police as many as 71 people, Bulukumba Police as many as 15 people, Narcotics Directorate of South Sulawesi Police as many as 8 people, Port Police as many as 25 people, Maros Police as many as 26 people, Takalar Police as many as 85 people, Bantaeng Police as many as 40 people, Pare-Pare Police as many as 1 person, Pangkep Police as many as 5 people, Barru Police as many as 13 people, Je'nepono Police as many as 18 people, while for Wajo Police, Sinjai Police, Airud Police as many as 0 people. In the description of the data, the first highest number of abusers is in the Takalar Police with the number of abusers as many as 85 people and in the second position is the Makassar Police with a total of 71 people, while the lowest number of abusers is in the Sidrap Police and Pare-Pare Police with 1 person.

Based on the results of a national survey on narcotics abuse in 34 provinces conducted by BNN in collaboration with the Health Research Center of the University of Indonesia in 2015, South Sulawesi Province occupies the 9th position with a prevalence rate of narcotics abuse of 2.27 percent or as many as 138,937 people. And in the survey in 2017, South Sulawesi increased to 7th position with a prevalence rate of 1.95 percent or as many as 133,503 people. "In addition, there are 30-40 people who die in vain every day due to narcotics abuse," he said. Data on narcotics law enforcement cases of the South Sulawesi Police and BNN in 2016 amounted to 1,613 cases, while in 2017 there was a decrease of 1,442 cases. Meanwhile, from the number of dealers and dealers in 2016 as many as 12,423 people. In 2017, there was an increase of 19,514 people. Then from the number of users in 2016 as many as 15,869 people and in 2017 there was an increase of 21,961 people. Meanwhile, in the field of rehabilitation in 2016, a total of 1,214 residents have undergone rehabilitation, while in 2017 there was a decrease of 794 residents. And has provided post-rehabilitation services to 221 former narcotics abusers. For the number of anti-narcotics activists who have been inaugurated by the South Sulawesi BNN as many as 80 groups. In addition, the emergence of new types of narcotics or new psychoactive substances (NSP) also adds

to the challenges in efforts to overcome the problem of narcotics. Data from UNODC in World Drug Reports in 2017, that from 2009 to 2017, a total of 739 NSPs circulating in the world have been detected reported by 106 countries. And 71 types of them have been circulating in Indonesia, while only 65 types have been regulated in the regulation of the Minister of Health Number 7 of 2018 concerning Changes in the Classification of Narcotics while 6 types have not been regulated.

Based on the results of research by the National Narcotics Agency (BNN) and the Indonesia Institute of Sciences (LIPI) in 2019, it was found that the prevalence rate of narcotics use in South Sulawesi Province was 0.99 percent. This is equivalent to the number of 77,469 individuals who have used narcotics. Nationally, South Sulawesi ranks 16th out of 34 provinces in terms of the prevalence of narcotics abuse. Brigadier General Pol Ghiri Prawijaya, Head of the South Sulawesi Province BNN, said that in 2018, the province was still ranked the seventh highest nationally in terms of prevalence rate. However, the decline in the prevalence rate from year to year provides good news and is a phenomenon that should be welcomed with joy. This shows that there are successful efforts in dealing with the problem of narcotics abuse in South Sulawesi Province

CONCLUSION

Penegakan hukum terhadap penyalahgunaan narkoba menunjukkan potensi besar dalam mengintegrasikan pendekatan multidisiplin dan memanfaatkan teknologi baru untuk meningkatkan efektivitas dan keadilan. Integrasi antara ilmu hukum, psikologi, kesehatan mental, dan pendekatan spiritual seperti metode Ruqyah, Dzikir, serta kontemplasi spiritual dapat merancang strategi rehabilitasi yang lebih holistik dan efektif. Memahami faktor psikologis dan kesehatan mental di balik perilaku penyalahgunaan narkoba memungkinkan penegak hukum untuk mengembangkan program rehabilitasi yang sesuai dengan kebutuhan individu dan mencegah kambuhnya perilaku tersebut. Penggunaan teknologi seperti analisis big data dan kecerdasan buatan dapat membantu dalam memantau dan mengidentifikasi pola perilaku, serta mengembangkan strategi penegakan hukum yang adaptif. Analisis data besar dapat mengidentifikasi tren dan pola perilaku penyalahguna, serta jaringan distribusi narkoba yang kompleks. Selain aspek teknis, peran masyarakat dalam mendukung penegakan hukum dan rehabilitasi juga penting, dengan program pencegahan, edukasi, dan advokasi yang memberdayakan masyarakat untuk berpartisipasi aktif. Pendekatan rehabilitatif yang menekankan perawatan holistik dan dukungan dapat menjadi alternatif yang lebih efektif daripada hukuman pidana tradisional. Penelitian ini menegaskan perlunya memperkuat pendekatan rehabilitatif dalam penegakan hukum, dengan fokus pada rehabilitasi medis dan sosial sebagai solusi yang berkelanjutan dan efektif.

Law enforcement against narcotics abuse shows great potential in integrating multidisciplinary approaches and leveraging new technologies to improve effectiveness and justice. The integration of law, psychology, mental health, and spiritual approaches such as Ruqyah, Dhikr, and spiritual contemplation methods can design a more holistic and effective rehabilitation strategy. Understanding the psychological and mental health factors behind narcotic abuse behavior allows law enforcement to develop rehabilitation programs that are tailored to the individual's needs and prevent the relapse of such behavior. The use of technologies such as big data analysis and artificial intelligence can help in monitoring and identifying behavioral patterns, as well as developing adaptive law enforcement strategies. Big data analysis can identify trends and patterns of abuser behavior, as well as complex narcotics distribution networks. In addition to the technical aspects, the role of the community in supporting law enforcement and rehabilitation is also important, with prevention, education, and advocacy programs that empower the community to actively participate. A rehabilitative approach that emphasizes holistic care and support can be a more effective alternative to traditional criminal punishment. This study emphasizes the need to strengthen a rehabilitative approach in law enforcement, with a focus on medical and social rehabilitation as a sustainable and effective solution.

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