

Research Article

Implementation of Assessments in Determining Victims of Narcotics Abuse in Rehabilitation Efforts in Covid-19 Pandemic Conditions in District of Karawang Indonesia

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Abstract

The problem of narcotics has become a very serious threat to all countries in the world, including in Southeast Asia. Indonesia as part of the Southeast Asian region sees the phenomenon of abuse and circulation of narcotics in the country as a serious threat that must be fought. The Covid-19 pandemic has not dampened the illicit narcotics business. Narcotics Abusers during the Covid-19 Pandemic have the right to obtain rehabilitation efforts through an assessment process, the Narcotics Law aims to ensure the arrangement of medical and social rehabilitation efforts for abusers and narcotics addicts. An addict and a victim of narcotics abuse is a victim of narcotics so he deserves to be called a sick person. As a result, an addict and a victim of narcotics abuse must undergo treatment by admitting it to a medical and / or social rehabilitation institution.

Keyword : Assessments, Rehabilitation, Narcotics

Introduction

The Covid-19 pandemic has not dampened the illicit narcotics business. The enthusiasts of illegal goods are still quite high despite being in a difficult economic position. Narcotics Abusers in the Covid-19 Pandemic Period have the right to obtain rehabilitation efforts through an assessment process, the Narcotics Law aims to ensure the arrangement of medical and social rehabilitation efforts for abusers and narcotics addicts.¹ Based on the records of the National Narcotics Agency of the National Narcotics Agency (BNN) and the police, in April 2020 the number of narcotics abuse has increased dramatically compared to the previous month. In relation to narcotics in April, a large increase of around 120 percent, "We are currently facing the development of the threat of narcotics that is getting closer and closer to real. and its impact is so complex and threatens the existence or sovereignty of the Indonesian nation in the future, so that an active role is needed by the government and its people to create an environment that is clean from

Narcotics Abuse. Observing the development of narcotics distribution and abuse today, has reached a very worrying situation. The number of victims of narcotics abuse in Indonesia is increasing and has penetrated the village community. This is an important issue for the state to prevent the abuse and illicit trafficking of narcotics so that it must be handled intensively by all elements and components of the nation which are urgent.

The abuse and illicit trafficking of narcotics have determined the village to be the entry route for prohibited goods, especially villages that are in state border areas and become the safest targets for narcotics dealers. For this reason, because villages are strategic areas for smuggling and spreading of narcotics abuse and illicit trafficking, villages must be at the forefront of preventing drug abuse and illicit trafficking. This effort must be immediately carried out by the government and village communities to take part in fighting narcotics, assisted by the National Narcotics Agency of Karawang Regency, which is located in the local city administration. In law enforcement, narcotics

¹ <https://bnn.go.id/artikel/>

abusers are not immediately rehabilitated but must first go through an assessment process.²

It is estimated that narcotics abusers in Indonesia in 2020, the National Narcotics Agency (BNN) destroys evidence of the proceeds of narcotics crime. A total of 8 cases of narcotics were successfully revealed with a total of 2,535.12 grams of crystal meth and 150,732.19 grams of marijuana, 56.56 grams of marijuana seeds, 49,950 ecstasy items that have been set aside previously, 24.08 grams of crystal meth and 169.51 grams of marijuana, 2.44 Grams of Marijuana Seeds, 50 Grains of Ecstasy for the purposes of laboratory tests and proof of cases in court, so that the total evidence destroyed was 2,535.12 grams of methamphetamine and 150,732.19 grams of marijuana leaves, 56.56 grams of marijuana seeds, 49,950 grains Ecstasy.³ However, not all addicts get access to the services and rehabilitation therapy needed. According to data from the Deputy for Rehabilitation of the National Narcotics Agency in 2013, only 6,111 people had access to services, with the largest number in the 26 - 40 age group, namely 3,916 people. The most widely used types of narcotics based on rehabilitated addicts are heroin (1,695 people), methamphetamine (1,649 people), marijuana (1,243 people), ecstasy (282 people) and opiates (195 people). This should ideally be followed by the availability of rehabilitation facilities and facilities to facilitate the flow of services, both managed by the government and the community. This condition is a challenge in itself where moving the government and the community in providing rehabilitation services is not an easy thing. In addition, rehabilitation is a specific activity and requires certain skills. According to article 70 letter d of Law Number 35 of 2009 concerning Narcotics, the National Narcotics Agency has the task of increasing the capacity of the medical rehabilitation and social rehabilitation institutions for narcotics addicts, both organized by the government and the community. Capacity building is carried out through, among others, strengthening, encouraging or facilitating medical rehabilitation and social rehabilitation institutions organized by the government / regional government and the community. Vertically, BNN is supported by

BNNP at the provincial level and BNNK City at the Regency / City level so that the implementation of medical rehabilitation and social rehabilitation can run well, fulfilling the principles of rehabilitation for narcotics abusers. For this purpose, Guidelines for the Implementation of Rehabilitation Tasks and Functions of Provincial BNN and Regency / City BNN as a reference for (Provincial BNN / Regency / City BNN) in carrying out the duties and functions of technical rehabilitation policies in their respective areas are compiled.

Law Number 35 of 2009 concerning Narcotics has regulated the opportunity for medical rehabilitation and social rehabilitation for addicts and victims of narcotics abuse, namely as described in article 54, article 55, article 103 and article 127 paragraph (1), (2) and (3). In addition, it is also regulated in Articles 13-14 of Government Regulation Number 25 of 2011 concerning the Implementation of Mandatory Report for Narcotics Addicts and also Circular of the Supreme Court (SEMA) Number 4 of 2010 concerning Placement of Abuse, Abuse Victims and Narcotics Addicts into Medical Rehabilitation and Rehabilitation Institutions. Social. The provision that addicts and victims of narcotics abuse are obliged to undergo medical rehabilitation and social rehabilitation are regulated in article 54 and article 55 and article 103 which reads:

Article 54:

"Narcotics addicts and victims of narcotics abuse are obliged to undergo medical rehabilitation and social rehabilitation".

Article 55:

- (1) Parents or guardians of narcotics addicts who are not yet old enough are obliged to report to community health centers, hospitals and / or medical and social rehabilitation institutions designated by the government to obtain treatment and / or treatment through medical rehabilitation and social rehabilitation.
- (2) Narcotics addicts who are of legal age are required to report themselves or be reported by their families to community health centers, hospitals and / or medical and social rehabilitation institutions designated by the government to receive medical and social rehabilitation treatment and / or treatment.

Article 103:

² <https://bnn.go.id/siaran-pers/>

³ <https://bnn.go.id/bnn-musnahkan-2-53512-gram-sabu-150-73219-gram-daun/>

- (1) A judge examining a Narcotics Addict case can: decide to order the person concerned to undergo treatment and / or treatment through rehabilitation if the Narcotics Addict is found guilty of committing the crime of Narcotics; or stipulates to order the person concerned to undergo treatment and / or treatment through rehabilitation if the Narcotics Addict is not proven guilty of committing a Narcotics crime.
- (2) The period of undergoing treatment and / or treatment for Narcotics Addicts as referred to in paragraph (1) letter a is calculated as the period of serving a sentence.

Provisions for the rehabilitation of addicts and victims of narcotics abusers have indeed been guaranteed in article 54 of law number 35 of 2009 concerning narcotics and government regulation number 25 of 2011 concerning the Implementation of Mandatory Reporting for Narcotics Addicts, but not automatically narcotics abusers can be placed in rehabilitation institutions. Because placement in a rehabilitation center must go through a rigorous assessment to determine the level of dependence of narcotics abusers.

The government's policy to ensure that addicts and victims of narcotics abuse undergo rehabilitation are considered a very accurate formula at this time, where currently prison is considered inappropriate and safe for narcotics addicts. This is due to the large number of illicit narcotics trafficking in prisons, this shows that prisons can no longer be used as proper places, namely places to keep victims from narcotics addicts away from these illicit goods and a safe place for narcotics addicts to undergo healing and not repeat his actions of abusing narcotics. The irony is that when the enactment of law number 35 of 2009 concerning narcotics, where there is an article that guarantees rehabilitation for addicts and victims of narcotics abuse, many narcotics abusers were caught red-handed by the police and the National Narcotics Agency of Karawang Regency (BNNK) asking for treatment. through medical rehabilitation and social rehabilitation, so that the authors assume that rehabilitation centers will become an escape for narcotics abusers from the bars and will not provide a deterrent effect for narcotics abusers. The author assumes that narcotics abusers can abuse this policy if later they are caught in the act of consuming narcotics and ask to be sentenced to undergo rehabilitation. The opening of rehabilitation

opportunities for narcotics abusers also raises new problems, where the misuse of information cards is undergoing rehabilitation by narcotics abusers. One of the problems due to the many terms against narcotics users is the ambiguity of regulations where Article 4 letter d of the Narcotics Law states the purpose of the Narcotics Law. is "Ensuring the arrangement of medical and social rehabilitation efforts for abusers and narcotics addicts", however in Article 54 of the Narcotics Law states "Narcotics Addicts and Victims of Narcotics Abuse are obliged to undergo medical rehabilitation and social rehabilitation" so that the right of the abuser to receive rehabilitation as regulated in Article 54 becomes unrecognized by the threat of criminal sanctions for narcotics users as regulated in Article 127.

Narcotics abusers for themselves are a type of crime without victims of "crime without victim" where narcotics abuse for themselves without being accompanied by other non-criminal qualifications such as trafficking, producing, importing, exporting and various other qualifications in Law Number 35 of 2009 In terms of victimology, narcotics abusers are included in the typology of victims of "self-victimizing victims", namely victims of crimes they have committed themselves. Therefore, what is most appropriate for him is a sanction of action and not imprisonment because the abuser of narcotics for himself is essentially a victim of a crime that needs to be treated and / or treated, and because he is a party who also experiences loss from a crime, namely the crime of narcotics abuse. Losses experienced by narcotics users not only suffer material losses, but also social, psychological, physical and health losses. The social losses experienced by a narcotics user are in the form of stigma or bad marks imposed by the community, such as the term narcotics users are community trash and other bad names.

The psychological harm experienced by narcotics users is clearly an unstable mental condition due to dependence on narcotics substances, especially if narcotics users, especially injection drug users, contract the HIV virus which causes these users to end up suffering.

Law No.35 of 2009 concerning Narcotics Article 53 (1) For the purpose of treatment and based on medical indications, doctors can provide Narcotics

Category II or Group III in limited quantities and certain preparations to patients in accordance with the provisions of the legislation. (2) Patients as intended in paragraph (1) can own, keep, and / or bring Narcotics for themselves. (3) The patient as referred to in paragraph (2) must have valid evidence that the Narcotics that are owned, stored and / or brought for use are obtained legally in accordance with the provisions of the legislation. The basis for the assessment arrangement in rehabilitating victims of narcotics abuse is Article 4 letter d, Articles 54-58, Article 103 of Law No. 35 of 2009 concerning Narcotics. [National Narcotics Agency, Technical Guidelines for Integrated Assessment Implementation for Addicts and Victims of Narcotics Abuse in Legal Poses, Jakarta: Deputy for Rehabilitation of the National Narcotics Agency, 2015) 87-88] This research is a collaboration between the fields of law and the health sector. , which will examine in terms of health services, formulate technical policies and implementation policies and coordinate the provision of health facilities and infrastructure, registration and accreditation of health facilities, and implementation of basic health services. Implementation of basic health services, which includes technical guidance for health services in related agencies and their networks, administering referral health efforts, administering special health services, and administering health insurance. The concept of the approach in this research includes interviewing respondents from the assessment team members of the National Narcotics Agency of Karawang Regency.

What Is 'Rehabilitation Assessment of Narcotics Abuse Victims?

In providing an assessment of the rehabilitation of victims of narcotics abuse by the National Narcotics Agency of Karawang Regency, Indonesia, in general, the assessment can be described as a comprehensive process of obtaining information about clients, both at the time the client started the program, during the program, and finished participating in the program. Information about clients is generally carried out using three approaches, namely observation, interviews, and medical examinations. In determining the diagnosis of narcotic use disorders, there are two steps that can be taken, the first is screening using certain instruments. Various screening and assessment

instruments that can be used in exploring problems related to narcotics use disorders have been developed globally, both initiated by research institutions in developed countries, as well as world bodies, especially WHO.

Several instruments that accommodate the use of various types of narcotics include:

1. ASSIST (Alcohol, Smoking, Substance Use Involvement Screening & Testing),
2. DAST 10 (Drug Abuse Screening Test), and
3. ASI (Addiction Severity Index).

Assessment Implementation Mechanism

Assessment Implementation Mechanism, the Assessment Team conducts an assessment based on writing from the investigator. Investigators submit a request no later than 1x24 hours after the arrest, with a copy to the local BNNK Head in accordance with the scene of the case. The Assessment Team conducts the assessment for a maximum of 2x 24 hours, then the results of the assessment from the team of doctors and the legal team are concluded at the latest on the third day, on the fourth day to be determined as the recommendation of the integrated assessment team.

Assessment Implementation Process

The assessment process is carried out by examining urine or hair to determine the type of narcotics and history of narcotics abuse. Interviews use the applicable / standard assessment format in PP 25 of 2011 concerning mandatory reports and in accordance with the Adiction Severity Index (ASI) format which includes medical history , history of work / life support, history of narcotics use, history of involvement in crime, family and social history, and psychiatric history of narcotic addicts.

Assessment Implementation Regulations

The regulations regarding the procedures for submitting and implementing the assessment process are regulated in the Head of the BNN Regulation No 11 of 2014, as for the procedures for implementing the assessment in the rules of Article 8 and Article 9, Article 10, Article 11, Article 12, Article 13 up to the task and authority of the assessment team. .

Provisions regarding the rehabilitation of narcotics addicts and victims of narcotics abuse have been regulated in Law Number 35 of 2009 and the

previous law, namely law number 22 of 1997, as for other policies that support the rehabilitation of narcotics addicts, namely by issuing a letter Supreme Court Circular (SEMA) Number 04 of 2010 which is a revision of the Supreme Court Circular Number 07 of 2009, Government Regulation Number 25 of 2011 concerning Compulsory Reporting Policy for Addicts and Narcotics Victims as well as the latest policies issued by the Chief Justice of the Republic of Indonesia, The Minister of Law and Human Rights of the Republic of Indonesia, the Minister of Health of the Republic of Indonesia, the Minister of Social Affairs of the Republic of Indonesia, the Attorney General of the Republic of Indonesia, the Chief of the Indonesian National Police, the Head of the National Narcotics Agency of the Republic of Indonesia, namely on "Handling Narcotics Addicts and Victims of Narcotics Abuse When entering a Rehabilitation Institution, on the basis of the consideration that:

1. The number of Narcotics Addicts and victims of Narcotics Abuse as Suspects, Defendants, or Prisoners in Narcotics Crime is increasing and efforts to treat and / or treat them have not been carried out optimally and integratedly;
2. Elucidation of article 21 paragraph (4) letter b of Law Number 8 of 1981 concerning Criminal Procedure Law, states that the suspect or defendant of Narcotics Addicts as far as possible is detained in a particular place which is also a place of treatment;
3. To recover and / or develop physically, mentally, and socially a suspect, defendant, or prisoner in the Narcotics Crime, it is necessary to carry out an integrated and coordinated program of treatment, care and recovery; [Muslican Dan Muhammad Taufiq, Implementation Of Assessment About Rehabilitation Toward

Narcotics Abuse Victims Viewed From Legislation, Journal of Living Law Issn 2087-4936 Volume 11 Number 1, January 2019) 61-80]

The issuance of a joint regulation on the Handling of Narcotics Addicts and Victims of Narcotics Abuse Into Rehabilitation Institutions

1. Realizing optimal coordination and cooperation in solving Narcotics problems in order to reduce the number of Narcotics Addicts and Victims of Narcotics Abuse through treatment, treatment and recovery programs in the handling of

Narcotics Addicts and Victims of Narcotics Abuse as suspects, defendants or prisoners, while still implementing the eradication of Narcotics illicit trafficking;

2. To serve as technical guidelines in the handling of Narcotics Addicts and Narcotics Abuse Victims as suspects, defendants, or prisoners to undergo medical rehabilitation and / or social rehabilitation;
3. The implementation of medical rehabilitation and social rehabilitation processes at the level of investigation, prosecution, trial and punishment in a synergic and integrated manner.

Law number 35 of 2009 on narcotics has guaranteed medical rehabilitation and social rehabilitation efforts for addicts and victims of narcotics abuse. This medical and social rehabilitation is intended for narcotics addicts and victims of narcotics abuse not for the dealers. The government's efforts are contained in article 54 of law number 35 of 2009 concerning narcotics, which states that narcotics addicts and victims of narcotics abuse must be rehabilitated medically and socially.

This medical rehabilitation program for convicted / suspected drug addicts is in line with the mandatory reporting program for narcotics addicts. The compulsory reporting program which officially began at the end of 2011 is expected to attract more awareness of addicts and / or their families to self-report, so that more narcotics addicts receive treatment related to their addictive behavior. With the increasing number of addicts and victims of narcotics abuse reporting themselves to health centers, mental hospitals and public hospitals designated as Report Obligatory Recipient Institutions (IPWL), it is hoped that fewer addicts and victims of narcotics abuse will undergo imprisonment. As stated in the attachment to the Minister of Health Regulation number 80 of 2014, health facilities that serve medical rehabilitation for addicts, abusers and victims of narcotics abuse who are in the process of investigation, prosecution and trial or have received a court order / decision will be determined by the Minister of Health based on proposals from the regional government through the Head of the Provincial or District / City Health Office, the leadership of the TNI / POLRI or the leadership of other government agencies having health service facilities. Health facilities that have received referrals from the court can submit claims

to the Ministry of Health in accordance with the services provided. Health facilities that can provide medical rehabilitation services for Addicts, Abusers, and Victims of Narcotics Abuse who are currently in the process of investigation, prosecution and trial or have received court rulings / decisions, consisting of Public Hospitals owned by the Government or Local Government, General Hospitals owned by the TNI / POLRI, Special Hospital for Drug Addiction, Mental Hospital, or government-owned or local government medical rehabilitation institution.

The criteria for a health facility that can be proposed as a medical rehabilitation facility for addicts, abusers, and victims of narcotics abuse who are in the process of investigation, prosecution and trial or have received a court ruling / decision are:⁴

1. Having a drug rehabilitation service unit, at least allocated a bed for hospitalization for 3 (three) months;
2. Have health personnel consisting of at least doctors, nurses and pharmacists who are trained in the field of drug use disorders;
3. Determined to be a Report Obligatory Recipient Institution (IPWL);
4. Have a drug rehabilitation program, at least a short-term inpatient program with symptomatic services and simple psychosocial interventions;
5. Have a standard operating procedure for drug rehabilitation services;
6. have a minimum standard of security procedures, which include the following procedures:
 - a. Recording of incoming and outgoing visitors;
 - b. Physical examination and luggage every time they enter the program so as not to bring various drugs and sharp objects into the rehabilitation place;
 - c. Security guard duty; and
 - d. Safeguarding infrastructure so that patients avoid the possibility of injuring themselves, injuring others and running away.

The rehabilitation program can be undertaken by addicts who use the compulsory reporting program (IPWL), addicts who are undergoing a judicial

process and addicts who are ordered based on a court decision.

Provisions regarding the implementation of compulsory reporting are further regulated in the Republic of Indonesia Government Regulation No. 25 of 2011 concerning the Implementation of Mandatory Reporting for Narcotics Addicts. Narcotics addicts are required to report themselves voluntarily to the Recipient Institution for Reporting, hereinafter referred to as IPWL in order to receive treatment IPWL is a public health center, hospital, puskesmas, medical rehabilitation institute and social rehabilitation institution appointed by the government.

Narcotics addicts who are undergoing a judicial process can be placed in a medical rehabilitation and / or social rehabilitation institution which is the authority of the investigator, public prosecutor or judge according to the level of examination after receiving a recommendation from a team of doctors.

The obligation to undergo medical rehabilitation and / or social rehabilitation also applies to narcotics addicts who are ordered based on a court decision if a narcotic addict is found guilty of committing a narcotics crime; or a court order if a narcotic addict is not found guilty of committing a narcotics crime. For addicts, both caught in the red and through the IPWL program, prior to rehabilitation, they will first undergo an assessment conducted by an integrated assessment team. The Integrated Assessment Team is a team consisting of a Team of Doctors and a Legal Team appointed by the head of the local work unit based on a decree from the Head of the National Narcotics Agency, the Provincial National Narcotics Agency, the District / City National Narcotics Agency.⁵ The duties of the Assessment team as stipulated in article 9 paragraph (2) of the Joint Regulation of the Chief Justice of the Supreme Court, Minister of Law and Human Rights, Minister of Health, Minister of Social Affairs, Attorney General, Chief of Police, Head of BNN concerning Handling of Narcotics Addicts and Victims of Narcotics Abuse in Rehabilitation Institutions is a medical, psychosocial assessment and analysis, and

⁴ Article 1 Point 7 of the Republic of Indonesia Government Regulation No. 25 of 2011 concerning the Implementation of Mandatory Reporting for Narcotics Addicts 90

⁵ Laurentius Panggabean, Drug Addiction Hospital, Bulletin and window of data and health information, data center and information of the Ministry of Health of the Republic of Indonesia, p. 46 .

recommends a person's therapy and rehabilitation plan. Furthermore, the authority of the assessment team is to determine the criteria for the severity level of Narcotics users in accordance with the type of content consumed, the situation and conditions when arrested at the scene of the case and recommend plans for therapy and rehabilitation for Narcotics addicts and 3 Article 8 Joint Regulation of the Chief Justice of the Supreme Court, Minister of Law and Ham, Minister of Health, Minister of Social Affairs, Attorney General, Chief of Police, Head of BNN on Handling Narcotics Addicts and Victims of Narcotics Abuse in Rehabilitation Institutions. Victims of Narcotics Abuse as mentioned in Article 9 paragraph (2) of the Joint Regulation of the Chief Justice of the Supreme Court, Minister of Law and Human Rights, Minister of Health, Minister of Social Affairs, Attorney General, Chief of Police, Head of BNN concerning Handling of Narcotics Addicts and Victims of Narcotics Abuse in Rehabilitation Institutions. In Article 9 paragraph (3), the implementation of assessment and analysis is carried out by a legal team in charge of analyzing the illicit trafficking of narcotics and narcotics precursors and narcotics abuse in coordination with investigators handling cases, and a team of doctors in charge of conducting medical, psychosocial and medical assessment and analysis. recommend a plan for the treatment and rehabilitation of narcotics abusers.

Rehabilitation is a process of integrated treatment activities to free addicts from narcotics dependence. The medical rehabilitation process includes assessment, preparation of rehabilitation plans, outpatient or inpatient rehabilitation programs and post-rehabilitation programs. Hospitalization is in accordance with a rehabilitation plan that has been prepared taking into account the results of the assessment which includes medical intervention. Medical interventions include detoxification programs, symptomatic therapy, and / or medical maintenance therapy, as well as therapy for complications of diseases. Psychosocial interventions are carried out through narcotic addiction counseling, motivational interviews, cognitive and behavioral therapy, and relapse prevention. Inpatient care includes medical intervention through detoxification programs, symptomatic therapy, and therapy for complicated diseases. Psychological interventions, among others,

through individual, group, family or vocational counseling.⁶ Rehabilitation for narcotics addicts is carried out with the aim of restoring and / or developing the physical, mental and social abilities of the sufferer concerned. Medical rehabilitation is a process of integrated treatment activities to free addicts from dependence on narcotics.⁷ Social rehabilitation is a process of integrated recovery activities, physically, mentally and socially, so that the former Narcotics addicts can return to carry out social functions in social life.

Medical rehabilitation for narcotic addicts is carried out at a hospital appointed by the Minister. In addition, certain rehabilitation institutions organized by government agencies such as Narcotics Prison and Regional Government can carry out medical rehabilitation for narcotics abusers after obtaining the approval of the minister. Thus for medical rehabilitation for narcotic addicts who use needles, a series of therapies can be given to prevent transmission, including transmission of HIV / AIDS through needles under the strict supervision of the Ministry of Health. Likewise, the community can carry out medical rehabilitation for narcotics addicts after obtaining approval from the minister. Apart from going through medical treatment and / or rehabilitation, healing for narcotics addicts can be carried out by government agencies or the community through religious and traditional approaches. Meanwhile, social rehabilitation for former narcotics addicts can be carried out by government agencies or by the community.⁸

There are two stages of drug rehabilitation that must be undertaken. First, the stage of medical rehabilitation (detoxification), which is the process for addicts to stop drug abuse under the supervision of a doctor to reduce withdrawal symptoms (withdrawal). The second stage is the non-medical rehabilitation stage with various programs in the

⁶ Article 1 Point 7 of the Republic of Indonesia Government Regulation No. 25 of 2011 concerning the Implementation of Mandatory Reporting for Narcotics Addicts 90

⁷ Joint Regulation on the Handling of Narcotics Addicts and Victims of Narcotics Abuse in Rehabilitation Institutions.

⁸ Ibid, Joint Regulation on the Handling of Narcotics Addicts and Victims of Narcotics Abuse in Rehabilitation Institutions.

rehabilitation center, for example the therapeutic communities (TC) program, the 12-step program and others.⁹

Medical rehabilitation is a process of integrated treatment activities to free addicts from narcotics dependence. Medical rehabilitation is carried out on narcotics abusers who have experienced a very high level of narcotics dependence, which is indicated by the urge to use narcotics continuously at an increasing dose to produce the same effect if its use is stopped which will cause psychological symptoms to the addict. This medical rehabilitation is an effort to get rid of an addict's dependence on narcotics. The stages that must be undertaken by a narcotic addict who will undergo medical rehabilitation are:

1. Detoxification is the process of removing narcotic substances in the body of narcotic users. The detoxification process for narcotic addicts is carried out gradually, the length of time and the number of times this detoxification process depends on the amount of narcotic substances in the body of an addict.
2. Community therapy is therapy in which groups and groups of addiction counselors are formed, where the designated addiction counselor is a former drug user who has been trained to guide addicts who undergo rehabilitation.

Social rehabilitation is a process of integrated recovery activities, both physically, mentally and socially, so that former narcotics addicts can return to carry out social functions in community life. Social rehabilitation is carried out by rehabilitation institutions in the form of the Regency National Narcotics Agency (BNNK) and some are established based on the people's attitudes who want to establish a rehabilitation institution. This community-based rehabilitation institution is under the supervision of the provincial national narcotics agency, the social service, and also the health office. In this rehabilitation center, addicts undergo various programs including the therapeutic communities (TC) program, 12 steps (twelve steps), a religious approach, and others. Post rehabilitation / after care phase, in order to provide maximum results in the rehabilitation of narcotics addicts, the National Narcotics Agency of Karawang Regency forms a post-rehabilitation section with the aim of making it

easier for former narcotics addicts to return to society. The post-rehabilitation activity established by the BNNK is to form a companion house as a place to provide assistance to former addicts and victims of narcotics abuse. The damping house here provides vocational for ex-addicts so that they have skills. In 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.

Rehabilitation stages for drug addicts:¹⁰

1. The medical rehabilitation stage (detoxification), this stage the addict is checked for all of his physical and mental health 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. In this case, doctors need sensitivity, experience, and expertise to detect symptoms of narcotic addiction.
2. Non-medical rehabilitation stage, this stage for addicts to participate in the rehabilitation program. In this rehabilitation center, addicts undergo various programs including the therapeutic communities (TC) program, 12 steps (twelve steps, a religious approach, and others).
3. After care, addicts are given activities according to their interests and talents to fill their daily activities, addicts can return to school or work but are still under supervision.

Each stage of rehabilitation requires continuous monitoring and evaluation of the recovery process for an addict. In the treatment of narcotics addicts, in Indonesia there are several methods of therapy and rehabilitation used, namely:¹¹ Cold turkey; meaning that an addict immediately stops using drugs / addictive substances. This method is the oldest method, by locking the addict during a withdrawal period without giving drugs. After withdrawal symptoms disappear, the addict is removed and included in a counseling session (non-medical rehabilitation). This method is widely used by some

¹⁰ Ibid

¹¹ Lisa FR. Juliana, and Sutrisna W. Nengah, *Drugs, Psychotropic and Mental Disorders*, Yogyakarta: Nuamedika, 2013) 75-80

⁹ Ibid

rehabilitation centers with a religious approach in the detoxification phase.

Alternative method

1. Opiode substitution therapy; only used for heroin dependent (opiodic) patients. For hard core addict opioide users (opiodic users who have been using injectable opiodes for years), addicts usually experience chronic relapses that require repeated addiction therapy. The need for heroin (illegal narcotics) to be replaced (substitution) with legal narcotics. Some of the most commonly used drugs are codeine, buprenorphin, metadone, and naloxone. These drugs are used as detoxifying drugs, and are given in doses according to the needs of the addict, then gradually decrease the dosage.
2. Therapeutic community (TC); this method came into use in the late 1950s in the United States. The main goal is to help addicts to be able to return to society and live a productive life again. TC Program, is a program called Drug Free Self Help Program. This program has nine elements, namely active participation, feedback from membership, role modeling, collective formats for personal change, sharing of norms and values, structures & systems, open communication, group relationships and the use of unique terminology. Activities in TC will help participants learn to know themselves through five areas of personality development, namely behavior management, emotional / psychological, intellectual & spiritual, vocational and education, skills to survive being clean from drugs.
3. 12 steps method; in the United States, if someone is caught drunk or abusing drugs, the court will sentence them to join the 12-step program. Addicts who participate in this program are motivated to implement these 12 steps in their daily life.¹² In an effort to facilitate and provide services to attract addicts and victims of narcotics abuse, it is mandatory to report the National Narcotics Agency of Karawang Regency to collaborate with hospitals, health centers, other community health centers as

mandatory reporting places for addicts and victims of narcotics abuse.

Who is National Narcotic Agency Of Karawang District Indonesia?

The National Narcotics Agency of Karawang Regency, was established on January 1, 2012 and the organization's work wheels run in Karawang, with the basis of its establishment, namely: Based on Law Number 35 of 2009 concerning Narcotics, Presidential Regulation of the Republic of Indonesia Number 23 of 2010 concerning the National Narcotics Agency, and Regulation of the National Narcotics Agency Number 6 of 2020 concerning the Organization and Work Procedure of the Provincial National Narcotics Agency and the Regency / City National Narcotics Agency, BNNK Karawang is a vertical institution, the National Narcotics Agency (BNNK) has a vision: To become a professional non-ministerial government institution capable of mobilizing all components community, nation and state in preventing and eradicating the abuse and illicit trafficking of narcotics in Indonesia, especially in the Karawang regency, and the mission: Together with relevant government agencies and community components, the Nation and the State Implement prevention, community empowerment, eradication, rehabilitation, law and cooperation in the field of prevention and eradication of the abuse and illicit trafficking of Narcotics, Psychotropics, Precursors and other addictive substances, the Rehabilitation Section Program to increase the capacity of rehabilitation institutions of Government Agencies and community components of outpatient rehabilitation services for the outpatient clinic of the premiere clinic bnk karawang. integrated assessment team of BNNK Karawang SKHPN (Narcotics Examination Result Certificate) BNNK Karawang recovery agent, formation of a community-based intervention team for the shining village of BNNK Karawang Regency in collaboration with the Rehabilitation Institution of Government Agencies in terms of technical guidance and capacity building of institutions: Karawang Hospital and Karawang Puskesmas. BNNK Karawang Regency Collaborates with Community Component Rehabilitation Institutions in terms of technical assistance and capacity building of institutions: medical outpatients: Rs Islam, Rs Izza, Rs Citra Sari Husada, social outpatients: Pantura Plus Indonesia Achievements of Performance in Bnnk Karawang Rehabilitation

¹² Makaro.MohTaufik, Narcotics crime, Jakarta: Ghalia Indonesia, 2005) 56-60.

Section BNNK Outpatient Rehabilitation Services Karawang Target of 15 clients, Actual 27 clients. 19 Clients use DIPA BNNK Karawang, Additional 8 Clients are claimed to BNNP Jabar = 6 Clients residents of Purwakarta (Desa Bersinar) and 2 clients of Kendaljaya Village (Desa Bersinar) Medical Access to 11 Class IIA Class prisoners in Karawang Integrated Assessment Team (TAT) Target 9, Realization of 9 SKHPN Service clients (Narcotics Examination Result Certificate) Target 15 people, Realization 18 Recovery Agents (AP)¹³ Recovery agents are members of the community who live in the village / kelurahan, who are selected based on the recommendation of the village / lurah head and have been provided with training as partners for BNNP and BNNKab / Kota. The task of the Recovery Agent is to monitor and provide assistance to former drug abusers. The National Priority Program Recovery Agent in Karawang Regency that has been formed:

1. Kendaljaya Village Of AP
2. Rengasdengklok Selatan village of AP
3. Cikampek Utara village of AP
4. Cikampek Pusaka village of AP
5. Kelurahan Karawang Kulon village of AP
6. Mekarmaya Village of AP

Rule Of Law Narcotic In Indonesia?

The application of criminal sanctions in a general sense is part of the legality principle, which reads: *nullum delictum, nulla poena, sine preavia lege (poenali)*, it is necessary to have a law first. Regulations regarding sanctions established by legislators require the realization of an agency or agency with tools that can clearly realize the criminal rule. Penintensier infrastructure is needed to realize the crime, and when this body is legally and organizationally ready, this body will be a supporter of the criminal sanction system. The function of criminal law to provide protection and legal certainty for the public must also be supported by the function of criminal law as the legal basis for state instruments in exercising their authority to determine how to impose crimes against perpetrators. The

¹³ Interview, Head of BNNK Karawang Regency. 12 November 2020

exercise of the authority of each state apparatus as a subsystem of the criminal justice is regulated in separate legislation, however, between one subsystem and another, a relationship must be established in an effort to enforce the law. One of the determining processes in correcting criminal offenders lies with the correctional institutions. The correctional model with a system of management management patterns and a system of guidance for convicts has a tendency for the labeling process to occur so that psychologically it encourages the convict to reflect evil behaviors to become recidivists. Therefore, in facing the development of existing criminal acts, it is necessary to think about alternative crimes that are in accordance with the nature of the problem¹⁴ According to Wayne R La Fave, law has 5 functions¹⁵:

1. Retribution, punishment is used as retribution and the provision of commensurate data for the criminal based on the principle of an eye for an eye.
2. Deterrence, a sense of deterrence.
3. Denunciation, confirmation that someone's criminal act is wrong.
4. Incapacitation, safeguarding (through detention) so that the perpetrator is no longer able to commit a criminal act.
5. Rehabilitation, improvement of the perpetrator of a criminal act. Acceptance of law is influenced by the values contained in law, in accordance with the values of society, as well as the surrounding legal culture, in the form of ideas, hopes and opinions about law. This legal culture also differs according to the level of individuals in society, for example age, education level, and social level in society.

Laws that contain values that are in accordance with society allow it to be accepted by the community voluntarily so that it will be easier to implement because of the strong internalization of the law. Law is no longer repressive in absolute terms because of public awareness of the importance of law in protecting the interests of society. The effectiveness of imprisonment in creating a deterrent effect when imprisonment becomes part of a judicial chain full of corruption, almost every raid conducted by the police inside prisons is still found illegal drugs. It is

¹⁴ Barda Nawawi-Muladi, 1992: 153.

¹⁵ Kompas, 12 August 2008

so difficult to eradicate both the circulation and crime of narcotics, across age, gender, and economic levels that imprisonment is no longer the only way that can stop this transnational crime. Narcotics addicts based on Article 1 number 13 which reads, "A narcotics addict is a person who uses or abuses Narcotics and is in a state of dependence on narcotics, both physically and psychologically." Abusers based on Article 1 point 15 which reads, "An abuser is a person who uses Narcotics without rights or against the law."

Based on Law no. 35 of 2009 The classification of types of narcotics consists of 3 (three) groups, namely:

1. Narcotics Group I

Narcotics Category I are narcotics that can only be used for the purpose of developing science and are not used in therapy, and have a very high potential to cause dependence.

Example: Shabu, Cocaine, Heroin, Marijuana

2. Narcotics Group II

Narcotics Category II are narcotics with medicinal properties, are used as a last resort and can be used in therapy and / or for the purpose of developing science and have a high potential to cause dependence.

Example: Morphine, Pertidin

3. Narcotics Group III

Narcotics Category III are narcotics with medicinal properties and are widely used in therapy and / or scientific development purposes and have a mild potential to cause dependence.

Example: Codeine

Sanctions for narcotics dealers and users:

Sanctions for narcotics dealers and users in Law No. 35 of 2009 is regulated in Article 111 to Article 148

1. Narcotics Dealer Sanctions

Sanctions for narcotics traffickers are clearly regulated in Article 111 - Article 126 of Law No. 35 of 2009 concerning Narcotics.

Sanctions for Narcotics Traffickers are criminal sanctions and fines. The imposition of criminal sanctions for traffickers who circulate narcotics of more than 1 (one) kilogram for the fine will be added 1/3 (one third) of the penalties received.

2. Narcotics User Sanctions

Sanctions for narcotics users are specifically regulated in Article 127 by taking into account

Articles 54, 55 and 103 of Law No. 35 of 2009 concerning Narcotics.

Whereas, the difference in sanctions for Narcotics Dealers and Users is very clearly regulated in this statutory regulation, but in practice the imposition of sanctions for dealers and users is still selective, it is not uncommon for the sanctions given to narcotics users to be applied to Articles that should be used for narcotics traffickers, who as narcotics users should receive sanctions for rehabilitation, as Article 54 reads "Narcotics addicts and narcotics abuse are obliged to undergo medical rehabilitation and social rehabilitation", however in practice narcotics users are in fact subject to sanctions in the form of criminal sanctions, the formula for which applies to Narcotics Traffickers. Things that need to be paid attention also in this case if narcotics dealers and users are subject to criminal sanctions is the capacity (capacity) of the Penitentiary where the very limited capacity of the Penitentiary is still used to accommodate drug dealers and users of narcotics, which should be able to undergo rehabilitation rather than are both subject to criminal sanctions. The imposition of sanctions on narcotics dealers and users also creates polemic for the implementation of amendments to Law No. 35 of 2009 concerning Narcotics, as seen in the imposition of sanctions, both criminal sanctions and fines, which have not caused a deterrent effect on the perpetrators besides the need for consideration of the appropriateness of Penitentiaries if narcotics dealers and users are both subject to criminal sanctions. The definition of a narcotics addict according to Law Number 35 Year 2009 Article 1 point 13 is a person who uses or misuses Narcotics and is in a state of dependence on Narcotics, both physically and psychologically. Meanwhile, the definition of narcotics abuse as regulated in Article 1 point 15 is a person who uses Narcotics without rights or against the law.

While the term or definition of a dealer in Law Number 35 of 2009 is not stated in detail, however the term dealer is covered in the meaning of the circulation of narcotics gel and Narcotics precursor as stated in Article 1 point 6, namely any activity or series of activities carried out without rights or against the law which determined as a criminal offense of Narcotics and Narcotics Precursor. Furthermore, Article 54 stipulates the obligation to undergo medical rehabilitation and social rehabilitation for narcotics addicts and victims of

narcotics abuse, however, in deciding a case as referred to in Article 127 of Law Number 35 Year 2009 paragraph (1) regarding narcotics abusers, judges are obliged to pay attention to the provisions. Article 54, Article 55, and Article 103 which contains (1) the obligation to undergo medical and social rehabilitation for addicts and victims of narcotics abuse which will later be counted as serving a sentence, (2) obligations for parents or guardians of underage narcotics addicts as well as narcotics addicts who are old enough to report themselves or be reported by their families regarding their own condition in the form of dependence on narcotics at community health centers, hospitals, and / or medical and social rehabilitation institutions appointed by the government and (3) medical rehabilitation for narcotics addicts is carried out in hospitals appointed by the minister.

Abusers in Article 127 paragraph (3) are obliged to undergo medical and social rehabilitation if they can be proven or proven to be victims of narcotics abuse as described in the explanation of Article 54 where someone is categorized as a victim of narcotics abuse if someone accidentally uses narcotics because of being persuaded, tricked, cheated, coerced, and / or being threatened to use narcotics. Based on the implications for the imposition of sanctions on each of the above subjects, whether they are subject to criminal sanctions or sanctions in the form of an obligation to undergo medical and social rehabilitation. Chambliss discusses the relationship between crime and the effect of negative sanctions or the threat of punishment, the aim is to show the extent to which these sanctions will limit the occurrence of crimes, in relation to the personal factor of the perpetrator against him. Chambliss also distinguishes between expressive and instrumental malicious behavior.¹⁶ Expressive evil behavior is carried out because it is a pleasure in itself by the perpetrator, the goal is to achieve a certain purpose outside of the action, namely enjoyment. It is in this type that drug users / addicts are usually categorized.

¹⁶ S. Andi Sutrasno, Criminal Application for Addicts, Victims of Abuse and Narcotics Traffickers <https://Media.NResearch.Com/Media/Publications/170803-Id-Application-Penalty-For-Addicts-Victims-Pen.Pdf>

The threat of sanctions imposed must also pay attention to the bond between the perpetrator and the behavior. The tenuous relationship with expressiveness, for example addicts, is less effective if the penalty is imprisonment. This is because between the perpetrator and the deviant behavior in the form of addiction for pleasure, imprisonment does not eliminate the addiction of the perpetrator. [Ibid] This is where rehabilitation is needed compared to punishment. Whereas for the dealers / dealers, it can be categorized in the type of high ties with instrumental behavior, the perpetrator has very strong ties to the group or network where he is, committing crimes is not just pleasure, perhaps because of professionals in the field of narcotics trafficking.

So that the negative effect of criminal threats in the form of a deterrent effect and a scare effect really affects the perpetrator. Most of the narcotics abuse occurs at productive age, especially school children. Penal measures are not the only way out for dealing with narcotics, a significant increase in abusers does not have to be punished. Narcotics-related cases should be seen as big cases involving the future of an individual, especially the younger generation, so that they not only imprisonment but also rehabilitation. Imposition of criminal sanctions in narcotics cases must see the position of drug users (narcotics, alcohol and addictive substances) as criminals, victims, or patients. In general, drug abusers can be divided into three groups of primary dependence, characterized by anxiety and depression. Generally there are people who are unstable, who try to treat themselves without consulting a doctor. This group can be considered patients and requires psychiatric therapy and care, not punishment.

- (1) Symptomatic dependence, which has an antisocial personality with the aim of having fun, is usually accompanied by other deviant behaviors such as casual sex. This use is not limited to oneself, but also "passed on" to other people, causing dependence. This group should be subject to legal sanctions and can be categorized as "criminals".
- (2) Reactive dependence, found in adolescents due to curiosity, environmental influences, and peer group pressure. This group can be categorized as "victims", requiring treatment and rehabilitation and not punishment. The determination of the

three groups of drug abusers requires psychiatric examination, so that the treatment is different.¹⁷

Combining a legal approach with medico-psychological treatment for addictive behavior can be effective in reducing drug abuse and crime rates. Individual drug users who are legally forced to undergo treatment tend to follow the healing process for a longer time and have more positive results. The role of legal agencies also affects the effectiveness of treatment, for example, initiatives like this in the United States, which are handled directly by the US Department of Justice Drug Courts Program Office, with an alternative to imprisonment through the Treatment Accountability and Safer Communities program. and Crime (UNODC- 2002) is determined by the following achievements:

1. drug and alcohol abuse stops or reduces.
2. improving individual health and functioning.
3. decreasing threats to public health and safety including the threat of disease outbreaks caused by a lifestyle synonymous with abuse.¹⁸

"Rehabilitation is restoration (improvement, recovery) to normality, or recovery to the most satisfactory status in an individual who has suffered from a mental illness."¹⁹ "Another definition says that rehabilitation is an effort to restore to make narcotics addicts live physically and spiritually healthy so that they can adjust and improve their skills, knowledge, and intelligence in the environment."²⁰ Rehabilitation is a health effort that is carried out in a comprehensive and integrated manner through non-medical,

psychological, social and religious approaches so that drug users suffering from addiction syndromes can achieve optimal functional abilities. Rehabilitation for people with drug addiction is carried out with the aim of restoring or developing the physical, mental and social abilities concerned. The provisions regarding rehabilitation for narcotics abusers are in Law no. 35 of 2009 is regulated from Article 54 to Article 59 as follows:

Narcotics addicts and victims of narcotics abuse are required to undergo medical rehabilitation and social rehabilitation. Article 55 of Law no. 35 of 2009 stated that

1. Parents or guardians of narcotic addicts who are not yet old enough are obliged to report to public health centers, hospitals and / or medical rehabilitation and social rehabilitation institutions appointed by the government to obtain treatment and / or treatment through medical rehabilitation and social rehabilitation.
2. Narcotics addicts who are of legal age are obliged to report themselves or be reported by their families to public health centers, hospitals and / or medic and social rehabilitation institutions appointed by the government to obtain treatment and / or treatment through medical rehabilitation and social rehabilitation. .
3. Provisions regarding the implementation of compulsory reporting as referred to in paragraph (1) and paragraph 2) shall be regulated by government regulation.

¹⁷ European Monitoring Center for Drugs and Drug Addiction (EMCDDA), Lisbon, <http://www.emcdda.europa.eu/html.cfm/index214059EN.html>.

¹⁸ United Nations Office on Drugs and Crime (UNODC), 2009, World Drug Report 2009, United Nations Office on Drugs and Crime, Vienna http://www.unodc.org/documents/wdr/WDR_2009/WDR2009_eng_web.pdf.

¹⁹ J.P. Caplin. Kartini Kartono. Complete Psychology Dictionary, PT. Raja Grafindo Persada Jakarta, 1995) 425.

²⁰ Circular Letter of Mahkamah Agung Number 3 of 2011 concerning Placement of Victims of Narcotics Abuse in Rehabilitation Institutions

Meanwhile, Article 56 explains that:

1. Medical rehabilitation for narcotic addicts shall be carried out in a hospital appointed by the minister
2. Certain rehabilitation institutions run by government agencies or the community can carry out medical rehabilitation for narcotics addicts after receiving approval from the minister.

Apart from medical treatment and / or rehabilitation, the healing of narcotics addicts can be carried out by government agencies or communities through religious and traditional approaches. The social rehabilitation of former narcotics addicts is carried out by both government agencies and the community. (Article 57 No. 35 of 2009) The 2008 Draft Criminal Code also regulates the rehabilitation

of narcotics users, which is regulated in Article 110 which states:

1. Rehabilitation measures are imposed on perpetrators of criminal acts who:
 - a. addiction to alcohol, narcotics, psychotropic substances and other addictive substances; and / or
 - b. have a sexual disorder or who have a mental disorder.
2. Rehabilitation is carried out in medical or social rehabilitation institutions, both government and private.

Rehabilitation efforts in overcoming narcotics abuse in Law Number 35 of 2009 concerning Narcotics are also accommodated as a consideration for judges in deciding cases related to narcotics addicts. The rehabilitation in the Narcotics Law includes medical rehabilitation and social rehabilitation. Medical rehabilitation focuses on integrated treatment to free addicts from narcotics dependence, while social rehabilitation focuses on physical, mental, and social recovery so that former addicts can return to carrying out social functions in society. Legal agencies play a role in providing opportunities for narcotics addicts to undergo rehabilitation, both before, during, and after serving a sentence, both inside and outside the place of detention.

Its effective goal is not to occur recidivism by narcotics addicts. The approach in the family, especially religion, is an important element for the success of rehabilitation in addition to medical-psychology, because generally addicts feel less attention, especially parents. The educational environment, association between friends and the social environment also shape individual personalities. Compulsory Reporting on Narcotics Addicts aims to: a) Fulfill the Narcotics Addicts' rights to get treatment and / or treatment through medical rehabilitation and social rehabilitation; b) Involving parents, guardians, families and communities in increasing responsibility for the Narcotics Addicts who are under their supervision and guidance; and c) Provide information material for the Government in establishing policies in the field of prevention and eradication of the abuse and illicit trafficking of Narcotics. (Article 2 of Government Regulation No. 25 of 2011).] Early versions of legal positivism attempted to explain legal normativity by appealing to the centralized

view of legal authority and emphasizing the role of coercion. John Austin, widely seen as the founder of legal positivism,²¹ famously defines law as a sovereign order, backed by sanctions. Austin's view of a ruler is based on the idea of a single dominant source of legal authority within a particular jurisdiction. Ruler is defined as an authority to whom everyone usually makes obedience and who, in turn, is accustomed to disobeying anyone.²²

Conclusion

Through the Joint Regulation of the Chairman of the Supreme Court of the Republic of Indonesia, Minister of Law and Human Rights of the Republic of Indonesia, Minister of Health of the Republic of Indonesia, Minister of Social Affairs of the Republic of Indonesia, Attorney General of the Republic of Indonesia, Chief of the Indonesian Police, Head of the National Narcotics Agency of the Republic of Indonesia. No. : 01 / PB / MA / III / 2014, No. : 03 of 2014, No. : 11 of 2014, No. : 03 Tahun 2014, No. : PER-005 / A / JA / 03/2014, No. : 1 of 2014, No. : PERBER / 01 / III / 2014 / BNN concerning the Handling of Narcotics Addicts and Victims of Narcotics Abuse in Rehabilitation Institutions regulates that drug addicts no longer end up in imprisonment but end up in rehabilitation places, because of sanctions for addicts agreed to be in the form of rehabilitation. Based on the Joint Regulation, an assessment process must be carried out in advance to determine whether or not narcotics abusers undergo rehabilitation. According to the regulation, an Integrated Assessment Team is established at the central, provincial, district / city levels consisting of a team of doctors and a legal team tasked with carrying out an analysis of the role of suspects arrested at the request of investigators. The team then carries out legal analysis, medical analysis and psychosocial analysis and develops a rehabilitation plan that outlines how long the rehabilitation will take.

The results of the assessment serve as a complete case file that serves as information such as *visum et repertum*. The results of the analysis will sort out the role of the suspect as an abuser, an impostor and a dealer or a dealer. After going through the

²¹ Crowe And Agnew - "Legal Liability and Social Norms" Adelaide law review Volume 41 Number 1 2020

²² Ibid

assessment process, the drug addicts will end up at the rehabilitation center. The assessment process occupies an important position in whether or not narcotics abusers can carry out medical rehabilitation and social rehabilitation. The law provides an opportunity for every addict and victim of narcotics abuse to undergo rehabilitation. Medical and social rehabilitation is believed to be an effort that can break the chain of narcotics circulation by treating addicts and victims of abuse. This effort, of course, demands the optimization of the assessment process of the person who was arrested and made as a defendant in a narcotics case. So that from these results it can be clearly seen that someone who is arrested or caught red-handed by law enforcers is a dealer, courier, abuser as well as a dealer, addict, or victim of narcotics abuse. In the midst of support for medical rehabilitation efforts for addicts and victims of narcotics abuse who are in legal proceedings, of course the decision to carry out medical and social rehabilitation requires careful, careful, and careful consideration. Medical rehabilitation focuses on integrated treatment to free addicts from narcotics dependence, while social rehabilitation focuses on physical, mental, and social recovery so that former addicts can return to carrying out social functions in society. Legal agencies play a role in providing opportunities for narcotics addicts to undergo rehabilitation, both before, during, and after serving a sentence, both inside and outside the place of detention. Its effective goal is not to occur recidivism by narcotics addicts. The approach in the family, especially religion, is an important element for the success of rehabilitation in addition to medical-psychology, because generally addicts feel less attention, especially parents. The educational environment, interaction between friends and the social environment contribute to shaping individual personalities. Law enforcement on the problem of narcotics, especially against addicts and victims of abuse who do not comply with their mandate, has resulted in an increasingly complex narcotics problem so that the number of victims of abusers, addicts and traffickers has increased from year to year. addicts, victims of narcotics abuse by intensifying the provision of rehabilitation. For this reason, BNNK collaborates with several government agencies that can be involved in rehabilitation. This form of cooperation is manifested in the form of a Joint Regulation.

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