

POTRAIT OF DRUG ABUSE REHABILITATION EFFECTIVENESS IN CORRECTIONAL FACILITY

2019

**STOP
NARKOBA**



POTRAIT OF DRUG ABUSER **REHABILITATION EFFECTIVENESS** IN CORRECTIONAL INSTITUTIONS



RESEARCH, DATA AND INFORMATION CENTER
NATIONAL NARCOTICS BOARD
THE REPUBLIC OF INDONESIA
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**POTRAIT OF DRUG ABUSER REHABILITATION EFFECTIVENESS IN
CORRECTIONAL INSTITUTIONS**

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Assalamu'alaikum Warahmatullahi Wabarakatuh.
May peace be upon us.



The number of drug abuse in Indonesia is now very alarming. To overcome this, the efforts to eradicate drugs in Indonesia are not only carried out through a repressive law enforcement approach to drug lords and dealers, but also through a persuasive approach to drug addicts, abusers and victims through rehabilitation. In relation to the implementation of rehabilitation, the National Narcotics Board as the leading sector in the implementation of P4GN seeks to improve the ability of medical rehabilitation and social rehabilitation institutions for drug addicts, both organized by the government and the community, including to strengthen the Correctional Facility, State Detention Centers and Probation Office. This rehabilitation program is in line with the correctional principles set out in Law Number 12 of 1995 concerning Correctional, as part of the process of treatment and health care, which aims to improve the life quality of prisoners and inmates in correctional facility categorized as addicts, abusers and victims of drug abuse, to be re-accepted in the society.

The Book **“Portrait of Drug Abuser Rehabilitation Effectiveness in Correctional Institutions”** contains the results of research as collaboration between the National Narcotics Board of the Republic of Indonesia and the Ministry of Law and Human Rights of the Republic of Indonesia and an effort to prevent and eradicate drug abuse and illicit trafficking. The enhancement by the National Narcotics Board for the implementation of rehabilitation in detention centers, correctional facility and probation office has been carried out since 2009. Therefore, it is important to evaluate the implementation through research activities so that the implementation of rehabilitation is more effective. This book presents information on the methods of rehabilitation implementation by detention centers, correctional

facility, and probation office and the constraints. I have the expectation that this book will be useful to provide suggestions for improvement that can be used by the National Narcotics Board in strengthening the rehabilitation, the Directorate General of Corrections as the implementing agency, the related stakeholders to improve the quantity and quality of rehabilitation implementation in the Correctional Technical Implementation Unit (UPT), and by the community.

Finally, I would like to thank all related parties for their assistance in the formulation of this book. Your hard work and smart work are parts of the effort in supporting the Prevention and Eradication of Drug Abuse and Illicit Trafficking (P4GN) in Indonesia.

Wassalamu'alaikum Warahmatullahi Wabarakatuh.

Jakarta, February 2020
Head of National Narcotics Board



Drs. Heru Winarko, S.H

Assalamu'alaikum Wr.Wb.

Lets us praise to Allah SWT for the publication of the book **“Portrait of Drug Abuser Rehabilitation Effectiveness in Correctional Institutions”**. This book is the result of research concerning the range of effectiveness of the rehabilitation implementation for drug abuse in the Correctional Technical Implementation Unit (UPT). The research and formulation of this book is a collaboration between the Research, Data, and Information Center of the National Narcotics Board (Puslitdatin BNN) and the Policy Research and Development Center of the Law and Human Rights Research and Development Agency of the Ministry of Law and Human Rights of the Republic of Indonesia (Pusjianbang Balitbang Hukum dan HAM Kemenkumham RI) in 2019. This book reviews the implementation of rehabilitation of drug abusers in Correctional UPT. The phenomena and obstacles that occur in rehabilitation implementation are analyzed and presented in the form of policy recommendations.

We present this book in four parts, namely **Chapter One Introduction** covering background, problem statement, research objectives, and methodology; **Chapter Two Literature Review** contains the concept definition of the drug abusers rehabilitation implementation in the Correctional UPT; **Chapter Three Results and Discussion** consists of the information on the rehabilitation implementation, staff competencies, and facilities and infrastructure; and **Chapter Four Closing**.

We would like to thank to all parties, especially the Chief of the National Narcotics Board and the Head of Reasearch and Development Center of Law and Human Rights of the Ministry of Law and Human Rights of the Republic of Indonesia. We also hope that this book will be beneficial and becomes a reference.

Jakarta, February 2020

Editorial Board

The mandate of Law No. 35 of 2009 concerning Narcotics has stipulated the National Narcotics Board (BNN) as a non-ministerial government institution under the President and is responsible to the President, to implement the Program for the Prevention and Eradication of Drugs and Drug Precursors Abuse and Illicit Trafficking. In this modern era, drugs have become a problem for human beings in various parts of the world. Currently, drug trafficking and impacts are very alarming. The ease in obtaining these hazardous substances leads to the increasing users. It does not differentiate gender and age. Everyone is at risk of experiencing addiction if they have tasted this dangerous substance. It is found that 2,000 years ago, there were records of the use of cocaine in the Andes. Its use is related to tradition, survival (until now), resisting hunger and thirst, fatigue, and to help breathing. Meanwhile, opium is used as a sedative (painkillers) and aphrodisiac (stimulant). In the past, some countries used drugs for medical purposes. However over the time, drug abuse was started by doctors, who prescribed new drug ingredients for various treatments despite that they knew about the side effects. Then the dependency became severe after the discovery of morphine (1804) - prescribed as anaesthetic, widely used during the war in the 19th century until now. Drug abuse in various countries is difficult to be controlled until now.

The Study on the Effectiveness of Drug Abuser Rehabilitation in Correctional Institutions conducted in 2019 is a collaborative research between the Data and Information Research Center BNN and the Research and Development Center for Law and Human Rights (Pusjianbang). This study tries to portray the effectiveness of the rehabilitation implementation for drug abusers in the Correctional UPT by using 3 (three) measurement elements, namely: the implementation of the program, the competency of officers, as well as facilities and infrastructure. The study was conducted in several provinces determined based on research needs, namely DKI Jakarta, West Java, DI.Yogyakarta, Banten (Tangerang), Bali, South Sulawesi, and South Sumatra. The results of this research are expected to be used by the leaders in determining policies related to the implementation of rehabilitation for drug abusers in the next Correctional UPT.

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CHAPTER I INTRODUCTION







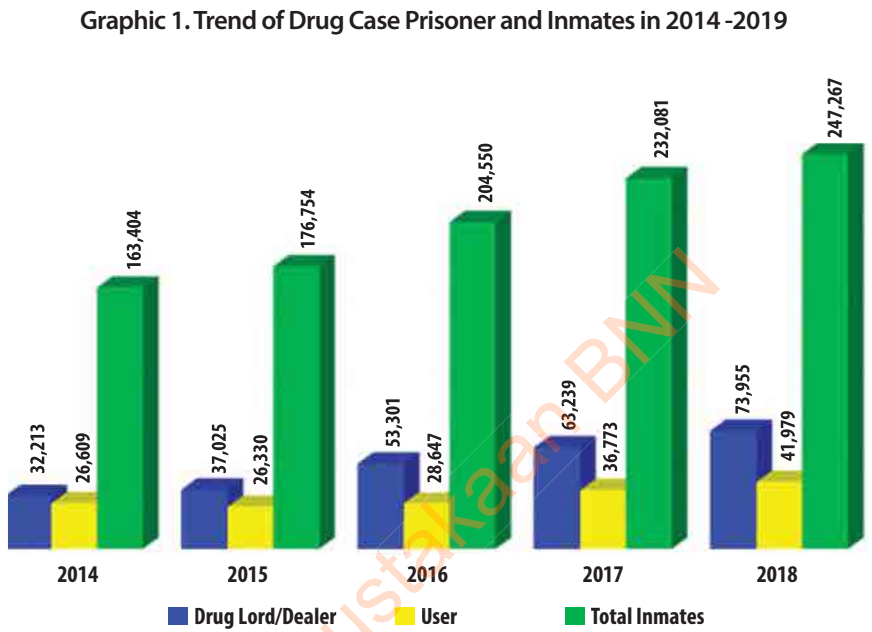
INTRODUCTION

A. Background

Global condition¹ shows that in 2016, 5.6% of the world population (aged 15-64 years) or around 275 million people have abused drugs at least once, around 31 million people experience drug use disorders that require treatment, only 1 out of 6 drug abusers receive rehabilitation treatment, and around 450 thousand people die due to drug abuse (in 2015). The distribution of drugs has entered almost all layers of the society. Drug abuse and trafficking become the hot theme to be discussed in various forums, but the appropriate method and scheme to handle drug abuse and trafficking are still a complex homework. At present, drug abuse and illicit trafficking is a serious concern both nationally and internationally. The trend of the increasing drug crime continues to occur. This increase can be seen from the increasing number of reported cases and the number of suspects involved, both as users and drug dealers. Various efforts by the international community, including Indonesia, have not been able to reduce the number of illicit drug trafficking carried out by perpetrators of organized crime.

¹ Riza Sarasvita, *Presentation "Policy on Rehabilitation Enhancement in Correctional Institutions"* (Jakarta, 2019).

Data in the last 6 (six) years shows the massive spread and growth rate of drug prisoners in State Detention Centers/Correctional facility. The number of drug lord/dealer increases 22.13% per annual in average, while the average annual increase of drug user is 11.46% as shown in the graphic below ²:



Source: Monitoring and Evaluation Report on the Implementation of Drug Rehabilitation Services for Prisoners and Inmates at Correctional UPT in 2018

Demographically, the internal and external factors of drug prisoners show the following data ³:

² R&D for Law and Human Rights, Characteristics of Narcotics Case Prisoners (Jakarta, 2019).

³ *Ibid*

Graphic 2. Demography Characteristic of Drug Prisoners



In the context of prevention, eradication and illicit trafficking of drug and drug precursors in Indonesia, one of the tasks of the National Narcotics Board (BNN) is to improve the ability of medical rehabilitation and social rehabilitation institutions for drug addicts, both organized by

the government and the community. Article 54 of Law Number 35 Year 2009 concerning Narcotics (Narcotics Law) states that drug addicts and drug abuse victims must undergo medical rehabilitation and social rehabilitation. Based on this provision, drug abusers and addicts should undergo rehabilitation at a rehabilitation institution, but the facts in the field show that drug abusers and addicts are imprisoned in correctional facility. Furthermore, Article 54 paragraph (1) of Government Regulation Number 40 of 2013 concerning the Implementation of Law Number 35 of 2009 concerning Narcotics explains that the treatment in improving the ability of medical rehabilitation institutions for drug addicts, whether organized by the government or the community as referred to in Article 49 paragraph (2) letter e is implemented by:

1. Setting standards and guidelines for Drug addiction therapy; and
2. Providing guidance to institutions that conduct Drug rehabilitation therapy.

This is in line with the Presidential Regulation Number 47 of 2019 concerning Amendment to Presidential Regulation Number 23 of 2010 concerning the National Narcotics Board (BNN) and BNN Regulation Number 3 of 2019 concerning Organization and Work Procedure of BNN, stating that one of BNN's tasks is to improve the ability of medical rehabilitation and social rehabilitation institutions for drug addicts, both organized by the government and the community. Technically, the Chief of BNN Regulation Number 24 of 2017 concerning the Rehabilitation Service Standards for Drug Addicts and Drug Abuse Victims states that the implementation of rehabilitation for drug addicts, drug abusers and victims of drug abuse is one of the steps to prevent and eradicate drug abuse and illicit trafficking (P4GN) to provide recovery from the effects of dependency by providing comprehensive treatment and medication.

In detention center, correctional facility, and probation office as Correctional Technical Implementation Unit (UPT), rehabilitation is a part of the correctional guidance system which is implemented based on the principles⁴ of protection, equality of treatment and service; education; guidance; respect for human dignity; losing independence as the only suffering; and the rights to stay in touch with family and certain people;

⁴ Republic of Indonesia, Law No 12 of 1995 on Corrections, 1995. Article 5

in order to realize the correctional system⁵ so that inmates are realizing their mistakes, carrying out self-improvement, and not repeating crimes to be accepted again by the community, to actively play a role in the development, and to live naturally as good and responsible citizens.

The implementation of rehabilitation services for Prisoners and Inmates is provided with the consideration to guarantee the right to obtain drug rehabilitation services at detention centers, Temporary Child Placement Institutions (LPAS), Correctional Facility, LPKA (Special Guidance Institution for Children) and Probation House to improve their quality of life to be able to return to the society. The purposes of drug rehabilitation⁶ are:

1. To provide services and guarantee the protection of the rights of Prisoners and Inmates.
2. To restore and maintain the health conditions of prisoners and inmates which include biological, psychological and social aspects from the dependency on drugs, psychotropic substances and other addictive substances.
3. To increase the productivity and quality of life of prisoners and inmates.
4. To prepare inmates to be able to carry out its social functions in the community.

Based on the provisions of the legislation, drug abuser and victims of drug abuse must be rehabilitated. Therefore, the Directorate General of Corrections issued a policy that determines 128 Correctional UPT's⁷ as rehabilitation providers targeting 6,000 prisoners and inmates as rehabilitation participants in 2018.

However, in its implementation, the drug rehabilitation services in 63 Correctional UPTs were only attended by 2,735 Prisoners and Inmates consisting of 154 participants in medical rehabilitation, 2,270 participants in social rehabilitation and 311 participants in Post-rehabilitation.⁸ This

⁵ *Ibid.*, Article 1 point (2)

⁶ Republic of Indonesia, *Minister of Law and Human Rights Regulation No 12 of 1997 on Drug Rehabilitation Services for Prisoners and Inmates*, 2017. Article 3

⁷ Republic of Indonesia, *Attachment of Decision of Director General of Corrections of the Ministry of Law and Human Rights NoPas. 121.PK.01.07.01 of 2017 on Designation of Correctional UPT Providing Rehabilitation Services for Drug Abuser-Prisoners and Inmates*, 2017.

⁸ Directorate of Health Care and Rehabilitation, *Monitoring and Evaluation of Drug Rehabilitation Services for Prisoners and Inmates in Correctional UPT 2018* (Jakarta, 2018).

condition shows that not all Prisoners, Inmates and Clients (addicts, abusers, and drug abuse victims) undergo rehabilitation. Based on the above background, it is necessary to conduct a research entitled the Effectiveness of Drug Abuse Rehabilitation Implementation in the Correctional UPT.

B. Problem Statement

What is effectiveness? What are the obstacles in the implementation of a rehabilitation program for drug abusers in the Correctional UPT?

C. Research Limitation

This study is an initial study evaluating the rehabilitation process of which the scope is limited to activities to find out the implementation of medical, social and post-rehabilitation programs at the Correctional UPT, the competency and behavior of officers (role model), as well as facility and infrastructure.

D. Objectives

This study aims to determine the effectiveness of the implementation of the rehabilitation program for drug abusers that has been carried out by the Correctional UPT and the obstacles.

E. Benefit

This research can be used by BNN and the Ministry of Law and Human Rights (Kemenkumham) cq. The Directorate General of Corrections (Ditjen PAS) of the Ministry of Law and Human Rights, as one of the reference materials to take strategic policy steps in order for the success of drug abusers rehabilitation in the Correctional UPT.

F. Variable, Indicator, Sub Indicator

In the research on the Effectiveness of the Implementation of Drug Abuse Rehabilitation at the Correctional UPT, the research team will try to measure the effectiveness of the rehabilitation program at the

Correctional UPT by evaluating the process from the success rate of program implementation, services, facilities and infrastructure as well as staff competencies, as shown in the table below:

Table 1. Research Variable, Indicator and Sub Indicator

Variable	Indicator	Sub Indicator	Forms of Rehabilitation		
			Medical	Social	Post-Rehabilitation
Effective-ness	Process evaluation	Evaluation of the Rehabilitation Program Implementation at the Correctional UPT, the officers' competence and behavior (role model), facility and infrastructure	1. Implementa- tion of the rehabilitation program; 2. Rehabilitation services; 3. Competency of officers; 4. The ability of officers to motivate; 5. Willingness of officers to become role models 6. Supporting facility and infrastructure	1. Implementa- tion of the rehabilitation program; 2. Rehabilitation services; 3. Competency of officers; 4. The ability of officers to motivate; 5. Willingness of officers to become role models 6. Supporting facility and infrastructure	1. Implementation of the post- rehabilitation 2. Post-Rehabilita- tion services; 3. Competency of officers; 4. The ability of officers to moti- vate; 5. Willingness of officers to become role models 6. Supporting facility and infrastructure

G. Methodology

1. Approach

This research uses quantitative and qualitative approaches. The quantitative approach is to measure the frequency distribution of respondents' answers concerning the forms of rehabilitation (medical, and social) that have been carried out. The qualitative approach was made to correctional clients who took part in Post-rehabilitation in Probation Office. A qualitative approach was also carried out as a strategy to deepen the success rate of rehabilitation through FGDs that presented parties/ resource persons who could answer the research problems.

2. Typology

This study follows a descriptive analysis research typology that aims to describe the actual conditions in the field and to analyze the data findings. The form of research is evaluative which aims to see the level of success of a program. From the point of view of its application, this research is an applied study aimed at solving problems practically and applicatively and can be used as data by leaders in BNN and Ministry of Law and Human Rights

3. Technique of Collecting Data

The data used in this research activity are secondary data collected based on literature research (library research) and primary data based on field research. Primary data is collected directly from each data subject (unit/person) as respondents and informants through FGD. Meanwhile, the primary data collection tool is a questionnaire that contains a written list of questions addressed to respondents, interview guidelines (Probation Office Clients) and structured FGD discussion guidelines that have been prepared previously.

4. Sampling Technique

The sampling technique used in this study is non-probability sampling⁹ as a sampling technique that does not provide equal opportunity for each unit or population member to be selected as a sample. This nonprobability sampling will specifically use incidental sampling as a sampling technique based on coincidence, ie anyone who incidentally¹⁰ is participating/has participated in rehabilitation activities at Correctional UPT. This incidental sampling is conducted to avoid the minimum acquisition of research data due to differences in secondary data from the actual conditions in the field. The samples that will be the source of data in this study are as follows:

⁹ V. Wiratna Sujarweni, *Metodologi Penelitian Lengkap, Praktis dan Mudah Dipahami* (Yogyakarta: Pustaka Baru Press, 2015). p. 71

¹⁰ *Ibid*

Table 2. Sampling Technique

Regional office	No	Name of UPT	Forms of Rehab			Rehab participants	Non Probability (accidental sampling)
			Med-ical	So-cial	Post	Population (Realization)	
South Sumatera	1	Lapas Perempuan Kelas IIA Palembang	√	√		70	70
	2	Bapas Klas I Palembang			√	6	6
DKI Jakarta	3	Lapas Klas I Cipinang	√			10	10
	4	Lapas Narkotika Kelas IIA Jakarta	√	√		83	83
	5	Rutan Klas I Jakarta Pusat	√			8	8
	6	Bapas Klas I Jakarta Pusat			√	30	30
	7	Bapas Klas I Jakarta Selatan			√	40	40
West Java	8	Lapas Klas IIA Banceuy		√		30	30
	9	Lapas Klas IIA Bogor		√		60	60
	10	Lapas Klas IIA Cibinong		√		30	30
	11	Lapas Klas IIA Bekasi		√		30	30
	12	Lapas Klas III Gunung Sindur		√		30	30
	13	Lapas Perempuan Kelas IIA Bandung		√		30	30
	14	Lapas Narkotika Kelas IIA Bandung		√		30	30
	15	Lapas Klas IIA Narkotika Cirebon		√		30	30
	16	Rutan Klas I Bandung	√			1	1
	17	Bapas Klas I Bandung			√	60	60
	18	Bapas Klas I Cirebon			√	60	60
	19	Bapas Klas II Bogor			√	100	100
Yogyakarta	20	Lapas Narkotika Kelas IIA Yogyakarta		√		30	30
South Sulawesi	21	Lpka Klas II Pare Pare		√		30	30
	22	Lapas Klas IIA Bulukumba		√		25	25
	23	Lapas Narkotika Kelas IIA Sungguminasa		√		156	156
	24	Lapas Perempuan Kelas IIA Sungguminasa		√		30	30
	25	Rutan Klas I Makassar	√			36	36
	26	Bapas Klas I Makassar			√	10	10
	27	Lapas Klas 1 Makassar		√		4	4
Bali	28	Lapas Klas IIA Denpasar	√			10	10
	29	Lapas Klas IIB Karangasem		√		10	10
	30	Lapas Klas IIB Tabanan		√		22	22
Tangerang	31	Lapas Perempuan Kelas II Tangerang		√		18	18
	32	Lapas Pemuda Kelas II Tangerang	√	√		30	30
Total						1.149	1.149

5. Research Location

As a consequence of the sampling technique in this study, the selection of provinces as a research locus cannot be done randomly, but rather by using purposive sampling. Field research was carried out in 7 (seven) provinces based on **consideration of the availability of data on the implementation of medical, social and post-rehabilitation rehabilitation activities in the Correctional UPT**, as stipulated in the Appendix of the Decision Letter of the Director General of Corrections Number: PAS.121.PK.01.07.01 of 2017 concerning Determination of Correctional UPTs Providing Rehabilitation Services for Drug Abuse Prisoners and Inmates. The availability of data on the rehabilitation participants can be seen in the following table:

Table 3. Distribution of Rehabilitation in Correctional UPT

Provincial Correctional UPT	Forms of Rehabilitation		
	Medical	Social	Post
ACEH		√	√
NORTH SUMATERA		√	√
WEST SUMATERA		√	√
RIAU ISLAND		√	√
RIAU		√	√
JAMBI		√	√
SOUTH SUMATERA	√	√	√
BANGKA BELITUNG		√	√
LAMPUNG		√	√
BENGKULU		√	√
BANTEN	√	√	√
DKI JAKARTA	√	√	√
WEST JAVA	√	√	√
DI YOGYAKARTA	√	√	√
CENTRAL JAVA		√	√
EAST JAVA		√	√
WEST KALIMANTAN		√	√
CENTRAL KALIMANTAN		√	√
SOUTH KALIMANTAN		√	√
EAST KALIMANTAN		√	√
NORTH SULAWESI		√	√

Provincial Correctional UPT	Forms of Rehabilitation		
	Medical	Social	Post
GORONTALO		√	√
CENTRAL SULAWESI		√	√
SOUTH SULAWESI	√	√	√
WEST SULAWESI		√	√
SOUTH EAST SULAWESI		√	√
BALI	√	√	√
WEST NUSA TENGGARA		√	√
EAST NUSA TENGGARA		√	√
MALUKU		√	√
NORTH MALUKU		√	√
PAPUA		√	√

Referring to the table above, the provinces that become the locations of this study are: 1) South Sumatra; 2) Banten; 3) DKI Jakarta; 4) West Java; 5) DI Yogyakarta; South Sulawesi; and 6) Bali. Participants in the rehabilitation and post-rehabilitation activities are not only limited to the Correctional UPT in the province, but there are also those in the Regency.

6. Data Analysis

There are two data analysis techniques in this study. First, the data of the research results will be analyzed qualitatively with domain analysis. Domain analysis is essentially the researchers' effort to obtain a general picture of data in order to answer the focus of research.¹¹ In this research, the research team will read and study the findings of the research data in detail to obtain knowledge related to the implementation of rehabilitation programs, staff competencies as well as facilities and infrastructure at the Correctional UPT.

Second, to compile and calculate quantitative data in the form of a questionnaire, the analysis uses a likert scale as a method of measuring scale by expressing their agreement or disagreement with the subject, object or event being measured. Likert scale is a scale that can see the response of respondents to things that are measured. The questionnaire uses a likert scale using a scale of 1 to 4. The value of 1 indicates a

¹¹ *Ibid.*, p. 36

negative value for disapproval of the questions asked, while the value of 4 indicates a positive value or approval of the questions asked. Here are the value weights for 1-4.

Table 4. Likert Scale Value Weight

Value	Answer
4	Very Easy / Very Suitable / Very Good / Strongly agree / Very Clear
3	Easy / Suitable / Good / Agree / Clear
2	Less Easy / Less Suitable / Less Good / Less Agree / Less Clear
1	Not Easy / Not Suitable / Not Good / Disagree / Not Clear

There is no right or wrong answers. Respondents' answers will be calculated based on a Likert scale score with the following calculation :

$$Final\ Score = \frac{Total\ Score}{Highest\ Score\ (4) \times Number\ of\ Respondent} \times 100$$

As for the interval (scale 4) is: Highest score = 100, so the lowest score with a Likert scale 4 is 100/4 = 25, the interval is as follows:

$$I = \frac{Highest\ Score - Lowest\ Score}{Total\ Likert}$$

Thus, the interval = 18.75 (the distance from the lowest value of 25 to the highest of 100 is as follows:

Table 5. Measurement Interval

Perception Value	Conversion Interval value	Services Performance
1	25.00 – 43.75	Not good
2	43.76 – 62.50	Less good
3	62.51 – 81.25	Good
4	81.26 – 100.00	Very good

In addition, a descriptive statistical analysis was carried out from quantitative data that was purposed to describe the distribution of respondents' answers to each question related to the implementation of the rehabilitation program for drug addicts at the Correctional Institution. The final part is the analysis of a combined method (mix-method) with an interrelation system between each question in quantitative data combined with qualitative data.

CHAPTER II LITERARY REVIEW







LITERARY REVIEW

A. Definition and Legal Basis

1. Definition of Narcotics, Addict, Drug Abuser and Drug Abuser Victim

Narcotics are substances or drugs originating from plants or non-plants, both synthetic and semi-synthetic, which can cause a decrease or change of consciousness, loss of taste, reduce to eliminate pain, and can cause dependency¹². Drugs (Narcotics) addict is a person who uses or abuses drugs and is in a state of dependency on drugs, both physically and psychologically¹³. Abusers are people who use drugs without rights or against the law¹⁴. Meanwhile, "Victim of drug abuse" is someone who accidentally uses drugs due to being persuaded, tricked, deceived, forced, and/or threatened to use drugs.¹⁵

2. Legal Basis and Authority of Drug Rehabilitation Implementing Institution

Basically, Drug Addicts and Drug Abuse Victims must undergo medical rehabilitation and social rehabilitation.¹⁶ In the context of

¹² Republic of Indonesia, *Law Number 35 of 2009 on Narcotics*, 2009. Article 1 paragraph (1)

¹³ *Ibid.*, Article 1 paragraph (13)

¹⁴ *Ibid.*, Article 1 paragraph (15)

¹⁵ *Ibid.*, Explanation of Article 54

¹⁶ *Ibid.*, Article 54

prevention and eradication of drug and drug precursor abuse and illicit trafficking, BNN has been established¹⁷, with the tasks:

- a. To make and implement national policies regarding the prevention and eradication of drug and drug precursor abuse and illicit trafficking;
- b. To prevent and eradicate drug and drug precursor abuse and illicit trafficking;
- c. To coordinate with the Head of the Indonesian National Police in the prevention and eradication of drug and drug precursor abuse and illicit trafficking;
- d. To improve the ability of medical and social rehabilitation institutions for Drug addicts, both organized by the government and the community;
- e. To empower the community in preventing drug and drug precursor abuse and illicit trafficking;
- f. To monitor, direct, and improve community activities in the prevention of drug and drug precursor abuse and illicit trafficking;
- g. To conduct bilateral and multilateral cooperation, both regional and international, to prevent and eradicate drug and drug precursor abuse and illicit trafficking;
- h. To develop drug and drug precursor laboratories;
- i. To carry out the administration of preliminary investigation and full investigation of illicit drug and drug precursor abuse and illicit trafficking; and
- j. To make an annual report on the implementation of duties and authority.¹⁸

This means that in terms of formal juridical, BNN's task in the field of rehabilitation is to improve the ability of medical rehabilitation and social rehabilitation institutions for drugs addicts, both organized by the government and the community.

The capacity building¹⁹ itself is a series of activities carried out in an effort to provide reinforcement, encouragement, or facilitation to

¹⁷ *Ibid.*, Article 64 paragraph (1)

¹⁸ *Ibid.*, Article 70

¹⁹ Republic of Indonesia, *Chief of National Narcotics Board Regulation No. 17 of 2017 on the Improvement of Medical and Social Rehabilitation Institutions for Drug Addicts and Abusers*, 2017. Article 1 paragraph (7)

medical rehabilitation institutions and/or social rehabilitation organized by the government/regional government and the community to maintain its sustainability. Enhancement²⁰ is the process of providing assistance in the form of treatment/guidance and enhancing the competence of human resources and service programs for medical rehabilitation and/or social rehabilitation institutions organized by the government/regional government and the community. Encouragement²¹ is a series of activities in the form of communication, information, and education in order to motivate medical rehabilitation and/or social rehabilitation institutions organized by the government/regional government and the community. Whereas facilitation²² is the process of facilitating medical rehabilitation and/or social rehabilitation institutions managed by the government/regional government and the community in the form of providing recommendations and advocacy for related parties in granting permits.

Supreme Court Circular Letter (SEMA) Number 04 of 2010 concerning Placement of Drug Abuse, Drug Abuse Victims, and Drug Addicts into Medical and Social Rehabilitation Institutions (hereinafter referred to as SEMA No. 04 of 2010) is the amendment of SEMA Number 07 of 2009 concerning Placement of Drug Users into Therapy and Rehabilitation Institution (SEMA No. 07 of 2009).²³ Seen from the politics of its establishment, SEMA No. 04 of 2010 is issued to implement the provisions of Article 103 letters a and b of the Narcotics Law, which provides guidelines for judges who examine the case of drug addicts to be able to (i) decide to order the person to undergo medication and/or treatment through rehabilitation if the drug addict is proven guilty of committing a drug crime and (ii) stipulate to order the person to undergo medication and/or treatment through rehabilitation if the drug addict is not proven guilty of committing a drug crime.

Besides SEMA No. 04 of 2010, the Supreme Court also issued a Supreme Court Circular Number 03 of 2011 (SEMA Number 03 of 2011). One of the reasons for the issuance of SEMA is the increasing addicts

²⁰ *Ibid.*, Article 1 paragraph (8)

²¹ *Ibid.*, Article 1 paragraph (9)

²² *Ibid.*, Article 1 paragraph (10)

²³ Institute for Criminal Justice Reform, *Reviewing Drug Abuser Rehabilitation in Judicial Practice of SEMA and SEJA Implementation related to the Placement of Drug User in Rehabilitation Institution in Surabaya*, 2016. p. 28

and drug abuse victims. On the other hand, medication and/or treatment through rehabilitation are not yet optimal. The Supreme Court also realizes that at the implementation level, there is still no integration between law enforcement officials.²⁴

The issuance of SEMA is a form of confirmation that addicts and drug abuse victims can be placed in certain locations, namely in the Medical Rehabilitation and Social Rehabilitation Institutions. The actual placement has been accommodated in the explanation of Article 21 paragraph (4) letter b of the Criminal Procedure Code (KUHP), Article 54, Article 55, up to Article 59 of the Narcotics Law, and Article 13 and Article 14 of Government Regulation Number 25 of 2011 on the Implementation of Drug Addicts Compulsory Reporting.²⁵

The Supreme Court through SEMA Number 03 of 2011 also provides guidance in implementing Article 103 of the Narcotics Law and Article 13 paragraph (2) of Government Regulation Number 25 of 2011 where orders to undergo medical and social rehabilitation can only be carried out based on: a. court ruling for addicts proven guilty of committing drug crimes; b. court decision for drug addicts who are not proven guilty; and c. court decision for suspects who are still in the process of investigation or prosecution.²⁶

On 11 March 2014, Chief Justice of the Supreme Court, Minister of Law and Human Rights, Minister of Health, Minister of Social Affairs, Attorney General, Chief of Indonesian Police, and Chief of BNN agreed on a Joint Regulation on the Handling of Drug Addicts and Drug Abuse Victim into Rehabilitation Institutions.²⁷ The reason behind this joint regulation is the provision of Article 54 of the Narcotics Law which states that Drug Addicts and Drug Abuse Victim must undergo medical rehabilitation and social rehabilitation, and the Judge in deciding the Drug Abuser case must pay attention to the provisions of Article 127 paragraph (2) and paragraph (3), the number of Drug Addicts and Drug Abuse Victims as Suspects, Defendants, or Prisoners in Narcotics Criminal Acts has increased but

²⁴ *Ibid.*, p. 30

²⁵ *Ibid.*,

²⁶ *Ibid*

²⁷ *Ibid.* p.35

the medication and/or treatment have not been carried out optimally and integratedly, and in the explanation of Article 21 paragraph (4) letter b of Law No. 8 of 1981 on the Criminal Procedure Code states that Drug addicts suspects or defendants are furthermost detained in a particular place which is also a place of treatment.²⁸

B. The Concept of Effectiveness

1. The Definition of Effectiveness

The word effective is an English word which means successful or something done successfully.²⁹ According to the Great Indonesian Dictionary, effectiveness is the success of an effort or action.³⁰

There are many theories about effectiveness. Among them is stated by Subagyo³¹ that effectiveness is the compatibility between output and the objectives. Meanwhile, according to Liang Gie³², effectiveness is a desired condition. If someone does an action with a specific purpose and is desired, then that person's job is said to be effective if it has an effect or has the intention as desired before. Another opinion was conveyed by Handoko, who stated that effectiveness is the ability to choose the right goals to achieve the goals set. William N. Dunn in Mulyadi argues that effectiveness is concerned with whether an alternative achieved the expected results, or achieved the objectives of the action³³. Winarno believes that effectiveness comes from the word 'effective' which means the success in achieving the stipulated goals. Effectiveness is always related to the relationship between expected results and actual results³⁴. In connection with the things stated earlier, the measure of effectiveness is a standard on the fulfillment of the goals and objectives to be achieved. In addition, it shows the extent to which the organization and program/activity are carrying out the functions optimally.

²⁸ *Ibid.*

²⁹ Moh. Pabundu Tika, *Budaya Organisasi dan Peningkatan Kinerja Perusahaan* (Jakarta: Bumi Aksara, 2014). p. 129

³⁰ Anton M. Moelyono, *Kamus Besar Bahasa Indonesia* (Jakarta: Balai Pustaka, 1998). p. 6

³¹ Ahmad Wito Subagyo, *"Efektivitas Program Penanggulangan Kemiskinan dalam Pemberdayaan Masyarakat Pedesaan"* (Universitas Gajah Mada, 2000).

³² The Liang Gie, *Ensiklopedia Administrasi* (Jakarta: Gunung Agung, 1997).

³³ *Ibid.*, p. 124-125

³⁴ Budi Winarno, *Kebijakan Publik: Teori dan Proses* (Jakarta: PT. Buku Kita, 2008). hlm. 184.

The effectiveness of a program can be seen from the following indicators :³⁵

- a. Accuracy of program goals
- b. Program socialization
- c. Program Objectives
- d. Monitoring

A similar opinion was also stated by Cambel J.P in Salut Simamora that the measurement of effectiveness in general and the most prominent are :³⁶

- a. Program success
- b. Target success
- c. Satisfaction with the program
- d. Input and output levels
- e. Achievement of overall objectives

Meanwhile, another opinion says that in measuring the effectiveness of an activity, it needs to consider several indicators, such as :³⁷

- a. Program understanding.
- b. Right on target.
- c. On time.
- d. Achieving goals.
- e. Real change

From the description of effectiveness above, it can be concluded that effectiveness refers to the achievement of objectives, namely measurement in the sense of achieving a predetermined target or goal. The effectiveness of a program activity in a public institution can not be separated from how the intended activity is arranged in a work program so that it can help the organization to achieve its goals. With the work program, the executing member or team can work more effectively and in a structured-manner. Work program is an arrangement of work plan that has been designed and has been agreed together to be carried out

³⁵ Ni Wayan Budiani, "Efektivitas Program Penanggulangan Pengangguran Karang Taruna 'Eka Taruna Bhakti' Desa Sumerta Kelod Kecamatan Denpasar Timur Kota Denpasar," *Jurnal Ekonomi dan Sosial INPUT Volume 2, Nomor 1 (2009)*.p. 53

³⁶ Salut Simamora, *Riset dalam Efektivitas Organisasi* (Jakarta: Erlangga, 1989). p. 121

³⁷ Edi Sutrisno, *Manajemen Sumber Daya Manusia* (Jakarta: Kencana, 2007).p. 125

within a certain period. The work program must be made in a directed way, because it will become the organization's guideline in achieving a goal. Furthermore, the work program itself can also become a benchmark in achieving targets when carrying out work and the results will be evaluated at the end of the activity. This means that the program can be understood as a target or performance achievement of an organization. Therefore the work program must be planned, arranged and designed in such a way as to be carried out within a certain period of time. The purpose of the work program in general is to support the effort to achieve the vision and mission of an organization, to answer the needs of the organization and to run the organization more systematically and structurally.³⁸

The effectiveness of a program should be measured in any given period of to determine whether a program is successful or not. To measure the effectiveness of a program, it needs a clear tool that can be understood jointly by the program executing agency.

2. Effectiveness Approach

There are three approaches to measure the effectiveness of an organization, namely :³⁹

- a. **The goal approach.** This approach is used to measure the extent to which an institution has succeeded in realizing the goals. This goal approach uses the measurement of effectiveness that starts with identifying organizational goals and measuring the level of organizational success in achieving those goals.
- b. **Resource approach.** This approach measures the effectiveness based on the success of an institution in obtaining various kinds of necessary sources that also maintain the situation and the system. This is done in order to run effectively. This approach is based on the theory of the openness of an institution's system to its environment since an institution has an even relationship with its environment to obtain resources as the institution's inputs and outputs.

³⁸ "Pengertian Program Kerja Secara Umum," accessed on 27 September 2019, <https://www.dosenpendidikan.co.id/pengertian-program-kerja-secara-umum>

³⁹ Fitri, "Efektivitas Program Keluarga Berencana dalam Menekan Laju Pertumbuhan Penduduk di Kota Makassar" (UIN Alaudin Makassar, 2018).

- c. **Process approach.** This approach is used as the efficiency of an internal institution in an effective institution. The internal process runs smoothly where the existing activities can be coordinated.

This research uses the process evaluation approach⁴⁰ as an evaluation to the implementation process of the drug abuser rehabilitation program at the Correctional UPT. Thus, effectiveness only looks at whether the process of the program or activity has achieved the stipulated goals.⁴¹

3. The Elements of Effectiveness

The elements of effectiveness are the scope which builds the effectiveness itself. According to Cahyono, the elements of effectiveness are divided into 3 parts, namely elements of human resources, elements of non-human resources and elements of results to be achieved.⁴² Based on the explanations in this study, effectiveness can be seen from the program services, Human Resources competencies as well as facilities and infrastructure as stated by Sondang in Othenk⁴³, effectiveness is the utilization of certain amounts of resources, facilities and infrastructure that are consciously determined in advance to produce a number of goods for services from the activities. Effectiveness shows success in terms of whether or not the target has been set. If the results of the activities are getting closer to the target, then the effectiveness will be higher. In line with this opinion, according to Abdurahmat⁴⁴, effectiveness is the utilization of a certain amount of resources, facilities and infrastructure that are consciously determined in advance to produce a number of jobs on time.

It can be concluded that effectiveness is related to the implementation of all the main tasks, the achievement of objectives, timeliness, and active participation of members as well as the relationship between objectives and stated results, and shows the

⁴⁰ Riant Nugroho, *Public Policy* (Jakarta: PT. Elex Media Komputindo, 2009). p. 674

⁴¹ Ihyaul Ulum MD, *Akuntansi Sektor Publik* (Malang: UMM Press, 2004). p. 294

⁴² "Efektivitas," accessed on 15 November 2019 at 13.15 WIB, <https://www.dosenpendidikan.co.id/efektivitas-adalah/>

⁴³ Othenk, "Pengertian Efektivitas dan Landasan Teori Efektivitas," 2008, accessed on 25 November 2019 <http://literaturbook.blogspot.co.id>.

⁴⁴ Abdurahmat, *Efektivitas Organisasi*, Editioni I. (Jakarta: Airlangga, 2008). p. 7

degree of conformity between stated objectives and the results achieved. By looking at the three elements, it will be seen whether the drug abuser rehabilitation program at Correctional UPT has been running effectively in accordance with existing regulations.

C. Types of Drug Rehabilitation Program

1. The Concept of Drug Rehabilitation

Based on the Minister of Law and Human Rights Regulation No. 12 of 2017 concerning the Implementation of Narcotics Rehabilitation Services, it is stated that narcotics rehabilitation is a process of recovering from the use of narcotics disorders both in short and long term which is aimed at changing behavior to restore the individual's function in the community⁴⁵. Then based on the Technical Guidelines for Basic Outpatient Rehabilitation, BNN in 2016, rehabilitation is a process of restoring clients of narcotic use disorders both in short and long term aimed at changing behavior to restore the individual's function in the community.⁴⁶

Another definition is stated in the Decision Letter of the Director General of Corrections of the Ministry of Law and Human Rights of the Republic of Indonesia Number PAS-985.PK.01.06.04 of 2018 concerning Guidelines for the Implementation of Narcotics Rehabilitation Services for Prisoners and Inmates in the Correctional UPT, explaining that narcotics rehabilitation is a series of integrated rehabilitation process that includes medical and social rehabilitation for Prisoners and Inmates as well as Post-rehabilitation services for Correctional Clients in the context of physical and mental recovery in the past conditions for abusers and/or drug addicts to recover, be productive, and function socially in the community.⁴⁷

According to the United Nations Office on Drugs and Crime, the rehabilitation of narcotics is defined by WHO as a process undertaken by individuals with drug use disorders to achieve optimal health condition

⁴⁵ Indonesia, *Minister of law and Human Rights Regulation No 12 of 2017 on Drug Rehabilitation Services Implementation for Prisoner and Inmate*.

⁴⁶ National Narcotics Board (BNN), *Technical Guidance on Out patient Rehabilitation*, 2016. p 4 letter (i)

⁴⁷ Republic of Indonesia, *Decision of Director General of Corrections of the Ministry of law and Human Rights No PAS-985.PK.01.06.04 of 2018 on Implementation Guidance of Drug Rehabilitation for Prisoner and Inmate at Correctional Facility*, 2018.

and to functioning psychologically and socially prosperous. WHO also explained that the rehabilitation was in the form of an initiation phase through detoxification. In case needed, therapy could be given related to the medical and psychiatric conditions experienced by the individual.

The rehabilitation of drug users requires a long time, adequate facilities and medicines, as well as competent professionals and substantial costs. This rehabilitation involves various professions and expertise, namely: doctors, nurses, psychologists, religious counselors, guiding officers and social rehabilitation counselors, psychiatrists and social workers who have received special training to serve drug users.

The effectiveness of rehabilitation programs and processes for drug users is determined by several factors, namely :⁴⁸

- a. Strong will and cooperation from drug users;
- b. Professionalism, competency and commitment of the executor;
- c. Good inter-institutional referral system;
- d. Adequate infrastructure and facilities;
- e. The attention and order of parents and family as well as adequate financial support;
- f. Cooperation and coordination between professions and institutions

2. Types of Rehabilitation Program

According to the General Provisions of Law Number 35 Year 2009 concerning Narcotics regarding the implementation of rehabilitation:

- a. Medical Rehabilitation is a process of integrated treatment activities to recover addicts from drug addiction. Medical rehabilitation for drug addicts can be carried out in hospitals designated by the Minister of Health, namely hospitals run by the government and the community. In addition to medication or treatment through medical rehabilitation, the process of healing drug addicts can be organized by the community through religious and traditional approaches.

⁴⁸ "BAB III Tinjauan Pustaka," accessed on 23 Oktober 2019 <http://repository.umy.ac.id/bitstream/handle/123456789/5009/BABIII.pdf?sequence=7&isAllowed=y>.

Article 56 of Law Number 35 Year 2009 concerning Narcotics states that:

- 1) *Medical rehabilitation for Drug addicts is carried out in the hospital by the Minister.*
- 2) *Certain rehabilitation institutions organized by government agencies or the public can carry out medical rehabilitation for Drug Addicts after obtaining approval from the Minister.*

Referring to Article 4 of the Narcotics Law, we obtain the overview that rehabilitation is one of the main objectives of the promulgation of the Narcotics Law. Furthermore, the regulation on rehabilitation has its own part, namely in Chapter IX part two about Rehabilitation. Article 54 to Article 59 and various other articles of the Narcotics Law regulate the rehabilitation for drug users.

Article 54 of the Narcotics Law states that rehabilitation is a mandatory for drug addicts and victims of drug abuse. The mandatory on rehabilitation should be the main benchmark for law enforcement officials and judges in taking action against drug users.

Article 54 of the Narcotics Act is closely related to Article 127 of the Narcotics Act. In Article 127 paragraph (2) of the Narcotics Law it is stated that judges must pay attention to the provisions of Article 54, Article 55, and Article 103 of the Narcotics Law in issuing decisions. Although it is mandatory, in its implementation it is very dependent on investigators and public prosecutors. If the public prosecutor does not use the provisions of Article 127 of the Narcotics Act in the indictment or claim, the placement of narcotics users in rehabilitation institutions is difficult. Including the most fatal conditions, where the judge still decided to use Article 127 of the Narcotics Act but did not consider the rehabilitation provisions as listed in Article 54 of the Narcotics Act.

In this regard, the Attorney General's Circular Letter No. SE-002 / A / JA / 02/2013 concerning Placement of Narcotics Abuse Victims to the Medical Rehabilitation and Social Rehabilitation Institution contains instructions and instructions for public prosecutors as follows:

- 1) Implementation of Article 54 of the Narcotics Law is implemented with the application of diversion for addicts and victims of drug abuse, where criminal prosecution and punishment to the defendant is not imprisonment but placement of the defendant in Rehabilitation Institution to undergo medical and social treatment.
- 2) Provisions of Chapter IX Article 54, Article 55, up to Article 59 of the Narcotics Law have been set out in Government Regulation No. 25 of 2011 (LN RI No. 5211) concerning the Implementation of Narcotics Addict Compulsory Reports as regulated in Article 13.
 - a) Article 13 paragraph (3) explains that drug addicts who are undergoing a judicial process can be placed in a Medical Rehabilitation and/or Social Rehabilitation institution
 - b) Article 13 paragraph (4) gives the authority/discretion to investigators, public prosecutors and judges to place suspects and defendants during the judicial process at the Medical Rehabilitation and/or Social Rehabilitation Institution.

According to the Minister of Health Regulation No. 50 of 2015 concerning Technical Guidelines for the Implementation of Compulsory Reporting and Medical Rehabilitation for Addicts, Abusers, and Victims of Drug Abuse, the implementation of Medical Rehabilitation can be carried out through outpatient/inpatient care in accordance with the rehabilitation plan that has been prepared by taking into account the results of the assessment based on the standards.

- b. Social Rehabilitation is a process of integrated recovery activities both physically, mentally and socially to enable former drug addicts to return to their social functions in the society. Social rehabilitation of former narcotics addicts can be carried out at the

Social Rehabilitation Institution appointed by the Minister of Social Affairs, namely the Social Rehabilitation Institution which is held both by the government and by the community. Apart from medical treatment and/or rehabilitation, the treatment of drug addicts can be carried out by government agencies or the community through religious and traditional approaches.

Article 58 of Law Number 35 Year 2009 concerning Narcotics states that:

The social rehabilitation of former drug addicts is carried out both by government agencies and by the community.

- c. Post-rehabilitation is a service activity as a continued development for drug addicts, drug abusers, and victims of drug abuse, after undergoing medical rehabilitation and/or social rehabilitation as an integral part of the rehabilitation series.⁴⁹
- d. Furthermore, BNN Regulation Number 24 of 2017 concerning the Rehabilitation Service Standards for Drug Addicts and Victims of Drug Abuse, states that:

“Continuous Rehabilitation, hereinafter referred to as Rehabilitation, is a series of integrated recovery efforts for narcotics addicts, narcotics abusers and victims of narcotics abuse which includes initial acceptance, medical rehabilitation and/or social rehabilitation, and Post-rehabilitation.”

D. Implementation of Drug Rehabilitation Program in Correctional UPT

1. Target, Objective, and Monitoring of Drug Rehabilitation Program

Basically, rehabilitation at Correctional UPT is one of the rights of Inmates to obtain health services⁵⁰. Rehabilitation activities in practice

⁴⁹ “Republic of Indonesia, *BNN Regulation No 24 of 2017 on Rehabilitation Services Standard for Drug Addicts and Victims of Drug Abuse*, 2017. p 5

⁵⁰ Indonesia, *Law No 12 of 1995 on Correctional*. Article 14

are part of the coaching activities. The rehabilitation services are based on the Minister of Law and Human Rights Regulation No. 12 of 2017 concerning the Implementation of Drug Rehabilitation Services for Prisoners and Inmates. In the consideration of this ministerial regulation, it is mandated that the state guarantees the rights of Detainees and Inmates who are drug addicts, abusers, and victims of drug abuse to obtain drug rehabilitation services at detention centers, LPAS, correctional facility, LPKA and Probation Office, that to improve the quality of life of prisoners and inmates who are drug addicts, abusers, and victims of drug abuse to be accepted in the social life, it is necessary to improve drug rehabilitation services.

The drug rehabilitation targets⁵¹ for Prisoners and Inmates are:

- a. Drug addicts;
- b. Drug Abusers; and
- c. Victims of drug abuse.

Drug Rehabilitation for Prisoners and Inmates is aimed to :⁵²

- a. Provide services and guarantee the protection of the rights of Prisoners and Inmates;
- b. Restore and maintain the health conditions of prisoners and inmates which include biological, psychological and social aspects of dependency on narcotics, psychotropic substances and other addictive substances;
- c. Increase the productivity and quality of life of prisoners and inmates;
- d. Prepare inmates to be able to carry out its social functions in the community.

The monitoring of the implementation of drug rehabilitation services at the Correctional UPT is carried out in stages by the Directorate General of Corrections at the Regional Office and from the Regional Office to the Correctional UPT. The target scope of drug rehabilitation services at Correctional UPT is as follows:

⁵¹ Indonesia, *Decision of Director General of Corrections of the Ministry of Law and Human Rights of the Republic of Indonesia No PAS-985.PK.01.06.04 of 2018 on Drug Rehabilitation Implementation Guideline for Prisoner and Inmate at Correctional UPT.* p. 8

⁵² Indonesia, *Minister of Law and Human Rights Regulation No 12 of 2017 on the Implementation of Drug Rehabilitation for Prisoner and Inmate Article 3*

- a. The National Target of drug rehabilitation service in 2018 - 2019 is 6,000 inmates, with the following distribution:
 - 1) Medical rehabilitation: 250 people;
 - 2) Social rehabilitation: 3,750 people;
 - 3) Post-rehabilitation: 2,000 people.
- b. The target of achievement of drug rehabilitation services at Correctional UPT is as follows:
 - 1) 60% of new Prisoners/Inmates are screened through screening procedures using ASSIST forms and urine tests;
 - 2) 100% of Prisoners/Inmates screened using the ASSIST form with the assessment result of severe risk or
 - 3) 100% of prisoners/inmates screened using urine tests (without ASSIST form) with positive test results.⁵³

2. The Flow of Drug Rehabilitation Impelementation

In the Decision of the Director General of Corrections of the Ministry of Law and Human Rights of the Republic of Indonesia Number PAS-985.PK.01.06.04 2018 concerning Guidelines for the Implementation of Drug Rehabilitation for Prisoners and Inmates at the Correctional UPT, the stages of drug rehabilitation for prisoners and inmates are:

- a. Provision of preliminary information
Provision of preliminary information on drug abuse and rehabilitation programs in detention centers and correctional facility is provided to every prisoner and inmates who just enter the environment introduction period, and it is usually one package with other basic health information.
- b. Screening
Rehabilitation begins with screening activities aimed at finding out and identifying the types of substances used and the risk level of drug abuse targeting all prisoners and inmates. The screening process is carried out using ASSIST form version 3.1 (*Alcohol*,

⁵³ Indonesia, *Director General of Corrections Decision of the Ministry of Law and Human Rights of the Republic of Indonesia Nom PAS-985.PK.01.06.04 of 2018 on the Guideline of Drug Rehabilitation Implementation for Prisoner and Inmate at Correctional UPT*, p 63

Smoking, and Substance Involvement Screening Test). From the screening results, an ASSIST score for each substance will be obtained which will then determine the next course of action. Besides using the ASSIST form, a urine test is also performed. The screening process is carried out by doctors, nurses, or correctional officers who have received training.

From screening activities, information about the risk level of drug abuse is obtained. The levels of risk are mild, moderate and severe.

1. Prisoners and Inmates with mild risk level will be given an education about the dangers and risks of drug abuse.
2. Prisoners and Inmates with moderate risk level will receive addiction counseling and rehabilitation assessment.
3. Prisoners and Inmates with severe risk level will receive rehabilitation assessment.

c. Rehabilitation Assessment

Rehabilitation assessment is carried out after obtaining information on screening results. Rehabilitation assessment is the collection of information to obtain a more detailed clinical overview and problems from prisoners and inmates in a comprehensive manner, both at the time of starting, during the rehabilitation, and after completing rehabilitation.

The implementation of rehabilitation assessments is aimed at:

- 1) Initiating communication and therapeutic interactions;
- 2) Increasing awareness on the magnitude and depth of the problems faced by Prisoners and Inmates related to drug use;
- 3) Analyzing medical issues, exploring data and information on the identity of Prisoner and Inmates as well as their families and environment. All of this data is needed to find the background of the cause of the drug abuse disorder in the Prisoners and Inmates;
- 4) Making the diagnosis;
- 5) Developing a therapeutic plan;
- 6) Giving feedback;

Rehabilitation assessment is carried out by the trained Rehabilitation Assessment Team. The team consists of: a. Doctor or Psychologist, in charge of making drug assessment; b. Correctional Guardians, in charge of making reports on the development of coaching and c. Community Guardians, in charge of conducting initial Community Research (Litmas) and assimilation community research or integration community research.

The assessment is carried out using a compulsory report assessment form (ASI-Kemenkes). Its targets are Prisoners and Inmates with moderate and severe risk. The results of the assessment are used to plan rehabilitation service and to measure the success in undergoing rehabilitation services.

d. Providing Rehabilitation Services

After the assessment is carried out, drug rehabilitation services, medical and/or social rehabilitation, are carried. The medical and social rehabilitation therapy services are aimed to: 1) create Abstinence or total termination of substance use; 2) reduce the frequency and severity of relapses and 3) improve physical, psychological and social adaptation functions as well as continue to post-rehabilitation in Probation Office.

1) Medical Rehabilitation

Medical rehabilitation is given to Prisoners and Inmates with moderate and severe addiction degrees and who have comorbidities and withdrawal symptoms.⁵⁴ Medical rehabilitation services are provided at Detention center, Correctional Facility, LPKA and Pengayoman General Hospital appointed by the Director General of Corrections with the following provisions: a. Having an operational permit; and b. Having doctors and nurses who have received training in the field of drug disorders. Medical rehabilitation can also be carried out in collaboration with other detention centers/correctional facility/hospitals which have trained doctors and nurses.

⁵⁴ Presentation by Director General of Corrections, the Policy of DG Corrections in Handling Addicts and Drug Abuse Victims in Judicial Process (Yogyakarta. 15 October 2018)

The medical rehabilitation services⁵⁵ are provided in the form of:

- a) Management of drug emergency conditions;
- b) Detoxification and symptomatic therapy;
- c) Co-morbid therapy;
- d) Treatment therapy; or
- e) Non-treatment therapy.

Medical Rehabilitation Services in Detention Centers/ Correctional Facility/LPKA/Pengayoman Hospital are carried out by: a. Doctor; b. Nurse; and c. Addiction counselor. The implementation of medical rehabilitation services can involve psychologists, psychiatrists, pharmacists, and/or laboratory analysts.

2) Social Rehabilitation

Social rehabilitation is given to Prisoners and Inmates with mild addiction level based on assessment result and who are physically stable. Social rehabilitation services are provided in correctional facility and LPKA designated by the Director General of Corrections which have the following facilities: a. special residential blocks for rehabilitation participants; and b. special space for social rehabilitation activities.

Social Rehabilitation Services are carried out by: a. Health workers (Doctors and/or Nurses) of at least 1 person who has received rehabilitation training; b. Correctional Guardians (Correctional Officers who have received rehabilitation training and are appointed as Program Managers or Instructors); and c. Officers who have been trained in addiction counseling. The implementation of Social Rehabilitation services can involve psychologists, social workers, or clergy.

Social rehabilitation services are provided in the form of

- a) Therapeutic Community;
- b) Criminon; or
- c) Brief Interventions.

⁵⁵ Ibid., Article 10 paragraph (1)

3) Post-rehabilitation

Post-rehabilitation services are an integrated and inseparable part of medical and social rehabilitation in the effort to recover drug addiction. The rehabilitation services at the Detention Center/ Correctional Facility/LPKA/Pengayoman Hospital are continued with post-rehabilitation in Probation Office so that clients can recover, be productive and function socially. The principle of assistance and development in post-rehabilitation services in Probation Office is an important modality that provides clear and directed instructions for achieving recovery goals.

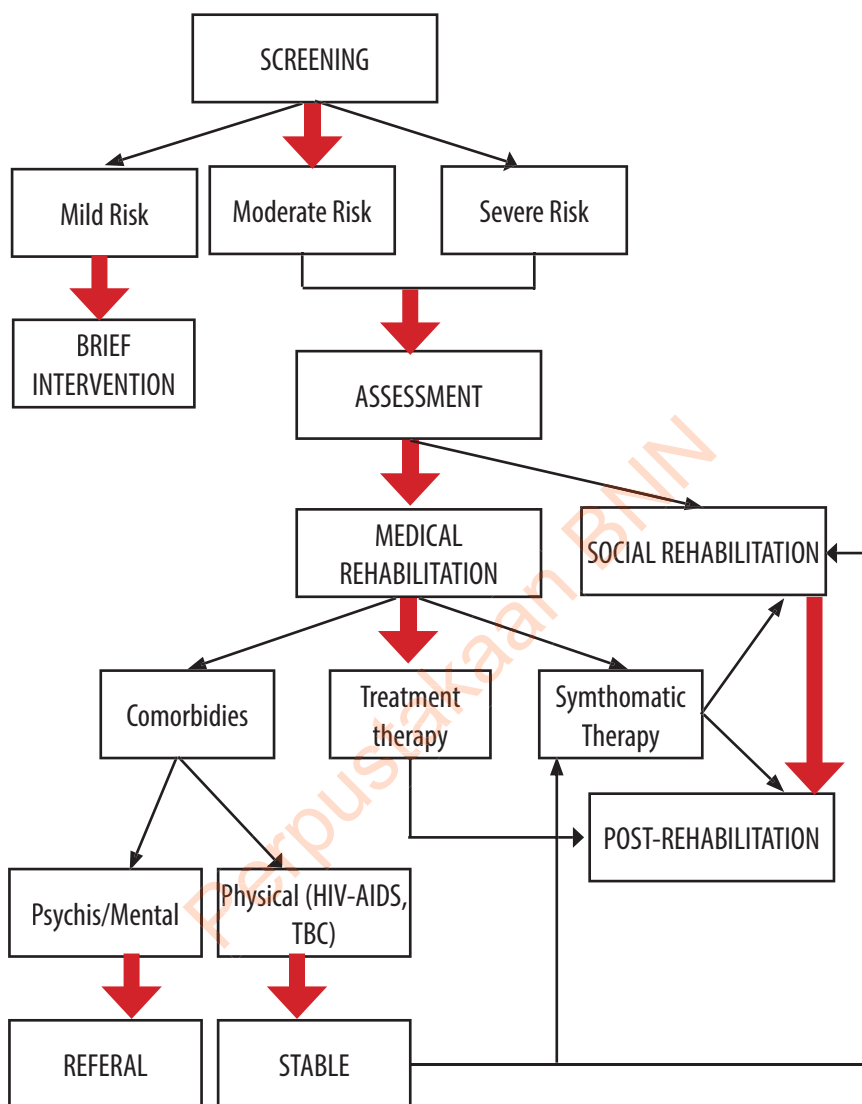
Post-rehabilitation client criteria are: a). Correctional clients have undergone rehabilitation at Detention Center/LPKA/Correctional Facility/Pengayoman Hospital; and b). Willing to undergo post-rehabilitation services in accordance with the program plan. The forms of post-rehabilitation services in Probation Office ⁵⁶ include:

- a) Individual counseling
- b) Group Counseling
- c) Family Counseling
- d) Peer Group Meetings
- e) Seminar (Psycho-education: life skills, coping skills, relaps prevention)
- f) Training on independencys

The rehabilitation stages above can be described in a drug rehabilitation service flow as follows:

⁵⁶ Ibid., Article 11 paragraph (1)

Picture 1. The Flow of Drug Rehabilitation Program Implementation



CHAPTER III RESULT AND DISCUSSION







RESULT AND DISCUSSION

This section will describe the results of data analysis using a mix-method approach as a combination of quantitative analysis and qualitative analysis. First is the description of respondents who were actively involved in this study, namely respondents who filled out questionnaire data for quantitative research and informants involved in qualitative research. Second is the result of the tabulation of the questionnaire and indepth study based on interviews and FGD. Third is the inhibiting factor in the implementation of drug rehabilitation in the Correctional UPT.

A. General Overview

1. Detention center/Correctional facility and Probation Office as Rehabilitation and Post-Rehabilitation Implementing Agency

Drug rehabilitation can be carried out by government agencies and community. One of the government agencies that can carry out drug rehabilitation is the Correctional UPT namely detention centers, correctional facility and probation office. Based on the Director General of Corrections Decision Number: PAS.121.PK.01.07.01 of 2017 regarding the determination of Correctional UPTs as Rehabilitation Services Implementing Agency for drug abuser-Prisoner and Inmates, 128 Correctional UPTs (see table below) are appointed with a target of

6,000 rehabilitation participants consisting of 250 people in medical rehabilitation, 3,750 people in social rehabilitation and 2,000 people in post-rehabilitation .

Table 6. Number of Rehabilitation Implementing UPT

No	Types of Rehabilitation	Implementing UPT	Number of UPT
1	Medical	Detention center, Pengayoman Hospital	5
2	Social	Correctional Facility, LPKA, Drug Correctional Facility, Women's Cor-rectional Facility	72
3	Medical and social	Women's Correctional Facility, Correctional Facility	7
4	Post-rehabilitation	Probation Office	44

2. Respondent Characteristics

This study took samples in 7 (seven) provinces, namely South Sumatra, DKI Jakarta, Banten (Tangerang), West Java, DI Yogyakarta, Bali and South Sulawesi. Data on the number of Prisoners/Inmates/Client is 728 (seven hundred twenty eight) respondents which vary from each province. The distribution of data from each province and Correctional UPT can be seen in the table below:

Table 7 Distribution of the Number of Medical Rehabilitation, Social Rehabilitation and Post-rehabilitation Respondents

No	Province	Correctional UPT	Type of Rehabilitation		
			Medical	Social	Post
1	DKI Jakarta	1. Correctional Facility Class I Cipinang	11	-	-
		2. Narcotics Correctional Facility Class IIA Jakarta	4	88	-
		3. Detention Center Class I Central Jakarta	5	-	-
		4. Probation Office Class I Central Jakarta	-	-	5
		5. Probation Office Class I South Jakarta	-	-	5
2	Banten (Tangerang)	1. Women's Correctional Facility Class II Tangerang	-	15	-
		2. Youth Correctional Facility Class II Tangerang	13	23	-

No	Province	Correctional UPT	Type of Rehabilitation		
			Medical	Social	Post
3	West Java	1. Correctional Facility Class IIA Banceuy	-	10	-
		2. Correctional Facility Class IIA Bogor	-	27	-
		3. Correctional Facility Class IIA Cibinong	-	30	-
		4. Correctional Facility Class IIA Bekasi	-	10	-
		5. Correctional Facility Class III Gunung Sindur	-	14	-
		6. Women's Correctional Facility Class IIA Bandung	-	24	-
		7. Narcotics Correctional Facility Class IIA Bandung	-	21	-
		8. Narcotics Correctional Facility Class IIA Cirebon	-	33	-
		9. Detention Center Class I Bandung	1	-	-
4	D.I Yogyakarta	Narcotics Correctional Facility Class IIA Yogyakarta	-	39	-
5	South Sumatera	1. Women's Correctional Facility Class IIA Palembang	25	25	-
		2. Probation Office Class I Palembang	-	-	2
6	Bali	1. Correctional Facility Class IIA Denpasar	5	6	-
		2. Correctional Facility Class IIB Karangasem	-	6	-
		3. Correctional Facility Class IIB Tabanan	-	28	-
7	Sulawesi Selatan	1. LPKA Class II Parepare	-	32	-
		2. Correctional Facility Class IIA Watampone	-	31	-
		3. Narcotics Correctional Facility Class IIA Sungguminasa	-	152	-
		4. Women's Correctional Facility Class IIA Sungguminasa	-	26	-
		5. Detention Center Class I Makassar	9	-	-
		6. Probation Office Class I Makassar	-	-	3
			73	640	15
Total			728		

Source: Primary Data 2019 (processed data)

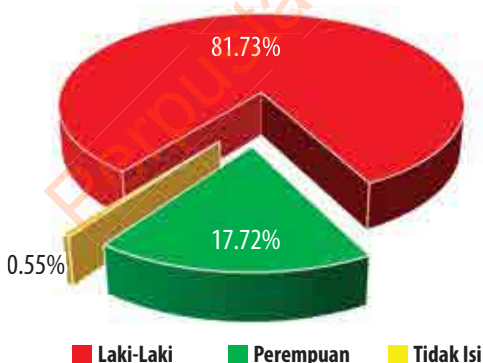
Table 8. Characteristics of Respondent Age

Age	Frequency	Percentage
≤20 years	15	2.06%
21 – 30 years	283	38.87%
31 – 40 years	276	37.91%
41 – 50 years	94	12.91%
≥51 years	25	3.43%
Not answering	35	4.81%
Total	728	100%

Source: Primary Data 2019 (processed data)

Based on the tabulation results shown in the table above, from the total 728 respondents, the age of the respondents who participated in the medical rehabilitation, social rehabilitation and post-rehabilitation programs is mostly in the age of 21 to 30 years with 38.87%, followed by the age of 31 to 40 years with 37.91%, then the age 41 to 50 years with 12.91%. Meanwhile, the lowest percentage is in the age of above 50 years with 3.43%.

Graphic 3. Characteristics of Respondent Gender

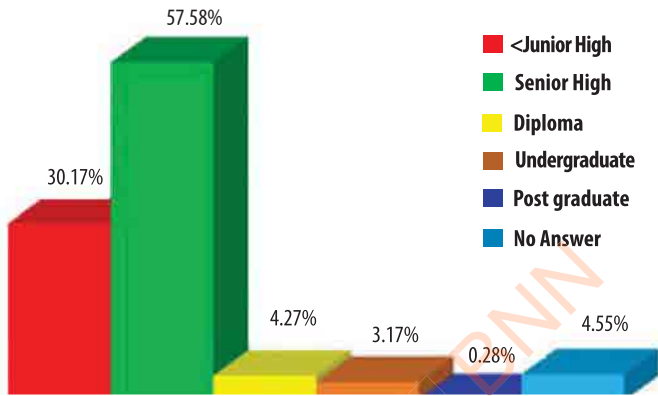


Source: Primary Data 2019 (processed data)

From 728 respondents participating in medical rehabilitation, social rehabilitation and post-rehabilitation as shown in the graphic above, it is still dominated by male with 81.73% and female with 17.72%. Meanwhile, 0.55% of respondents are not answering.

Based on the level of education, the 728 respondents are dominated by senior high school with more than half of it or around 57.58%, followed by junior high school with 30.17%, and the lowest is the postgraduate with 0.28%. It is shown in the graphic below.

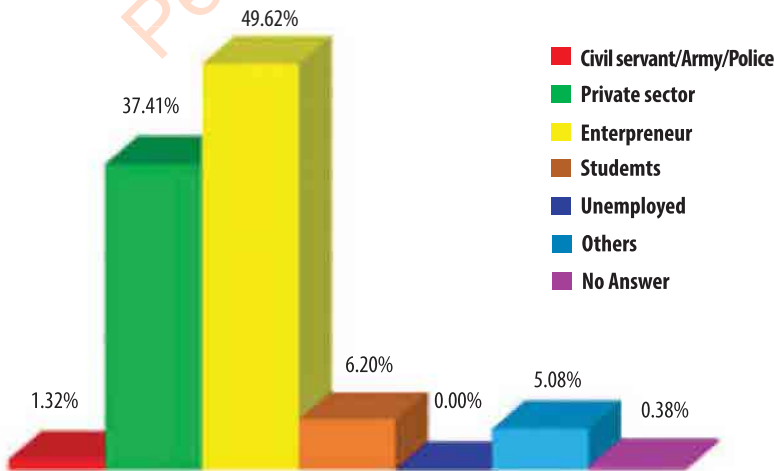
Graphic 4. Characteristics of Respondent Educational Background



Sources: Primary data 2019 (processed data)

The distribution of respondents who took part in medical, social rehabilitation and post-rehabilitation programs in detention center/ correctional facility/probation office is 49.62% of entrepreneurs, 37.41% of private sector workers, 6.02% of students, and 1.32% of Civil servants / Army/Police (see graphic below).

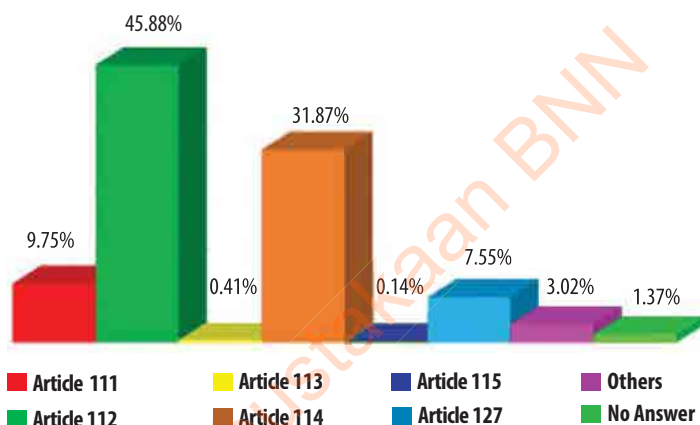
Graphic 5. Characteristic of Respondent Occupation



Sources: Primary data 2019 (processed data)

Article 54 of Law Number 35 Year 2009 concerning Narcotics states that drug addicts and victims of drug abuse must undergo medical rehabilitation and social rehabilitation, but if we look at the graphic below, only 7.55% from 728 respondents are subject to Article 127 (addicts). The distribution of the respondents' answers chose Article 112 (45.88%). Article 114 is the second largest answer with 31.87%. The distribution of respondents' answers illustrates that the rehabilitation implementation in detention centers or correctional facility does not only see the articles imposed on rehabilitation program participants, but also the screening and assessment to determine potential rehabilitation participants.

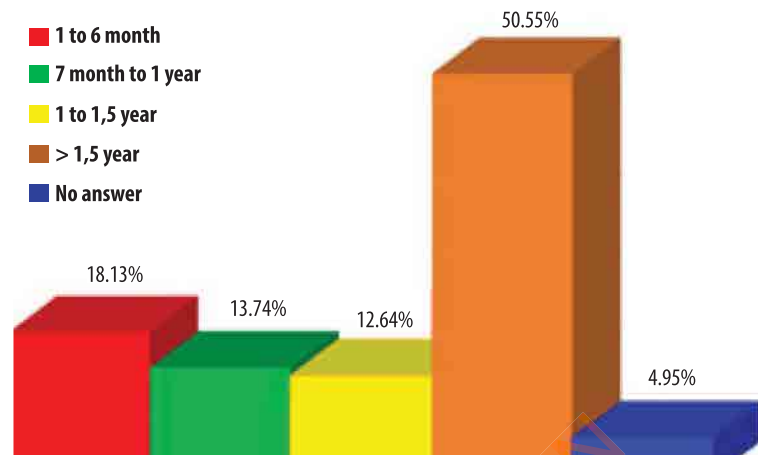
Graphic 6. Characteristics of Article Imposed to Respondents



Sources: Primary data 2019 (processed data)

From 728 respondents who took part in medical and social rehabilitation programs in detention centers and correctional facility, the remaining sentence period varies from 1 year to 1.5 years above. Based on the tabulations of all respondents, more than 50% is dominated by inmates with a remaining sentence period of more than 1.5 years, amounting to 50.55%. Respondents with the remaining sentence period of 1 to 6 months are 18.13%, 7 months to 1 year are 13.74% and 1 to 1.5 years are 12.64%.

Graphic 7. Characteristics of Respondents' Remaining Sentence Period



Sources: Primary data 2019 (processed data)

B. The Effectiveness of Rehabilitation and Post-Rehabilitation Implementation in Corectional UPT

This study is to find out the effectiveness of the implementation of rehabilitation and post-rehabilitation services at the Correctional UPT, namely the Detention Center, Correctional Facility and Probation Office which is divided into 3 aspects, namely the implementation of the rehabilitation program, staff competency, as well as availability of facilities and infrastructure at the rehabilitation provider UPT both medical, social and post-rehabilitation.

1. Medical and Social Rehabilitation in Detention Center and Correctional Facility

a. Implementation of Rehabilitation Program

There are 11 (eleven) service elements in the program implementation that are measured using a questionnaire namely the ease of obtaining services, rehabilitation flow, screening process, assessment, type/program, how to obtain information on the three stages, whether the implementation meets the need or not (physical, age, gender and psychology, impact/influence of rehabilitation on behavior

and self-confidence, implementation, and length/duration of rehab. This questionnaire is used to measure the satisfaction of Resident/Inmates upon rehabilitation services in detention center/correctional facility.

Based on the results of the distribution of questionnaires to 713 respondents about the rehabilitation participants' perception regarding the implementation of medical and social rehabilitation services in detention centers/correctional facility, the following data is obtained:

Table 9. Perception upon Medical and Social Rehabilitation Implementation

No	Statement	Strongly agree	Agree	Less agree	Disagree	Index	Conversion
1.	Access/ways to obtain rehabilitation services are easy	39.13%	53.02%	3.93%	3.79%	3.27	81.80
2.	The flow of rehabilitation services in detention/correctional facility according to stages (Screening, Assessment and Service Delivery)	35.20%	60.45%	3.65%	0.28%	3.30	82.43
3.	The screening process has been carried out well	39.83%	56.38%	3.09%	0.14%	3.35	83.70
4.	The rehabilitation assessment process is appropriate and accurate	34.36%	60.87%	4.21%	0.28%	3.29	82.19
5.	The type/ program of rehabilitation services is in accordance with the results of the assessment	29.59%	64.52%	4.91%	0.84%	3.23	80.65
6.	Information on results of screening, assessment and rehabilitation services is clear	40.95%	52.17%	6.73%	0.14%	3.34	83.49
7.	Implementation of rehabilitation services in accordance with needs (Physical, Age, Gender, Psychic)	33.10%	59.47%	5.89%	1.54%	3.24	81.03
8.	Rehabilitation services can increase self-confidence and change the behavior	64.38%	34.64%	0.84%	0.00%	3.63	90.78
9.	Narcotics banners can be seen clearly	57.64%	38.99%	2.38%	0.56%	3.53	88.22
10.	The rehabilitation is carried out in a timely manner	38.29%	56.94%	3.09%	0.98%	3.31	82.78
11	A rehabilitation period of 6 months is adequate	34.22%	47.55%	11.92%	4.49%	3.08	76.96
Total Index		3.32					
Conversion		83.09					

Sources: Primary data 2019 (processed data)

Based on the data tabulation above, the perception of rehabilitation participants shows the score of **83.09** or weight of **3.32**. From the 11 (eleven) elements in the table above, the rehabilitation participants agreed that the implementation of rehabilitation services, both medical and social, in detention centers/correctional facility as a whole has been going very well. However, there is a note that out of the 11 elements measured, there is one element with the lowest percentage, namely the 6 month rehabilitation period which is considered insufficient.

In general, the rehabilitation participants do not have in depth knowledge whether the standards and procedures for implementing drug rehabilitation in detention/correctional facility have been in accordance with applicable regulations. Nevertheless, according to their perception, the implementation of drug rehabilitation is very good. This is probably since prisoners and inmates feel and assess that the rehabilitation program gives a positive impact and is needed to eliminate dependence on drugs while serving their sentences.

Based on the results of interviews and FGDs with correctional officers and related agencies, it is known that the implementation of drug rehabilitation at Correctional UPT is not as good as the results of the perception of rehabilitation participants. This is due to the fact that the implementation of the drug rehabilitation program in detention/correctional facility has not been carried out consistently in accordance with applicable standards and regulations, and has experienced obstacles in its implementation. The following is information from the informants and analysis by the research team related to the implementation of the medical and social rehabilitation program:

1) Achieving the Target of Rehabilitation Participants

Drug rehabilitation for Prisoners and Inmates at the Correctional UPT is carried out based on the determination of the Director General of Corrections that assesses the Correctional UPT which have fulfilled the requirements for providing drug abuser-prisoner and inmates rehabilitation services (as described in Chapter II). Determination of the Director General of Corrections also determines the type of rehabilitation and the number of target of rehabilitation participants in each UPT. Based on this

stipulation, the Correctional UPT is responsible for carrying out drug rehabilitation in its best effort with the existing conditions/abilities because they have met the requirements.

Determination of the Directorate General of Corrections that directly determines the type of rehabilitation and the number of rehabilitation participants has advantages and disadvantages that have an impact on the implementation of rehabilitation. The advantages include: First, the Correctional UPT knows the type of rehabilitation to be carried out and the number of participants who must attend rehabilitation. Second, it eases Correctional UPT in planning the budget for drug rehabilitation. The disadvantages are that the implementation of rehabilitation is not in accordance with the needs and not in accordance with the stages of rehabilitation since referring to the implementation instructions of rehabilitation, the determination of the type of rehabilitation and the number of participants is based on the results of screening and assessment carried out by the Correctional UPT.

Based on data from the Directorate General of Corrections until July 2019, the realization of the target of rehabilitation participants was 3,078 people, consisting of 183 medical rehabilitation participants, 2,579 social rehabilitation participants and 316 post-rehabilitation participants. The number of rehabilitation participants is predicted not to increase because generally correctional facility and detention center conduct screening and assessment of rehabilitation to inmates and prisoners at the beginning of the fiscal year around April-May so that no prisoners and inmates can participate in rehabilitation.

In its implementation, the target achievement realization of rehabilitation participants in each UPT is varied. There is a Correctional UPT of which number of rehabilitation participants is in accordance with predetermined targets such as the Makassar Class I Detention Center with 10 people as targets and 10 people in its realization. On the other hand, there are Correctional UPTs of which rehabilitation participants do not meet the targets such as the Bandung Narcotics Correctional Facility Class IIA which make

target of 30 rehabilitation participants but the realization is only 20 people. However, there are also Correctional UPTs that exceed the target, such as the Class II Narcotics Correctional facility in Sungguminasa which make target at 120 people and then the realization reaches 156 people.

If examined deeper, there are several supporting and inhibiting factors in achieving the target of rehabilitation participants. The supporting factors include:

- a) The number of prisoner and inmate of drug cases who are categorized as users reaches 41,979 people . This large number enables the recruitment process of rehabilitation participants.
- b) Prisoner and inmate who want to recover from drug addiction are quite a lot. This is known by the rehabilitation team when socializing the rehabilitation program to Prisoners and Inmates where most of them are interested in participating in rehabilitation in detention/correctional facility.
- c) Drug rehabilitation is a form of fostering prisoners and inmates so that in principle, even though there is no stipulation from the Director General of Corrections, detention/correctional facility should carry out drug rehabilitation.

Meanwhile the inhibiting factors are :

- a) Limited budget.
- b) Lack of trained correctional officers to conduct assessments and lack of assistance from relevant agencies.

2) The drug rehabilitation target

Based on the tabulation results of the questionnaire data which aew previously explained, that based on the article subject to the classification of rehabilitation participants around 7.55% of prisoner/ inmates respondents who are subject to Article 127 of the Narcotics Law (addicts, abusers and victims of drug abuse), it means that if they consistently apply provisions of the Narcotics Law, then 92.45% of respondents are not on target because it is not included in the rehabilitation mandatory. This was also confirmed by information from a number of correctional officers who stated that the number of

drug case-prisoners/inmates which were subjected to article 127 was relatively small and in general those who were subject to Article 127 were also subject to additional articles (Juncto) such as Article 111, 112, 113 and 114 of the Narcotics Law.

However, the classification of drug rehabilitation participants in the Correctional UPT which is not limited based on Article 127 does not necessarily constitute a mistake, because the categorization of rehabilitation participants in detention/correctional facility is prisoners/inmates categorized as addicts, abusers and victims of drug abuse based on screening and assessment, not based on Article 127 of the Narcotics Law. According to the experience of correctional officers, it is possible for prisoners/inmates who are categorized as drug dealers or those who are imposed other than Article 127 of the Narcotics Law, to become addicts or consume drugs and to depend on drugs that must be rehabilitated. In addition, there is also a possibility that the Prisoner/Inmate who commits a general crime is also a drug addict or abuser. For example a prisoner/inmate who is convicted of a theft case, after the screening and assessment, is indicated a drug addict so he must participate in drug rehabilitation.

There are differences in the application of the rules between the Narcotics Law and the Guidelines for the Implementation of Rehabilitation at the Correctional UPT in determining Inmates to participate in rehabilitation. According to the Narcotics Law, there are 2 (two) mechanisms in determining rehabilitation. First, based on the decision of the Integrated Assessment Team (TAT), someone caught by the police or BNN is suspected of being a drug user. Then he can participate in rehabilitation (still under investigation). Second, the judge's decision if a person is subject to Article 127 and can be proven or proven to be a victim of drug abuse, the abuser must undergo medical rehabilitation and social rehabilitation. While the determination of rehabilitation in Correctional UPT does not only follow the two mechanisms (if there are results of the Integrated Assessment Team and Judge's Decision), but is based on the results of screening and assessment of all Prisoners and Inmates as an effort to foster Prisoners/Inmates in accordance with the purpose of correcting, so that Prisoners/Inmates realize their mistakes, do not

repeat their actions and can return to the community. Related to this, the rehabilitation program should provide equal opportunity to all drug case-Prisoners/Inmates to become rehabilitation participants.

In general, the rehabilitation team in detention/correctional facility in selecting Prisoners/Inmates who will participate in drug rehabilitation considers the remaining sentence period of prisoners/inmates especially those who will be free and have the desire to recover from addiction. However, based on the data, this has not been able to be fully implemented since almost 50% are dominated by rehabilitation participants with a remaining sentence period of over 1.5 years, meaning that after completing the rehabilitation program the inmate is still in prison and returned to the public block.

3) Implementation of Rehabilitation Stage

Rehabilitation is carried out in several stages, namely providing initial information, screening, assessment, medical rehabilitation and social rehabilitation. Based on the perception of prisoners/inmates as rehabilitation participants, the results are very good. The perception index is above 80%. This percentage shows that the prisoner/inmate has followed these stages and assesses that the implementation is good and according to procedures. However, this is unlike the results of interviews and FGDs which describe that the rehabilitation implementation is still experiencing obstacles. These are the field findings in the implementation of rehabilitation stages in correctional institutions and detention:

a) Preliminary Information

Based on the implementation guideline, the stages of providing preliminary information about the rehabilitation program in the rehabilitation implementing detention center/correctional facility must be conveyed to each new prisoner/inmate in the introduction of the environment. This has been done by correctional and detention center officers to new prisoners and inmates entering in 2018 and 2019 because the stipulation of drug rehabilitation in the Correctional UPT was established in 2018 and began to be effectively implemented in 2019. In addition, the rehabilitation team in Detention Center/Correctional Facility also conducts

socialization or information sharing session to all Prisoners/Inmates in a joint activity or counseling per residential block.

Providing initial information in the form of leaflets or banners is still rarely found by the research team in the field. Only few correctional facilities post leaflets about drug rehabilitation. In addition, the stages of providing initial information about drug rehabilitation to prisoners/inmates that have not been optimal are the socialization conducted by the Community Guidance when conducting initial community research and community guidance. Because the results of the community research contain the profile and conditions of the inmate and advice on the training programs needed by the inmate, information on drug rehabilitation should also be delivered at the time of research and community guidance.

b) Screening and assessment

All detention centers/correctionals facility used as locations for the research field data collection in this study carry out the screening and assessment stages before conducting drug rehabilitation. The material or steps for screening and assessment follow the instructions for implementing drug rehabilitation. However, in practice, there are still obstacles, such as:

- (1) Lack of trained correctional officers with the knowledge on screening process and assessment;
- (2) (The guideline on the implementation of drug rehabilitation at the Correctional UPT has not been disseminated evenly to the rehabilitation team in Detention Centers/Correctional Facility. Therefore, the assessment team in several correctional facilities is carried out by a team from the Regional Office of the Ministry of Law and Human Rights. There are also correctional facilities that receive assistance from assessors from BNNP (Provincial BNN) or BNNK (Regency BNN)
- (3) Another obstacle is the limitation of the number of prisoner/inmate in the screening and assessment process because it is adjusted to the availability of a package-based rehabilitation budget (screening for 20 people, medical and social rehabilitation for 10 people each). This causes the screening

and assessment process to be not optimal and not evenly distributed to all Prisoners/Inmates;

- (4) Limited medical equipment for urine test;
- (5) The results of screening and assessment cannot be utilized optimally because each UPT has determined the type of rehabilitation. For example, if the assessment results of an inmate at a UPT recommend the inmate to participate in medical rehabilitation, while the UPT is only designated for social rehabilitation, then the recommendation of the assessment results cannot be implemented and vice versa.

According to several members of the rehabilitation team in detention/correctional facility, the assessment process should be carried out by a professional since the implementation of the assessment is not merely a process of giving questions to Prisoners/Inmates and filling out the assessment forms, but it requires knowledge and experience of an assessor to obtain actual information from the Prisoner/Inmates and to know the type of rehabilitation or treatment needed. In addition, it also avoids conflict of interest (inmates and local correctional officers) and maintains the objectivity of the assessment results.

c) Medical Rehabilitation

In the findings of the field data, most of the Detention Centers/Correctional Facilities conducting medical rehabilitation have fulfilled the specified minimum requirements, such as having health service facilities or clinics with operational licenses as well as doctors and nurses who have received training in the field of drugs. However, there are still Detention Centers/Correctional Facilities where the clinics are still in the process of obtaining license and which have lack of medical personnel who have received rehabilitation training and most rehabilitation team members have never received rehabilitation training. This has an impact on the lack of knowledge of medical staff regarding the handling and method of rehabilitation for new types of drug cases. In addition, most detention/correctional facility is still short of counselors of addiction.

The medical rehabilitation methods used by detention/correctional facility are varied, such as treatment therapy (methadone), symptomatic therapy, treatment of complicated medical conditions, and psychiatric comorbid therapy. In general, detentions/correctional facilities that use treatment therapy methods (methadone) are limited to inmates who have attended rehabilitation before entering detention/correctional facility and/or have the referral letter from the hospital/clinic/doctor. The administration of methadone therapy to inmate is strict and selective because there are indications that prisoners/inmates request methadone therapy only to replace drugs that are commonly consumed and do not have willingness to be free from addiction.

Medical therapy must be in accordance with the needs of each individual. Therefore, the medical rehabilitation period should not be limited to 6 months because the needs and treatment methods are different. Each inmate participant is examined periodically. If the prisoner/inmate has recovered, he can be replaced by another inmate without having to wait for 6 months. The exact duration of a client depends on the type and degree of problem and the Resident's needs. The research indicates that individuals with the highest level of addiction need at least 3 months of rehabilitation in order to significantly reduce or stop the use of narcotics or addictive substances. Recovering from narcotics or addictive abuse is a long-term process and often requires several stages of rehabilitation. Like other chronic diseases, relapse of narcotics or addictive substance abuse can occur and is a sign that rehabilitation should to be adjusted to the needs of the Resident. Rehabilitation programs must also have a strategy to keep residents in the program because they often leave the program prematurely.

In the opinion of the correctional officer at the Correctional UPT which only conducts medical rehabilitation, the implementation of medical rehabilitation should be simultaneous with social rehabilitation because an addict's medical condition affects his psychological condition and both need to be given treatment.

Thus, the rehabilitation process of a drug addict also requires and must be followed by social rehabilitation while undergoing medical rehabilitation.

In general, the success of medical rehabilitation can be seen from several indicators, including:

- (1) Results of further assessment and negative urine tests;
- (2) Participants' active daily participation in the rehabilitation program;
- (3) There is a change in behavior. They become calmer and have better mindset.

From these 3 indicators, the average inmate-rehabilitation participants' medical condition is progressing and changing. However, there is no standard measurement of rehabilitation success that can be assessed based on scoring.

d) Social Rehabilitation

Social rehabilitation is the type of rehabilitation most carried out by detention/correctional facility compared to medical rehabilitation since the requirements for conducting social rehabilitation are more easily fulfilled. In general, detention centers/correctional facilities can fulfill these requirements, such as having at least 1 health worker (doctor and/or nurse) who has received rehabilitation training, correctional guardians (correctional officers who have received rehabilitation training and are appointed as program managers or instructors) and officers who have been trained in addiction counseling. Detention centers should also have facilities such as residential blocks and special rooms for rehabilitation participants.

From the field findings, most detention centers/correctional facilities still have a shortage of trained officers and most correctional officers receive training in 2015-2016. At present, several correctional officers have been transferred to detention/correctional facility or regional offices. Therefore, in a number of detention/correctional facility, the correctional officers including the rehabilitation team carry out self-learning on how to provide rehabilitation materials based on implementation guideline and methods that have been learned at the

training in BNN. To overcome this, several correctional facilities have collaborated with local BNNP and BNNK. The collaboration is not based on a written MoU but is influenced by good relations between agencies, especially the ability of UPT leaders to coordinate. The forms of cooperation include assistance from counselors when conducting assessments and being resource persons in delivering rehabilitation materials. However, there are also detention centers and correctional facilities that have not received assistance from relevant agencies.

Based on observations by the research team, most detention centers/correctional facilities try to provide special shelter blocks/rooms for rehabilitation participants. However, due to space limitations and overcrowded in detention centers/correctional facilities, the block separation or special block has not been 100% in accordance with the expected standards. Similarly, special rooms for social rehabilitation activities still use other rooms such as clinic and multipurpose rooms.

The material for social rehabilitation activities follows a schedule of activities, both daily and weekly. The material for social rehabilitation already exists in the instructions for implementing drug rehabilitation so that the social rehabilitation team can directly implement it. However, in practice, the implementation was not as easy as the operational guidelines since correctional officers have different level of competency that the provision of material seems improper. It is also confirmed based on interviews with rehabilitation participants who mention that the rehabilitation materials are monotonous and boring. Therefore, according to the rehabilitation participants, there should be new material and should often invite external speakers.

Social rehabilitation materials carried out in detentions/correctional facilities are generally group based-activities, not individual-based activities. This causes the needs and development of individual prisoner/inmate can not be revealed in detail and detected by officers. Similar to medical rehabilitation, social rehabilitation should also use individual treatments other than groups because each Prisoner/Inmate has different rehabilitation needs. Thus, the intervention of correctional officers can meet the target and is in accordance with the needs of each inmate.

The level of success of a social rehabilitation program cannot be determined because there are no established standards or instruments to measure the success of social rehabilitation. Based on the observation of correctional officers, the achievement of the objectives of the social rehabilitation program is considered quite well with the indicators such as changes in behavior of the resident, increased self confidence, more discipline, and more concerned with fellow rehabilitation participants. Furthermore, the urine test during the rehabilitation program or after the completion of the program shows negative results.

e) Preparation of Post-rehabilitation

According to the guideline of the implementation of drug rehabilitation at the Correctional UPT when the implementation of social rehabilitation is almost completed (in the last 3 (three) weeks), the rehabilitation team is preparing the post-rehabilitation services of which the components include:

- (1) Final assessment, to assess changes in the 6 domains of the Compulsory Reporting Instrument and to prepare inmate as a drug rehabilitation participant to be included in the post-rehabilitation services;
- (2) Post-rehabilitation socialization conducted by the Community Guidance;
- (3) Vocational seminars, recurrence prevention;
- (4) Documenting the files needed (community research, history of medical development, history of psychological development, history of behavior development). For inmate who undergo parole, conditional leave, and leave ahead before free, a copy of the file is submitted to the Judicial Review Probation officer for follow up.

The field findings show that the preparatory stages of the post-rehabilitation above have not been carried out by the detention center/correctional facility, because in general detention center/correctional facility providing social rehabilitation began the new social rehabilitation around April to July 2019. Thus, when the research team conducted field data collection in September, the post-rehabilitation activities were not yet carried out.

f) **Reporting and Monitoring of Medical and Social Rehabilitation Services**

Based on the findings of the research team, all detention centers/correctional facilities with rehabilitation services make periodic rehabilitation activity reports to the Regional Office B.03, B.06, B.09, and B.12. The report includes details of the activities such as types of rehabilitation services, target of rehabilitation participants, budget, human resources, facilities and infrastructure of the program, time, schedule of activities, constraints and results achieved.

Based on the analysis of the research team, the format of the report made by the Detention centers/correctional facilities is good because it describes the whole implementation of rehabilitation activities in details. Substantially, it shows the impression that the implementation of medical and social rehabilitation runs well, while the results of interviews and direct observation by the research team on the medical and social rehabilitation show that there are still significant constraints and obstacles that need improvement.

Furthermore, the role of the Regional Office of Ministry of Law and Human Right cq Correctional Division is not optimal in overcoming the problem of implementing rehabilitation in detention/correctional facility, such as collaborating with related agencies especially the local government to overcome the problems of human resources, materials, facilities and infrastructure. This gives the impression that the Detention Center/Correctional Facility is trying to overcome the problem in rehabilitation implementation without any help.

b. Officer's Competency

Based on the results of the distribution of questionnaires to 713 respondents regarding the perception of rehabilitation participants towards the competence of medical and social rehabilitation service officers in detention centers/correctional facilities, the following data are obtained:

Table 10. Perception Toward The Competency of Medical and Social Rehabilitation Service Officers

No	Statements	Strongly agree	Agree	Less agree	Disagree	Index	Conversion
1.	Officers have well understanding on rehabilitation services	49.93%	45.30%	4.07%	0.28%	3.44	86.01
2.	Officers have skills in rehabilitation services	40.53%	55.26%	3.79%	0.14%	3.36	83.91
3.	Officers have the discipline in delivering services	47.27%	47.27%	4.07%	1.12%	3.40	85.03
4.	Officers give good example	55.82%	41.65%	1.54%	0.70%	3.52	88.01
Total Index		3.43					
Conversion		85.74					

Sources: Primary data 2019 (processed data)

The 4 (four) elements in the table above indicated that the rehabilitation participants agree that the competency of rehabilitation service officers, both medical and social, in detention centers/correctional facilities as a whole is very good. The tabulations conducted on the Resident's perceptions show the score of 85.74 or 3.43. It means that the quality of perceptions of the competence of detention/correctional facility officers in providing medical and social rehabilitation services from 713 respondents is categorized excellent.

The rehabilitation of addicts, abusers and victims of drug abuse requires human resources with specific competency standards and expertise. The competence is in the form of expertise in handling the use of narcotics substances for detention/correctional facility/probation office officers who serve as a place to carry out drug rehabilitation for inmates and prisoners. Rehabilitation services at Correctional UPT require doctors and nurses, officers who have had internships and/or received basic training in substance use disorders such as narcotics assessment, addiction counseling and medical and/or social rehabilitation. The composition of the medical rehabilitation implementing team members is Doctor, Nurse, Addiction Counselor, Relapse Prevention Officer and Administrative Officer/Verifier. Meanwhile, the composition of social rehabilitation members is the Program Manager, Special Service Officers, Daily Activity Program Instructors, Addiction Counselors, and Support Service Officers.

As a result of the field findings, all detention center/correctional facility as rehabilitation providers have fulfilled the minimum requirements or standards of at least 1 .medical officer and correctional officer who have received training in the field of narcotics rehabilitation. However, the number of correctional officers is still small and has not been able to meet the needs of rehabilitation in accordance with standards. This becomes a problem for detention centers/correctional facilities when only one or two people have received rehabilitation training, while the implementation of drug rehabilitation is carried out by a team consisting of several members whose duties and functions are determined, and to carry out these functions the officer must have certain competencies.

In addition, correctional officers who have attended drug rehabilitation training may not necessarily follow all types of competencies regarding rehabilitation, while the drug rehabilitation program is a process of activities with variety of materials that require human resources who have certain competencies. Usually, the correctional staffs participating in rehabilitation training are medical personnel (doctors and nurses). It is confirmed in the field findings that members of the rehabilitation team that play a greater role are the medical personnels.

Other problems related to correctional human resources competencies include:

- 1) Many correctional officers who have received training are placed in fields that do not handle rehabilitation activities due to mutations and promotions. Thus, there are correctional facilities that have officers who have received training but do not conduct rehabilitation programs because they do not receive a budget and are not designated as a rehabilitation place;
- 2) There is no improvement on knowledge and competencies of the officers who have received training held by the Directorate General of Corrections/others;
- 3) Officers who have received training from BNN have not been mapped: the number and the assignment unit;
- 4) the support from human resources from other agencies such as the Ministry of Health, Ministry of Social Affairs and the Provincial/ City/Regency BNN or NGOs is not yet optimal;
- 5) The rehabilitation manual has not been socialized.

Based on observations and interviews at the Detention Center/ Correctional Facility as the location of research related to human resources data of medical and social rehabilitation services, the data obtained is shown in the table below:

Table 11. Data of Medical and Social Rehabilitation Services Human Resources

No	Name of UPT	Doctor	Nurse	BNN Training	Internship	Note
1.	Narcotics Correctional Facility Class IIA Yogyakarta	2	3	2	1	General practitioner/ doctor and nurse
2.	Correctional Facility Class IIA Cibinong	3	3	-	-	General practitioner/ doctor and nurse
3.	Correctional Facility Class IIA Bogor	5	3	5	1	General practitioner/ doctor and nurse
4.	Correctional Facility Class III Gunung Sindur	-	2	-	-	
5.	Correctional Facility Class IIA Bekasi	4	4	1		
6.	Narcotics Correctional Facility Class IIA Cirebon	1		3		
7.	Narcotics Correctional Facility Class IIA Bandung	1	2	1	-	the doctor is ill
8.	Correctional Facility Class IIA Kerobokan	4	6	1	1	
9.	Correctional Facility Class IIB Karangasem	1	1	1	1	
10.	Correctional Facility Class IIB Tabanan	2	3	2	1	
11.	Narcotics Correctional Facility Class IIA Jakarta	4	9	√	√	
12.	Correctional Facility Class I Cipinang	5	10	√	√	
13.	Youth Correctional Facility Class IIA Tangerang	2	3	1	-	
14.	Women's Correctional Facility Class IIA Tangerang	1		-	-	
15.	Correctional Facility Class IIA Watampone	-	2	10	-	
16.	Narcotics Correctional Facility Class IIA Sungguminasa			2		
17.	Women's Correctional Facility Class IIA Sungguminasa	-		3	1	
18.	Detention Center Class I Makassar	4	6	-	-	
19.	Women's Correctional Facility Class IIA Palembang	1	3	2	1	

During this time, rehabilitation education and training activities have been carried out by BNN and the Directorate General of Corrections. Data from the Directorate of Government Rehabilitation Institutions Enhancement of BNN shows that the rehabilitation training for correctional officers in 7 (seven) provinces from 2015 to 2019 was declining. In 2015, there were 189 correctional officers who participated in drug rehabilitation training organized by BNN. However, in following years, there has been a decline and in 2019 there were only 4 people taking part in the training, as shown in the table below.

Table 12. The Number of Correctional Officer Participating in Rehabilitation Training held by BNN in 2015 to 2019

Province	2015	2016	2017	2018	2019
DKI Jakarta	19	2	1	0	0
South Sumatera	19	35	3	1	1
Banten	28	32	1	1	0
West Java	60	27	2	1	1
DI. Yogyakarta	19	2	0	0	1
Bali	18	10	8	1	0
South Sulawesi	26	16	2	1	1
Total	189	124	17	5	4

Referring to National Narcotics Board Regulation No. 24 of 2017 Concerning Rehabilitation Service Standards for Drug Addicts and Victims of Drug Abuse, the correctional officers who carry out drug rehabilitation must have the following competencies:

- a) General Competency
 - (1) Basic Knowledge on Substance Usage Disorders and Recurrence Prevention;
 - (2) Assessment Skills and Therapy/Intervention Plans;
 - (3) Basic Counseling Skills and Psychosocial Interventions;
 - (4) Case Management Skills;
 - (5) Educational Skills for Client's Family;
 - (6) Basic Knowledge on Legal Aspects related to Narcotics.
- b) Special Competencies for Doctors and Health Workers
 - (1) Detoxification Management Skills;
 - (2) Narcotics Emergency Handling Skills;

- (3) Physical and Psychiatric Management Comorbidity Management Skills;
 - (4) Pregnancy Care Skills for Female Clients;
 - (5) Management of Methadone and/or Buprenorphine Treatment Therapy Program.
- c) Special Competencies for Social Sciences and Behavior
- (1) Vocational governance and entrepreneurship development skills;
 - (2) Mental, physical and spiritual guidance skills;
 - (3) Treatment and care skills for child clients;
 - (4) Resocialization guidance skills;
 - (5) Crisis management skills;
 - (6) Assistance and monitoring skills.

c. Facility and Infrastructure

Based on the results of the distribution of questionnaires to 713 respondents about the perception of rehabilitation participants regarding the quality of facility and infrastructure of medical and social rehabilitation services in detention centers/correctional facilities, the following data are obtained:

**Table 13. Perception on the Quality of Rehabilitation Services
Facility and Infrastructure**

Statement	Strongly agree	Agree	Less agree	Disagree	Index	Conversion
The quality of rehabilitation services facility and infrastructure is relatively good	39,41%	51,61%	6,87%	1,54%	3,28	81,94

Sources: Primary data 2019 (processed data)

The elements of the statement in the table above indicate that the rehabilitation participants agree that the quality of facilities and infrastructure for both medical and social rehabilitation services in the Detention Center/Correctional Facility as a whole is very good. Based on the results of tabulations conducted on the perception of inmates, it shows the score of 81.94 or a weight of 3.28 or the perception on the quality of facilities and infrastructure of medical and social rehabilitation services from 713 respondents is categorized very well.

Based on the operational guidelines for the implementation of drug rehabilitation in Correctional UPT, the facilities and infrastructure for the implementation of rehabilitation are distinguished between medical and social rehabilitation. For medical rehabilitation, the facilities are clinics that have operational permits while social rehabilitation facilities are special residential blocks and special rooms for social rehabilitation activities. However, the medical facilities and infrastructure also follow the provisions of the book of Medical Rehabilitation Therapy Standards and Regulation of the Minister of Health of the Republic of Indonesia Number 50 of 2015 regarding Technical Guidelines for the Implementation of Compulsory Reporting and Medical Rehabilitation for Addicts, Abusers and Drug Abuse Victims, such as: 1) examination room; 2) psychosocial counseling/intervention room; 3) operational standard for medical rehabilitation services.

Based on observations from the research team, the Detention Center/Correctional Facility which provide medical rehabilitation already have licensed clinical facilities and infrastructure. There are also those which are applying for licenses, including examination rooms, counseling and rehabilitation services. However, the quality still needs improvement, especially the fulfillment of medicine and urine test kits. The constraints experienced by detention/correctional facility are related to the process of proposing clinics to become Compulsory Report Recipient Institutions (IPWL) because most detention/correctional facility are having the difficult since they do not have operational licenses and not all have doctors and nurses who have received training in the field of drug disorder.

Based on the Decision of the Minister of Health of the Republic of Indonesia Number HK.01.07 / Menkes / 701/2018 Regarding the Determination of Compulsory Report Recipients Institution and Facilities for Supporting Health Services and Satellite Methadone Treatment Therapy Programs, there are only 5 (five) detention centers namely Primary Clinic of Makassar Class I Detention Center, Primary Clinic of Bandung Class I Detention Center, Primary Clinic of Cipinang Class I Detention Center, Primary Clinic of Central Jakarta Class I Detention Center, Primary Clinic of East Jakarta Class 2A Detention Center , and 7 (seven) Correctional Facilities namely Primary Clinic of Denpasar Class IIA Correctional Facility, Primary Clinic of Cipinang Class I, Primary Clinic of Salemba Class

IIA Correctional Facility , Primary Clinic of Jakarta Class IIA Correctional facility, Primary Clinic of Palembang Class IIA Women’s Correctional Facility, and Primary Clinic of Pekanbaru Class IIA Correctional Facility.

Regarding the social rehabilitation facilities and based on the field findings, the appointed Detention Center/Correctional facilities for conducting rehabilitation have tried to make rooms and special blocks for drug rehabilitation participants. However, not all detention centers have special blocks for rehabilitation participants. In correctional facility with a special block, the special block is not yet completely sterile, in the sense that rehabilitation participants in the special block can still go in and out of other blocks so that rehabilitation participants are still mixed with other inmates. For the special room for rehabilitation activities and the assessment/counseling room, most detention centers/Correctional facility do not yet have a special room and are still using another room.

Based on observations and interviews at the Detention Center/ Correctional Facility as the location of research related to data on facilities and infrastructure to support medical and social rehabilitation services, the data is as shown in the table below:

Table 14. Field Data on Facility and Infrastructure of Medical and Social Rehabilitation

No	Name of UPT	Institution Stipulation	Participant Residential	Activity Room	Note
1.	Narcotics Correctional Facility Class IIA Yogyakarta	DG Corrections Decision Letter	Special Block	Clinic	
2.	Correctional Facility Class IIA Cibinong	DG Corrections Decision Letter	Special Room	Loby Clinic	
3.	Correctional Facility Class IIA Bogor	DG Corrections Decision Letter	Special Room	Loby clinic/ room	
4.	Correctional Facility Class III Gunung Sindur	DG Corrections Decision Letter	Special Room	Hall/R. Bimker	
5.	Correctional Facility Class IIA Bekasi	DG Corrections Decision Letter	Special Room (DORM)	Clinic	
6.	Narcotics Correctional Facility Class IIA Cirebon	DG Corrections Decision Letter	Special Block	Hall	
7.	Narcotics Correctional Facility Class IIA Bandung	DG Corrections Decision Letter	Special Room	Clinic	

No	Name of UPT	Institution Stipulation	Participant Residential	Activity Room	Note
8.	Correctional Facility Class IIA Banceuy	DG Corrections Decision Letter	None	Hall	
9.	Women's Correctional Facility Class IIA Bandung	DG Corrections Decision Letter			
10.	Correctional Facility Class IIA Kerobokan	DG Corrections Decision Letter	Special Block	Clinic	Modified ware house
11.	Correctional Facility Class IIB Karangasem	DG Corrections Decision Letter	Special Room	Multipurpose room	
12.	Correctional Facility Class IIB Tabanan	DG Corrections Decision Letter	None/mixed	Hall	
13.	Narcotics Correctional Facility Class IIA Jakarta	DG Corrections Decision Letter	Special Block	Vocational room	
14.	Correctional Facility Class I Cipinang	DG Corrections Decision Letter	None/mixed	Clinic	
15.	Detention Center Class I central Jakarta	DG Corrections Decision Letter	None/mixed	Clinic	
16.	Correctional Facility Pemuda Class IIA Tangerang	DG Corrections Decision Letter	Special Room	Clinic and tempo-rary room	
17.	Women's Correctional Facility Class IIA Tangerang	DG Corrections Decision Letter	None	Clinic and multi-purpose room	
18.	Correctional Facility Class IIA Watampone	DG Corrections Decision Letter	Special Block	Clinic and Hall	
19.	LPKA Class II Pare-pare	DG Corrections Decision Letter			
20.	Correctional Facility Class I Makassar	DG Corrections Decision Letter	-	-	Not providing rehabilitation
21.	Narcotics Correctional Facility Class Class IIA Sungguminasa	DG Corrections Decision Letter	Special Block	Hall	
22.	Women Correctional Facility Class IIA Sungguminasa	DG Corrections Decision Letter	Special Block	Hall	
23.	Detention center Class I Makassar	DG Corrections Decision Letter	Special Room	Clinic and multi-purpose room	
24.	Women Correctional Facility Class IIA palembang	DG Corrections Decision Letter	Special Room	Hall	

Source: observation and interview

2. Post-Rehabilitation in Probation Office

a. Program Implementation

Based on the results of the distribution of questionnaires to 15 respondents about the perception of post-rehabilitation participants regarding the implementation of the post-rehabilitation services program in Probation Office, the following data are obtained:

Table 15. Perception on Post-Rehabilitation Program Implementation in Probation Office

No	Statement	Strongly agree	Agree	Less agree	Disagree	Index	Conversion
1.	Access/ways to obtain post-rehabilitation services are easily	0.00%	93.33%	6.67%	0.00%	2.93	73.33
2.	The flow of post-rehabilitation services in Probation Office according to stages (Initial Acceptance, Pre-service Assessment and Service Delivery)	20.00%	80.00%	0.00%	0.00%	3.20	80.00
3.	The post-rehabilitation pre-assessment process is appropriate and accurate	6.67%	93.33%	0.00%	0.00%	3.07	76.67
4.	The type/program of post-rehabilitation services is in accordance with the results of the assessment	20%	80%	0.00%	0.00%	3.20	80.00
5.	Information on pre-service assessment results and post-rehabilitation services is clear	13.33%	86.67%	0.00%	0.00%	3.13	78.33
6.	Implementation of post-rehabilitation services as needed (Physical; Age; Gender; Psychic)	13.33%	86.67%	0.00%	0.00%	3.13	78.33
7.	Post-rehabilitation services can increase self-confidence and change behavior	33.33%	66.67%	0.00%	0.00%	3.33	83.33
8.	Narcotics banners can be seen clearly	46.67%	53.33%	0.00%	0.00%	3.47	86.67
9.	Implementation of post-rehabilitation is carried out in a timely manner	0.00%	100%	0.00%	0.00%	3.00	75.00
10.	The 6 month post-rehabilitation period is sufficient	0.00%	93.33%	6.67%	0.00%	2.93	73.33
Total Index		3.14					
Conversion		78.50					

Sources: Primary data 2019 (processed data)

The ten elements in the table above indicate that post-rehabilitation participants agreed that the implementation of post-rehabilitation services carried out in Probation Office as a whole was effective. Based on the results of tabulations on client perceptions, it shows a score of 78.50 or a weight of 3.14 or the quality of perception of the post-rehabilitation program from 15 respondents is categorized as effective.

However, this perception is not directly proportional to the results of observations, interviews, and FGD. The description of the post-rehabilitation implementation found by the research team is as follows:

1) Criterias of Post-rehabilitation Client

In accordance with the operational guidelines for drug rehabilitation at Correctional UPT, there are 2 criteria of the Post-rehabilitation Client, namely: First, the correctional client has undergone rehabilitation at the Detention Center/Correctional Facility/LPKA/Pengayoman Hospital. Second, they are willing to undergo post-rehabilitation services.

Based on the findings of the research team, the correctional client who took part in the post-rehabilitation program being implemented in 2019 did not meet the first criteria because the client had never participated in medical or social rehabilitation activities in detention/correctional facility. This is because the medical and social rehabilitation program at the Detention Center/Correctional Facility was not implemented in 2018 so that the correctional client has never participated in a rehabilitation program. In addition, in 2019 the medical and social rehabilitation program at the Detention Center/Correctional facility was started in conjunction with post-rehabilitation activities so that very few rehabilitation participants received parole in 2019. If you look at the data, most rehabilitation participants have over a year of sentence term. Then we can be sure that in 2020 there will be fewer post-rehabilitation participants. Regarding the second criterion, based on the results of the research team's interviews with several correctional clients, in general they were willing to take part in the post-rehabilitation activities, but Probation Office had obstacles when carrying out group activities and had to bring correctional clients to Probation Office. This

occurs since the Client's residence is far from Probation House and the Correctional Client already has a job/activity that the post-rehabilitation might interfere the work.

2) Initial Acceptance

At this stage, Probation Office officer registers correctional clients in accordance with applicable procedures. In relation to the implementation of Post-rehabilitation, according to Probation Office officers, correctional officers should include a certificate and the result of rehabilitation that the correctional client has participated in rehabilitation activities in detention centers/correctional facility. Therefore, during the registration process, Probation Office officers can find out potential Post-rehabilitation participants and can inform correctional clients to participate in Post-rehabilitation program.

3) Post-rehabilitation pre-services assessment

The Community Guidance conducts a post-rehabilitation pre-service assessment as a process of assessing the client to determine the post-rehabilitation service plan. In this stage, the research team found potential obstacles related to the competence of Community Guidance because they had never participated in drug rehabilitation training that could have an effect on the non-optimal process of post-rehabilitation pre-services assessment.

4) Services

In accordance with the operational guidelines, the post-rehabilitation services in Probation Office include:

- a) Individual counseling;
- b) Group Counseling;
- c) Family Counseling;
- d) Peer Group;
- e) Seminars (psycho-education: life skills, coping skills, relaps prevention);
- f) Training on Independency

In the implementation of the post-rehabilitation activities carried out by Probation Office, namely socialization, individual counseling, peer groups and counseling guidance conducted by collecting

correctional clients and inviting resource persons to provide post-rehabilitation materials, the implementation time is 1 to 3 days. According to the research team, to achieve the goals of post-rehabilitation other than activities already carried out in groups, it is also necessary to intensify mentoring and supervision individually in the community.

5) Referral

The research team did not obtain information that Probation Office conducts referral services to other agencies for correctional clients in need.

b. Officer Competency

Based on the results of the distribution of questionnaires to 15 respondents concerning the perception of post-rehabilitation participants on the competence of post-rehabilitation service staff in Probation Office, the following data are obtained:

Table 16. Perception on the Competency of the Post-rehabilitation Services Officer

No	Statement	Strongly agree	Agree	Less agree	Disa-gree	Index	Conver-sion
1.	Officers have good understanding on rehabilitation services	13.33%	86.67%	0.00%	0.00%	3.13	78.33
2.	Officers have skill in rehabilitation services	13.33%	86.67%	0.00%	0.00%	3.13	78.33
3.	Officers have discipline in providing services	20.00%	80.00%	0.00%	0.00%	3.20	80.00
4.	Officers give good example	26.67%	73.33%	0.00%	0.00%	3.27	81.67
Total Index		3.18					
Conversion		79.58					

Sources: Primary data 2019 (processed data)

The 4 (four) elements in the table above show that the Post-rehabilitation participants agreed that the competency of the Post-rehabilitation service staff in Probation Office as a whole is good. Based on the results of tabulation of data conducted on the Client’s perception,

it shows a score of 79.58 or a weight of 3.18 or the quality of the perception on the competence of Probation Office officers in providing Post-rehabilitation services from 15 respondents is categorized as good.

The implementation of Post-rehabilitation for addicts, abusers and victims of drug abuse requires human resources with competency standards and special expertise. The competencies can be obtained through basic training in the use of substances, including drug assessment, addiction counseling and medical rehabilitation. The interview results show information as follows:

- 1) Most Probation Office officers who have received training on rehabilitation are structural officials.
- 2) Most community counselors have never attended a post-rehabilitation training.
- 3) Competency in implementing drug Post-rehabilitation is not taught during the education and training of community counselors.
- 4) Community counselors have not been involved in the post-rehabilitation preparation activities organized by the correctional facility

c. Facility and Infrastructure

Based on the results of the distribution of questionnaires to 15 respondents about the perception of post-rehabilitation participants on the quality of post-rehabilitation service facilities and infrastructure in Probation Office, the following data are obtained:

Table 17. Perception on the Quality of Post-Rehabilitation Services Facility and infrastructure

No	Statement	Strongly agree	Agree	Less agree	Disa-gree	Index	Conver-sion
1.	The quality of post-rehabilitation facility and infrastructure is relatively good	6.67%	93.33%	0.00%	0.00%	3.07	76.67

Sources: Primary data 2019 (processed data)

The statement in the table above shows that the Post-rehabilitation participants agreed that the quality of the facilities and infrastructure of the Post-rehabilitation services carried out in Probation Office was good.

Based on the results of tabulation of data, the Client's perception shows a score of 76.67 or a weight of 3.07 or the quality of the perception on the quality of post-rehabilitation service facilities and infrastructure of 15 respondents is categorized as good.

Based on the rehabilitation operational guidelines, the Probation Office which provides post-rehabilitation services should have the /room to carry out post-rehabilitation activities. However, the observations of the research team in visited probation office show the result that the rooms are generally inadequate. Therefore, it is necessary to consider group activities by involving dozens of Clients simultaneously in a more adequate place.

3. Role of Related Institutions

Law of the Republic of Indonesia No. 35 of 2009 concerning Narcotics, mentions the duties and functions of several government agencies related to the implementation of drug rehabilitation, namely the National Narcotics Board (BNN), the Ministry of Health and the Ministry of Social Affairs. These institutions carry out the following duties and functions:

a. Role of BNN

The role of the National Narcotics Board (BNN) in rehabilitation at Correctional UPT is quite important. BNN is a government agency that according to the Narcotics Law has the task to improve the ability of medical rehabilitation and social rehabilitation institutions for drug addicts, both organized by the government and the community. The role is in the form of education and training, socialization, budget assistance, and assistance of trained human resources to carry out rehabilitation.

The implementation of education and training for correctional officers by BNN was mostly carried out in 2015 attended by 534 correctional officers and in various types of education and training including internships, TC rehab, Counselors, Curricula 1 and 2, and assessors. This has a positive and significant impact on the ability of correctional officers to carry out rehabilitation, such as

screening, assessing and providing rehabilitation materials as well as the ability to manage rehabilitation programs. However, after 2015 the education and training activities have decreased, both in the number of correctional officers who participated in the training and the types of training provided. This affects the implementation of rehabilitation in correctional facility to be less optimal due to the limited correctional officers who have the competency about drug rehabilitation.

Table 18. The Number of Correctional Officers Participating in Ability Improvement Training by BNN from 2015 to 2019

Type of Training	Years				
	2015	2016	2017	2018	2019
Internship	82	28	0	17	0
TC Rehab	355	105	0	0	0
Counsellor	19	0	0	0	0
Curricula 1,2	26	8	9	0	0
Curricula 4,7	0	0	2	0	0
Assesor	52	20	26	0	0
Inpatient	0	0	0	0	13
MI	0	44	0	0	0
Total	534	205	37	17	13

Data source: Directorate of Government -Rehabilitation Institution Enhancement

The drug rehabilitation training is very useful for correctional officers in holding rehabilitation in correctional facility. Despite that the instructions for implementing drug rehabilitation services for inmates in the Correctional UPT already exist, correctional officers need knowledge or science to practice it.

Likewise, the improvement of the Correctional UPT by BNN in the form of rehabilitation budget assistance in the Correctional UPT, BNN in 2015 provided rehabilitation budget and human resources assistance to correctional facility. According to several correctional officers, the assistance from BNN was very helpful in the implementation of rehabilitation since at that time the budget for drug rehabilitation and human resources were very limited. However, in 2017 the rehabilitation

budget assistance did not continue. This has a direct impact on the implementation of the rehabilitation program at Correctional UPT that could not run optimally.

For the implementation of drug rehabilitation in 2019, a number of correctional facility still obtain human resources assistance from BNN, especially assessors during the assessment process and resource persons in the rehabilitation process. Assistance from assessors is very meaningful and determines the success of the rehabilitation process, even though the assessment and rehabilitation materials implementation instruments are already in the rehabilitation implementation guidelines. However, in practice, they must be carried out by trained people with the experience in conducting assessments. Therefore, almost all detention centers, correctional facility and probation office require human resources assistance from BNNP or BNNK to support the implementation of rehabilitation.

The ability improvement of the Correctional UPT by BNN needs to be increased both in quality and quantity that it needs cooperation or MoU on the implementation of rehabilitation at the central level between Ministry of Law and Human Rights and BNN, so that BNNP and BNNK can provide full support for the implementation of rehabilitation at the Correctional UPT.

b. Role of the Ministry of Health

The role of the Ministry of Health in the implementation of medical rehabilitation is as follows:

- 1) Making provisions concerning the implementation of medical rehabilitation by certain Rehabilitation Institutions organized by government agencies or the community;
- 2) Establishing government or community agencies as institutions for carrying out medical rehabilitation.

So far those roles have been carried out by the Ministry of Health with the issuance of Regulation of the Minister of Health of the Republic of Indonesia Number 50 of 2015 concerning Technical Guidelines for Implementation of Compulsory Report and Medical Rehabilitation

for Addicts, Abusers and Victims of Drug Abuse and Decision of the Minister of Health of the Republic of Indonesia Number HK.01.07/Menkes/701/2018 concerning Determination of Compulsory Report Recipient Institutions and Supporting Health Services and Satellite Treatment Facilities for the Methadone Maintenance Therapy Program in Detention Centers and Correctional Facilities. These two regulations form the basis of detention/correctional facility in carrying out medical rehabilitation. However, based on the results of the interview, the role of the Ministry of Health is actually expected to be developed, including:

- 1) Strengthening the ability of detention center/correctional facility. In the Narcotics Law, this task is the task and function of the BNN. However, related to medical rehabilitation, the Ministry of Health as the ministry in charge of health, is also expected to play an active role in the form of strengthening the competence of doctors and nurses as well as coordinating the assistance of doctors from hospitals and public health centers, medical equipment and supplies;
- 2) Participating in guiding and supervising the implementation of medical rehabilitation in detention centers/correctional facility because so far the Ministry of Health only carries out fostering and supervision on IPWL determined by the Minister of Health;
- 3) Making a standard of successful implementation of medical rehabilitation. This is needed as an indicator of evaluation materials for the implementation of rehabilitation in detention centers/correctional facility.

c. Role of the Ministry of Social Affairs

The role of the Ministry of Social Affairs in rehabilitation is to regulate the implementation of social rehabilitation. The tasks and functions of the Ministry of Social Affairs are regulated in details in the Minister of Social Affairs Regulation No. 20 of 2015 concerning the Organization and Work Procedures of the Ministry of Social Affairs which states that the Ministry of Social Affairs has tasks and functions in the field of social rehabilitation and one of the tasks of the Ministry of Social Affairs is determining social rehabilitation standards. In this regard, the Ministry of Social Affairs establishes the Directorate

General of Social Rehabilitation which has the task of carrying out the formulation and implementation of policies in the field of social rehabilitation in accordance with the provisions of the legislation.

Related to the implementation of social rehabilitation at the Correctional UPT, the Directorate General of Social Rehabilitation has the role in policy formulation; policy implementation; norms, standards, procedures and criteria drafting in the field of social rehabilitation; technical guidance and supervision provision in the field of social rehabilitation; monitoring, evaluation and reporting in in the field of social rehabilitation for ex-convicts, ex-psychotics, ex-narcotics addicts, psychotropic users of dependency syndrome. This role is carried out by the Directorate of Social Rehabilitation for Drug Abuse Victims.

In the Minister of Social Affairs Regulation Number 20 of 2015 concerning the Ministry of Social Affairs Organization and Work, Article 282 states that the Directorate of Social Rehabilitation for Drug Abuse Victims performs the functions of:

- 1) Preparation of policy formulation in the field of identification and intervention plans, recovery, reintegration and further coaching of drug abuse victims, as well as institutions and resources;
- 2) Preparation of policies implementation of in the areas of identification and intervention plans, recovery, reintegration and further development of drug abuse victims, as well as institutions and resources;
- 3) Preparation of norms, standards, procedures and criteria in the areas of identification and planning for interventions, recovery, reintegration and further development of drug abuse victims , as well as institutions and resources;
- 4) Preparation of technical assistance and supervision in the areas of identification and planning for interventions, recovery, reintegration and further development of drug abuse victims, as well as institutions and resources;
- 5) Monitoring, evaluation, and reporting on the implementation of policies in the areas of identification and intervention plans, recovery, reintegration and further guidance for drug abuse victims, as well as institutions and resources.

If you see the description above, the Ministry of Social Affairs has an important role in the implementation of rehabilitation in the Correctional UPT. However, based on the results of interviews and Focus Group Discussion (FGD), the role of the Ministry of Social Affairs has not been optimal, such as human resource assistance, capacity building/competency of officers, rehabilitation materials, social rehabilitation assistance and assistance to Post-rehabilitation inmates.

d. Regional Government

The provincial, regency and city government are expected to play the role since detention center/correctional facility and inmates as rehabilitation participants are spread in all regions. As it is known that in the provinces there are Health Offices and Social Affairs Office, which have duties and functions in the health and social fields. This role has not been optimal because there are obstacles in authority. Law Number 2 of 2015 concerning the Establishment of Government Regulations in lieu of Law Number 2 of 2014 concerning Amendments to Law Number 23 of 2014 concerning Regional Government Becoming Laws states that the drug rehabilitation program is the authority of the central government so that local governments cannot create programs and budget for the implementation of drug rehabilitation at the Correctional UPT.

C. Inhibiting Factors in Rehabilitation Implementation in Correctional UPT

Based on the results of data collection in subsections A and B above, it is known that the implementation of rehabilitation in the Correctional UPT was not optimal due to various inhibiting factors, including:

1. Limited trained correctional officers..

In general, almost all Correctional UPTs (Detention Centers, Correctional Facility and Probation Office) experience the problem of limited correctional staff both in quantity and quality. This also has an impact on the availability of human resources who carry out rehabilitation programs. Moreover, in the implementation of drug rehabilitation, human resources with special abilities and

competencies are needed. In 2015, BNN conducted drug rehabilitation training for correctional officers, but after that there was rarely an increase in the competency of correctional officers. In practice, the correctional officers empowered to carry out drug rehabilitation did not have sufficient competency.

2. The Detention Center/Correctional Facility’s Spatial is not in accordance with rehabilitation needs

In accordance with the rehabilitation standards, the institution that conducts rehabilitation must have a special room and rehabilitation participants are limited in social interactions during the rehabilitation process. In fact, the spatial plans of detention center and correctional facility do not meet these standards and not all detention center and correctional facility can provide special blocks or special rooms. Due to overcrowded, occupants and spatial planning of correctional facility still use old buildings that can affect the success of rehabilitation to participants.

3. Insufficient rehabilitation budget

The budget for drug rehabilitation at Correctional UPT is regulated in detail in the guidelines for the implementation of rug rehabilitation services for Prisoners and Inmates.

Table 19. Cost Standard of Drug Rehabilitation in Correctional UPT

No	Type of Rehabilitation	Number of Participants	Budget
1	Medical rehabilitation	10	26,400,000
2	Social rehabilitation	10	32,780,000
3	Post-rehabilitation	10	14,700,000

Based on field findings in several correctional facilities, rehabilitation budget varies according to the operational guidelines but some are below, such as Class IIA Correctional Facility Watampone with rehabilitation budget of Rp.7,850,000 for social rehabilitation of 60 rehabilitation participants, Class IIA Narcotics Correctional Facility with social rehabilitation budget amounting to Rp. 10,000,000 for 20 rehabilitation participants, Class I Probation Office Makassar with Post-rehabilitation budget of Rp. 19,350,000 for 30 Post-rehabilitation

participants, Class I Detention Center Makassar with medical rehabilitation budget of Rp. 26,400,000 for 10 participants. This data shows that in general the amount of the rehabilitation budget is not in accordance with the specified standards, both in terms of amount and number of participants. The target participants set by the Directorate General of Corrections with the budget allocations provided in each detention center and correctional facility are not appropriate. According to a number of officers, the budget in the standards is actually not sufficient either.

4. Rehabilitation method is not up to date

Most detention centers, correctional facility and probation office still use the method set out in the operational guidelines. However, the operational guidelines only mention the method in general and it is not technical. Thus, officers must translate the method in a self-taught manner. Therefore, several correctional facilities and probation offices request human resources assistance to deliver rehabilitation activities from BNNP, BNNK or Non-Governmental Organizations. Related to this method, some rehabilitation participants stated the need for an updated method so it would not be boring.

5. Rehabilitation program stages are not carried out in sustainable way

According to correctional officers, the implementation of medical rehabilitation should be carried out simultaneously with social rehabilitation in order to increase the success of rehabilitation because in general inmates as medical rehabilitation participants need psychological mental strengthening to be able to withstand drug dependence. Likewise, post-rehabilitation activities have not been conducted in sustainable way with medical and social rehabilitation activities in correctional facilities. In several probation offices, the Post-rehabilitation participants are not correctional clients who have attended medical and social rehabilitation in correctional facility.

6. Role of related institutions is not played in accordance and sustainable way

The implementation of drug rehabilitation at the Correctional UPT (Detention Center, Correctional Facility and Probation Office) is not only the duty of the Ministry of Law and Human Rights, but it requires the

assistance and roles from related institutions, namely BNN, Ministry of Health, Ministry of Social Affairs and local government. Based on the results of the FGD, the role between institutions is not optimal

Perpustakaan BNN

CHAPTER IV CLOSING





IV

CLOSING

A. Conclusion

In this study, three elements are measured namely: program implementation, officer competency as well as facilities and infrastructure. Based on the results of the study, it can be concluded that the process of implementing the rehabilitation program for drug abusers in the Correctional Unit UPT is running well though not yet optimal. This is based on the results of measuring the perceptions/ experiences of drug rehabilitation participants both in medical, social and post-rehabilitation, namely: **the implementation of rehabilitation programs** (medical/social) with the score of 83.09 (Very Good) and Post-rehabilitation at a score of 78.50 (Good). As for the weight of the perception of rehabilitation participants on **the competence of medical social rehabilitation officers** shows the score of 85.74 or very good category and post-rehab at a score of 79.58 with the category of good. Furthermore, the perception value of rehabilitation participants towards the quality of **facility and infrastructure** for medical/social rehabilitation services at a score of 81.94 (very good) and Post-rehabilitation at a score of 76.67 (already good). From the results mentioned above, the implementation has gone well. The respondents assume that by joining the rehabilitation program, they are more productive than before

participating in the rehabilitation program. They also obtain more education about the dangers of narcotics, health education especially comorbidities for addicts, and education on independence skills provided during the program.

However, based on data from observation, interviews and Focus Group Discussion (FGD), the results of the perceptions of the rehabilitation program participants have not been directly proportional due to several problems, namely: **first**, the rehabilitation is not in accordance with the needs and stages (screening and assessment). In achieving the target of rehabilitation participants in the designated Correctional UPT Institution, it is not in accordance with what has been stipulated in the Decision Letter of the Director General of Corrections Number: PAS-121.PK.01.07.01 of 2017 concerning the Determination of the Correctional UPT which provide Rehabilitation Service for Drug abuser-Prisoner and Inmates. **Second**, the implementation of the rehabilitation program at the Correctional UPT is not on target because 92.45% of the rehabilitation participants are not among those obliged to be rehabilitated and only 7.55% of the rehabilitation participants are obliged to be rehabilitated under the Narcotics Law (Article 127), and most Post-rehabilitation participants in probation office had never attended either medical rehabilitation or social rehabilitation. **Third**, the lack of socialization about the instructions for implementing the rehabilitation program for drug abusers to officers at the Correctional UPT. **Fourth**, the monitoring and evaluation by the Directorate General of Corrections to the implementation of rehabilitation programs in the Correctional UPT has not been running optimally.

Despite that it is said to be going well, several inhibiting factors are still found, such as: **first**, the lack of roles of related institutions (Ministry of Health, Ministry of Social Affairs, Local Government); **second**, the limited correctional officers trained in handling rehabilitation for drug addicts; **third**, spatial planning in detention center/correctional facility is not in accordance with the needs of rehabilitation (ideally, there is a standard with a rehabilitation house that is outside the detention/correctional facility); **fourth**, the rehabilitation budget has not been sufficient so that the program of activities has not been running optimally; **fifth**, rehabilitation methods that have not been updated;

sixth, the stages of the rehabilitation program have not been continuous (the stages of the medical, social and post-rehabilitation rehabilitation program are a series).

B. Recommendation

1. Directorate General of Corrections:

a. Short Term

- 1) Appointing Special Narcotics Correctional Facility Class IIA Yogyakarta as a pilot project for Special Narcotics Rehabilitation Correctional Facility;
- 2) Establishing a special block for the implementation of rehabilitation which is completely separate (sterile) from other blocks;
- 3) Transforming/changing several existing Special Narcotics Correctional Facility into Special Narcotics Rehabilitation Correctional Facility;
- 4) Leadership commitment is needed in the implementation of drug rehabilitation programs especially the placement of trained human resources;
- 5) Immediately instructing the Detention Center that is appointed to carry out drug rehabilitation to submit to become a Compulsory Report Recipient Institution (IPWL).

b. Long Term

- 1) It is necessary to provide and strengthen the human resources implementing the rehabilitation program (Doctors, Nurses, Psychologists, Assessors, Counselors, Religious Guides, Correctional Guardians) who obtain special training in rehabilitation for drug abusers;
- 2) Officers who have received training by BNN to be placed in detention/correctional facility carrying out drug rehabilitation (right man on the right place) as stipulated in the Decision Letter of the Director General of Corrections Number PAS.121. PK.01.07.01 of 2017 concerning Determination of Correctional UPTs which Provide Rehabilitation Services for Drug abuser-Prisoners and Inmates;

- 3) It is necessary to evaluate the methods/ways/stages of rehabilitation, including: (1) screening and assessment of all prisoners and inmates who have the remaining sentence of less than 5 years; (2) the implementation of the assessment is carried out by the Integrated Assessment Team consisting of Corrections, Police, Prosecutors, BNN/BNNP/BNNK, Ministry of Social Affairs/ Social Affairs Office, Ministry of Health/Health Office; (3) involvement of parents/family in the rehabilitation program;
- 4) The need to provide and improve the quality of facilities and infrastructure in the implementation of rehabilitation, including: (1) availability of adequate medicines and medical devices; (2) sterile room for placement and rehabilitation activities;
- 5) The need to provide adequate budget allocation for the implementation of rehabilitation programs;
- 6) The need to adjust rehabilitation implementation time based on needs (follow-up assessment);
- 7) The need to improve skills and entrepreneurship training in accordance with their interests and talents during medical and social rehabilitation, as well as mentoring and providing entrepreneurship and capital training for Post-rehabilitation participants (Ministry of Social Affairs);
- 8) Evaluation of regulations on the implementation of drug rehabilitation (Omnibus Law of Drug Rehabilitation);
- 9) Studying the provision of clemency and amnesty for humanity in the implementation of rehabilitation program for drug abuser;
- 10) Collaboration and involvement between professions and institutions are needed in the implementation of rehabilitation programs in Special Correctional Facility:
 - a) The Ministry of Law and Human Rights as a coach;
 - b) The National Narcotics Board as an institution that provides enhancement of drug rehabilitation programs both in government and private agencies;
 - c) The Ministry of Health as a technical advisor for medical rehabilitation;
 - d) The Ministry of Social Affairs as technical advisor for social rehabilitation;

- e) The Ministry of Industry and the Ministry of Trade as fosterers of business and skills independence activities;
 - f) The Ministry of Cooperatives and Small and Medium Enterprises as fosterers of entrepreneurial activities;
 - g) The Ministry of Manpower as an institution for providing employment;
 - h) The Ministry of Home Affairs and Ministry of Villages and Underdeveloped Regional Development as institutions that facilitate the provision of space in an area of participants who have completed rehabilitation programs so that they do not return to the initial community that is vulnerable to relapse;
 - i) The Ministry of National Development Planning/National Development Planning Agency as an institution that oversees the success of the rehabilitation program;
 - j) The Ministry of Finance as an institution that oversees budget allocation;
 - k) The Ministry of Religion as an institution that conducts spiritual development for rehabilitation participants;
 - l) Non Governmental Organization (NGO) to conduct external oversight of rehabilitation programs;
 - m) United Nations Office on Drugs and Crime (UNODC) as a representation of the UN commission that deals with narcotics-related issues
- 11) Designing a data collection system for prisoners/inmates/clients participating in drug rehabilitation which is integrated with relevant stakeholders (BNN, Ministry of Health, and Ministry of Social Affairs).

2. The National Narcotics Board:

- a. Immediately make indicators of the success of drug rehabilitation (medical, social, and post-rehabilitation) in the Rehabilitation Success Index (IKR);
- b. Strengthen and make effective working groups (Project Managers, assessors, counselors, medical/paramedical officers, psychologists, security officers, and administrative officers) in the context of implementing drug rehabilitation in detention centers/correctional facilities;

- c. Determine the ratio of the needs of drug rehabilitation officers in detention center/correctional facility (Project Managers, counselor assessors, medical/paramedical officers, psychologists) with the number of drug rehabilitation participants;
- d. Re-enable the support for the implementation of drug rehabilitation in Correctional UPT relating to strengthening human resources and budget;
- e. Further research needs to be done on the Effectiveness of the Implementation of the Drug Abuser Rehabilitation Program at Correctional UPT, particularly **to evaluate the output and outcome** of rehabilitation services at the Correctional UPT;

Perpustakaan BNN

GLOSARY, LIST OF RESEARCHERS & EPILOGUE





1. Drug rehabilitation

is a process of recovering from drug use disorders both in the short and long term which aims to change behavior to restore the function of the individual in the community.

2. Organized crime

is an organized crime that occurs across national borders and involves groups or networks that work in more than one country to plan and carry out illegal business.

3. WBP (Inmates)

are Prisoners, Children, and Correctional Clients.

4. Drug/Narcotics Precursors

are substances or raw materials or chemicals that can be used in the manufacture of Narcotics..

5. Detention Center (State Detention Center)

is the place where a suspect or defendant is detained during the process of investigation, prosecution and examination at the Court Hearing

6. Correctional Facility

is a place to carry out the treatment or coaching of Prisoners and Children.

7. Probation Office

is a Correctional Technical Implementation Unit that carries out the tasks and functions of community research, guidance, supervision and assistance.

8. Temporary Child Placement Institution (LPAS)

is a temporary place for Children during the judicial process

9. LPKA (Special Guidance Institution for Children)

is an institution or place where children are serving the sentence.

10. Pengayoman General Hospital

is a Technical Implementation Unit within the Ministry of Law and Human Rights oh which its technicall administratiion and operation is under and responsible to the Directorate General of Corrections through the Head of the Jakarta Regional Office of the Ministry of Law and Human Rights and is technically functional under the supervision of the Director General of Health Efforts Development of the Ministry of Health of the Republic of Indonesia

11. PB (Parole)

is the process of fostering inmates and children criminal offenses outside the detention center or correctional facility after undergoing at least 2/3 (two-thirds) of sentence period of at least 9 (nine) months

12. CB (Conditional Leave)

is a process of guidance outside the Detention Center or Correctional Facility for Prisoners who are sentenced to a maximum of 1 (one) year 3 (three) months and at least have served 2/3 (two-thirds) of the sentence period..

13. CMB (Leave Ahead for Free)

is the process of guidance outside the Detention Center or Correctional Facility for Prisoners who are serving a sentence period or having short remaining criminal period.

14. Rehabilitation Assessment

is information gathering to obtain a clinical and in-depth overview of prospective rehabilitation participants to make plans for providing rehabilitation services and measuring success in undergoing rehabilitation services.

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The data presented in this book is data from research conducted by BNN in collaboration with Research and Development Center of the Ministry of Law and Human Rights. Through the results of this study, it can be seen that the implementation of the rehabilitation program for drug abuser-inmates, both medical, social and post-rehabilitation in the Correctional UPT has not been carried out in accordance with the needs and stages (screening and assessment) despite that the majority of respondents considered that the implementation of the drug abuser rehabilitation program at the Correctional UPT can increase productivity and be more beneficial. However, in the process of implementing rehabilitation for drug abusers, the competency of rehabilitation officers and the quality of facility and infrastructure in Correctional UPT still need to be improved.

With the publication of this book, it is expected that the stakeholders and the public can find out the effectiveness of the implementation of drug rehabilitation in the Correctional UPT. Therefore, the results of this study are expected to provide input to improve the quality and quantity of drug rehabilitation services in the Correctional UPT as well as to increase cooperation between the government agencies and the community in an effort to prevent the dangers of drugs.

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POTRAIT OF DRUG ABUSE REHABILITATION EFFECTIVENESS IN CORRECTIONAL FACILITY

2019

Finding out the causes that drug rehabilitation (medical, social and post-rehabilitation) at Correctional UPT (Detention Center, Correctional facility and Probation Office) is not yet in accordance with the needs and stages is like finding out the causes of flood in Jakarta. There are too many regulations to be traced back and too many parties involved. This leads to ineffective communication. Communication is always easy to be said but it is difficult to be implemented. The research team that tries to depart from the big norms about rehabilitation as regulated in the Narcotics Law and sees how it is implemented in the field does not find a solution. The operational and technical guidelines that regulate the implementation of rehabilitation in the Correctional UPT have not been carried out sequentially and continuously.

The authority of BNN as a representation of the state in P4GN, particularly in rehabilitation activities, is only limited to enhance the capacity of the institutions providing drug rehabilitation. The problem of the formal implementation of the Narcotics Law concerning the limitation of victims, lords and dealers is also a complicated issue that makes this book interesting to read as a reference to find solutions in order to measure the success rate of drug rehabilitation at the Correctional UPT. We definitely all agree on one argument that the success of the drug rehabilitation program at Correctional UPT in particular, and in Indonesia in general is one way out to free Indonesia from drugs.



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