

The Implementation of Medical Rehabilitation for Narcotics Abuse in Regional Hospitals

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Abstract. The circulation of narcotics and psychotropic in Indonesia, viewed from a juridical aspect, is legal. The Narcotics and Psychotropic Law prohibits psychotropic and narcotics usage under the law. This situation is at the empirical level, the use of narcotics and psychotropic is often misused not for the benefit of medicine and science. However, far from that, it is used as a promising and rapidly developing business arena, in which this activity has an impact on the mental damage, both physically and psychologically, of drug users, especially the younger generation. A rehabilitation program is needed, which includes stages of medical, non-medical rehabilitation, and advanced development stages, so that victims of narcotics abuse can be truly free from their addiction to narcotics, and can live normally again in a community or environment.

Keywords: Medical Rehabilitation; Narcotics Abuse; Regional Hospital.

1. Introduction

Opiates comprise of substances or medications got from plants or non-plants, both engineered and semi-manufactured, which can cause a reduction or change in cognizance, loss of taste, lessen to kill torment, and can prompt reliance. Assuming the opiates are utilized without cautious limitations and management, it can jeopardize the wellbeing and, surprisingly, the existence of the client. [1]

In view of the Last Report on the Public Review on the Improvement of Opiates Maltreatment for the financial year, the quantity of Opiates victimizers is assessed to be essentially as numerous as 3.8 million to 4.1 million individuals who have involved Opiates somewhat recently in age gathering of 10-59 years in Indonesia. Thus, around 1 out of 44 to 48 individuals matured 10-59 years were still or had involved Opiates in 2015. The most abused types of Narcotics were marijuana, methamphetamine, and ecstasy. This type of Narcotics is very well known to students, workers, and households. Most of the abuse was in the try-to-use group, especially in the working group. The reason for using Narcotics is because of the heavy work, socio-economic capabilities, and pressure from co-workers which are the triggering factors for the abuse of Narcotics in the working group. [2]

Legislation is present where the law functions as social control, forcing citizens to comply with applicable laws and regulations. The law that regulates narcotics is a law that must be obeyed because it was formed in cooperation between the people's representatives and the government. This means that there has been an agreement between the people and the

government regarding narcotics regulations, which all must obey equally. The goal is that the law can be enforced smoothly following the expected goals.

The course of opiates and psychotropic in Indonesia when seen from a juridical perspective is legitimate, the Opiates Regulation and the Psychotropic Regulation just restrict the utilization of psychotropic and opiates without consent from the law being referred to. This present circumstance is at the exact level, the utilization of opiates and psychotropic is frequently abused not to assist medication and science. In any case, that's what nowhere near, it is utilized as a promising and quickly creating business field, in which this action affects the psychological harm, both genuinely and mentally, of medication clients, particularly the more youthful age.

Regulation Number 35 of 2009 concerning Opiates [3] states that opiates violations are transnational in nature and are done utilizing a high business as usual, complex innovation, upheld by a broad organization of associations, and have caused numerous casualties, particularly among the more youthful age. which is exceptionally adverse to the existence of society, country, and state. Indonesia, which was initially a travel country for the opiates exchange, has now been made a destination area for operations by the International Narcotics Network.

A rehabilitation program is needed that includes stages of medical, non-medical, and advanced development stages. [4] Three phases of medication recovery should be embraced, to be specific: The principal stage, the clinical restoration stage (detoxification), is the cycle where fiends stop illicit drug use under the management of a specialist to diminish withdrawal side effects (withdrawal). At this stage, drug junkies should be checked at the emergency clinic by a specialist. The subsequent stage is the non-clinical restoration stage. It is different projects at recovery focuses, like remedial networks (TC) programs, strict methodologies, or moral and social help. What's more, the third stage, to be specific, the high level improvement stage, will give exercises as per interests and gifts. Junkies who have effectively passed this stage can get back to society.

Based on the above understanding that rehabilitation is part of coaching. It can be emphasized that the guidelines in other prisons are the same as in the Narcotics Correctional Institution, namely Law Number 12 of 1995 concerning UUP and other regulations.

The problem in this paper is how the implementation of medical rehabilitation for narcotics abuse in regional hospitals.

2. Method

The strategy utilized recorded as a hard copy this applied paper is a scientific unmistakable technique, specifically by utilizing information that obviously portrays the issues straightforwardly in the field, then the examination is completed and afterward closed to take care of an issue. Strategies for information assortment through perception and writing study to acquire critical thinking in the readiness of this paper.

The methodology utilized is humanistic juridical, to be specific the juridical methodology technique used to look at issues from a legitimate and precise perspective and as a manual for decides that can be utilized as a reason for investigating lawful peculiarities that emerge. The humanistic methodology is utilized to concentrate on an issue in the public eye or the local area climate with the plan and reason for getting realities, trailed by finding, recognizing issues, and tracking down answers for issues.

3. Findings and Discussion

3.1 Implementation of Medical Rehabilitation for Narcotics Abuse in Regional Hospitals

Arrangements in regards to the restoration of opiates junkies and casualties of opiates misuse have been controlled in Regulation Number 35 of 2009 and the past regulation, in particular regulation number 22 of 1997, while different strategies that help the recovery of opiates fiends are by giving a Letter High Court Round (SEMA) Number 04 of 2010 which is a correction of High Court Round Letter Number 07 of 2009, Unofficial law Number 25 of 2011 Concerning Mandatory Detailing Strategy for Opiates Junkies and Casualties as well as the most recent strategy gave by the Central Equity of the High Court of the Republic of Indonesia, Clergyman of Regulation and Basic freedoms of the Republic of Indonesia, Priest of Soundness of the Republic of Indonesia, Priest of Get-togethers of the Republic of Indonesia, Head legal officer of the Republic of Indonesia, Top of the Indonesian Public Police, Top of the Public Opiates Organization of the Republic of Indonesia specifically in regards to "Treatment of Opiates Junkies and Survivors of Opiates Misuse when Into a Recovery Foundation".

The issuance of a joint guideline on the Treatment of Opiates Junkies and Survivors of Opiates Maltreatment into Restoration Organizations plans to:

- a. Acknowledging ideal coordination and participation in tackling Opiates issues to lessen the quantity of Opiates Fiends and Opiates Misuse Casualties through treatment, care and recuperation programs in dealing with Opiates Junkies and Opiates Misuse Casualties as suspects, litigants or Detainees, while proceeding to do the annihilation of Opiates illegal traffic;
- b. Turn into a specialized rule in taking care of Opiates Fiends and Casualties of Opiates Maltreatment as suspects, respondents, or Detainees to go through clinical restoration as well as friendly recovery;
- c. Execution of clinical recovery and social restoration processes at the degrees of examination, indictment, preliminary and discipline in a synergistic and coordinated way.

Regulation Number 35 of 2009 concerning Opiates has ensured clinical recovery and social restoration for junkies and survivors of opiates misuse. This clinical and social recovery is expected for opiates junkies and survivors of opiates misuse, not really for vendors. The public authority's endeavors are contained in Article 54 of Regulation number 35 of 2009 concerning Opiates, which expresses that opiates fiends and opiates misuse casualties should be restored medicinally and socially.

The clinical restoration program for convicts/thought drug fiends is in accordance with the compulsory announcing program for drug junkies. It is trusted that the required announcing program which authoritatively started toward the finish of 2011 will draw in more attention to junkies and additionally their families to self-report so an ever increasing number of opiates fiends get treatment connected with their habit-forming conduct. With the rising number of junkies and casualties of opiates misuse who report themselves to wellbeing focuses, mental emergency clinics, and public clinics which are assigned as Mandatory Report Getting Organizations (IPWL), it is trusted that less fiends and survivors of opiates misuse will be detained. As expressed in the connection to Guideline of the Pastor of Wellbeing number 80 of 2014, wellbeing offices serving clinical recovery for Junkies, Victimizers, and Casualties of Opiates Misuse who are currently examination, arraignment, and preliminary or have gotten court choices/choices still up in the air by the Priest of Wellbeing in light of a proposition by the nearby government through the Top of the Commonplace or Locale/City Wellbeing

Administration, the initiative of the TNI/POLRI or the heads of other government offices that have wellbeing administration offices. Wellbeing offices that have gotten references from the court, can submit cases to the Service of Wellbeing following the administrations that have been given.

Wellbeing offices that can give clinical restoration administrations to Fiends, Victimized, and Survivors of Opiates Misuse who are as of now during the time spent examination, arraignment, and preliminary or have gotten court choices/choices comprise of General Emergency clinics claimed by the Public authority or Territorial Government, General Emergency clinics having a place with the TNI. /POLRI, Illicit drug use Exceptional Emergency clinic, Mental Medical clinic, or clinical recovery foundation having a place with the Public authority or Provincial Government.

The restoration program can be done by junkies who utilize the Obligatory Revealing Project (IPWL), fiends who are going through a legal cycle, and fiends requested in light of a court choice. Arrangements in regards to the execution of compulsory detailing are additionally managed through Unofficial law of the Republic of Indonesia No. 25 of 2011 concerning the Execution of Obligatory Detailing of Opiates Fiends. Opiates fiends are expected to willfully report themselves to the Necessary Detailing Beneficiary Establishment hereinafter alluded to as IPWL to get treatment. IPWLs are local area wellbeing focuses, emergency clinics, wellbeing focuses, clinical restoration organizations, and social recovery establishments named by the public authority.

Types of therapy through clinical recovery, through recuperating drug fiends, can be done by government organizations or the local area through strict and customary methodologies. [5] In the interim, social recovery for previous opiates junkies can be completed by government offices or by the local area. Two phases of medication recovery should be attempted. In the first place, the phase of clinical restoration (detoxification), specifically the course of junkies halting illicit drug use under the oversight of a specialist to diminish withdrawal side effects (withdrawal). The subsequent stage, in particular the non-clinical recovery stage with different projects in restoration places, for instance, the helpful networks (TC) program, the 12-step program, and others.

The stage that should be passed by an opiate fiend who will go through clinical recovery is:

- a. Detoxification is the most common way of eliminating opiate substances that are in the group of medication clients. The detoxification cycle for opiate junkies is done in stages, the length and number of times the detoxification interaction relies upon how much opiate substances in the fiend's body.
- b. Local area treatment is treatment by shaping gatherings and enslavement instructor gatherings, where the named habit advisors are previous opiates clients who have been prepared to direct fiends going through recovery.

Social restoration is a coordinated course of recuperation exercises, truly, intellectually, and socially, with the goal that previous opiates fiends can get back to doing social capabilities in local area life. Social restoration is done by recovery organizations shaped by the common public opiates office (BNNP) and some are laid out in light of local area drives that wish to lay out restoration establishments. This self improvement restoration organization is under the oversight of the commonplace public opiates office, social administrations, and furthermore wellbeing office. In this recovery place, fiends go through different projects including helpful networks (TC) programs, 12 stages (twelve stages), strict methodologies, and others.

Post-restoration/aftercare stage, to give most extreme outcomes in the recovery of opiates junkies by the Public Opiates Organization by laying out a post-recovery segment with the

point that previous opiates fiends can all the more effectively return to society. The post-restoration exercises laid out by the Public Opiates Organization incorporate laying out helped homes as a spot to help previous junkies and survivors of opiates misuse. The helped house here gives professional preparation to ex-fiends with the goal that they have abilities. At this stage fiends are given exercises as indicated by their inclinations and gifts to fill their day to day exercises, junkies can get back to the everyday schedule except stay under oversight.

Execution of the recovery cycle for fiends did by Provincial Emergency clinics, specifically Local Medical clinics will initially carry out clinical restoration for thought Junkies, Victimizers, and Survivors of Opiates Misuse. Addicts who are deposited or so-called patients who are entrusted by investigators or public prosecutors in medical rehabilitation facilities are carried out inpatient or outpatient care, under an official written request from the police or prosecutor's office based on recommendations for a rehabilitation therapy plan from the Integrated Assessment Team, for a period of a maximum period of 3 (three) months. The patient must follow the program determined by the medical rehabilitation institution, and not carry a communication device; and communicate with family/other parties, you have to go through the health workers who carry out the rehabilitation. Furthermore, the Regional Hospital will provide a report 2 (two) weeks before the completion of the rehabilitation period to the court.

At the medical rehabilitation stage, residents are required to undergo 3 (three) stages of treatment, namely the initial inpatient program, follow-up program, and post-treatment program. In the initial inpatient program, the convict is required to undergo inpatient rehabilitation for at least 3 (three) months. After passing through the initial inpatient program, a convict may undergo a further inpatient program or an outpatient program, depending on the level of addiction according to the results of the follow-up assessment.

Advanced inpatient programs are given to patients with one or more of these conditions, namely a pattern of using dependence, not showing mental-emotional stability at initial hospitalization, experiencing physical and/or psychiatric complications, and or have had a history of rehabilitation therapy several times before. While the outpatient program is given to patients with one or more of the following conditions, namely having a pattern of recreational use, the main substance used is cannabis or amphetamine, or the main substance used is opiates, but the person concerned has been in a recovery period before being involved in a crime, or actively undergoing maintenance therapy programs previously, under 18 years of age, and/or not experiencing physical and/or psychiatric complications.

Patients who follow the outpatient follow-up program must exercise control in the outpatient unit of medical rehabilitation facilities for narcotics convicts with a frequency of at least 2 (two) times a week depending on the development of the patient's condition to obtain psychosocial intervention services, relapse prevention, and medical therapy as needed and undergo a urine test periodically or from time to time.

Based on the results of interviews, the Regional Hospital stated that there were several rehabilitation programs implemented for patients as follows:

1. Medical restoration, detoxification, inebriation, short term care, clinical assessments, supporting assessments, therapy of sick impacts of medications, psychotherapy, treatment of double findings, deliberate guiding and testing (VCT), courses, bunch movement treatment, and others.
2. Therapeutic People group based social restoration. The exercises included include: individual directing, static gatherings, courses, bunch treatment, and others.
3. Spiritual exercises as mental and otherworldly direction (BinTal).

4. Capacity structure. PCs, unknown dialects, sight and sound (sound, video, radio), printing and screen printing, car fix shops, beauty parlors, expressions, music, culinary expressions, handiworks.
5. Family Treatment (Family Care Group, Family Advising).
6. Psychological treatment (hypnotherapy, individual advising, psychotherapy, mental assessment, psycho training).
7. Recreation (Family Outing, Static Excursion).

Concerning the Clinical Recovery Methodology for junkies, victimizers, and casualties of opiates maltreatment in Territorial Clinics, it alludes to Guideline of the Pastor of Wellbeing Number 80 of 2014, covering:

1. Junkies, Victimizers, and Survivors of Opiates Misuse who are going through examination, indictment, and preliminary cycles can be given therapy, care, and recuperation at clinical restoration foundations.
2. The submission of addicts, abusers, and victims of narcotics abuse to medical rehabilitation institutions is carried out by investigators or public prosecutors accompanied by their families and BNN/BNNP/BNNK personnel according to the level of the case with the minutes of the suspect, by attaching a recommendation for a rehabilitation therapy plan from the Integrated Assessment Team.
3. Submission is made during the Administrative Working Hours of the designated Hospital/medical rehabilitation institution.
4. When the suspect is handed over to the designated hospital, it must be accompanied by the signing of informed consent by the suspect, who is then referred to as the patient, witnesses from the investigator or public prosecutor, and a letter of approval from the family.
5. Clinical restoration for thought fiends, victimizers, and casualties of opiates misuse who are endowed by examiners or public investigators at clinical recovery offices is completed by long term or short term care. It is following a formal composed demand from the police or the examiner's office and in light of proposals for a recovery treatment plan from the Coordinated Evaluation Group, for a most extreme time of 3 (90 days).
6. If the suspect is undergoing inpatient rehabilitation therapy, while undergoing safekeeping at medical rehabilitation, the patient: a. Must follow the program determined by the medical rehabilitation institution; b. Do not bring a means of communication; and c. Communication with family/other parties must go through the health workers who carry out the rehabilitation.
7. In the case of a suspect undergoing outpatient rehabilitation therapy, the authority to bring the suspect to participate in the rehabilitation process rests with the investigator or public prosecutor according to the level of the case.
8. The restoration organization gives data to the court which decides 2 fourteen days before the finish of the recovery time frame.
9. Fiends, Victimizers, and Survivors of Opiates Misuse who have gotten done with going through restoration treatment as alluded to in number 5 are gotten back to the examiner/public investigator who endowed the suspect by presenting a last resume of recovery treatment exercises.
10. Security and management of Fiends, Victimizers, and Survivors of Opiates Misuse who are set in clinical restoration offices are completed by clinical

recovery offices that satisfy specific security guidelines and, in their execution, can arrange with the police.

4. Conclusion

Execution of the recovery interaction for fiends did by Provincial Emergency clinics, specifically Local Medical clinics will initially carry out clinical restoration for thought Junkies, Victimizers, and Casualties of Opiates Misuse. Addicts who are deposited or so-called patients who are entrusted by investigators or public prosecutors in medical rehabilitation facilities are carried out inpatient or outpatient care, following an official written request from the police or prosecutor's office based on recommendations for a rehabilitation therapy plan from the Integrated Assessment Team, for a period of a maximum period of 3 (three) months. The patient must follow the program determined by the medical rehabilitation institution, do not carry a communication device; and communicate with family/other parties. They have to go through the health workers who carry out the rehabilitation. Furthermore, the Regional Hospital will provide a report 2 (two) weeks before the completion of the rehabilitation period to the court.

As for the Medical Rehabilitation Procedure for addicts, abusers, and victims of narcotics abuse in Regional Hospitals, it refers to Regulation of the Minister of Health Number 80 of 2014, covering 10 (ten) regulatory policies, all of which must be implemented properly and correctly, because they are under legal supervision. , as well as legal officials who are carrying out their duties in escorting a patient with narcotics dependence, and their relation to the implementation of the rehabilitation process at the Regional Hospital.

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