



# MENTORING SYSTEM FOR DRUG ABUSE OFFENDERS IN INDONESIAN CORRECTIONAL FACILITIES

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**Abstract :** The role of Correctional Facilities can be seen from the reporting of what happens behind its towering walls, which is still far from the public's expectations as a rehabilitation institution for prisoners. The circulation of drugs in Correctional Facilities is increasingly concerning and should be a series of law enforcement and a place for detainees to rehabilitate themselves. This study aims to analyze and find the mentoring system for drug abuse offenders in Indonesia, and the weakness of criminal sanction regulations against drug abuse offenders currently does not achieve a fair correctional system. The results of the study show that the mentoring system for drug abuse offenders has not yet achieved a fair correctional system because drug abusers do not receive medical rehabilitation rights. This is due to the criminal sanctions against drug abuse offenders not using the provisions of Article 127 of Law Number 35 of 2009, making it difficult for drug abuse offenders to receive rehabilitation rights, including cases where judges still decide to use Article 127 of Law Number 35 of 2009, but do not consider rehabilitation provisions as stipulated in Article 54 of Law Number 35 of 2009. The mentoring program for drug abuse offenders in Indonesian Correctional Facilities includes detoxification, social rehabilitation, medical rehabilitation, spiritual rehabilitation, and skills training in an integrated manner.

**IndexTerms - System, Mentoring, Drug Abuse Offenders, Correctional Facilities.**

## I. INTRODUCTION

Corrections have a strategic position in the criminal justice system as convict coaches as stipulated in Article 2 of Law Number 22 of 2022 concerning Corrections that the correctional system is organized in the context of forming Correctional Families to become fully human, aware of mistakes, improve themselves, and not repeat acts punishment so that it can be accepted again by the community, can play an active role in development, and can live normally as good and responsible citizens [1].

Penitentiary is not just rehabilitation and socialization of prisoners, but there must be a link in the chain of restoring social relations between prisoners and the community, namely the acceptance of former prisoners back into society. This is a condition of correctional into coaching while serving a sentence is seen as insufficient to restore the convict's confidence, therefore there must be a willingness and responsibility from the community.

The penitentiary system in Indonesia is regulated in the Corrections Law. Correctional Institutions have a different philosophy from prison institutions. The prison system which places more emphasis on the elements of revenge and deterrence is seen as inconsistent with the concept of social rehabilitation so that convicts realize their mistakes, no longer wish to commit criminal acts, and can return to being responsible citizens for themselves and their environment [2].

Correctional institutions are not only for convicting people, as a place to foster and educate convicts, so that they can adapt to life outside the penitentiary as good citizens and obey the rule of law. Coaching in Correctional Institutions is inseparable from the dynamics whose goal is for inmates to have provisions to face life after serving their sentence. To punishment to have a positive impact on the development of convicts, it must be related to socio-cultural and community values by eliminating factors that cause crime that cause public unrest such as narcotics abusers, so that:

1. After leaving the Penitentiary/State Detention Center no longer commits a criminal act;
2. Be a useful human being, play an active and creative role in building nation and state;
3. Able to get closer to God Almighty and get happiness in this world and in the hereafter.

One of the biggest crimes is drug abuse. Almost every prison in Indonesia is dominated by convicts of narcotics cases. The illicit circulation of narcotics is inseparable from the circulation of narcotics in the world. Narcotics crime and all its forms including illicit trafficking is one of the international crimes which in the formulation of the United Nations is categorized as extra ordinary crime, namely extraordinary, planned, organized and systematic crime because narcotics crime is a serious crime.

Law Number 35 of 2009 also stipulates the death penalty for narcotics dealers as referred to in paragraph (2) respectively in Articles 113, 114, 116, 118, 119 and 121, but in Article 54 Narcotics addicts and victims of narcotics abuse are required to undergo medical rehabilitation and social rehabilitation, not criminalized by going to prison. But in the regulations against narcotics users or addicts as perpetrators of criminal acts that are punishable by imprisonment.

The application of criminal punishment does not reflect a sense of justice, because before using narcotics it is certain that the abuser must first own or buy it, and when it has been purchased or owned, before it is used it is arrested by the police or BNN, so automatically the results of laboratory tests on urine are negative. The abuser is subject to Article 127 and can even take the form of medical and social rehabilitation measures. It is very unfair if the abuser is subject to Article 111 or Article 112 which carries a minimum sentence of 4 (four) years, a maximum of 12 (twelve) years plus a minimum fine of Rp 800,000,000.- (eight hundred million rupiah).

Then on the other hand it can be said that narcotics abusers are victims, it is shown that there are provisions for narcotics abusers who can be sentenced to rehabilitation. Narcotics abusers are self-victimizing victims, because narcotics abusers suffer from a dependency syndrome because of self-inflicted narcotics abuse. The problem of narcotics abusers is not only a legal problem, but also a humanitarian problem, therefore abusers must be rehabilitated from multiple perspectives, especially from a humanitarian perspective [3].

Based on the experience of eradicating narcotics, gave birth to the principle that prevention is better than cure. Overcoming drug abuse to rehabilitation for drug abusers/addicts is part of the responsibility of all citizens of the nation. There is an opinion that the laws in our country are too soft on narcotics addicts. The addict is only placed as a victim and has the right to be rehabilitated and treated, even though the treatment process takes a long time and costs a lot. Because of this problem, the handling of narcotics abusers, especially victims, often becomes a dilemma for the government, including the families of the victims themselves.

One of the objectives of the Ministry of Law and Human Rights to establish a Narcotics Correctional Institution is to foster and provide rehabilitation for perpetrators of narcotics abuse, change behavior, and break the chain of narcotics distribution networks so that convicts no longer abuse narcotics, and can return to society. The guidance system in Correctional Institutions must be able to adapt to the increasing number of convicts in narcotics cases. Development for convicts of narcotics cases so far there is no clear provision governing how special guidance is given to convicts of narcotics cases. Even though there is a rehabilitation system offered by the government through Law Number 35 of 2009, that is, in addition to social rehabilitation, medical rehabilitation is also provided [4].

Based on the description above, researchers are interested in researching the System and Development Process for Narcotics Abusers in Indonesian Correctional Institutions.

## II. RESEARCH METHODS

This research is normative juridical research, that in this study used data sourced from library studies in the form of secondary data. The data source is in the form of the 1945 Constitution, laws and regulations relating to juvenile justice. as well as other regulations as primary legal materials. Literature books, research results, opinions of scholars, papers which are secondary sources of law. As well as legal dictionaries and legal encyclopedias which are tertiary legal materials. The data obtained from the literature study were then analyzed using a qualitative descriptive method.

## III. RESEARCH RESULTS AND DISCUSSION

### Medical and Social Rehabilitation in the Development of Narcotics Abuse Convicts

Criminal sanctions are generally a coercive tool so that someone obeys the norms in force, where each norm has its own sanction, and the goal is expected to be coaching (treatment). 196 According to Camus, the perpetrator of a crime is still a human offender. as a human being, a criminal is still free to learn new values and adaptations. Therefore, the imposition of sanctions must also be educational. Because, only in that way can he return to society as a complete human being.

Criminal imposition is not merely revenge. The most important thing is the provision of guidance and protection. Protection at the same time for the community and the convicts themselves so that they become aware and can become good members of society. Such is the new concept of the function of punishment which is no longer just a deterrent, but also an effort to rehabilitate and social integration. This conception in Indonesia is called correctional [5].

Law Number 35 of 2009 concerning Narcotics has provided different treatment for narcotics abusers, before this law came into force there was no difference in treatment between narcotics abusers, dealers, dealers, and producers. Narcotics abusers or addicts on the one hand are perpetrators of criminal acts, but on the other hand they are victims. Based on the typology of victims identified according to the circumstances and status of the victims, namely:

1. Unrelated victims, namely victims who have nothing to do with the perpetrators and become victims because they have potential.
2. Provocative victims, namely a person or victim caused by the role of the victim to trigger a crime.
3. Participating Victims, namely someone who does not act, but with his attitude encourages himself to become a victim.
4. Biologically weak victims, namely those who physically have weaknesses that cause them to become victims.
5. Socially weak victims, namely those who have a weak social position that causes them to become victims.
6. Self-victimizing victims, namely those who become victims because of crimes they have committed themselves.

Narcotics abusers or addicts according to law as perpetrators of narcotics crimes are the provisions of Law Number 35 of 2009 which regulate prison sentences given to narcotics abusers. Then, on the other hand, it can be said that according to Law Number 35 of 2009, the narcotics addict is a victim, who is shown by the existence of provisions against narcotics abuse, which can be sentenced to rehabilitation. Abusers are self-victimizing victims, because they suffer from dependency syndrome because of narcotics abusers who do it themselves [6].

Regarding the guidance and guidance of convicts or correctional inmates, specifically for convicts who commit certain crimes, it is necessary to receive attention in updating the implementation of the penitentiary system. The treatment of convicts involved in narcotics cases, both narcotics addicts and victims of narcotics abusers, must undergo medical rehabilitation and social rehabilitation. Then in the process of sentencing for abusers and if the abuser is proven to be a victim of narcotics abusers, the perpetrator must undergo medical rehabilitation and social rehabilitation.

In the case of rehabilitation, the way to do it so that convicts do not repeat their crimes or are recidivists, namely by carrying out special training, which can restore their physical and mental condition to health or well. Article 54 of Law Number 35 of 2009 states that: Narcotics addicts and victims of narcotics abuse are required to undergo medical rehabilitation and social rehabilitation.

Rehabilitation of narcotics addicts is a process of treatment to free addicts from dependence, and the period of undergoing rehabilitation is counted as a period of serving a sentence. Rehabilitation of narcotics addicts is also a form of social protection that integrates narcotics addicts into social order so that they will no longer abuse narcotics.

According to Article 1 number 16 of Law Number 35 of 2009, medical rehabilitation is a process of integrated treatment activities to free addicts from narcotics dependence. Medical rehabilitation for narcotics addicts can be carried out at a hospital designated by the Minister of Health, namely a hospital run either by the government or by the community. According to Article 1 number 16 of Law Number 35 of 2009, social rehabilitation is a process of integrated recovery activities, both physical, mental, and social, so that former narcotics addicts can return to carrying out social functions in community life [7].

Corrections are part of the criminal justice system starting with detainee services, convict coaching, state children and correctional client guidance which is carried out in an integrated manner (implemented jointly with all law enforcement officials), with the aim that after serving their sentence they can return to being good citizens. While coaching prisoners and students are all efforts aimed at improving and enhancing the morals of prisoners and students in correctional institutions.

Coaching is an activity to improve the quality of devotion to God Almighty, intellectual, attitude and behavior, professionalism, physical and spiritual health of convicts. Matters related to the development of convicts, namely regarding understanding, goals, policies, factors that influence coaching, then methods and implementation of coaching, coaching facilities, and implementation of supervision of coaching.

The development of convicts in Penitentiary aims to enable them to become whole human beings through the approach of strengthening their faith (mental resilience), as well as fostering them to be able to integrate naturally into group life while in Correctional Institutions, and wider life (society) after graduation. Convicts who use narcotics in coaching experience several processes of behavior change, namely the process of dependence, the process of change and the process of recovery.

#### 1. Process dependency

Addiction or dependence on narcotics is a condition in which a person experiences physical and psychological dependence on an addictive substance.

#### 2. Change Process

Motivating individuals who are addicted to addictive substances to be able to stop their pattern of substance use is not an easy thing. The stages of change experienced by an addict that affect the recovery process, namely:

- a. Precontemplation is the stage where addicts generally do not want to admit that their substance use behavior is detrimental to themselves, their families, and their environment. At this stage, an addict will display self-defense mechanisms so that they can maintain their substance dependence pattern.
- b. Contemplation is the stage where addicts begin to realize that their substance use behavior is detrimental to themselves, their families, and their environment, but often feel hesitant (ambivalent) to go through the recovery process.
- c. Preparation is the stage where individuals prepare themselves to stop their substance use patterns. Generally, the person concerned begins to change his mindset which can help his efforts to be free from substances.
- d. Action is the stage where an addict with awareness themselves seek help to aid their recovery.
- e. Maintenance is the stage where an addict tries to maintain his substance-free state (abstinence).
- f. Relapse is the stage where an addict returns to his old pattern of substance use behavior after he experiences a substance-free state.

#### 3. Recovery Process

The recovery process is a process that must be lived for the whole life of an addict (long life process). The recovery process goes through 6 (six) periods, namely:

- a. Pre-treatment period (pretreatment);  
The addict will try in various ways to overcome the process of physical dependence and learn to admit that he cannot control his substance use behavior;
- b. stabilization period (stabilization);  
The addict will learn not to use substances, make the physical condition more stable from withdrawal symptoms, learn to cope with social pressures and problems;
- c. early recovery period;  
The addict at this stage builds a mindset why he can no longer use the addictive substance and begins to build a personal value system;
- d. Middle recovery period;  
The addict enters a transition period where he experiences obstacles in social skills, but he arrives at a period of self-consolidation.
- e. Late recovery period;  
At this time, it is hoped that addicts will already have spiritual awareness, have definite life principles and find their desire and zest for life;
- f. Period of maintenance (maintenance);  
Addicts are expected to maintain their substance-free condition (sober) and try to live again as society in general with their new life value system.

The causes of recurrence are caused by 5 (five) factors, namely:

- a. Addictive personality, for example: manipulative, lazy, lying, defensive, impulsive, compulsive, and others;
- b. Faulty belief systems, such as: rationalization of addictive substances, replacing commonly used addictive substances with others (from heroin to cannabis);
- c. An old reference is when the patient returns to his old behavior patterns, such as:
  1. Return to the place where he used to get addictive substances;
  2. Re-touch items related to addictive substances (for example: bottles used for washing needles, telephone cards used to distribute heroin powder, syringes, etc.);
  3. Reconnect with people who also abuse substances.
- d. Inadequate coping skills, namely the lack of ability to deal with problems and pressure;

e. Unmet spiritual and emotional needs. For example: too sensitive, lost faith in God Almighty, and others.

The initial phase of coaching for convicts of narcotics cases includes new narcotics case convicts who must be placed in a special mapenaling block. New convicts in narcotics cases must be separated from old ones as an effort to avoid the possibility of being influenced by old narcotics convicts by the suggestion of new convicts [8].

The placement of new convicts considers the classification based on gender, age, recidivism, nationality, user/dealer, length of sentence and level of narcotics dependence. Based on health and security considerations, they can be placed in seclusion rooms, the placement of convicts takes into account their life background;

The coaching process at this stage is carried out by the Head of the Correctional Security and Order Section, in this briefing the rights and obligations while being a convict are read out, how to behave and behave politely, the placement of rooms and other actions that will cause security disturbances in the Penitentiary. These rights and obligations include the right to eat, to receive health care, the opportunity to carry out religious services, to receive remission, assimilation, Free Prior Leave (CMB), Family Visiting Leave (CMK), and Parole (PB). While his obligations include complying with existing regulations, not making commotion or chaos, keeping the room and block clean, participating in coaching activities programmed by the Correctional Institution, trimming long hair.

The procedures for coaching convicts of narcotics cases in Correctional Institutions are as follows:

1. Period of Introduction, Observation and Environmental Research (Mapenaling) Every convict is obliged to attend a penal examination for a maximum of 30 (thirty) days unless the Correctional Monitoring Team determines otherwise. Mapenaling is carried out by placing convicts in a special mapenaling block.
2. Determination of Dependence Diagnosis Activities at this stage include:
  - a. The Correctional Doctor performs a blood test and urine of convicts to find out from the beginning of the convict's illness;
  - b. Physical examination or clinical symptoms as well as supporting examinations if necessary, for example examination of the heart, lungs for hepatitis, HIV/AIDS, and other infectious diseases caused by the narcotics used;
  - c. Prisoners who are in a state of withdrawal with complications (heart, lung hepatitis, HIV/AIDS, and other diseases) must be referred to a hospital.
3. Healing Rehabilitation Phase Activities at this stage include:
  - a. In the early stages, new convicts are still assumed to be in a state of narcotics dependence, they must first remove their dependence in a cold turkey manner which is carried out and determined by a Correctional Institution doctor;
  - b. Prisoners whose health and physical examinations do not find dangerous and contagious diseases can be placed in the next program;
  - c. Implementation of cold turkey and toxification of convicts in conditions of narcotics dependence is carried out in a special room that is isolated from other external influences.
4. Personality Development Activities at this stage include:
  - a. Development of mental and physical awareness, namely:
    - 1) Activities aimed at strengthening the body and spirit of convicts through religious education/counseling, psychological coaching, sports coaching, and others;
    - 2) Implementation of fostering mental and physical awareness is carried out by the Bimkemaswat subsidy;
    - 3) To carry out mental and physical awareness building activities, an activity plan is prepared which includes: material, time, place, participants, material carriers and so on;
    - 4) Development of mental and physical awareness can be carried out by the Penitentiary itself by inviting material carriers from related agencies or the public.
  - b. Nation and state development, as well as legal awareness, namely:
    - 1) The implementation of national and state development as well as legal awareness is carried out using the following methods: lectures, discussions, interviews or simulations;
    - 2) The responsibility for implementing national and state development as well as legal awareness is carried out by the Kasi Binadik/Subsi Bimaswat;
    - 3) In order to carry out national and state development as well as legal awareness, an activity plan is prepared which includes: material, time, place, participant, material carrier and so on;
    - 4) Development of nation and state as well as legal awareness can be carried out by the Penitentiary by inviting material carriers from related agencies or the public;
    - 5) In the case of forming a legally aware family, consult with the legal field of the Regional Office of the Ministry of Law and Human Rights or the District Court.
  - c. Development of intellectual abilities, namely:
    - 1) Every illiterate convict, regardless of age, is given the opportunity to attend general education. Whereas convicts who will continue their interrupted education are given the opportunity to attend further education in accordance with their last education;
    - 2) Implementation of education is carried out in Correctional Institutions;
    - 3) Implementation of daily general education is carried out by the Bimkemaswat subsidy;
    - 4) Opportunities to attend general education are not given to convicts who are undergoing disciplinary punishment;
    - 5) Teaching staff can be taken from outside the Institute
    - 6) Public education is carried out in cooperation with the Education Office, with prior approval from the Head of the Regional Office of the Ministry of Law and Human Rights;
    - 7) Inmates who have completed public education are given a statement;
    - 8) Prisoners who attend general education are recorded in the attendance book of educational activities;
    - 9) The library is held in a separate room equipped with cupboards and bookshelves and arranged based on the catalog;
5. Community Social Development Activities at this stage include:
  - a. Community social development in the form of community service activities, both inside and outside the Penitentiary is carried out by the Correctional Security and Order Section.
  - b. Community service activities in Penitentiary

- c. Family visits for convicts are carried out by the Penitentiary Development Section in collaboration with the Correctional Security and Order Section;
  - d. Prisoners are allowed to send and receive letters from family or other parties by first checking with the officers of the Correctional Institution Development Section;
6. Development of relapse prevention
- Relapse prevention training can be carried out through:
- a. Case work (personal guidance), namely guidance through counseling, consultation and so on carried out by doctors, psychologists and social workers;
  - b. Community organization (group guidance) can be carried out through group discussions, group dynamics, simulations with narcotics material.
7. Assessment

Assessment for convicts of narcotics cases is an activity that aims to anticipate, interpret and predict what types of work can and are appropriate to do, if unable to work what are the causes. New and old narcotics convicts must participate in activities which include observing the condition and development of the behavior of narcotics convicts; Interviews to obtain health data and case files; Repeating personal data; Exploring the background of life and current conditions; Exploration of talents and interests as well as potential; Psychological tests, History of narcotics use, Discussion of cases, Making Community Research (Litmas).

After the implementation of the initial stage of coaching, the rehabilitation stage is carried out which includes:

- a. Personality development is carried out as a continuation of the personality development program that has been implemented before.
- b. Development of independence which includes:
  - 1) If the TPP does not stipulate otherwise, all types of work can be given to convicts, except:
    - a) Office administrative work (registration unit);
    - b) Can endanger the safety of the convict concerned;

Not in accordance with the norms of decency and humanity

- 1) Based on the decision of the Head of the Kalapas regarding the results of the TPP session regarding the type and place of work, the Head of Work Activities records the Prisoners who take part in work activities in the Work List Book;
- 2) Before carrying out the work of convicts:
  - a) Provision of general and technical explanations relating to the type of work to be carried out: rights, obligations, prohibitions and sanctions relating to the implementation of the work;
  - b) Provision of necessary work equipment.
- 3) Management and bookkeeping of Prisoners' work results are carried out by Work Activity officers;
- 4) Every convict's work is managed in accordance with applicable regulations;
- 5) The amount of wages/premiums or compensation for services from work results, is regulated in accordance with applicable regulations and is stored in a savings book that is only known by the Chief of Staff, supervisors, and those concerned;
- 6) The savings book is immediately handed over to the convict, when he has finished serving his sentence or has been transferred to another correctional institution;
- 7) If the convict in question dies, the savings book will be handed over to the convict's family or heirs.

The development of the rehabilitation phase is the next step and it is hoped that convicts can continue towards fostering assimilation which is a coaching process to restore Prisoner relations which is carried out by mixing Prisoners / Correctional Students in community life and carried out in a balanced manner between public interest and Prisoner development. Narcotics convicts are given assimilation if they meet the substantive and administrative requirements that have been determined. This assimilation is carried out through various forms of activities, namely:

1. Work for third parties, both government agencies, private sector, and individuals;
2. Work independently, for example as a barber, laundress, repair shop, and so on;
3. Following guidance in the form of education and skills training outside the Penitentiary;
4. Community service with the community;
5. Exercising with the community;
6. Participate in a ceremony or demonstration of skills together with the community;
7. Carry out worship with the community;
8. Working in an open penitentiary with stages minimum security;
9. Leave visiting family.

The next stage that will be given to convicts is the development of the integration stage. Integration coaching is given to convicts who have gone through the assimilation coaching stage properly. Integration coaching is carried out through parole (PB) and leave before release (CMB). Inmates who take part in integration coaching must meet predetermined substantive and administrative requirements.

For almost all drug convicts, the implementation of their training tends to be equated with convicts who are involved in ordinary criminal cases and do not fully implement integrated medical and social rehabilitation methods, namely programs that combine various methods covering medical, social, spiritual and skills aspects.

This program was created to help inmates to get rid of narcotics dependence. To carry out a directed and integrated program, various rehabilitation methods have been adapted to the characteristics of correctional institutions. This is done with the intention that this program is right on target with optimal results. There are several integrated rehabilitation models that are applied, namely:

1. Model of medical services and rehabilitation;
2. Service model and social rehabilitation with an approach social guidance, individual and group;
3. Service model and social rehabilitation with an approach the rapeutic community;
4. Model of service and social rehabilitation with a religious approach;
5. Service model and social rehabilitation with an integrated approach.

Integrated rehabilitation consists of social rehabilitation and medical rehabilitation. The definition of social rehabilitation is a coaching activity that aims to guide convicts to develop social attitudes and instill pro-social attitudes so that they are expected to return to society and not use narcotics after undergoing part of the integrated rehabilitation [9].

Medical rehabilitation is a form of activity in the form of observation and documentation of illness by a doctor or nurse, in the form of examining the health condition and status of new convicts (medical check-up for new inmates); Routine health services; Identification of the disease suffered; detoxification; User documentation; Urine examination for employees and prisoners; Assessment control to occupant blocks; Inpatient and outpatient activities.

The implementation of integrated rehabilitation activities is as follows:

#### 1. Medical rehabilitation

This program is a form of treatment and care for inmates (hereinafter referred to as residents) experiencing drug addiction. This program includes:

##### a. detoxification

Detoxification is a process of eliminating toxins in the body due to the use of narcotics. The method used is an alternative therapy by consuming D5. D5 is a concoction of natural ingredients that functions to neutralize and remove toxins in the body so that it can eliminate feelings of craving and suggestion.

Detoxification is the first step in dealing with drug addiction. The resident was declared ready to enter the next stage after completing the detoxification process. This process is needed to eliminate toxins contained in the body due to drug use. The detoxification process is carried out using alternative therapies, namely by consuming D5. The way D5 cures drug addiction is by neutralizing the cold elements in the body [10].

If withdrawal begins to recur, immediately consume D5, and in just a few minutes you will start to feel nauseous and then vomit, after that you must consume sugar and iron tablets to increase energy, so that the body will feel warm and normal again.

The feeling of withdrawal for the first day can recur 3 (three) to 7 (seven) times, each person is different, the second day it starts to decrease and until day 4 (four) usually the feeling of dependence will disappear. To completely clean up the remaining drug impurities, you should consume D5 for another 14 (fourteen) days.

Within fourteen days will appear red spots accompanied by itching. There is no need to worry about this complaint because it is a reaction from D5 to clean all the dirt that is in the body, applying D5 oil to places that feel itchy, this reaction will disappear immediately. If the red spots and feeling of itching disappear, then the dirt caused by the narcotics is clean .

The purpose of this program is to get rid of withdrawal, eliminate feelings of suggestion, clear narrowed blood vessels and cleanse the toxic effects of narcotics, relieve symptoms as a result of narcotics and drugs.

##### b. Disease treatment and care activities.

This activity is carried out by doctors and nurses in the polyclinic if the resident has health problems. The polyclinic provides inpatient and outpatient services for residents.

#### 2. Social rehabilitation

Social rehabilitation is a coaching activity that aims to guide convicts to develop social attitudes and instill pro-social attitudes, so that they can later return to society and not repeat drug abuse after being released. The social rehabilitation program implemented is an adaptation of several relevant methods.

This program uses a modification of the therapeutic community method. By modifying some of these programs, it is hoped that the rehabilitation process can be carried out in a comprehensive manner so that the results will be better. In this therapy and rehabilitation program all resident activities are scheduled. This is intended to train resident discipline and prevent residents from having a lot of free time.

The therapy and rehabilitation program is carried out in 2 (two) phases, namely:

##### a. Initial phase

The initial phase is the initial stage of the resident undergoing a therapy and rehabilitation program. In this phase, residents are introduced to the rules in the program and are prepared to undergo a follow-up program.

This phase is carried out for approximately 30 (thirty) days. The goal of this phase is that the resident knows himself, residents have higher emotional maturity, increase awareness and desire to recover, build strong motivation to undergo a continuation program.

##### b. Advanced phase.

In this phase the resident undergoes further rehabilitation, where the method used is by adapting the therapeutic community method, spiritual activities, work skills activities, and psychological guidance. Activities are held every Monday-Saturday, while Sunday is free time. The goals to be achieved in this program are to form more positive behavior, develop self-confidence, increase a sense of responsibility and discipline, create a healthy lifestyle, and increase the productivity of the inmates.

#### 3. Spiritual rehabilitation

Spiritual rehabilitation is an activity that aims to increase piety to God Almighty. This program is a religious activity.

#### 4. Skills program

This skills program is in the form of intellectual and expertise provision that can support residents when they are free.

The therapeutic community program implemented in Correctional Institutions is adapted from narcotics rehabilitation centers in Indonesia, which refers to the guidelines for implementing narcotics rehabilitation set by the National Narcotics Agency. However, not all activities in the therapeutic community program can be carried out in correctional institutions due to differences in the conditions and functions of correctional institutions and rehabilitation centers.

In the therapeutic community method, narcotics convicts are grouped as a family consisting of people who have the same problem and have the same goal, namely helping themselves and others by someone from them, so that there is a change in behavior from negative-to-negative behavior, positive behavior [11].

This therapeutic community method is carried out by a group of people with the same problem, they come together to help each other with the problems they face. In other words, man helping man to help himself (a person helping others to help himself). In the therapeutic community program, healing is created through a change in perception/view of nature (the renewal of worldview) and self-discovery which encourages growth and change (growth and change), namely self-help, can be done with the belief that everyone can change; groups can support change; everyone must be responsible; structured programs can provide a safe and conducive environment for change; and active participation.

This program emphasizes 5 (five) main aspects, namely mental (restructuring mindset); emotions (control and stabilize emotions); behavior (changing attitudes and behavior); spiritual (fertilize spiritual/faith); and social (fostering readiness to return to society).

#### IV. CONCLUSION

1. The implementation of fostering drug abuse convicts has not yet created a just prison because abusers do not obtain the right to medical rehabilitation. difficult to do, including the condition where the judge still decides to use Article 127 of Law Number 35 of 2009, but does not consider the rehabilitation provisions as referred to in Article 54 of Law Number 35 of 2009.
2. Implementation of coaching convicts against narcotics abusers in Indonesian correctional institutions including detoxification, social rehabilitation, medical rehabilitation, spiritual rehabilitation, and skills in an integrated manner to guide convicts to develop religious, societal attitudes and instill pro-social attitudes, so that they can later return to society and do not repeat acts of drug abuse after being released.

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