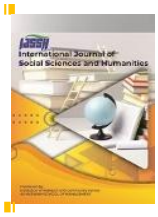

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Neglected Rehabilitation: Challenges and Discrepancies in the Implementation of the Narcotics Law for Addicts in Ambon City

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Abstract

Rehabilitation for drug addicts is a treatment process aimed at freeing them from dependency, which is also considered a form of punishment. However, in Indonesia, particularly in Ambon City, Maluku Province, facilities for medical and social rehabilitation are still very limited. The rate of drug abuse in Maluku, especially in Ambon City, is relatively high, with 83 cases and 55 drug abuse patients recorded in 2021. Although Law Number 35 of 2009 on Narcotics mandates rehabilitation for addicts, its implementation in Ambon City has not been optimal due to the lack of facilities and specialized medical personnel. Rehabilitation involves three main stages: medical detoxification, non-medical rehabilitation, and follow-up guidance. However, in Ambon, rehabilitation is only conducted on an outpatient basis, without adequate inpatient facilities. Additionally, the lack of specialized medical personnel, such as psychiatrists and psychologists, hinders the effectiveness of the rehabilitation process. This contradicts the purpose of the Narcotics Law, which emphasizes rehabilitation as a means of healing rather than mere punishment. To improve the effectiveness of rehabilitation, the construction of permanent rehabilitation facilities and the enhancement of medical personnel quality are necessary. Furthermore, there needs to be a clear consensus in defining drug abusers, addicts, and victims of narcotics abuse to ensure appropriate legal handling and rehabilitation. Thus, rehabilitation can become a more humane and effective solution in addressing drug dependency issues in Ambon City and other regions in Indonesia.

Contents

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Introduction

Drug abuse remains a multidimensional problem that affects public health, criminal justice, social welfare, and human rights. At the global level, drug use continues to increase and creates a serious treatment gap. The World Drug Report 2025 reported that approximately 316 million people worldwide used drugs in 2023, representing around six percent of the global population aged 15–64 years. More importantly, only one in twelve people with drug use disorders received treatment in 2023 (UNODC, 2025). This situation shows that narcotics policy cannot rely only on punishment, because addiction is not merely a criminal act but also a health and social problem that requires medical treatment, psychosocial recovery, and social reintegration.

In the Indonesian legal context, rehabilitation for drug addicts is understood as a treatment process aimed at freeing addicts from dependence, and the period of undergoing rehabilitation may be calculated as part of the sentence served (Novitasari, 2017). Rehabilitation is also a form of social protection because it seeks to restore drug addicts to social order so that they can return to society and no longer abuse narcotics (Hariwangi et al., 2019). This concept is consistent with the public health approach promoted by WHO and UNODC, which emphasizes that treatment for drug use disorders must be evidence-based, accessible, continuous, and supported by medical, psychological, and social services (WHO & UNODC, 2020). Thus, rehabilitation is not only a legal mechanism but also a therapeutic and social intervention that requires adequate institutional support.

Theoretically, this study is related to policy implementation theory. Van Meter and Van Horn explain that policy implementation is influenced by standards and objectives, resources, inter-organizational communication, characteristics of implementing agencies, social and political conditions, and the disposition of implementers. In the context of narcotics rehabilitation, the existence of a legal mandate is not sufficient if it is not supported by facilities, professional human resources, budget allocation, coordination between law enforcement and health institutions, and consistent assessment mechanisms. This is also in line with the view that rehabilitation activities require supporting facilities so that the objectives of rehabilitation can be achieved effectively (Budiman, 2018).

Indonesia has formally regulated rehabilitation through Law Number 35 of 2009 concerning Narcotics. Article 54 provides that narcotics addicts and victims of narcotics abuse are required to undergo medical and social rehabilitation. The law therefore recognizes that addicts and victims of narcotics abuse should not always be treated only as offenders, but also as subjects who need recovery. The implementation of this provision is further supported by the integrated assessment mechanism, which is intended to determine whether suspects, defendants, or convicts should be placed in rehabilitation institutions. However, the implementation of rehabilitation often faces serious obstacles, especially in regions where rehabilitation infrastructure remains limited.

The problem becomes more visible in Ambon City. Previous studies and reports show that not all provinces and cities in Indonesia have special institutions or centres for medical and social rehabilitation, including Ambon City (Safaria & Gumelar, 2023). Earlier data also indicated that drug abuse in Maluku Province was relatively high, with Ambon City ranking first among other regencies and cities in the province (BNN, 2015; Maluku, 2019). This local condition is important because the

implementation of rehabilitation under Law Number 35 of 2009 requires adequate facilities, institutional coordination, and access to both medical and social rehabilitation services. Without these elements, the legal obligation to rehabilitate addicts may remain merely normative and difficult to realize in practice.

Recent national data further strengthen the urgency of this issue. BNN reported that the prevalence of narcotics abuse in Indonesia in 2023 reached 1.73%, equivalent to around 3.3 million people aged 15–64 years (BNN, 2024). In the 2023–2025 survey period, BNN reported a prevalence of 2.11%, equivalent to approximately 4.15 million people (BNN, 2025). These figures show that rehabilitation is not a secondary aspect of narcotics policy, but a central instrument in reducing dependence, preventing relapse, and supporting social reintegration. However, the increasing need for rehabilitation is not always followed by equal availability of rehabilitation services at the regional level.

In Ambon City, the discrepancy between the legal mandate and practical implementation has been identified in previous research. Amrin et al. (2023) found that the implementation of rehabilitation for drug addicts in Ambon City had not fully complied with Law Number 35 of 2009. Rehabilitation was still limited, particularly because medical rehabilitation, non-medical rehabilitation, and aftercare had not been implemented optimally. The implementation was dominated by outpatient services, while inpatient rehabilitation had not been adequately available. The main obstacles included limited facilities, lack of budget, and insufficient medical and specialist personnel. At the same time, local initiatives have existed, such as the social rehabilitation program for inmates at Class IIA Ambon Prison in 2023, which involved BNNP Maluku, counsellors, and medical personnel (BNNP Maluku, 2023). This indicates that rehabilitation has been institutionally recognized, but its implementation remains fragmented and insufficient.

As an alternative solution, rehabilitation policy in Ambon City should be strengthened through an integrated rehabilitation model. This model should include the establishment or designation of accessible medical and social rehabilitation facilities, the strengthening of the Integrated Assessment Team, sustainable budget support, the availability of doctors, psychologists, counsellors, social workers, and addiction specialists, and the development of aftercare programs. Rehabilitation should not stop at outpatient counselling or temporary institutional programs; it should include continuous treatment, psychosocial recovery, family involvement, vocational support, and community-based reintegration. Such a model is necessary to ensure that rehabilitation is implemented not only as a legal formality but as a meaningful recovery process.

The state of the art shows that previous studies have discussed rehabilitation as a legal obligation under the Narcotics Law, the role of assessment in determining rehabilitation, and the importance of facilities in supporting rehabilitation implementation (Novitasari, 2017; Hariwangi et al., 2019; Budiman, 2018; Safaria & Gumelar, 2023). Research on Ambon City has also identified several practical obstacles in rehabilitation implementation (Amrin et al., 2023). However, there remains a research gap in explaining the discrepancy between the normative mandate of Law Number 35 of 2009 and the actual implementation of rehabilitation in Ambon City through a systematic policy implementation perspective. Existing studies have not sufficiently integrated the legal framework, institutional capacity, assessment mechanism, service availability, and local rehabilitation outcomes into one focused analysis.

The novelty of this study lies in its focus on "neglected rehabilitation" as a form of implementation discrepancy in Ambon City. This study does not merely examine whether rehabilitation is legally regulated, but analyzes why the right and obligation to rehabilitation have not

been fully realized in practice. Therefore, this study aims to analyze the implementation of rehabilitation for narcotics addicts in Ambon City based on Law Number 35 of 2009, identify the main challenges and discrepancies in its implementation, and formulate recommendations for strengthening local rehabilitation policy. The urgency of this research lies in the fact that ineffective rehabilitation may cause addicts to remain untreated, increase the risk of relapse, burden the criminal justice system, and weaken the social reintegration objective of narcotics law.

Methods

This research uses a normative-empirical legal research type (juridical normative and juridical empirical) with a qualitative approach. The normative approach is used to examine law as a norm (law in the books) through statutory analysis (especially Law No. 35/2009, Joint Regulations, and Supreme Court Circular No. 4/2010), case approach, and conceptual approach related to rehabilitation and depenalization. Meanwhile, the empirical approach is used to examine law as behaviour (law in action), i.e., observing the implementation of rehabilitation in Ambon City. The specification of this research is descriptive-analytical, aiming to provide a systematic description and at the same time analyse the conformity of field implementation with the statutory mandate.

The data sources used consist of primary data and secondary data. Primary data were obtained directly from key informants (BNNP Maluku officials, law enforcement officers, medical personnel, and addicts) through in-depth interviews, as well as direct observation of rehabilitation facilities in Ambon City such as RSKD Negeri Lama and Bhayangkara Tantui Hospital. Secondary data include primary legal materials (legislation and court decisions), secondary legal materials (books, journals, and previous studies), and tertiary legal materials (legal dictionaries). Data collection techniques were carried out through literature study, semi-structured interviews, and field observation.

All collected data were analysed qualitatively through three stages: data reduction (selection and simplification of data), data display (descriptive narrative), and conclusion drawing inductively to compare legal norms (das Sollen) with field reality (das Sein) and to identify inhibiting factors. The research was conducted in Ambon City, with main locations including the BNNP Maluku Office, RSKD Negeri Lama, Bhayangkara Tantui Hospital, and the IPWL Pratama Clinic of BNN Maluku Province. This method was chosen because it allows researchers to comprehensively examine the gap between legal policy and the limitations of facilities and medical personnel, which is the main focus of the article.

Results and Discussions

Ahmad Fauzi (2022) argues that the distinction between the definitions of abuser, addict, and victim of narcotics abuse needs to be made because it will affect the handling or actions taken in combating narcotics. The definition of an abuser according to Article 1 number 15 of the Narcotics Law is a person who uses narcotics without rights or against the law. Furthermore, the requirements for using narcotics are regulated in Article 7, stating that narcotics can only be used for health services and/or the development of science and technology. Further regulation of narcotics is also set out in Article 8, which limits the use of Grade I narcotics only for the development of science and technology and for diagnostic reagents and laboratory reagents after obtaining the approval of the Minister of Health upon the recommendation of the Head of the Food and Drug Supervisory Agency (BPOM). Therefore, if a person uses narcotics in violation of the provisions referred to in Article 7 and/or Article 8 of the Narcotics Law, the perpetrator has no right or his act is unlawful.

The Narcotics Law defines an addict, as stated in Article 1 number 13, as a person who uses or abuses narcotics and is in a state of dependence on narcotics, either physically or psychologically. Based on this definition, narcotics addicts can be classified into two categories: first, persons who use narcotics and are in a state of physical and/or psychological dependence; and second, persons who abuse narcotics and are also in a state of physical and/or psychological dependence. The first category of addicts are those who have permission to use narcotics for their own health services. These are addicts undergoing medical rehabilitation, particularly in the process of medical intervention. When an addict who is using narcotics during medical intervention in outpatient care is caught red-handed using narcotics for himself and the case proceeds to court, it should be declared not guilty. Thus, when an addict needs intensive treatment and/or care based on an assessment programme conducted by a team of doctors/experts, under Article 103 paragraph (1) letter b of the Narcotics Law, the judge may order the addict to undergo rehabilitation for a certain period after hearing expert testimony regarding his condition or level of addiction.

The second category of addicts are those who do not have a permit to use narcotics for health services. This classification is based on the definition of abuser in Article 1 number 15 of the Narcotics Law (Undang-Undang Republik Indonesia Nomor 35 Tahun 2009 Tentang Narkotika, 2009). That provision contains the element "without right or against the law", so that a person who uses narcotics in violation of Article 7 and/or Article 8 of the Narcotics Law has no right to use them, or their use is unlawful. Although the abuser and the second category addict both abuse narcotics, the addict has a distinct characteristic: dependence on narcotics, both physically and psychologically. This is why narcotics addicts in the second category are only subject to the obligation to undergo medical and social rehabilitation. Another definition that needs clarification is the victim of narcotics abuse. Based on the explanation of Article 54 of the Narcotics Law, a victim is a person who unintentionally uses narcotics because they were persuaded, deceived, cheated, forced, and/or threatened to use narcotics. Thus, a victim of narcotics abuse must be proven to have no intention of using narcotics unlawfully, due to circumstances such as being forced or threatened that made them use narcotics, or using narcotics without knowing beforehand that the substance was a narcotic.

The definitions and qualifications of narcotics abusers, addicts, and victims of narcotics abuse remain ambiguous, creating obstacles and constraints in law enforcement, leading to different actions by law enforcement officials (Subantara et al., 2020). Therefore, a clear distinction between these definitions is necessary so that the handling or actions taken in combating narcotics are more appropriate. An example of inappropriate legal action is the imposition of imprisonment on victims of narcotics abuse, which creates new problems, such as overcrowding in penitentiaries. Although there are special prisons for narcotics convicts, their number is still very limited.

Drug addicts who are victims, when placed in prison, are housed together with drug traffickers, syndicates, and dealers. In fact, based on research, many prisons become centres for narcotics distribution, and various types of narcotics of better quality and lower prices are more easily obtained. Under such conditions, addicts often increase their level of addiction and even become couriers or dealers after release. Therefore, it is necessary to change the form of sanctions and placement of narcotics addicts in prisons (Nainggolan, 2019). Another obstacle is that prisons do not have special capabilities to rehabilitate addicts, because prison staff have not been given sufficient knowledge to perform rehabilitation. It is advisable to establish clear and firm regulations and a common understanding of the definitions of narcotics abusers, addicts, and victims, so that there is no multiple interpretation and law enforcement is more precise.

Based on the above, in the Narcotics Law it is difficult to find the term "narcotics user" as a subject (person); what is often found is "use" (verb). According to the Indonesian dictionary, the term "user" means a person who uses. When linked to the definition of narcotics in Article 1 number 1 of the Narcotics Law, a Narcotics User is a person who uses substances or drugs derived from plants, whether natural or semi-synthetic, that can cause a decrease or change in consciousness, loss of sensation, reduce or eliminate pain, and can cause dependence, which are classified into groups as listed in the Narcotics Law. The term "narcotics user" is used to simplify the reference for persons who use narcotics and to distinguish them from narcotics cultivators, producers, distributors, couriers, and dealers. Although cultivators, producers, distributors, couriers, and dealers sometimes also use narcotics, the status of a narcotics user can be further divided into two: users who supply to others (Article 84) and users who use for themselves (Article 85). The use of narcotics for oneself means using narcotics without medical supervision. If the person suffers dependence, they must undergo rehabilitation, both medically and socially, and the treatment and rehabilitation period will be counted as part of the sentence (Yuli W & Winanti, 2019).

Meanwhile, perpetrators of narcotics crimes who are not users are further classified into four categories: owners (Articles 78 and 79), processors (Article 80), carriers and/or couriers (Article 81), and dealers (Article 82). An owner is a person who plants, cultivates, possesses, stores, or controls narcotics without right and against the law. A processor is a person who produces, processes, extracts, converts, assembles, or provides narcotics without right and against the law, individually or in an organised manner. A carrier/courier is a person who carries, sends, transports, or transits narcotics without right and against the law, individually or in an organised manner. A dealer is a person who imports, exports, offers for sale, distributes, buys, delivers, receives, acts as an intermediary in the sale and purchase, or exchanges narcotics without right and against the law, individually or in an organised manner.

The legal subjects that can be punished for narcotics abuse are individuals and corporations. The types of penalties that can be imposed are imprisonment, life imprisonment, up to the death penalty, cumulatively with fines. Narcotics crimes in the Indonesian legal system are classified as crimes (felonies), because they are considered to have serious consequences for the nation's future, damaging the lives and future of the younger generation, and ultimately threatening the existence of the nation and state. Proving that a narcotics abuser is a victim of narcotics as regulated in the Narcotics Law is difficult, because it requires examining the initial use of narcotics and proving that the use occurred under persuasion, deception, fraud, coercion, and/or threats. In implementation, the Supreme Court issued Circular Letter No. 04 of 2010 on the Placement of Abusers, Victims of Abuse, and Narcotics Addicts into Medical and Social Rehabilitation Institutions, which serves as a guideline for District Court and High Court judges in deciding whether an abuser receives rehabilitation.

The legal basis for rehabilitation is found in Articles 54 and 103 of the Narcotics Law. Article 54 states that narcotics addicts and victims of narcotics abuse are obliged to undergo medical and social rehabilitation. Furthermore, Article 103 authorizes judges examining narcotics addict cases to order the person concerned to undergo treatment and/or care, whether the narcotics addict is proven guilty of a narcotics crime or is not proven guilty. The same provision also confirms that the period of treatment and/or care undergone by a narcotics addict who is proven guilty is counted as part of the sentence served. To suppress the number of narcotics abusers, BNN intensifies rehabilitation programmes for addicts, abusers, and victims of narcotics abuse. Besides reducing the growth of addicts, rehabilitating the estimated 4 million abusers is believed to "kill" the narcotics market in

Indonesia. Following the economic principle of demand and supply, reducing the illicit circulation and number of abusers can also be achieved by that principle. Rehabilitating addicts and abusers until they recover is the right step to reduce demand. If there is no demand from consumers, dealers and traffickers will automatically go out of business.

In 2021, BNN maximised the role of its rehabilitation centres located in four cities: Lido – Bogor, Baddoka – Makassar, Tana Merah – Samarinda, and Batam – Riau Islands. These four centres have provided rehabilitation services to addicts, abusers, and victims from various cities in Indonesia, including those from Maluku sent to Baddoka in South Sulawesi as the rehabilitation centre for eastern Indonesia. However, in Ambon City itself there is no inpatient rehabilitation centre with closed facilities. BNNP Maluku uses the facilities of the Regional Special Hospital (RSKD) Negeri Lama and Bhayangkara Tantui Hospital for treatment. However, RSKD Negeri Lama is considered unsafe for drug users because it is not guarded tightly like a drug rehabilitation centre.

So far, BNNP has used Bhayangkara Hospital and RSKD, but RSKD is unsafe; it only has grilles and is not guarded, so patients could escape during treatment. Apart from the rehabilitation centre issue, there are also hospitals that refuse to accept drug-dependent patients, and the BNNP Maluku office land is still on a loan-use status. Currently in Ambon City, there are 20 addicts of methamphetamine and cannabis undergoing outpatient rehabilitation at the IPWL Pratama Clinic of BNN Maluku Province.

Standardisation of narcotics rehabilitation, both medical and social, has been established by three bodies/ministries (Pedoman Rehabilitasi Sosial Pecandu Narkotika Dan Korban Penyalahgunaan Narkotika Yang Berhadapan Dengan Hukum Di Dalam Lembaga Rehabilitasi Sosial, 2014). (Petunjuk Teknis Pelaksanaan Wajib Lapor Dan Rehabilitasi Medis Bagi Pecandu, Penyalahguna, Dan Korban Penyalahgunaan Narkotika, 2015) (Undang-Undang Republik Indonesia Nomor 35 Tahun 2009 Tentang Narkotika, 2009). The Ministry of Health has issued Permenkes No. 50 of 2015 on Technical Guidelines for Mandatory Reporting and Medical Rehabilitation for Addicts, Abusers, and Victims of Narcotics Abuse, while the Ministry of Social Affairs issued Minister of Social Affairs Regulation No. 8 of 2014 on Guidelines for Social Rehabilitation of Narcotics Addicts and Victims of Narcotics Abuse in Conflict with the Law in Social Rehabilitation Institutions. Medical and social rehabilitation cannot be separated; therefore, the regulations do not require different standards for rehabilitation providers.

Voluntary rehabilitation is regulated by the Narcotics Law, but its implementation is still not optimal because addicts and parents/guardians of underage addicts are reluctant to report. This reluctance stems from the fear of social stigma if someone enters a rehabilitation institution. In addition to voluntary rehabilitation, there is also rehabilitation through the legal process. This rehabilitation is applied to narcotics abusers caught red-handed by investigators. Rehabilitation through the legal process is based on the results of an integrated assessment. The integrated assessment is part of the law enforcement process for narcotics abuse offences, providing a recommendation to law enforcers on whether an abuser can be given rehabilitation.

The implementation of rehabilitation for narcotics addicts and victims of narcotics abuse is further regulated through joint regulations issued by several state institutions involved in handling narcotics abuse offences. These include Supreme Court Regulation No. 01/PB/MA/III/2014, Minister of Health Regulation No. 03 of 2014, Attorney General Regulation No. Per-005/A/JA/03/2014, Head of Police Regulation No. 1 of 2014, and Head of BNN Regulation No. PERBER/01/III/2014/BNN, which collectively provide an institutional framework for coordinating the placement, assessment, and rehabilitation of narcotics addicts within the criminal justice process.

The objectives of these joint regulations are to establish optimal coordination and cooperation among law enforcement, health, and rehabilitation institutions in resolving narcotics-related problems, particularly by reducing the number of addicts and victims of narcotics abuse through treatment, care, and recovery programmes while continuing to eradicate illicit narcotics trafficking. In addition, these regulations serve as technical guidelines for handling addicts and victims of narcotics abuse who are involved in the criminal justice process as suspects, defendants, or convicts, so that they may undergo medical and/or social rehabilitation. They also aim to ensure that medical and social rehabilitation can be implemented synergistically and integratively at every stage of the criminal justice process, including investigation, prosecution, trial, and sentencing. The integrated assessment is a breakthrough in law enforcement for narcotics abuse offences. It is an evidentiary effort for abusers regarding the origins of their abuse and their level of addiction. In addition, the suspect's involvement in the narcotics network is investigated, whether they are merely an abuser or also a courier or dealer. An analysis of the suspect's background is also conducted, whether they have previously been involved in narcotics crimes (recidivism) or are first-time offenders.

The assessment process begins with a request from the suspect to the investigator. The requirements for a person to be assessed refer to the Supreme Court Circular Letter (SEMA) No. 4 of 2010 on the Placement of Abusers, Victims of Abuse, and Narcotics Addicts into Medical and Social Rehabilitation Institutions, particularly the provisions regarding the weight of narcotics in the suspect's possession when arrested. If the requirements are met, the assessment process can proceed. SEMA No. 04 of 2010 provides that the imposition of a rehabilitation order as referred to in Article 103 letters a and b of the Narcotics Law may only be applied under certain classifications. These classifications include situations where the defendant is arrested red-handed by investigators from the Police or the National Narcotics Agency, and where, at the time of arrest, evidence is found indicating narcotics possession for one day's use, with the specific quantity determined according to the table provided in the circular letter.

Table 1. Evidence by Narcotics Group/Type

No	Group/Type	Amount
1	Methamphetamine (shabu)	1 gram
2	MDMA (ecstasy)	2.4 grams
3	Heroin	1.8 grams
4	Cocaine	1.8 grams
5	Cannabis	5 grams
6	Coca leaf	5 grams
7	Mescaline	5 grams
8	Psilocybin	3 grams
9	LSD	2 grams
10	PCD (phencyclidine)	3 grams
11	Fentanyl	1 gram
12	Methadone	0.5 grams
13	Morphine	1.8 grams
14	Pethidine	0.96 grams
15	Codine	72 grams

Source : Field Data

In addition, SEMA No. 04 of 2010 requires several supporting conditions before a rehabilitation order may be imposed, namely that there must be a positive laboratory test result proving narcotics use at the request of the investigator, a certificate from a government psychiatrist or a psychiatrist appointed by the judge, and no evidence indicating that the person concerned is involved in illicit narcotics trafficking.These SEMA provisions serve as a basis for law enforcement to determine further legal action against an abuser caught red-handed. Based on the weight of narcotics in possession, law enforcement can make an initial classification. If the amount is below the SEMA threshold, the suspect can be classified as a user/abuser only. If the amount exceeds the threshold, it is assumed that the narcotics are not only for personal use but also for distribution.

The integrated assessment is conducted by an Integrated Assessment Team established by the National Narcotics Agency. This team consists of elements from relevant institutions, including BNN, the Police, and the Prosecution Service as the legal team, as well as forensic specialists, doctors, and psychologists as the medical or health team. The Integrated Assessment Team is regulated in Chapter IV Article 8 of the Joint Regulations, which provides that the team is formed to assess narcotics addicts and victims of narcotics abuse who are suspects and/or convicts as abusers. The team is proposed by the respective heads of relevant institutions at the national, provincial, and regency/city levels and appointed by the Head of BNN, Provincial BNN, or Regency/City BNN. It consists of a medical team, including doctors and psychologists, and a legal team, consisting of elements from the Police, BNN, the Prosecution Service, and the Ministry of Law and Human Rights. In cases involving child suspects, the legal team must also involve the Correctional Center or Bapas.

The Integrated Assessment Team works collectively and coordinatively among institutions, with BNN acting as the leading sector. Each member of the team performs duties and functions as stipulated in Article 9 of the Joint Regulations. The team is responsible for analyzing persons who are arrested and/or caught red-handed in connection with illicit narcotics trafficking and abuse, as well as conducting medical and psychosocial assessments, analysis, and recommendations for therapy and rehabilitation plans. The team also has the authority, upon the request of investigators, to analyze the role of a person who is arrested or caught red-handed, whether as a victim, addict, or dealer; to determine the severity level of narcotics use based on the type of narcotics consumed and the situation and conditions at the scene; and to recommend appropriate therapy and rehabilitation plans for addicts and victims of narcotics abuse. In carrying out this assessment, the Legal Team analyzes the person's involvement in illicit narcotics and precursor trafficking in coordination with investigators, while the Medical Team conducts medical and psychosocial assessments and provides recommendations for therapy and rehabilitation for abusers.The Integrated Assessment Team uses two analytical methods: screening using specific instruments, such as medical tests with laboratory instruments related to narcotics, to obtain information on risk factors and related problems; and clinical assessment to obtain a clinical picture and deeper problems, aimed at building therapeutic communication, diagnosing involvement with narcotics, and providing feedback from the suspect to the team.

The assessment process must be completed within a short time because the handling of narcotics offences requires priority resolution. Cooperation among law enforcement officers in the team is essential. The assessment must be conducted within a maximum of 2x24 hours; the results from the medical and legal teams are concluded within three days. After that, the results are discussed in a case conference on the fourth day to establish the team's recommendation. The recommendation contains information about the suspect's/defendant's role in the narcotics crime, their level of dependence, recommendations for the continuation of legal proceedings, and the place and duration

of rehabilitation. The recommendation is signed by the head of BNN where the case occurred. For judicial purposes, the recommendation is attached to the case file and is confidential. It serves as the basis for the judge to decide whether the suspect is entitled to medical and social rehabilitation, in line with the objectives of the Narcotics Law.

In practice, the implementation of integrated assessment by law enforcement is still minimal. According to case assistance data from PKNI paralegals in 10 cities during 2021, there were 145 drug users, mostly from poor backgrounds, in conflict with the law, and only 17 received assessment, and not all of them obtained rehabilitation. The percentage of users receiving assessment was less than 10% of the total users assisted (Kementerian Hukum dan HAM, 2018). The low application of integrated assessment is because its regulation is still at the level of joint ministerial/institutional regulations, so law enforcers view it as an alternative process only. Moreover, technical regulations still cause differing perceptions among law enforcers in implementing the results. Currently, the assessment result is only a recommendation, so it is not binding on other law enforcers until the end of the judicial process. Judges almost always impose prison sentences, even for first-time or trial users. The Integrated Assessment Team should be optimised to determine whether a victim/abuser will enter the judicial process or simply undergo rehabilitation.

The low number of abusers and addicts subject to integrated assessment reduces the opportunity for rehabilitation, even though the Narcotics Law guarantees medical and social rehabilitation. To increase rehabilitation efforts, the regulation of integrated assessment must be clear and firm, ideally through a law, including requirements, procedures, and the team's working system. The assessment result should also be reconsidered: instead of being a recommendation, it should become a final decision binding on all law enforcement officers. If the decision is for rehabilitation, it is submitted to the court for a determination to strengthen its legal status. The submission can be done directly by the investigator to the court, or through the prosecutor.

If an abuser obtains a determination for rehabilitation, they will not be processed through the court. If the decision is to reject rehabilitation, the team informs the investigator, who then proceeds with the criminal justice process (investigation, prosecution, and trial). The policy of placing abusers in rehabilitation through assessment without formal trial is a form of depenalisation of narcotics offences, where abusers, victims, and addicts who were originally subject to criminal sanctions are instead given rehabilitation. Depenalisation means an act that was previously threatened with punishment is no longer subject to that penalty, but other sanctions may still be possible (Mahmud, 2021). Amrin et al., (2023) state that the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) defines depenalisation as: “Depenalisation means the use of drugs remains a criminal offense, but a prison sentence will not be imposed on the ownership or use even when other criminal sanctions (e.g., fine, police records, probation) are possible.”

In the concept of depenalisation, rehabilitation for abusers, victims, and addicts is not carried out through the criminal justice system as regulated in the Criminal Procedure Code. Instead, rehabilitation is obtained through an assessment mechanism conducted by an integrated and independent team to decide whether the abuser qualifies for rehabilitation without going through the criminal justice process. If they do not qualify, the case proceeds according to the Criminal Procedure Code and the narcotics laws. The application of integrated assessment towards rehabilitation is an alternative law enforcement approach based on restorative justice for narcotics abusers. With this mechanism, suspects, victims, and addicts have a greater chance of receiving rehabilitation. Those who undergo assessment and are recommended for rehabilitation are expected to recover physically

and psychologically, restoring their lives affected by abuse. This also helps reduce overcrowding in prisons and detention centres.

Regarding the Integrated Assessment Team, it is defined as a team consisting of legal and medical members tasked with assessing persons arrested by law enforcement in drug cases. The process begins from the time of arrest. The team aims to identify/classify cases early, whether they should proceed to rehabilitation or stay on the law enforcement track. The assessment must be completed within at most 10 days from receipt of the complete file from the investigator. In deciding rehabilitation, the team considers: (a) the level of dependence; (b) the therapeutic approach; (c) the duration of rehabilitation; (d) the place of rehabilitation; (e) indications of involvement in illicit networks; and (f) other relevant matters. If the assessment concludes that the arrested person is an abuser who: (a) is not involved in illicit networks; (b) tests positive for narcotics; (c) the evidence does not exceed one day's use as listed in Appendix III; and (d) has not undergone rehabilitation through legal process more than twice, then the team issues a rehabilitation determination, and the legal process need not proceed to investigation and prosecution. This determination is submitted to the chair of the local district court for ratification. If the person is also a courier, dealer, or trafficker, the team recommends continuing the legal process, while the addict may still receive rehabilitation in prison. The process is supervised by BNN involving the police, prosecution, health and social ministries, and community.

Drug rehabilitation aims to restore narcotics users to a condition free from drug dependence. This process requires time, particularly for long-term addicts who may experience symptoms such as daily craving and the need to increase dosage over time. In general, the rehabilitation process consists of three stages. The first stage is medical rehabilitation or detoxification, in which doctors examine the physical and mental health of the addict and may prescribe medication to reduce withdrawal symptoms. The second stage is non-medical rehabilitation, which is usually conducted in rehabilitation centres and focuses on gradually restoring addicts to normal social and psychological functioning. The third stage is follow-up guidance, in which former users who have returned to society remain under supervision and support to prevent relapse and strengthen their reintegration into the community.

In addition to the general stages of rehabilitation, several therapeutic methods may be used, including the cold turkey method, which involves the abrupt cessation of narcotics use under confinement or strict supervision; alternative therapeutic methods; the therapeutic community method, which emphasizes behavioural change, peer support, discipline, and gradual reintegration into society; and the 12-step method, which was developed in the United States and focuses on structured recovery through personal awareness, support groups, and continuous self-control. However, the implementation of rehabilitation in Ambon City has not been properly carried out due to several fundamental obstacles. First, Ambon City lacks a specialized rehabilitation centre, particularly an inpatient rehabilitation facility as mandated by law. As a result, addicts generally undergo outpatient rehabilitation, while the absence of a dedicated centre limits the effectiveness of treatment and recovery. This condition is further worsened by the fact that the BNN office building is still leased, which constrains institutional capacity and service delivery. Although the number of addicts has continued to increase, with 45 clients recorded in 2019 alone, rehabilitation facilities remain inadequate.

Rehabilitation should not only function as a deterrent but also as a curative and restorative process that enables addicts to recover and live normally in society. Placing addicts in prison without proper rehabilitation may fail to address dependence, provide no guarantee of recovery, and even

create opportunities for continued interaction with illicit narcotics networks. Second, the implementation of rehabilitation is also hampered by the lack of specialized medical personnel. In addition to limited facilities, the absence of professionals such as psychiatrists, psychologists, and addiction specialists prevents rehabilitation from being carried out effectively. BNNP Maluku still relies largely on general practitioners who do not necessarily possess specific expertise in addiction medicine, whereas narcotics addicts require both medical treatment and mental, psychological, and social intervention. Consequently, the shortage of specialized personnel makes the rehabilitation process less effective and prevents it from fully achieving its intended objectives.

Conclusion

The implementation of rehabilitation in Ambon City has not been in accordance with the mandate of Law Number 35 of 2009 on Narcotics. Although the Integrated Assessment Team recommends medical and social rehabilitation for victims and addicts, the full stages medical detoxification, non-medical rehabilitation, and follow-up guidance are not carried out. Rehabilitation in Ambon is only provided on an outpatient basis, with no inpatient care ever being offered. As a result, the objective of the 2009 Law to treat narcotics addicts as persons suffering from dependencehas not been achieved. Therefore, both the central and regional governments must establish a permanent, dedicated facility for drug addiction rehabilitation in Ambon.

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References

Ahmad Fauzi, M. N. F. A. A. F. (2022). Hak Rehabilitasi Medis Bagi Korban Penyalahgunaan Narkotika Sebagai Bentuk Persamaan Hukum Dengan Pecandu Narkotika Yang Menjalani Proses Hukum. *Hukum Pengabdian Kepada Masyarakat*, *1*(2), 44–45.

Amrin, A., Toule, E. R. M., & Adam, S. (2023). Pelaksanaan Rehabilitasi Terhadap Pecandu Narkoba di Kota Ambon. *PAMALI: Pattimura Magister Law Review*, *3*(2), 88–113. https://doi.org/10.47268/pamali.v3i2.1009

Badan Narkotika Nasional. (2015). *Deklarasi Rehabilitasi 100.000 Penyalahguna Narkoba Di Provinsi Maluku*. Badan Narkotika Nasional. https://bnn.go.id/deklarasi-rehabilitasi-100-000-penyalahguna-narkoba-di-provinsi-maluku/

Budiman. (2018). *Analisis Hukum Terhadap Kebijakan Diversi Dalam Menangani Perkara Anak Sebagai Pelaku Tindak Pidana (Studi pada Kepolisian Sektor Sunggal)* (Vol. 44, Issue 2).

Hariwangi, A., Nahak, S., & ... (2019). Implementasi Proses Rehabilitasi Terhadap Penyalahguna

.

Narkotika di Panti Rehabilitasi Yayasan Anargya Bali. *Jurnal Analogi ...*, *1*(3), 271–276. https://www.ejournal.warmadewa.ac.id/index.php/analogihukum/article/view/1766

Kementerian Hukum dan HAM. (2018). *Naskah Akademik Rancangan Undang-Undang Tentang Perubahan Atas Undang-Undang Kementerian Hukum Dan Hak Asasi Manusia Ri Badan Pembinaan Hukum Nasional*.

Mahmud, A. (2021). *Jurnal Hukum & Pembangunan Narkotika Dalamsistem Hukum Indonesia*. *51*(2). https://doi.org/10.21143/jhp.vol51.no2.3060

Maluku, A. (2019). *Prevalensi penyalahgunaan narkoba di Maluku 1,59 persen*. Antara Maluku. https://ambon.antaranews.com/berita/63333/prevalensi-penyalahgunaan-narkoba-di-maluku-159-persen

Nainggolan, I. (2019). Lembaga Pemasyarakatan Dalam Menjalankan Rehabilitasi Terhadap Narapidana Narkotika. *EduTech: Jurnal Ilmu Pendidikan Dan Ilmu Sosial*, *5*(2), 136–149. https://doi.org/10.30596/edutech.v5i2.3388

Novitasari, D. (2017). Rehabilitasi Terhadap Terhadap Anak Korban Penyalahgunaan Narkoba. *Jurnal Hukum Khaira Ummah*, *12*(4), 917–926. http://lppm-unissula.com/jurnal.unissula.ac.id/index.php/jhku/article/view/2567

Pedoman Rehabilitasi Sosial Pecandu Narkotika Dan Korban Penyalahgunaan Narkotika Yang Berhadapan Dengan Hukum Di Dalam Lembaga Rehabilitasi Sosial, 4 Kementerian Sosial Republik Indonesia, 950 (2014).

Petunjuk Teknis Pelaksanaan Wajib Lapor Dan Rehabilitasi Medis Bagi Pecandu, Penyalahguna, Dan Korban Penyalahgunaan Narkotika, 4 1 (2015).

Safaria, A. F., & Gumelar, A. (2023). Implementasi Program Rehabilitasi Medis. *JRPA-Journal of Regional Public Administration*, *8*(1), 67–73.

Subantara, I. M., Dewi, A. A. S. L., & Suryani, L. P. (2020). Rehabilitasi terhadap Korban Penyalahgunaan Narkotika di BNNP Bali. *Jurnal Preferensi Hukum*, *1*(1), 245.

Undang-Undang Republik Indonesia Nomor 35 Tahun 2009 Tentang Narkotika, 19 Badan Narkotika Nasional 19 (2009).

Yuli W, Y., & Winanti, A. (2019). Upaya Rehabilitasi Terhadap Pecandu Narkotika Dalam Perspektif Hukum Pidana. *ADIL: Jurnal Hukum*, *10*(1). https://doi.org/10.33476/ajl.v10i1.1069

Amrin, A., Toule, E. R. M., & Adam, S. (2023). Pelaksanaan rehabilitasi terhadap pecandu narkoba di Kota Ambon. *PAMALI: Pattimura Magister Law Review, 3*(2), 88–113. https://doi.org/10.47268/pamali.v3i2.1009

Badan Narkotika Nasional. (2014). *Peraturan Kepala Badan Narkotika Nasional Nomor 11 Tahun 2014 tentang tata cara penanganan tersangka dan/atau terdakwa pecandu narkotika dan korban penyalahgunaan narkotika ke dalam lembaga rehabilitasi*. Badan Narkotika Nasional.

Badan Narkotika Nasional. (2015). *Survei nasional penyalahgunaan narkoba di Indonesia tahun 2015*. Badan Narkotika Nasional.

Badan Narkotika Nasional. (2024, June 27). *HANI 2024: Masyarakat bergerak, bersama melawan narkoba mewujudkan Indonesia Bersinar*. Badan Narkotika Nasional.

Badan Narkotika Nasional. (2025, December 19). *Dari data ke aksi: BNN perkuat strategi penanggulangan narkoba berbasis riset komprehensif*. Badan Narkotika Nasional.

Badan Narkotika Nasional Provinsi Maluku. (2023, March 10). *Pembukaan program rehabilitasi sosial penyalahgunaan narkotika bagi WBP Lapas Kelas IIA Ambon tahun 2023*. Badan Narkotika Nasional Provinsi Maluku.

Budiman. (2018). *[Rujukan tentang fasilitas pendukung dalam pelaksanaan rehabilitasi pecandu narkotika]*.

Hariwangi, A. P. K. A., Nahak, S., & Sukadana, I. K. (2019). Implementasi proses rehabilitasi terhadap penyalahguna narkotika di Panti Rehabilitasi Yayasan Anargya Bali. *Jurnal Analogi Hukum, 1*(3), 271–276.

Lipsky, M. (1980). *Street-level bureaucracy: Dilemmas of the individual in public services*. Russell Sage Foundation.

Novitasari, D. (2017). Rehabilitasi terhadap terhadap anak korban penyalahgunaan narkoba. *Jurnal Hukum Khaira Ummah, 12*(4), 917–926.

Pemerintah Republik Indonesia. (2009). *Undang-Undang Republik Indonesia Nomor 35 Tahun 2009 tentang Narkotika*. Lembaran Negara Republik Indonesia Tahun 2009 Nomor 143.

Safaria, A. F., & Gumelar, A. (2023). Implementasi program rehabilitasi medis pengguna narkotika pada Badan Narkotika Nasional (BNN) Kabupaten Sumedang. *JRPA: Journal of Regional Public Administration, 8*(1), 67–73.

Tual News. (2020, February 29). *BNN sebut survei 2019: Kota Ambon urut 1 narkoba, Tual turun nomor 11*.

United Nations Office on Drugs and Crime. (2025). *World Drug Report 2025*. United Nations Office on Drugs and Crime.

Van Meter, D. S., & Van Horn, C. E. (1975). The policy implementation process: A conceptual framework. *Administration & Society, 6*(4), 445–488.

World Health Organization, & United Nations Office on Drugs and Crime. (2020). *International standards for the treatment of drug use disorders: Revised edition incorporating results of field-testing*. World Health Organization and United Nations Office on Drugs and Crime.