

Research Article

Strengthening Institutions Recipient of Compulsory Reporting Against the Prevalence of Drug Abusers in Lampung Province

Zainab Ompu Jainah^{1*}, Erlina B.², Intan Nurina Seftiniara³, Melisa Safitri⁴, Hendri Dunan⁵

^{1,2,3,4}Faculty of Law, Universitas Bandar Lampung, Indonesia

⁵Faculty of Economics, Universitas Bandar Lampung, Indonesia

Email: zainab@ubl.ac.id

Academic Editor: Nguyen Ngoc Anh

Copyright © 2022 Zainab Ompu Jainah et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Abstract. The Recipient Institution of Compulsory Reporting opens the way for the government to eradicate drugs and cure the victims of drug abusers. Even so, socialization is felt to be lacking in society. People still view that victims of drug abuse are criminals and those who use drugs have a very big disgrace if they are known by their families and the surrounding community. The problems in this study are: How to strengthen the institution receiving the obligation to report on the prevalence of drug abusers in the province of Lampung? and What are the obstacles faced by recipient institutions that are required to report the prevalence of drug abusers? The research method used is a normative and empirical juridical approach. The results of the discussion in this study are the strengthening of reporting institutions on the prevalence of drug abusers in Lampung Province, including reporting drug abusers to mandatory reporting recipient institutions. After receiving mandatory reporting, a team of doctors consisting of doctors and psychologists conducts an assessment of narcotics abusers. The second process is the mechanism for implementing the rehabilitation through the Reporting Recipient Institution. Furthermore, addicts are tested urine (urinalysis) to detect the presence/absence of narcotics in the body of narcotics abusers. Provision of basic counseling is intended to increase patient motivation. The next stage is a re-evaluation which is intended to ensure that narcotics abusers are indeed using drugs or not. Narcotics addicts who have undergone mandatory reporting (shown by having an IPWL card) will not be legally processed. Constraints faced by recipient institutions are required to report on the prevalence of drug abusers in Lampung Province, including those related to regulatory policy constraints, socialization policies, coordination policies, human and institutional resources and management.

Keywords: Strengthening; IPWL; Drug addicts; Lampung Province.

A. INTRODUCTION

Narcotics are not new in Indonesia, before the anti-drug campaign and dangerous drugs, people referred to the victim as “nyimeng”, “ngobat” or “sakau”. After the passage of the Drug Law, it was discovered that there was a shift in meaning to an anti-drug campaign. Narcotics are Narcotics and illegal/dangerous drugs. Referred to as illegal or dangerous drugs, because in medical science, dangerous drugs are drugs that do not get permission to be sold freely, this is done, because if these drugs are sold freely it will endanger a person's life (Fadhli, 2018).

Abuse of illegal drugs or narcotics in Indonesia is increasingly complex nowadays. This can be seen from the increase in victims of narcotics abusers both in terms of quality, quantity and even in terms of the escalation of the distribution of narcotics.

If digested one by one, the increase in terms of quantity can be seen from the large number of types of narcotics circulating every day entering Indonesia, both circulating

through trade and through smuggling. Meanwhile, if you look at the distribution of narcotics from their quality, there are quite a number of types of narcotics that are mutating and growing rapidly into Indonesia, one of which is non-conventional narcotics or new psychoactive narcotics. In the type of increase occurred quite significantly, in 2009 to mid-2011 there was an increase from 166 species to 251 species, of which 38 species have entered Indonesia (Sobirin, 2017).

Lastly, narcotics abuse can be seen in terms of the escalation of its spread. Referring to the two aspects above, we can say that Indonesia is currently contaminated and no longer sterile from narcotics. The National Narcotics Agency of the Republic of Indonesia has signaled the circulation of narcotics that has entered the sub-district area, causing victims of narcotics abuse to reach remote areas.

This illicit circulation of narcotics causes the number of victims of narcotics abusers to become more and more diverse. When viewed in terms of age, narcotics do not only attack adults and teenagers, but also attack Indonesian children. In addition, narcotics are also not only consumed by one working profession, but also victims of narcotics abusers come from various professions, work backgrounds, economic backgrounds, both from low to high economics, as well as from increasingly varied social circles.

With the development of illicit narcotics trafficking, the National Narcotics Agency of the Republic of Indonesia (BNN RI) is also getting faster in implementing its programs, namely Prevention, Eradication, Abuse, and Illicit Trafficking of Narcotics (P4GN). The Indonesian National Narcotics Agency cooperates with the police as law enforcers, jointly carrying out law enforcement in narcotics crimes, by carrying out crackdown operations on narcotics smuggling cases that enter from abroad to Indonesia through Indonesia's coastal areas. In the operation to crack down on smuggling cases carried out by the Police and the Indonesian National Narcotics Agency, it can be seen that around 50 percent of the suspects detained in prisons in Indonesia are victims or perpetrators of narcotics abusers.

The impact of drug abuse is not only felt by victims of drug abuse, but can also be felt by their families and surrounding communities. Victims of drug abuse will experience substance use disorders that are not only physically attacked, but also mentally. Thus, the family and the surrounding community will also be affected by the social impact (Satya, 1989).

The influence of drug use, makes drug users become victims of drug abusers. For this reason, the government has taken a policy of rehabilitation for perpetrators or victims of drug abuse. Drug abusers experience complications, both mental, emotional and physical, so therapy is needed. This therapy is also known as rehabilitation. Rehabilitation of victims of drug abuse can be done by means of medical rehabilitation and social rehabilitation.

Social rehabilitation is an integral part of the healing process for drug abuse victims. Social rehabilitation is carried out with the aim of cultivating, guiding, and increasing a sense of awareness and social responsibility for drug abusers towards their families in particular and society in general (Satya, 1989).

The existence of medical rehabilitation and social rehabilitation provides an understanding that medical rehabilitation provides treatment for drug abusers, while social rehabilitation is more a form of accountability for the role of the family and the surrounding community, and vice versa. The role of the family is very important in care to post service (*after care*) (Satya, 1989).

These medical and social rehabilitation services can be provided to victims of drug abusers by way of law enforcement provided by law enforcers, and can also be carried out by families by reporting drug abuse victims to the Compulsory Reporting Recipient Institution (IPWL). For victims of drug abusers who are still included in the general scope of children,

the mechanism and procedures for reporting to IPWL can be carried out by their parents and/or guardians, while for those who are adults, their families who are of age also can report.

After being reported to IPWL for assessment, the next process in the implementation of rehabilitation at IPWL is to make a mandatory report and then follow up on rehabilitation in institutions or agencies that have been determined and appointed by the government (Setiawan et al., 2021).

The government appoints IPWL as a rehabilitation institution that exists around the community, IPWL consists of hospitals, health centers, and other rehabilitation institutions that have been established and approved by the minister of health and several ministries that cooperate in eradicating drugs and support IPWL as a place for victims of abuse. drugs in carrying out mandatory reporting and obtaining health treatment, both medical and social rehabilitation in accordance with Government Regulation Number 25 of 2011 concerning the Implementation of Compulsory Reporting of Narcotics Addicts.

The existence of IPWL paved the way for the government to eradicate drugs and heal the victims of drug abusers. Even so, socialization is felt to be lacking in society. People still view that victims of drug abuse are criminals and those who use drugs have a very big disgrace if they are known by their families and the surrounding community.

This is a problem for IPWL, especially in Lampung Province. People in Lampung Province still view drug abuse victims as a disgrace, so families are reluctant and afraid to report drug abuse victims to IPWL. The perpetrators of drug abuse, their families and the surrounding community still assume that if they are reported they will be subject to prison sanctions.

With the stigma of society like that, making drug abuse more rampant. In fact, drug addicts are not a disgrace, but rather as victims. Victims of drug abuse do not need to worry and be afraid to report themselves to IPWL, because IPWL is an official and legitimate institution appointed by the government based on Government Regulation Number 25 of 2011 concerning the Implementation of Obligatory Reporting of Narcotics Addicts, Regulation of the Minister of Health Number 1305 of 2011 concerning Mandatory Recipient Institutions Report, Decree of the Minister of Health Number 2171 of 2011 concerning Procedures for Compulsory Reporting of Narcotics Addicts. Based on these regulations, drug abusers will become victims who will receive rehabilitation services in accordance with the rules, and will not be given a prison sentence.

Another thing that becomes a problem for IPWL is the lack of socialization from the government to IPWL throughout the country, especially in Lampung Province, that IPWL themselves do not know about the authorities, functions and mechanisms of IPWL itself in terms of handling and recovering victims of drug abusers (Syafudin, 2000).

The problems in this research are:

1. How is the strengthening of recipient institutions obliged to report on the prevalence of drug abusers in the province of Lampung?
2. What are the obstacles faced by recipient institutions that are required to report the prevalence of drug abusers?

B. METHODS

In this study, the author uses a normative and empirical juridical approach.

1. Normative Juridical Approach

The approach is based on the main legal material by examining theories, concepts, legal principles and laws and regulations related to this research.

2. Empirical Juridical Approach

The empirical juridical approach is research by going directly to the field on the object of research to collect primary data obtained directly from the object of research through observation and interviews with relevant respondents or sources.

C. RESULT AND DISCUSSION

1. Strengthening Recipient Institutions Required to Report Against Prevalence of Drug Abusers in Lampung Province

The Constitution of the Republic of Indonesia states that Indonesia is based on law. So that in the implementation of government and social life, it is clear that Indonesia will be based on the rule of law, namely the formulation of laws that will become the legal basis for implementing social and state life. The goal is to make community life more orderly, comfortable, safe, and peaceful (Rahardjo, 2006).

Criminal laws and regulations in Indonesia are not only regulated in the Criminal Code, but there is also a Special Criminal Law which refers to the principle of *lex specialis derogate legi generali*. One of the Special Criminal Laws that will be discussed in this research is Law Number 35 of 2009 concerning Narcotics. According to the Narcotics Act, the definition of narcotics itself is a drug derived from plants and/or non-plants that can cause a person's consciousness to decrease, pain to disappear, and cause a person to become dependent on the drug (Makarao et al., 2003).

Narcotics are used by inserting drugs into a person's body, for drug abusers, these drugs are very effective in calming nerves, causing unconsciousness, loss of aches and pains, drowsiness and stimulation to cause a stupor effect, which in terms of Medicine means being awake in a conscious state for a long time, until it will eventually lead to addiction or addiction (Mardani, 2008).

Basically, narcotics are drugs in the medical field whose use is as a drug for various types of certain diseases. Even so, if these drugs are used in the wrong and inappropriate way, it can have negative consequences for a person. Quite a lot of teenagers who are trapped in illicit trafficking and drug abuse, they feel that by consuming drugs, they become stronger but in reality this drug abuse will endanger the life of the nation and state which ultimately weakens national resilience (Sujoro, 2009).

Based on the above, it is necessary to have stricter supervision from the government in terms of illicit narcotics trafficking, in practice, the government also needs to be supported by the community, this is useful so that there is no gap for narcotics dealers, narcotics dealers and also narcotics abusers in abusing narcotics. So that the eradication of narcotics can run and according to the rules.

Victims of drug abuse, whether viewed from all types of age, social background, educational background will continue to have problems with health, behavior, and also interactions in social, social and economic life. So, indirectly, victims of drug abusers will become people who are sick, who need to be cured by the medical world (Makarao et al., 2003).

Victims of drug abuse, whether viewed from all types of age, social background, educational background will continue to have problems with health, behavior, and also interactions in social, social and economic life. So, indirectly, victims of drug abusers will become people who are sick, who need to be cured by the medical world.

Victims of drug abuse, must stop taking drugs to restore their health. When a victim of drug abuse stops consuming, it does not mean that the person is healthy and recovering from drugs, but by stopping drug consumption, it is the beginning of the victim carrying out

health recovery. Drug abuse victims must undergo rehabilitation which will improve their skills, so that their behavior will change and prevent the recurrence of drug use, so that in the end, drug abusers are able to improve their own quality of life and not be trapped back in drugs (Marto, 2006).

Rehabilitation is an absorption word from English, which has the meaning of returning to the beginning. Referring to the meaning of this word, rehabilitation is a series of activities that have a purpose for people who need special services in order to heal and restore a person's illness. So that the meaning of returning to the beginning is to restore the patient's ability that was there, then lost, and returned to how it was at the beginning again before the ability was lost.

In the case of drug abuse, rehabilitation is an effort to provide special services to perpetrators or victims of drug abusers who are dependent on certain drugs and experience disturbances as a result of these drugs. These disorders can occur both in terms of physical and psychological victims of drug abusers (Yuanda & Lanin, 2020).

Government Regulation Number 25 of 2011 concerning Implementation of Compulsory Reporting for Narcotics Addicts provides an understanding of mandatory reporting, which is an activity in reporting oneself and/or their family who are drug addicts. Reporting must be done by drug addicts who are old enough, related to if the drug abuser is not old enough, his parents or guardians can report it to IPWL to get care and treatment, both in terms of medical rehabilitation and also social rehabilitation.

Law Number 35 of 2009 concerning Drugs, states in Article 54 that addicts and drug abusers are obliged to carry out medical and social rehabilitation. Thus, it is clear that if there is a victim of drug abuse, then as soon as possible, the person concerned and/or accompanied by his parents or family is required to report and undergo medical and social rehabilitation (Ariwibowo, 2014).

Regulation No. 25 of 2011 was established and ratified with the aim of fulfilling the rights of addicts or drug abusers in undergoing medical and social rehabilitation in order to recover quickly, and in addition to providing accountability to parents, families, and the surrounding community in preventing and illicit narcotics trafficking.

The Mandatory Reporting Recipient Institution (IPWL) is one of the steps in the prevention, eradication and especially rehabilitation of drug abusers, which always synergizes with relevant agencies such as the police and the ministry of health. IPWL is a community health center, hospital and/or social rehabilitation and medical rehabilitation center designated and authorized by the government with the aim of embracing drug abusers. The appointment of IPWL was ratified through the Decree of the Minister of Health Number 1305/Menkes/SK/VI2011 which appointed 131 IPWLs in 33 provinces throughout Indonesia.

The existence of IPWL is basically to make it easier for the government and the public to report drug abusers. But the existence of this IPWL is still not widely known by the public. The government's efforts to prevent illicit narcotics trafficking through rehabilitation programs will not be successful if the relevant ministries and institutions do not synergize with IPWL. With people reporting to IPWL related to drug abuse, drug abusers can avoid being caught by the law (Andari, 2019).

IPWL in its task of carrying out medical and social rehabilitation which includes physical, mental, social development, skills training and resocialization as well as further guidance for former drug users to be able to play an active role in social life. Rehabilitation services are designed to improve the process of improving clients with mental disorders in controlling their symptoms. Support from family, counselors, other people and the environment, will create adaptive rehabilitation, so that as long as participants undergo rehabilitation, they will be more effective and efficient (Rahmawati, 2016).

Social rehabilitation aims to integrate someone who is experiencing the impact of social problems in social life wherever he is. Social rehabilitation is considered very important for former drug abusers, so that they are able to survive and live in the midst of society, and restart their lives by doing work (Nitimihardjo, 2004).

Social rehabilitation is also regulated in Law Number 11 of 2009 concerning Social Welfare, which is a process of re-functionalization and development to enable a person to be able to carry out his social functions properly in public life. A natural social function for drug addicts is characterized by their ability to solve problems, meet needs, carry out life roles and tasks. People who have been addicted to drugs cannot carry out their social functions well, so they need to get rehabilitation (Sobirin, 2017).

Social rehabilitation can be done with inpatient and outpatient programs. For drug abusers who are still in the stage of eliminating their addiction or medical rehabilitation, social rehabilitation can be carried out with hospitalization, so that the program can run as much as possible. Because when using an outpatient program, the results obtained will be less than optimal. They may be released after rehabilitation and there is no demand to undergo rehab again, so that drug abusers come back again to consume drugs.

Research conducted on IPWL in 5 districts in Lampung Province, namely North Lampung Regency, Mesuji Regency, Way Kanan Regency, West Lampung Regency and Pesisir Barat Regency has provided rehabilitation services to victims of drug abuse in accordance with the procedures established by Law No. 35 of 2009 concerning Drugs and the Decree of the Minister of Health Number 1305/Menkes/VI/2011 concerning Institutions Recipient of Compulsory Reporting.

Social rehabilitation procedures which include outpatient and inpatient treatment prove the success of rehabilitation, for drug abusers, to stop using illegal drugs. However, from several IPWLs studied, it can be seen that the number of rehabilitation participants is still very small. So even though IPWL has helped victims of drug abusers not to return to drugs, it is still not effective in supporting the social life of drug abusers.

IPWL can be assessed as having effectively implemented its program by assessing it from four indicators, which include:

- a. Achievement of Targets, which means the ability of the extent to which the goals set by the government can be achieved properly and correctly.
- b. Adaptability. It can be seen from the success of the institution in providing rehabilitation to drug abusers in adapting to other people in a community group.
- c. Job satisfaction. That is, a situation felt by all IPWL members in providing motivation in improving IPWL program performance.
- d. Responsibility. Each IPWL has its own responsibility mandated by its agency, to be fulfilled in accordance with the provisions in overcoming existing problems (Tika et al., 2019).

In Lampung Province itself, there is a procedure for achieving rehabilitation goals for drug abusers, including the initial step of reporting drug abusers to the Recipient Institution for Reporting Obligation. In the event that the report is made to the Reporting Recipient Institution, the officer receiving the report forwards it to the Reporting Recipient Institution. The reporting institutions themselves are public health centers, hospitals, and medical or social rehabilitation institutions appointed by the government.

After receiving mandatory reporting, a team of doctors consisting of doctors and psychologists conducts an assessment of narcotics abusers so that the process of receiving mandatory reporting is based on their own volition or voluntary, for narcotics abusers who are old enough and can also be reported by the family of addicts who are old enough to the

Recipient Institution for Compulsory Reporting (IPWL). Narcotics abusers who are not old enough to carry out are obliged to report to the parents/guardians of the narcotics abuser.

The second process of the rehabilitation mechanism is through the Institutions Recipient of Compulsory Reporting, namely the Community Health Center (PUSKESMAS), Regional General Hospital (RSUD), and rehabilitation institutions that act as recipients of special reports handling reports from mandatory reporting which are then followed by an evaluation process to find out the results. from tests on narcotics abusers with the assessment stage using an evaluation form by the medical team, doctors and health workers.

Furthermore, addicts are tested urine (urinalysis) to detect the presence / absence of narcotics in the body of narcotics abusers. The tools used can detect at least 4 (four) types of Narcotics, namely opiates, marijuana, methamphetamine and methylenedioxy methamphetamine (MDMA). If in this process it is known that there are narcotic substances in the body of a narcotics abuser, the next stage will be to provide basic counseling on narcotics addiction, which is aimed at assessing their understanding of recovery.

The provision of basic counseling is also intended to increase the patient's motivation to make behavioral changes in a more positive direction. The process of giving this recommendation refers to the determination of a rehabilitation place that has been appointed by the minister, both the minister of health for medical rehabilitation places and the minister of social affairs for social rehabilitation places in recovery in the social sector which are intended for narcotics abusers, in this process BNN Lampung Province sends a referral letter to the rehabilitation center as a letter of recommendation to enter or send narcotics abusers to a rehabilitation center.

The next stage is a re-evaluation which is intended to ascertain whether the narcotics abuser does use narcotics or does not consume narcotics, if the narcotics abuser is proven to have consumed narcotics, the narcotics abuser immediately gets medical rehabilitation services for 6 months to release the poison in the blood. The results of the re-assessment of narcotics abusers who are not proven to have consumed narcotics are then returned to the family to get guidance from their parents or guardians regarding relationships that have an impact on the dangers of narcotics.

Narcotics addicts who have undergone mandatory reporting (shown by having an IPWL card) will not be legally processed. Possession of an IPWL card does not absolutely guarantee that a fraudster who is required to report will not be subject to legal proceedings. If an addict is caught red-handed using a dose and type of narcotic that does not match the information on his IPWL card, he can be legally processed. According to the results of the assessment, an inpatient or outpatient rehabilitation plan will be determined.

The conditions for a person to be rehabilitated are narcotics addicts who are arrested/caught in the hands of using or possessing narcotics by the police or the BNN itself. Especially for narcotics found/caught red-handed at the time of arrest as regulated in SEMA Number 4 of 2010 concerning Placement of Abuse, Victims of Abuse and Narcotics Addicts into Medical Rehabilitation Institutions and Social Rehabilitation Institutions.

2. Obstacles Faced by Recipient Institutions Required to Report the Prevalence of Drug Abusers

Not all addicts desire to recover or stop using. As with other social ills, such as prostitution, drug abuse is impossible to eradicate completely. There are some of them who still maintain life as addicts (Yunus et al., 2009). From there, there are many obstacles that receiving institutions must report in rehabilitating drug addicts.

The results of the study through Socialization and Focus Group Discussions in five districts in Lampung Province, namely North Lampung Regency, Mesuji Regency, Way

Kanan Regency, West Lampung Regency, West Coast District, can identify problems in implementing policies, including the following:

a. Regulatory Policy

This regulatory policy is related to various interpretations and implementations in the field, which are not in accordance with the relevant legal aspects. So, the need for improvement. Among others are:

- 1). There are provisions that are violated in Joint Regulation (PerBer) 7 (seven) Ministries/Institutions concerning Handling Narcotics Addicts and Victims of Narcotics Abuse in Rehabilitation Institutions, where there should be no arrests as long as addicts are decided to attend rehabilitation. But in reality there are still arrests.
- 2). There are several provisions in the articles in the regulation of narcotics handling that do not synergize/support each other, for example: Law no. 35 of 2009 (articles 111, 112, 114, 127) with the Circular Letter of the Supreme Court of the Republic of Indonesia No. 04 of 2010 (point B)
- 3). There are no concrete rules regarding IPWL in the regions related to local government policies regarding IPWL.
- 4). The absence of social workers or officers from the Office of Social Affairs in the assessment team as stated in the Joint Regulations raises concerns about mis-identification and diagnosis.
- 5). In the Technical Guidelines (Juknis) as a description of the Joint Circular, there is no social worker profession as an assessment team or expert witness. Or institutionally only involving the BNN, the Police, the Ministry of Health, and the Attorney General's Office. The professions involved are psychologists, doctors, and a team from law enforcement. Therefore, the technical guidelines need to be revised.
- 6). There are still different understandings about the existence of IPWL as a place to report, or as a place for rehabilitation. In addition, whether rehabilitation within the institution (institutional based), or outpatient.

b. Socialization Policy

The socialization policy is a stage of activity aimed at providing knowledge and understanding of the public about regulations related to drug handling in Indonesia, including regulations on IPWL for drug victims. Problems related to the socialization aspect are:

- 1). Socialization has not been carried out widely and directly to the intended target or object, namely Narcotics users and abusers, including parents (family), and the community.
- 2). There are still many government officials in the regions and the security forces who also do not understand the regulations for handling narcotics.
- 3). The understanding of Compulsory Reporting is still understood in various ways, both by the police, BNN courts, Narcotics users/abusers and their families, as well as the community.

c. Coordination Policy

Coordination Policy related to the integration of Social Welfare Institutions, government agencies or SKPD and the implementation of Narcotics rehabilitation activities in the regions, that:

- 1). Each IPWL in the region carries out independent activities in accordance with the emphasis of their respective duties and functions.

- 2). IPWL lacks coordination with the Regional Government, so their whereabouts are not known by the related SKPD.
 - 3). The selection of implementing officers and LKS who will be designated as IPWL does not involve the relevant local government/SKPD.
- d. Human Resources
- The Human Resources who are implementing IPWL are addiction social workers and addiction counselors who have followed the selection and determination stages as well as training. In general, the HR conditions include:
- 1). The number of social workers for addiction and addiction counselors is still limited.
 - 2). Commitment to the implementation of tasks still needs to be improved. Even compared to officers who work at IPWL who are not social workers and addiction counselors, their performance is still far from the expected performance target.
 - 3). Various educational backgrounds, or no occupational/social welfare educational background. This will affect the effectiveness and accuracy of the rehabilitation tasks.
- e. Institutional
- Social welfare institutions that meet the criteria and are designated as IPWL of the Ministry of Social Affairs. Institutional conditions are as follows:
- 1). The condition of rehabilitation facilities is generally still limited and not in accordance with the standards of LKS implementing IPWL.
 - 2). There are still multiple sources of APBN funding received by IPWL, namely from the Ministry of Social Affairs and BNN.
 - 3). Rehabilitation activities in institutions still use pure traditional methods and a blend of religious models with social work/social welfare.
 - 4). Planning aspects in the handling and rehabilitation of Narcotics by institutions have not been implemented properly.
- f. Governance
- Aspects of Management Governance is related to the overall management of the IPWL program. Findings on management aspects, among others:
- 1). There is no Standard Operating Procedure (SOP) related to service stages yet.
 - 2). Training materials in order to increase the capacity of implementers are inadequate and not in accordance with what is needed (too theoretical, not applicable).
 - 3). The determination of social workers and addiction counselors is not in accordance with the established criteria.
 - 4). The determination of LKS as IPWL is not in accordance with the established criteria.
 - 5). The budget disbursement procedure according to the needs planning did not go well.

D. CONCLUSION

The strengthening of recipient institutions that are required to report on the prevalence of drug abusers in Lampung Province includes reporting drug abusers to the Recipient Institutions of Compulsory Reporting. After receiving mandatory reporting, a team of doctors consisting of doctors and psychologists conducts an assessment of narcotics abusers. The second process is the mechanism for implementing the rehabilitation through the Reporting Recipient Institution. Furthermore, addicts are tested urine (urinalysis) to detect the presence / absence of narcotics in the body of narcotics abusers. Provision of basic counseling is

intended to increase patient motivation. The next stage is a re-evaluation which is intended to ascertain whether narcotics abusers are indeed using drugs or not. Narcotics addicts who have undergone mandatory reporting (shown by having an IPWL card) will not be legally processed.

Constraints faced by recipient institutions are obliged to report on the prevalence of drug abusers in Lampung Province, including those related to regulatory policy constraints, socialization policies, coordination policies, human and institutional resources and management.

REFERENCES

1. Andari, S. (2019). Pengetahuan Masyarakat Tentang Rehabilitasi Sosial Penyalahgunaan Napza Melalui Institusi Penerima Wajib Lapori di Surabaya. *Jurnal Sosio Konsepsia*, 9(1).
2. Ariwibowo, K. (2014). *Wajib Lapori Pecandu Narkotika*. Retrieved from <http://dedihumas.bnn.go.id/read/section/artikel/2014/01/13/841/wajib-lapor-pecandu-narkotika>
3. Circular Letter of the Supreme Court (SEMA) Number 4 of 2010 concerning Placement of Abuse, Victims of Abuse and Narcotics Addicts in Medical Rehabilitation Institutions and Social Rehabilitation Institutions
4. Circular Letter of the Attorney General (SEJA) Number 2 of 2013 concerning Placement of Victims of Abuse to Medical Rehabilitation and Social Rehabilitation Institutions
5. Decree of the Minister of Health Number 2171 of 2011 concerning Procedures for Compulsory Reporting Narcotics Addicts
6. Fadhlil, A. (2018). *NAPZA Ancaman, Bahaya, Regulasi, dan Solusi Penanggulannya*. Yogyakarta. Gava Media.
7. Government Regulation Number 25 of 2011 concerning Implementation of Compulsory Reporting Narcotics Addicts
8. Law Number 35 of 2009 concerning Narcotics
9. Law Number 11 of 2009 concerning Social Welfare
10. Makara, M. T., Zakky, M., & Suhasril. (2003). *Tindak Pidana Narkotika*. Jakarta: Ghalia Indonesia.
11. Mardani. (2008). *Penyalahgunaan Narkotika dalam Perspektif Hukum Islam dan Hukum Pidana Nasional*. Jakarta: Rajagrafindo Persada.
12. Marto, L. H. (2006). *Modul Latihan Pemulihan Pecandu Narkotika Berbasis Masyarakat Untuk Pembimbing dan Pecandu Narkotika*. Jakarta: Balai Pustaka.
13. Nitimihardjo, C. (2004). *Isu-Isu Tematik Pembangunan Sosial: Konsepsi dan Strategi*. Jakarta: Badan Diklat dan Pengembangan Sosial Departemen Sosial
14. Rahardjo, S. (2006). *Hukum di Indonesia*. Jakarta: Kompas.
15. Rahmawati. (2016). Mekanisme Koping Pecandu Napza yang Menjalani Rehabilitasi di Wisma Sirih Rumah Sakit Khusus Provinsi Kalimantan Barat. *Jurnal Keperawatan dan Kesehatan*, 5(1).
16. Regulation of the Minister of Health Number 1305/Menkes/VI/2011 of 2011 concerning Institutions Recipient of Compulsory Reporting
17. Regulation of the Minister of Health Number 50 of 2015 concerning Technical Guidelines for Compulsory Reporting and Medical Rehabilitation for Addicts, Abusers, and Victims of Narcotics Abuse
18. Satya, J. (1989). *Gangguan Penggunaan Zat Narkotika, Alkohol, dan Zat Adiktif Lainnya*. Jakarta: Gramedia.
19. Setiawan, I., Heryani, & Tumadi, N. H. (2021). Penyalahgunaan Pemegang Kartu Wajib Lapori (IPWL) Dalam Rehabilitasi Pecandu Narkotika di Kecamatan Tungkal Ilir (Telaah

- Peraturan Pemerintah (PP) Nomor 25 Tahun 2011). *Siyasah: Jurnal Hukum Tata Negara*, 4(II).
20. Sobirin, A. (2017). Rehabilitasi Sosial Korban Penyalahgunaan Narkotika Melalui Institusi Penerima Wajib Lapor. *Jurnal Analis Kebijakan*, 1(2).
 21. Sujoro. (2009). *Komentar dan Pembahasan Undang-Undang Narkotika*. Jakarta. Sinar Grafika.
 22. Syafrudin, A. (2000). Menuju Penyelenggaraan Pemerintahan Negara yang Bersih dan Bertanggungjawab. *Jurnal Pro Justisia Edisi IV, Universitas Parahyangan, Bandung*.
 23. Tika, E. D., Ritonga, S., & Dewi, R. (2019). Efektivitas Kinerja Klinik Pratama Badan Narkotika Nasional Provinsi Sumatera Utara dalam Merehabilitasi Rawat Jalan Pecandu Narkotika. *Perspektif*, 8(1).
 24. Yuanda, M. F., & Lanin, D. 2020. Efektivitas Program Kerja Institusi Penerima Wajib Lapor (IPWL) Dalam Rehabilitasi Pecandu Narkotika di Kabupaten Agam. *Jurnal Mahasiswa Ilmu Administrasi Publik (JMIAP)*, 2(4).
 25. Yunus, U., & Rekan. (2009). *Pencegahan Penyalahgunaan Narkotika Sejak Usia Dini*. Jakarta: Badan Narkotika Nasional Republik Indonesia.
 26. 1945 Constitution of the Republic of Indonesia