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A Juridical Analysis of the Rehabilitation of Narcotics Abuse Victims Under Law Number 35 of 2009 Concerning Narcotics

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Narcotics abuse constitutes a serious legal and social problem in Indonesia because it affects individual health, social relations, and law enforcement. Law Number 35 of 2009 concerning Narcotics adopts a dual orientation by combining criminal-law enforcement with treatment and rehabilitation for narcotics addicts and victims of narcotics abuse. This study aims to analyze three juridical issues: the government's role and responsibility in providing rehabilitation facilities and programs; the legal measures required to strengthen the implementation of rehabilitation policy; and the legal, institutional, and social barriers encountered in its implementation. This research employs a normative juridical method using statutory and conceptual approaches. The analysis examines the relationship among Articles 54, 55, 103, and 127 of Law Number 35 of 2009, the implementing regulations, and relevant legal doctrines and literature. The results show that Article 54 establishes a substantive legal obligation for narcotics addicts and victims of narcotics abuse to undergo medical and social rehabilitation, while Article 103 gives judges authority to order treatment and/or rehabilitation for narcotics addicts in the circumstances provided by law. Article 55 regulates the mandatory-reporting mechanism through which addicts or their families report to designated health or rehabilitation institutions; therefore, self-initiated reporting should not be equated with a legally “voluntary” form of rehabilitation because the underlying rehabilitation and reporting framework is established by law. Article 127 further requires judicial consideration of the rehabilitation framework when dealing with narcotics abusers for personal use. The juridical analysis indicates that the principal problem is not the absence of a legal basis, but the gap between the mandatory normative framework and the institutional capacity required to realize it, including facility availability, competent personnel, financing, inter-agency coordination, stigma, and continuity of post-rehabilitation services. Accordingly, the required policy response is the harmonization and consistent application of rehabilitation norms, clearer referral and assessment mechanisms, strengthened institutional capacity, and integrated post-rehabilitation support. These conclusions are normative and do not constitute an empirical measurement of the effectiveness of rehabilitation services.
Keywords: Rehabilitation, Narcotics Abuse, Law No. 35 of 2009.

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1. Introduction

Narcotics abuse is an issue with far-reaching impacts on individual health, social life, and law enforcement in Indonesia. Although narcotics have legitimate uses in health services and scientific development, abuse may result in dependence and consequences that extend beyond the individual user to families and the wider community.[1] The legal character of the problem is therefore complex: narcotics abuse may constitute a criminal-law matter while, at the same time, dependence creates a condition requiring treatment, recovery, and social reintegration.[2] A legal policy that relies exclusively on punishment consequently does not fully address the specific position of addicts and victims of narcotics abuse within the national narcotics-control system.

Law Number 35 of 2009 concerning Narcotics expressly incorporates rehabilitation into that system. Article 54 provides that narcotics addicts and victims of narcotics abuse are required to undergo medical and social rehabilitation.[3] Article 55 establishes the mandatory-reporting framework through which an adult addict reports himself or may be reported by his family, while parents or guardians are required to report an underage addict. Article 103 gives judges authority to order treatment and/or rehabilitation for narcotics addicts, including in circumstances where criminal liability is determined through judicial proceedings.[4] Article 127, meanwhile, regulates criminal liability for narcotics abusers for personal use and must be read together with the rehabilitation provisions rather than in isolation. The normative structure therefore places rehabilitation within both the health/recovery mechanism and the criminal justice process.

The legal framework is reinforced by Supreme Court Circular Letter Number 04 of 2010 concerning the placement of narcotics abusers, victims of abuse, and addicts into medical and social rehabilitation institutions.[5] Previous studies identified several implementation problems. Meiranda and Ginting examined the application of the right to rehabilitation in judicial considerations and found that the existence of a normative right does not automatically produce consistent judicial application. Bawono, Wahyono, and Laksana focused on the implementation of rehabilitation under Law Number 35 of 2009 and identified institutional and practical obstacles, while other literature has emphasized assessment and the position of rehabilitation within the law-enforcement process. These findings establish an important starting point, but they do not fully resolve the juridical relationship among the mandatory character of Article 54, the reporting mechanism under Article 55, judicial authority under Article 103, and the treatment of personal-use abuse under Article 127. Nor do they sufficiently explain how institutional limitations translate into a concrete gap between the legal obligation to provide rehabilitation and the capacity of the state to implement that obligation.

Accordingly, the research gap addressed by this study lies in the need for an integrated juridical analysis of the rehabilitation framework rather than a separate description of rehabilitation rights, judicial considerations, or implementation obstacles. This study contributes by connecting the substantive obligation in Article 54 with the reporting mechanism in Article 55, judicial authority under Article 103, and the personal-use framework in Article 127, and by using that legal structure to assess the government's responsibility for facilities, personnel, financing, coordination, and post-rehabilitation services. The analysis therefore focuses on three operational questions: (1) what are the government's legal roles and responsibilities in providing rehabilitation facilities and programs; (2) what legal and institutional measures are required to strengthen the implementation of rehabilitation policy; and (3) what juridical and implementation barriers create a gap between the rehabilitation norms and their realization?

2. Literature Review And Problem Statement

In the context of narcotics law, rehabilitation is a recovery-oriented legal instrument for addicts and victims of narcotics abuse. The principal statutory basis is found in Articles 54, 55, 103, and 127 of Law Number 35 of 2009, supplemented by Government Regulation Number 40 of 2013 and Supreme Court Circular Letter Number 04 of 2010. These provisions should be read as a connected normative framework. Article 54 establishes the obligation to undergo medical and social rehabilitation; Article 55 regulates mandatory reporting as an entry mechanism for treatment; Article 103 places rehabilitation within judicial authority; and Article 127 regulates the criminal-law position of abusers for personal use. The legal framework therefore does not establish “mandatory” and “voluntary” rehabilitation as two equivalent legal regimes. Rather, the obligation to undergo rehabilitation and the procedural mechanism through which an addict accesses treatment must be distinguished from the manner in which the process is initiated in a particular case.

Previous research has examined different parts of this framework. Meiranda and Ginting concentrated on whether the right to rehabilitation is reflected in judicial reasoning, showing that the normative availability of rehabilitation does not necessarily result in consistent judicial consideration.[6] Bawono, Wahyono, and Laksana examined implementation under Law Number 35 of 2009 and highlighted obstacles that arise when statutory provisions are translated into institutional practice.[7]

Research discussed in the existing manuscript also emphasizes assessment and the need to position rehabilitation within the law-enforcement process. These studies are complementary, but their primary focus remains either judicial application, general implementation, or procedural assessment. They do not sufficiently integrate the four statutory provisions into a single juridical construction that explains who bears the legal responsibility for making rehabilitation accessible, how reporting and judicial mechanisms relate to the obligation in Article 54, and why facility, financing, personnel, coordination, and stigma problems constitute legal-implementation gaps rather than merely administrative difficulties. This study addresses that gap by connecting the normative structure of rehabilitation with the government's concrete legal responsibilities and by distinguishing legal obligations from implementation conditions. On that basis, the research questions are formulated operationally as follows: (1) what are the government's legal roles and responsibilities in providing rehabilitation facilities and programs; (2) what legal and institutional measures are required to strengthen rehabilitation policy; and (3) what barriers prevent the rehabilitation framework from being implemented consistently?

3. Method

This research uses a normative juridical method with statutory and conceptual approaches. The method is selected because the object of analysis is the legal framework governing rehabilitation rather than the statistical performance of rehabilitation institutions. The primary statutory materials are selected because they directly regulate the three issues examined: Law Number 35 of 2009 concerning Narcotics, particularly Articles 54, 55, 103, and 127; Government Regulation Number 40 of 2013 as an implementing regulation; and Supreme Court Circular Letter Number 04 of 2010 concerning placement in rehabilitation institutions. These materials are treated as the principal legal benchmarks for determining the nature of the rehabilitation obligation, the reporting and judicial mechanisms, and the responsibilities of the state and relevant institutions. Secondary legal materials consist of the books, scientific articles, and legal studies already cited in this article, including research by Meiranda and Ginting, Bawono, Wahyono and Laksana, and other authors addressing rehabilitation, legal protection, assessment, and implementation.[8] Legal materials were collected through library research and then identified and classified according to the three research questions.[10] Tertiary materials are used to clarify legal terminology and concepts.[9] The juridical analysis proceeds in three stages. First, the statutory provisions are interpreted individually and systematically, then related to one another to identify the normative structure of rehabilitation. Second, the statutory structure is tested against legal concepts of rehabilitation, legal protection, recovery, and state responsibility to determine the legal implications of each provision. Third, findings from the literature concerning judicial practice, facility limitations, human resources, financing, stigma, coordination, and post-rehabilitation are used not as empirical measurements of effectiveness, but as secondary materials illustrating points at which the normative obligation encounters implementation conditions. The analysis therefore distinguishes between what the law requires, what legal mechanisms are available, and what institutional conditions may obstruct realization of those requirements. Conclusions are drawn deductively from the coherence of the applicable legal norms, concepts, and relevant literature. Because the research is normative juridical, it does not claim to measure the empirical effectiveness of rehabilitation services or produce statistical conclusions about rehabilitation outcomes.

4. Results and Discussion

The Role and Responsibility of the Government in Providing Facilities and Rehabilitation Programs for Victims of Narcotics Abuse

Narcotics rehabilitation must be understood as part of the state's legal responsibility to protect individuals affected by narcotics dependence while maintaining the criminal-law function of controlling illicit narcotics. The government's responsibility is therefore not exhausted by the existence of Law Number 35 of 2009. Article 54 imposes a legal obligation that addicts and victims of narcotics abuse undergo medical and social rehabilitation.[11] That obligation has institutional consequences: the state must maintain a legal and administrative system through which the mandated treatment can actually be accessed. Medical rehabilitation addresses health-related recovery, while social rehabilitation is directed toward restoring social functioning. The distinction confirms that rehabilitation is a continuing recovery process rather than a single intervention.

The relationship between Article 54 and Article 55 is particularly important. Article 54 establishes the substantive obligation to undergo rehabilitation, whereas Article 55 regulates the mandatory-reporting mechanism through which addicts or their families report to designated institutions for treatment and/or care. Consequently, the phrase “voluntary rehabilitation” should not be used as if it constituted a separate legal regime equivalent to mandatory rehabilitation. A person may initiate contact with a rehabilitation institution through self-reporting, but the legal framework governing treatment remains established by statute. This distinction is important because it prevents the implementation problem from being incorrectly characterized as a choice between mandatory and voluntary rehabilitation; the juridical issue is instead whether the statutory obligation and its access mechanisms are consistently implemented.[12]

Article 103 strengthens this framework by connecting rehabilitation with judicial authority. The provision allows judges to order treatment and/or rehabilitation for narcotics addicts in accordance with the conditions established by law.[14] Article 127 must be considered together with this mechanism because it addresses narcotics abuse for personal use. The systematic reading of Articles 54, 103, and 127 indicates that criminal liability and rehabilitation are not mutually exclusive legal concepts. Rather, the court's consideration of rehabilitation operates within a statutory structure that recognizes dependence and recovery as legally relevant. This construction is also consistent with the direction of Supreme Court Circular Letter Number 04 of 2010 concerning placement in rehabilitation institutions. The juridical implication is that law-enforcement officers and courts require a consistent assessment of the person's legal and factual status before determining whether rehabilitation mechanisms should be applied.[13]

The government's responsibility consequently has at least four interrelated dimensions: normative regulation, service provision, institutional coordination, and continuity of recovery. Providing facilities is not merely an administrative function because Article 54 creates an obligation that requires an institutional destination for medical and social rehabilitation. Facilities must be supported by competent health professionals, psychologists, counselors, and social workers because the legal concept of rehabilitation encompasses medical and social dimensions. Government responsibility therefore includes ensuring reasonable accessibility, adequate personnel, service standards, financing, supervision, and referral arrangements. Without these components, a statutory obligation may exist formally while remaining difficult to realize in practice.

The rehabilitation process should also be structured beyond the initial treatment stage. Assessment, medical treatment, psychological intervention, social rehabilitation, and post-rehabilitation support have different functions and therefore require continuity between institutions. The literature cited in this study emphasizes the importance of assessment and judicial consideration, while other sources emphasize the

role of health facilities and the broader recovery process. From a juridical perspective, this means that government responsibility should be evaluated not only by the number of facilities established but by whether the regulatory and institutional chain permits an eligible person to move from identification and assessment to treatment and social reintegration without an avoidable institutional gap.[14]

The implementation literature reveals the point at which the normative obligation encounters institutional constraints. Limited facilities and uneven distribution become legally relevant because an obligation to undergo rehabilitation presupposes the availability of institutions capable of receiving the persons covered by Article 54. Likewise, limited professional personnel affects the state's capacity to deliver the medical and social services contemplated by the statute. These conditions do not negate the legal obligation; rather, they demonstrate a discrepancy between the mandatory character of the norm and the material conditions required for its realization. The same reasoning applies to financing: when rehabilitation requires continuing treatment, counseling, social intervention, and post-rehabilitation assistance, inadequate or discontinuous funding may interrupt the service chain that the legal framework presupposes.

Social stigma creates a different but related implementation gap. When addicts and victims are treated exclusively as criminal offenders, the rehabilitative status recognized by the law may receive less practical attention. Research in the existing literature identifies negative social perceptions as a factor discouraging access to rehabilitation. From a legal-policy perspective, this means that the government's responsibility includes public information and social education so that the rehabilitative mechanism is understood as part of the statutory system rather than as a concession to offenders. This does not eliminate criminal enforcement against trafficking and other prohibited conduct; it clarifies the differentiated legal treatment required by the narcotics framework.

Inter-agency coordination is likewise a juridical implementation issue because rehabilitation involves different functions: investigation, prosecution, adjudication, assessment, medical treatment, social rehabilitation, and post-rehabilitation. Where the institutions involved do not operate through a coherent referral and information mechanism, the statutory provisions may be applied sequentially without forming a continuous rehabilitation pathway. The resulting problem is therefore not simply administrative inefficiency. It reflects a coordination gap between legal authority and the institutional procedures needed to exercise that authority consistently. The government's role must consequently include establishing clear institutional relationships, referral procedures, and supervisory responsibilities among law-enforcement bodies, BNN, health institutions, social institutions, and rehabilitation providers.

Post-rehabilitation should be treated as part of this legal-policy chain rather than as a separate issue. The literature identifies relapse and social reintegration as conditions influenced by the individual's social environment and the availability of continuing assistance. In normative terms, the obligation to provide rehabilitation should therefore be interpreted in conjunction with the social-recovery purpose of rehabilitation. This supports government measures directed at counseling, family support, social assistance, education, and reintegration after the initial treatment stage. The relevant legal question is not whether every individual outcome can be guaranteed, but whether the legal and institutional system provides a reasonable continuum of recovery services consistent with the purposes of medical and social rehabilitation.

On this basis, the government's role can be constructed as a connected set of legal and administrative responsibilities: establishing clear norms; providing accessible medical and social rehabilitation facilities; ensuring qualified personnel and sustainable financing; coordinating assessment, placement, treatment, and follow-up; supervising compliance with rehabilitation standards; and facilitating social reintegration. The analysis demonstrates that these functions derive from the need to give practical meaning to the rehabilitation obligation in Article 54 and to integrate the mechanisms contemplated by Articles 55 and

103. Rehabilitation therefore cannot be reduced to a discretionary policy program detached from the statutory framework; it is a legally structured component of narcotics control.

Accordingly, the principal juridical finding in this subsection is that Indonesia's rehabilitation framework has a sufficient statutory basis, but the norms are distributed across provisions with different functions. Article 54 establishes the substantive obligation, Article 55 regulates mandatory reporting, Article 103 provides judicial authority to order treatment and/or rehabilitation, and Article 127 determines the criminal-law context for personal-use abuse. The implementation gap emerges when the institutional capacity required to connect these mechanisms—assessment, placement, treatment, financing, coordination, and post-rehabilitation—is unavailable or inconsistent. The appropriate legal response is therefore not to create an undefined "voluntary" category, but to clarify mechanisms and strengthen the institutional conditions necessary to execute the existing statutory obligations.

Accordingly, the government's role and responsibility in providing rehabilitation facilities and programs can be understood through several connected functions: policy-maker, provider of medical and social rehabilitation facilities, organizer of rehabilitation services, provider of professional personnel and financing, coordinator among relevant institutions, supervisor of implementation, and facilitator of recovery and social reintegration. These functions are not independent. Each supports the legal obligation created by Article 54 and the mechanisms established by Articles 55 and 103. The government's responsibility is therefore best understood as an obligation to maintain the institutional conditions through which the statutory rehabilitation framework can be accessed and applied consistently.

From a normative perspective, Indonesia has established a legal framework that recognizes rehabilitation as an integral component of narcotics control. The principal juridical issue identified by this research is the distance between the existence of that framework and the institutional conditions required to execute it. Facilities, professional personnel, financing, referral and coordination mechanisms, social acceptance, and post-rehabilitation services are not merely administrative additions; they are implementation conditions through which the statutory obligation becomes operational. The analysis therefore supports strengthening regulatory coherence and institutional capacity rather than making an empirical claim about the success or failure rate of rehabilitation services.

Measures Required to Strengthen the Legal Policy on Rehabilitation for Narcotics Abusers

Because this study uses a normative juridical method, the measures proposed below are framed as legal-policy and institutional requirements derived from the statutory framework and the implementation gaps identified in the literature. They should not be understood as empirical proof that a particular intervention has produced a measured level of effectiveness. The objective is to identify the conditions required for consistent application of the rehabilitation norms.

a. Strengthening Regulations and Consistent Law Enforcement[15]
   The first measure is to strengthen the coherence and consistency of the legal framework. Article 54 establishes the obligation to undergo medical and social rehabilitation, while Article 103 provides a judicial basis for ordering treatment and/or rehabilitation. Article 127 should be interpreted within this rehabilitative structure when the case concerns personal-use abuse. Law-enforcement practice therefore requires a clear distinction between the legal position of addicts or victims requiring recovery and conduct such as illicit trafficking that attracts a different criminal-law response. Consistency does not mean removing criminal liability; it means ensuring that rehabilitation provisions are not overlooked when the statutory conditions for their application are present.
b. Increasing the Capacity and Accessibility of Rehabilitation Facilities
   The second measure is to strengthen the capacity and accessibility of rehabilitation institutions. The

legal obligation under Article 54 cannot be separated from the existence of institutions capable of receiving and treating the persons covered by the provision. Government policy should therefore address geographical distribution, infrastructure, professional personnel, referral mechanisms, and service standards. The point is not to infer an empirical level of service performance, but to identify the institutional prerequisites necessary for the statutory rehabilitation obligation to be realizable.

c. Ensuring Sustainable Financing
The third measure concerns sustainable financing. Rehabilitation involves medical treatment, psychological and social interventions, counseling, supervision, and post-rehabilitation assistance. The legal framework therefore requires continuing institutional support rather than financing limited to initial treatment. Sustainable funding is relevant to the government's ability to discharge the responsibilities associated with Articles 54 and 55 and to maintain the institutional chain required for medical and social rehabilitation.

d. Strengthening Monitoring and Evaluation
The fourth measure is to strengthen monitoring and legal supervision. Monitoring should examine whether the mechanisms prescribed by law are being followed: identification and assessment, referral, placement, medical and social treatment, judicial consideration where applicable, and post-rehabilitation support. In a normative study, these are proposed legal and administrative indicators rather than empirically measured outcome variables. Monitoring is important because it allows the responsible institutions to identify points at which the statutory framework is not being translated into a continuous service mechanism.

e. Strengthening Multisectoral Cooperation
The fifth measure is multisectoral cooperation. Police, prosecutors, courts, BNN, health institutions, social institutions, local governments, and rehabilitation providers exercise different legal and administrative functions. The statutory framework cannot operate as an integrated rehabilitation system if those functions are disconnected. Clear referral procedures, assessment standards, information exchange, and institutional responsibility are therefore required to prevent overlapping authority or gaps in service. This measure directly responds to the implementation gap identified in the literature rather than constituting a general recommendation detached from the legal framework.

f. Strengthening Post-Rehabilitation and Social Reintegration
The sixth measure is to strengthen post-rehabilitation and social reintegration. Medical or social treatment should be connected to continuing assistance because rehabilitation is directed toward recovery and restoration of social function. Post-rehabilitation programs may include counseling, family support, social assistance, education, and assistance in returning to community life. These measures give practical meaning to the social-rehabilitation dimension of Article 54 and reduce the risk that the legal process ends at the completion of an initial treatment period.

g. Increasing Public Education and Reducing Stigma[16]
The seventh measure is sustained public education to reduce stigma. The legal recognition of addicts and victims of narcotics abuse as subjects requiring rehabilitation will be difficult to realize if social perceptions consistently reduce them to the status of criminal offenders. Public education should therefore explain the distinction between personal-use abuse and illicit trafficking while emphasizing that rehabilitation is part of the statutory response to dependence. Such education supports access to the legal mechanisms already established by the Narcotics Law.

Taken together, these measures indicate that strengthening rehabilitation policy requires alignment among legal substance, institutional structure, and legal culture. The principal normative task is to ensure that the substantive obligation in Article 54 is connected coherently with reporting under Article 55, judicial authority under Article 103, and the personal-use framework under Article 127. Institutional measures

concerning facilities, personnel, financing, coordination, monitoring, and post-rehabilitation are necessary because they provide the practical conditions through which those legal norms can be carried out. The conclusion is therefore directed to normative coherence and implementation capacity, not to an empirical judgment about the overall effectiveness of rehabilitation.

Barriers and Challenges in the Implementation of Legal Policies on Rehabilitation for Victims of Narcotics Abuse

The implementation of rehabilitation for victims of narcotics abuse has a clear statutory basis. Article 54 of Law Number 35 of 2009 requires narcotics addicts and victims of narcotics abuse to undergo medical and social rehabilitation.[17] Article 55 establishes the mandatory-reporting mechanism, while Article 103 provides judicial authority to order treatment and/or rehabilitation in the circumstances recognized by law. Article 127 operates within the criminal-law framework for personal-use abuse. Read systematically, these provisions demonstrate that rehabilitation is not merely an optional policy alternative; it is a legally structured component of the narcotics-control system.

The first barrier is therefore a norm-to-implementation gap. The statutory obligation is relatively clear, but its realization depends on assessment, law-enforcement decisions, judicial consideration, access to designated institutions, and the availability of services. Research concerning judicial application shows that a legal basis for rehabilitation does not automatically produce consistent consideration in individual cases.[6] Other research similarly identifies implementation problems under Law Number 35 of 2009. The juridical significance of these findings is that the existence of a norm must be accompanied by procedures that allow the norm to operate consistently across the stages of the criminal justice and rehabilitation systems.[18]

The second barrier concerns facilities and infrastructure. A mandatory legal obligation presupposes an institutional capacity to receive the persons who fall within its scope. When rehabilitation facilities are insufficient or unevenly distributed, access to the statutory mechanism may depend on location and institutional capacity rather than solely on legal eligibility. This condition illustrates a concrete gap between the universal formulation of the rehabilitation obligation and the material infrastructure required to implement it. The appropriate policy response is therefore to strengthen facility capacity and geographical accessibility rather than to weaken the legal obligation itself.

The third barrier concerns professional human resources and assessment. Rehabilitation is multidimensional and requires health professionals, psychologists, social workers, counselors, and personnel who understand the relationship between dependence, legal status, and treatment. Assessment is particularly important because it provides a basis for determining the appropriate treatment pathway and for informing law-enforcement and judicial decisions. A shortage of competent personnel can therefore interrupt the connection between the legal classification of the individual and the rehabilitation service required by that classification.

The fourth barrier is financing. Medical treatment, counseling, social rehabilitation, supervision, and post-rehabilitation assistance require continuing resources. Financial limitations may consequently create discontinuity between the legal requirement to undergo rehabilitation and the availability of services capable of supporting the entire recovery process. The juridical issue is not simply the amount of the budget, but whether the state's allocation and financing arrangements are sufficient to support the institutional responsibilities created by the rehabilitation framework.

The fifth barrier is social stigma and limited public awareness. Negative perceptions may discourage addicts, victims, and their families from using reporting and rehabilitation mechanisms.[19] Stigma

therefore affects the practical accessibility of a legal right and obligation. The problem also has a legal-policy dimension because the rehabilitative status established by law requires public understanding if the mechanism is to be accessed without fear of social exclusion. Public education and confidentiality-sensitive service procedures are consequently relevant complements to the statutory rehabilitation framework.[19]

The sixth barrier is fragmented inter-agency coordination and an insufficiently continuous post-rehabilitation pathway. Police, prosecutors, courts, BNN, health institutions, social institutions, and rehabilitation providers have different functions. If assessment, placement, treatment, and follow-up are not connected through clear procedures, responsibility may become fragmented and the individual may experience discontinuity in services. The literature also identifies relapse and social reintegration as issues affected by the availability of continuing assistance and the surrounding social environment.[20] These conditions demonstrate that the implementation gap extends beyond the rehabilitation facility itself to the institutional relationships that sustain recovery after treatment.

The barriers identified above are therefore multidimensional, but they can be juridically organized into three principal gaps: a normative-procedural gap between the statutory obligation and its consistent application; an institutional-capacity gap involving facilities, personnel, financing, and coordination; and a social-access gap involving stigma and the continuity of reintegration support. This classification provides a more precise explanation than simply listing obstacles. It shows that the existence of Articles 54, 55, 103, and 127 does not by itself establish a complete operational system. The legal framework must be accompanied by procedures and institutional capacities capable of translating those provisions into accessible medical and social rehabilitation. The finding remains normative: it identifies the legal and institutional conditions necessary for implementation, rather than measuring the empirical success rate of rehabilitation programs.

5. Conclusion

The juridical analysis shows that the government has a fundamental legal responsibility to ensure that the rehabilitation framework established by Law Number 35 of 2009 can be implemented through accessible and continuous services. Article 54 establishes the substantive obligation for narcotics addicts and victims of narcotics abuse to undergo medical and social rehabilitation; Article 55 regulates the mandatory-reporting mechanism; Article 103 provides judicial authority to order treatment and/or rehabilitation; and Article 127 places personal-use abuse within the criminal-law framework that must be read together with the rehabilitative provisions. Supreme Court Circular Letter Number 04 of 2010 reinforces the placement mechanism. The government's responsibility therefore encompasses regulation, facilities, professional personnel, financing, supervision, coordination, and post-rehabilitation support.

The measures identified in this study are directed to strengthening the coherence and consistent application of the existing legal framework, improving the capacity and accessibility of rehabilitation institutions, ensuring sustainable financing, strengthening monitoring and legal supervision, establishing integrated multisectoral cooperation, and developing post-rehabilitation and public-education mechanisms. These measures are derived from the normative relationship among Articles 54, 55, 103, and 127 and from the implementation gaps identified in the relevant literature. They should be understood as legal-policy requirements rather than as empirically proven interventions.

The principal barriers are likewise not limited to the absence of regulation. They consist of a norm-to-implementation gap, limited facilities and infrastructure, insufficient competent personnel, financing constraints, social stigma and limited awareness, inconsistent application of a rehabilitative approach, fragmented inter-agency coordination, and weaknesses in post-rehabilitation and social reintegration. These barriers demonstrate that the legal obligation to rehabilitate requires an institutional chain capable

of connecting assessment, reporting, judicial consideration where applicable, placement, treatment, social rehabilitation, and continuing support. Accordingly, the principal juridical task is to bridge the distance between the statutory mandate and the procedures and institutional capacities through which that mandate is realized. Because this research is normative juridical, the conclusion does not measure the empirical effectiveness of rehabilitation services; it establishes the legal requirements and implementation conditions necessary for the rehabilitation policy to operate consistently as an instrument of recovery, legal protection, and social reintegration.

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