

# Implementation of narcotics rehabilitation services in mandatory reporting receiving institutions in south kalimantan province: legal and institutional analysis

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**Abstract:** Drug abuse in Indonesia is a multidimensional problem affecting health, social, and legal aspects, addressed through a rehabilitative approach within the Mandatory Reporting Institutions system. This study aims to analyze the implementation of drug rehabilitation services in South Kalimantan Province, focusing on legal aspects, policy effectiveness, institutional conditions, and existing challenges. Using a normative-empirical (*socio-legal*) method with a legislative approach and field research at several institutions, the findings show that all Mandatory Reporting Recipient Institutions have strong legal standing and have implemented service standards based on Indonesian National Standard 8807:2022 Type III. These include mandatory reporting mechanisms, assessment procedures, treatment planning, referral systems, and service evaluation. However, policy implementation is considered fairly effective but not yet optimal, particularly in terms of system integration, human resource capacity, and social stigma. Institutionally, although these facilities are formally established, disparities remain in multidisciplinary human resources, infrastructure availability, and digital integration across sectors. Key obstacles include limited expertise, incomplete rehabilitation facilities, suboptimal reporting systems, and persistent community stigma toward rehabilitation services. In conclusion, while implementation generally aligns with the legal framework and operates adequately, further strengthening in integration, institutional capacity, and stigma reduction is necessary to achieve a more effective, holistic, and sustainable rehabilitation system.

**Keywords:** Drug rehabilitation; Effectiveness; Mandatory Reporting Recipient Institutions; Policy implementation; South Kalimantan.

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## INTRODUCTION

Drug abuse is an increasingly complex health and social problem with wide-ranging impacts on individuals, families, and communities. Its management has shifted from a

purely punitive approach to a more integrated rehabilitative approach within both legal and health systems. In this context, the Indonesian government has established rehabilitation services through Mandatory Reporting Receiving Institutions (IPWL) as the frontline in handling drug abusers, as mandated by Law Number 35 of 2009 concerning Narcotics and its implementing regulations.

Within the framework of implementing narcotics rehabilitation services, legal and institutional aspects play a crucial role in determining policy effectiveness. Normatively, IPWLs possess strong legal standing through operational licenses, institutional designation by the National Narcotics Agency (BNN), and the application of service standards based on SNI 8807:2022 Type III (Badan Standardisasi Nasional, 2022). These standards regulate comprehensive rehabilitation services, from assessment to evaluation.

In South Kalimantan Province, IPWL implementation is carried out by several institutions, including the Banjarmasin City BNN Primary Clinic, the South Kalimantan Province BNN Primary Clinic, the Cempaka Banjarbaru Community Health Center, and the Sambang Lihum Mental Hospital. Service delivery includes mandatory reporting mechanisms, assessments using the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) and the Addiction Severity Index (ASI), treatment planning, tiered referral systems, and evaluation based on quality indicators such as WHO Quality of Life (WHO-QoL) and service satisfaction indices (World Health Organization, 2010).

Despite the strong legal and institutional framework, the implementation of rehabilitation services in practice has not yet reached optimal effectiveness. In terms of policy effectiveness, performance varies across institutions. Some IPWLs demonstrate high achievement, while others face challenges such as limited public access, low client numbers, and persistent social stigma toward rehabilitation services (Edwards III, 1980). This reflects a gap between formal legal compliance and empirical effectiveness. From an institutional perspective, IPWLs in South Kalimantan have established organizational structures and core human resources, including doctors, nurses, psychologists, and addiction counselors. However, significant limitations remain, particularly in the availability of multidisciplinary personnel such as clinical psychologists and social workers, as well as in the provision of continuous professional training (Eka Fitriana YSR, 2025). Infrastructure constraints also affect the delivery of comprehensive rehabilitation services.

Inter-institutional coordination represents another key issue in institutional analysis. Although formal collaboration mechanisms such as Memoranda of Understanding (MoUs), coordination forums, and referral systems are in place, their implementation remains sectoral and lacks digital integration. As a result, service integration, data sharing, and policy monitoring and evaluation are not yet fully effective.

Various challenges in the implementation of IPWL indicate that the problems are not only technical but also structural and social. Limitations in human resources, service facilities, and integrated reporting systems, combined with strong community stigma, continue to hinder access to and effectiveness of rehabilitation services.

Theoretically, policy implementation is a critical stage in translating legal norms into practical actions. According to Edwards III, successful implementation is influenced by communication, resources, implementer disposition, and bureaucratic structure (Edwards III, 1980). These factors are highly relevant in analyzing the implementation of IPWL in South Kalimantan.

Furthermore, the rehabilitative approach in criminal law underpins Indonesia's narcotics policy by emphasizing recovery rather than punishment (Hiariej, 2016; Muladi, 2002). This approach reinforces the role of IPWL as not only a healthcare provider but also as part of a legal system oriented toward rehabilitation and social reintegration.

In addition, health service standardization through SNI 8807:2022 Type III serves as a key instrument in ensuring the quality and consistency of rehabilitation services. However, its implementation still faces challenges due to disparities in institutional capacity, particularly in human resources, infrastructure, and system integration (Badan Standardisasi Nasional, 2022).

Based on these conditions, it can be concluded that the implementation of narcotics rehabilitation services in Mandatory Reporting Receiving Institutions in South Kalimantan Province has a strong legal and institutional foundation but still faces challenges in effectiveness and capacity. Therefore, a comprehensive legal and institutional analysis is necessary to identify obstacles and formulate strategies to strengthen a more effective, integrated, and sustainable rehabilitation service system.

## **METHODS**

This study employs a normative-empirical legal method (*socio-legal approach*) to analyze the alignment between legal provisions (*law in the books*) and their implementation in practice (*law in action*) in drug rehabilitation services at Mandatory Reporting Recipient Institutions in South Kalimantan Province (Marzuki, 2017; Soekanto, 2014). The normative approach was conducted through a review of relevant laws and regulations, including Law Number 35 of 2009 on Narcotics, Law Number 36 of 2009 and Law Number 17 of 2023 on Health, as well as implementing regulations and applicable technical standards.

The empirical approach involved observations of rehabilitation service implementation at several institutions, namely the BNN Primary Clinic of Banjarmasin City, the BNN Primary Clinic of South Kalimantan Province, the Cempaka Banjarbaru Community Health Center, and Sambang Lihum Mental Hospital. Data were analyzed qualitatively using descriptive-analytical techniques by comparing legal norms with field practices to assess policy effectiveness and identify factors influencing implementation (Moleong, 2018).

## **RESULTS AND DISCUSSION**

### **Implementation of Narcotics Rehabilitation Services at Mandatory Reporting Institutions in South Kalimantan from a Legal Perspective**

The implementation of narcotics rehabilitation services at Mandatory Reporting Institutions in South Kalimantan Province, including the Banjarmasin City National Narcotics Agency Primary Clinic, the South Kalimantan Province National Narcotics Agency Primary Clinic, the Cempaka Banjarbaru Community Health Center, and the Sambang Lihum Mental Hospital, has generally been carried out in accordance with the national legal framework and applicable regional policies. Legally, all Mandatory Reporting Institutions possess a valid and comprehensive legal basis, including operational permits issued by the Ministry of Health of the Republic of Indonesia through ministerial decrees concerning Mandatory Reporting Institutions, formal designation by the National Narcotics Agency of the Republic of Indonesia or Provincial

National Narcotics Agency, and compliance with Indonesian National Standard 8807:2022 Type III (Eka Fitriana YSR, 2025). In addition, services at Sambang Lihum Mental Hospital are grounded in Law No. 35 of 2009 concerning Narcotics, demonstrating that these institutions hold strong formal legal standing within the national healthcare and rehabilitation system (Hamdillah, 2024).

The implementation of legal principles within Mandatory Reporting Institutions is reflected in the consistent application of the mandatory reporting requirement as the primary legal basis for client admission into rehabilitation services. This process is followed by standardized screening and assessment procedures, including the use of ASSIST and ASI instruments, which determine client status and treatment needs and form the basis for individualized rehabilitation plans. Rehabilitation services are subsequently delivered through integrated medical and psychosocial interventions in accordance with the established treatment plan. At Sambang Lihum Mental Hospital, this principle is further reinforced by mandatory assessments for all patients, whether voluntary or involved in legal cases, highlighting the dual role of these institutions as both healthcare providers and legal instruments in the national drug control system (Hamdillah, 2024).

From the perspective of accessibility and legal protection, the implementation of Mandatory Reporting Institutions reflects a commitment to equitable and rights-based service delivery. Rehabilitation services are provided either free of charge or subject to administrative requirements such as possession of an identity card, family card, membership in the Contribution Assistance Recipient Program, or a certificate of indigency, thereby ensuring affordability and inclusivity. Access to services is open, with no rejection of patients, and emphasizes the protection of the rights of drug users as individuals entitled to healthcare services. At Sambang Lihum Mental Hospital, financing mechanisms are more structured through state-supported schemes with clearly defined cost limitations (Hamdillah, 2024). This indicates that the implementation of these institutions prioritizes a humanistic approach, focusing not only on repressive measures but also on the fulfillment of the right to health.

The legal dimension is further evident in the structured referral system, which operates in a tiered manner by directing clients to advanced rehabilitation facilities such as Sambang Lihum Mental Hospital and national-level rehabilitation centers under the National Narcotics Agency in regions including Lido, Batam, East Kalimantan, South Sulawesi, Lampung, and Badokka (Eka Fitriana YSR, 2025). The implementation of services is also strengthened through formal inter-institutional cooperation, including Memorandums of Understanding with the Health Office, the National Narcotics Agency, and Community Health Centers, providing a legal foundation for cross-sectoral collaboration in rehabilitation services (Eka Fitriana YSR, 2025). Furthermore, service delivery is differentiated between outpatient and inpatient care, particularly at the Mental Hospital as a referral facility (Hamdillah, 2024). This demonstrates a strong integration between legal frameworks, healthcare systems, and institutional cooperation.

Finally, the implementation of rehabilitation services has fulfilled legal standards and accountability mechanisms, including compliance with Indonesian National Standard 8807:2022 Type III. Routine reporting is conducted to the Health Office and through the Ministry of Health information system (KINKESWA), while service evaluations are

carried out using instruments such as the satisfaction index and WHO-QoL to measure service quality (Gunaan, 2025). Supervision and guidance are provided by the National Narcotics Agency and local governments to ensure adherence to regulatory provisions (Eka Fitriana YSR, 2025). At Sambang Lihum Mental Hospital, legal governance is further strengthened through regulations limiting treatment duration to a maximum of three months for certain cases, as well as structured financing schemes including state-funded assistance, certificates of indigency, and self-funded treatment options. State funding is also limited to a maximum of two treatment periods (Hamdillah, 2024), reflecting a more regulated and accountable approach to rehabilitation service management within the legal and health policy framework.

### **Effectiveness of the Implementation of Mandatory Reporting Recipient Policies and Regulations in South Kalimantan Province**

The implementation of Mandatory Reporting Recipient policies and regulations in South Kalimantan Province can generally be considered effective, although not yet optimal across all institutions, including the Banjarmasin City National Narcotics Agency, the Provincial National Narcotics Agency, the Cempaka Community Health Center, and the Sambang Lihum Mental Hospital. The findings indicate that effectiveness is more evident in technical and operational aspects, while challenges persist in social dimensions, institutional capacity, and system integration.

At the Banjarmasin City National Narcotics Agency Primary Clinic, the implementation demonstrates operational effectiveness through a structured rehabilitation system covering assessment, therapy, counseling, and post-rehabilitation stages. Service evaluation mechanisms, including the satisfaction index and WHO-QoL, are utilized to improve service quality. Institutional preparedness is also supported by standard operating procedures for disaster management and emergency response systems, along with cross-sector coordination through memorandums of understanding and communication forums (Eka Fitriana YSR, 2025). However, several limitations remain, including the lack of integrated financial reporting within the system, weak coordination with the Provincial National Narcotics Agency, and services that are still limited to outpatient care without fully integrated psychosocial support. This indicates that while operational aspects are effective, governance integration and system standardization remain weak (Eka Fitriana YSR, 2025).

The Primary Clinic of the National Narcotics Agency in South Kalimantan Province shows a higher level of effectiveness, particularly in service delivery, which has exceeded established targets. In 2025, the clinic served 101 clients, surpassing the target of 45 clients. Services are accessible and provided free of charge, and program evaluations are conducted through satisfaction surveys and WHO-QoL measurements to ensure continuous improvement. Additionally, the innovation of mobile rehabilitation services (RELLI) has expanded outreach to the community (Henderawaty, 2025). Nevertheless, sustainability challenges remain, including limited regional human resource training since 2022, dependence on centralized training systems, and persistent social stigma that hinders access to services. Thus, while service delivery is highly effective, long-term capacity strengthening remains an issue (Henderawaty, 2025).

At the Cempaka Community Health Center in Banjarbaru, the effectiveness of implementation can be categorized as adequate but not optimal. Rehabilitation services are routinely conducted through assessment and treatment planning, with no reported

patient refusals. Service evaluation is carried out through satisfaction indices, and reporting is conducted periodically (Gunaan, 2025). However, effectiveness is constrained by the low number of clients, estimated at only 4–10 per year, as well as strong community stigma that discourages individuals from accessing services. In addition, coordination tends to be more focused on the Health Office rather than the Provincial National Narcotics Agency, indicating limited inter-agency integration. This suggests that while regulatory compliance is achieved, social effectiveness and community participation remain low (Gunaan, 2025).

At Sambang Lihum Mental Hospital, the implementation of the Mandatory Reporting Recipient system is relatively effective, though it has not fully achieved policy targets. The hospital has a capacity of 90 beds across four service units, does not reject patients, and records a very low relapse rate of approximately 0.01%. However, service coverage only reached about 46% of the 2024 target (Hamdillah, 2024). Several constraints continue to affect performance, including limited supporting facilities and a discrepancy between policy targets and actual service delivery. These findings indicate that although the service system operates in a stable and inclusive manner, its effectiveness in achieving policy targets remains limited (Hamdillah, 2024).

Overall, the effectiveness of Mandatory Reporting Recipient Institutions in South Kalimantan reflects a positive trend in operational implementation, but highlights the need for strengthening institutional integration, improving human resource capacity, and addressing social stigma to achieve more optimal and sustainable outcomes.

### **Institutional Conditions of Mandatory Reporting Recipient Institutions in South Kalimantan Province**

The institutional conditions of Mandatory Reporting Recipient Institutions (IPWL) in South Kalimantan Province indicate that the institutional structure has been established, is operational, and is aligned with the Indonesian National Standard (SNI) 8807:2022 Type III. However, its implementation still shows an imbalance between the completeness of the formal institutional structure and the limited operational capacity in practice, particularly in human resources, facilities and infrastructure, as well as inter-agency coordination.

In terms of human resources, all IPWLs in South Kalimantan namely the Banjarmasin City National Narcotics Agency, the South Kalimantan Provincial National Narcotics Agency, the Cempaka Community Health Center, and Sambang Lihum Mental Hospital generally possess core health professionals such as doctors, nurses, psychologists, and addiction counselors. However, there are differences in the quantity, quality, and completeness of personnel across institutions. The Banjarmasin City National Narcotics Agency has around five full-time staff but lacks a dedicated clinical psychologist (Eka Fitriana YSR, 2025). The South Kalimantan Provincial National Narcotics Agency has the most comprehensive human resources, including doctors, psychologists, counselors, and analysts, although it still faces challenges in training continuity and staff rotation (Henderawaty, 2025). The Cempaka Community Health Center has very limited personnel, consisting of only two doctors and two nurses, and lacks clinical psychologists and social workers (Gunaan, 2025). Meanwhile, Sambang Lihum Mental Hospital has the most complete workforce, although multidisciplinary integration remains suboptimal (Hamdillah, 2024). Overall, human resources are structurally

available but not yet optimal due to shortages of specialists, limited training, and weak implementation of multidisciplinary approaches.

Regarding facilities and infrastructure, all IPWLs have generally met the minimum standards of SNI 8807:2022 Type III, but service implementation remains limited to basic provision. Facilities such as counseling rooms, medical treatment rooms, fire safety equipment, evacuation routes, oxygen support, and lactation rooms are available. However, limitations remain, particularly the absence of crisis intervention rooms due to the dominance of outpatient services and the limited availability of comprehensive rehabilitation infrastructure (Eka Fitriana YSR, 2025). Sambang Lihum Mental Hospital has relatively more complete facilities, including around 90 inpatient beds and more adequate rehabilitation rooms, but still faces issues such as aging buildings, poor ventilation, limited CCTV systems, and lack of supporting facilities such as sports areas (Hamdillah, 2024).

In terms of inter-agency coordination, collaboration among IPWLs and related institutions in South Kalimantan has been established but varies in its level of integration. The Banjarmasin City National Narcotics Agency has relatively strong coordination through formal mechanisms such as MoUs, Community-Based Intervention programs, Desa Bersinar initiatives, and referral systems. The Provincial National Narcotics Agency has the widest coordination network involving multiple government agencies (Eka Fitriana YSR, 2025). Meanwhile, the Cempaka Community Health Center still relies on administrative and periodic coordination and has not been fully integrated with the Provincial BNN (Gunaan, 2025). Similarly, Sambang Lihum Mental Hospital still depends on informal communication channels such as WhatsApp and telephone without an integrated coordination system (Hamdillah, 2024). Overall, although coordination exists, it remains fragmented and requires stronger system integration to support more effective and comprehensive rehabilitation services.

### **Barriers and Challenges for Mandatory Reporting Recipient Institutions in South Kalimantan**

Barriers and challenges in the implementation of Mandatory Reporting Recipient Institutions in South Kalimantan are generally structural, operational, and social in nature, and are interconnected across service providers, including the Provincial and City National Narcotics Agencies, Community Health Centers, and Sambang Lihum Mental Hospital. Structurally, the most prominent issue lies in human resource limitations. The number of personnel in basic service units remains limited, averaging only 4–5 staff members, which leads to a high workload. In addition, several institutions lack key professionals such as clinical psychologists and social workers, resulting in services that are not yet fully comprehensive. The composition of human resources also does not fully meet the multidisciplinary standards required under Indonesian National Standard 8807:2022. Training for regional health personnel has been limited since 2022 and remains highly dependent on central-level programs, while frequent staff rotations further disrupt continuity of competence (Eka Fitriana YSR, 2025). These conditions contribute to uneven service quality and suboptimal institutional capacity.

From the perspective of facilities and infrastructure, although basic standards are generally met, significant gaps remain. Outpatient-based institutions, such as the City National Narcotics Agency and Community Health Centers, lack adequate crisis intervention rooms, limiting their ability to manage psychosocial emergencies effectively

(Eka Fitriana YSR, 2025). Services also remain predominantly outpatient in nature (Gunaan, 2025). At Sambang Lihum Mental Hospital, infrastructure challenges include aging buildings, limited ventilation systems, and suboptimal security arrangements. Moreover, rehabilitation facilities have not fully supported a holistic approach, as reflected in the limited availability of sports and recreational therapy facilities (Hamdillah, 2024). This indicates a clear gap between established standards and actual implementation in the field.

Barriers are also evident in the service system and inter-agency coordination. Although coordination mechanisms exist, their implementation remains suboptimal and largely manual, relying on communication platforms such as messaging applications and telephone. Reporting systems among Mandatory Reporting Recipient Institutions are not yet digitally integrated, resulting in fragmented data management. Coordination with the National Narcotics Agency and other relevant institutions is likewise not supported by a unified data system (Eka Fitriana YSR, 2025). In addition, financial reporting has not been fully incorporated into a standardized institutional system. These limitations hinder effective service integration as well as monitoring and evaluation of policy implementation.

Social barriers represent one of the most significant challenges, particularly in relation to stigma and public perception. Many individuals are reluctant to report due to fear of legal consequences or social exclusion. There is also a persistent perception that Mandatory Reporting Recipient Institutions are more closely associated with law enforcement than healthcare services, which reduces public trust (Gunaan, 2025). As a result, community participation remains low, and the number of clients accessing services is limited, particularly at the Community Health Center level. These social factors substantially restrict early access to rehabilitation services and undermine policy effectiveness.

At the institutional level, Sambang Lihum Mental Hospital illustrates a disparity between service capacity and supporting infrastructure. Although the hospital has relatively large capacity, the existing facilities are outdated and insufficient to fully support service delivery. Essential infrastructure such as ventilation systems, security monitoring (e.g., CCTV), and supporting facilities for patient activities remain limited. Furthermore, coordination between internal units and external agencies is still largely informal and not yet systemically structured (Hamdillah, 2024). This condition reflects the need for strengthening institutional infrastructure and governance to ensure that service capacity is matched by adequate quality and support systems.

### **Strengthening Institutions Receiving Mandatory Reporting in South Kalimantan**

Efforts to strengthen Mandatory Reporting Recipient Institutions in South Kalimantan include improving facilities and infrastructure to better support rehabilitation services. At Sambang Lihum Mental Hospital, this is reflected in ongoing renovations and repairs to aging infrastructure. In addition, outpatient institutions require the provision of crisis intervention rooms to enable faster and more appropriate responses to psychosocial emergencies. The development of supportive therapeutic facilities, such as sports and recreational spaces, is also essential to enhance the comprehensiveness of rehabilitation services. These improvements are directed toward fulfilling the requirements of Indonesian National Standard 8807:2022 Type III, with the objective of supporting a

holistic rehabilitation approach encompassing medical, psychological, social, and spiritual dimensions.

Strengthening institutional coordination and digital systems is another key priority. This includes integrating data across Mandatory Reporting Recipient Institutions with relevant agencies such as the Provincial National Narcotics Agency, Health Office, Social Service Office, and National Unity and Politics Agency to ensure synchronized information management. The development of an integrated digital reporting system is necessary to improve the accuracy and efficiency of data recording and reporting processes. In addition, referral mechanisms need to be reoriented toward data-driven systems rather than relying on informal communication channels. Standardization in reporting, monitoring, and evaluation is also essential to enhance accountability and transparency, ultimately contributing to more effective institutional governance.

Service strengthening is further pursued through innovation and expansion of access. Initiatives such as mobile rehabilitation services (RELLI) are designed to reach remote or underserved areas, while community-based interventions, including the Desa Bersinar program, aim to integrate prevention and rehabilitation efforts at the local level. The optimization of family and group counseling services is also crucial in supporting client recovery, alongside the application of the Therapeutic Community approach as a participatory and supportive rehabilitation model. These strategies collectively aim to improve accessibility and ensure a more equitable distribution of rehabilitation services.

Addressing social barriers is carried out through education and stigma reduction initiatives. Public awareness campaigns emphasize that Mandatory Reporting Recipient Institutions function as healthcare providers rather than legal enforcement bodies, thereby reducing fear and negative perceptions within the community. Continuous community education is also undertaken to improve understanding of reporting mechanisms and access to rehabilitation services. In addition, efforts to enhance public literacy regarding the prevention and eradication of drug abuse and illicit trafficking play an important role in strengthening community engagement. These measures are intended to increase public participation and promote sustainable utilization of rehabilitation services.

Finally, optimizing standards and evaluation mechanisms is essential to ensure service quality. The full implementation of Indonesian National Standard 8807:2022 Type III serves as the primary benchmark for rehabilitation services. Service quality is continuously monitored using WHO-QoL indicators to assess clients' quality of life, complemented by regular client satisfaction index evaluations. The results of these assessments are used as the basis for ongoing service improvement and policy refinement, ensuring that rehabilitation services are evidence-based and responsive to client needs.

## **CONCLUSIONS**

Based on the research findings and discussion, the implementation of drug rehabilitation services at Mandatory Reporting Recipient Institutions in South Kalimantan Province has generally been carried out in accordance with applicable national and regional legal frameworks. All institutions, including the Banjarmasin City National Narcotics Agency, the South Kalimantan Provincial National Narcotics Agency, the Cempaka Community Health Center, and the Sambang Lihum Mental Hospital,

possess formal legal standing through operational permits issued by the Ministry of Health, institutional designation by the National Narcotics Agency, and the application of Indonesian National Standard 8807:2022 Type III. The implementation of mandatory reporting mechanisms, standardized assessments using ASSIST and ASI, individualized treatment planning, integrated medical and psychosocial services, tiered referral systems, and evaluation based on quality indicators demonstrates that legal principles have been effectively incorporated into service delivery. In addition, the protection of client rights, open access to services without discrimination, and government-supported financing mechanisms reflect a humanistic approach grounded in the fulfillment of the right to health. Nevertheless, further efforts are required to strengthen system integration and ensure equal capacity across institutions.

In terms of effectiveness, the implementation of Mandatory Reporting Recipient Institution policies in South Kalimantan can be considered relatively effective, particularly at the operational level. Rehabilitation services are systematically organized, covering assessment, intervention, and evaluation stages, with certain institutions demonstrating high performance and even exceeding service targets. However, this effectiveness has not been fully optimized due to several constraints, including limited integration of reporting systems, insufficient human resources and continuous training, persistent social stigma, and disparities between policy targets and actual service outcomes. As a result, while the policy is operationally effective, it remains less effective from social, institutional, and systemic perspectives.

The institutional condition of Mandatory Reporting Recipient Institutions indicates that formal structures have been well established in accordance with Indonesian National Standard 8807:2022 Type III and are supported by core personnel, basic facilities, and cross-sectoral coordination networks. However, there remains a gap between formal institutional completeness and actual operational capacity. Key challenges include the limited availability of multidisciplinary human resources, particularly clinical psychologists and social workers, inadequate infrastructure to fully support comprehensive rehabilitation services, and coordination mechanisms that are not yet systematically integrated or data-driven. These conditions suggest that the institutions are currently in a developmental phase, functioning both formally and operationally but still requiring further capacity building and system strengthening.

Furthermore, the implementation of Mandatory Reporting Recipient Institutions faces interconnected structural, operational, and social barriers. These include limitations in human resources and training, insufficient rehabilitation facilities, weak integration of reporting systems, and strong societal stigma toward individuals accessing rehabilitation services. Inter-agency coordination also remains sectoral and lacks full digital integration, while infrastructure limitations persist in several institutions, particularly at Sambang Lihum Mental Hospital. To address these challenges, various strengthening efforts have been undertaken, including enhancing multidisciplinary human resource capacity through continuous training, improving infrastructure in line with national standards, developing integrated digital reporting and coordination systems, and expanding community-based approaches such as Community-Based Interventions and the Desa Bersinar program. In addition, public education initiatives aimed at reducing stigma, as well as service innovations such as mobile rehabilitation services (RELLI) and the application of the Therapeutic Community approach, have been implemented to improve accessibility and service quality.

Overall, the implementation of drug rehabilitation services at Mandatory Reporting Recipient Institutions in South Kalimantan Province demonstrates compliance with legal frameworks and a relatively effective level of operational performance. However, this effectiveness has not yet reached an optimal level due to ongoing challenges related to system integration, human resource capacity, infrastructure, and community acceptance. Although the institutional framework is well established, further strengthening is required to develop a more integrated, multidisciplinary, data-driven, and holistic rehabilitation system. With continued improvements in these areas, Mandatory Reporting Recipient Institutions in South Kalimantan have strong potential to evolve into a more effective, sustainable, and responsive system for addressing drug rehabilitation needs within the community.

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