

Effectiveness of Mental Development of Prisoners in Cirebon Narcotics Prison Class IIA as a Form of Correctional Purposes¹

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Abstract

The number of Narcotics-abuse continues to increase, for example needles and the making of tattoos, narcotics dependence not only causes a physical but also psychological impact on a person. The problem of this research was about the mental formation of prisoners and the model of their formation in the Cirebon Narcotics Prison. This research was an empirical study and the data collection included survey, observation, interview and literature studies. The data were qualitatively analyzed by descriptive method. The research findings indicated that mental coaching required operational guidance including, methadone programs, community therapy, coaching involving the community and Criminon Indonesia training programs. The mental development of Narcotics Prisoners has not fully implemented methadone and community therapy program; Criminon training has been fulfilled while the other has not. Guidance for prisoners must be integrated among the prison staff, the community and prisoners as well.

Keywords: Prisoners, Prisons, Mental Development

Abstrak

Penyalahgunaan Narkotika terus meningkat, berbagai cara penyalahgunaan Narkotika dari jarum suntik dan pembuatan tato, ketergantungan Narkotika tidak hanya menimbulkan dampak fisik juga psikis pada diri seseorang. Berbagai upaya dilakukan Lapas Narkotika untuk memberi harapan bagi Narapidana penyalahgunaan Narkotika salah satunya pembinaan mental. Permasalahan yang di kaji dalam Penelitian ini mengenai pembinaan mental Narapidana dan model pembinaannya di Lapas Narkotika Cirebon. Penelitian ini merupakan Penelitian Empiris yang menggunakan metode survey, observasi, wawancara dan studi pustaka. Data yang diperoleh dikumpulkan dan dianalisis secara kualitatif dengan metode deskriptif analitis. Berdasarkan hasil penelitian, pembinaan mental dibutuhkan petunjuk operasional diantaranya, program methadone, terapi masyarakat, pembinaan yang melibatkan masyarakat dan program pelatihan Criminon. Pembinaan mental Narapidana Narkotika belum sepenuhnya melaksanakan program tersebut, program methadone, terapi masyarakat, pelatihan Criminon sudah terpenuhi, sedangkan program pembinaan Narapidana yang melibatkan masyarakat belum terpenuhi. Pembinaan Narapidana harus dilakukan terpadu, petugas Lapas, masyarakat dan Narapidana.


Kata Kunci : Narapidana, Lapas, Pembinaan Mental

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Introduction

National survey of the development of narcotics misuse 2014 was estimated that there were 3.8 to 4.1 millions consumers of narcotics. The practice of the injected drug misuse and tattoos with the use of non-sterile syringes, as well as through unprotected

¹ Research article by personal fund and carried out based on the Decree of the Dean of Faculty of Law No. Kept.047/Q/FH.UWXI/2017 on November 18th 2017

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sexual intercourse among inmates that are not supported by the availability of equipment (needles and syringes and condoms) makes the prison as a place highly at risk to the spread of HIV. The Director General of Prisons & Correctional Services issued data on the prevalence of HIV and Syphilis in 24 prisons/detention centers in 13 provinces in Indonesia in 2010, the results of which stated that the epidemic of sexually transmitted infections, such as syphilis, without adequate treatment also supported the occurrence of high risk of HIV transmission through sexual activity. Estimates of HIV prevalence in Prisoners are 24 times higher than estimates of HIV prevalence in the adult general population in Indonesia. The high prevalence of HIV in some prisons / detentions in Indonesia is more due to the number of IDUs (injecting drug users) who become prisoners (**Riskiyan, 2016**).

Dependence on drugs not only causes a physical impact, but also psychologically on a person. The effect of addiction felt by the wearer causes the difficulty to get out of dependence on this substance. In addition, drug dependence can cause psychological, organic, physiological problems, and the influence of drugs can cause various problems as well, for example causing mental disorders, anxiety, fear of depression and other psychological problems. Narcotics and liquor damage the liver, stomach, brain, and nerves that cause memory loss, anxiety, and so on (Wani and Sankar, 2016). The National Narcotics Agency (*BNN*) estimates that there are approximately 3.2 million people who have been caught up in drug addiction. Although narcotics problems arise, our government gives hope to everyone, family, people affected by narcotics abuse and those related to health, social and mental issues (**Narindrani, 2017**).

Decree of the Minister of Health No. 996/*Menkes/SK/VIII/2002* that dependence on narcotics is a disease in the ICD-10 (1992 international classification of diseases and health related problems) classified in mental and behavioral disorders due to psychoactive substances due to psychoactive substance use). Narcotics dependence is a complex disease and is characterized by an irresistible urge to use narcotics (craving) and therefore there is a hard effort to obtain it even though some consequences will be realized. This disease often becomes chronic with episodes of recovery and recurrence, although sometimes long apnea. Considering that the problem is very complex, the response through rehabilitation must be comprehensive, multi-disciplinary that actively engages the community in a sustainable, consistent and consistent manner (Amri, 2018).

To change the behavior of Prisoners so that they do not use drugs anymore, then they are given religious reinforcement in the form of spiritual formation. With the giving of spiritual formation, Prisoners become aware and feel guilty about what has been done in the past (**Mujiati & Budiartati, 2017**).

Mental development is given in hopes of balancing the aggressive behavior of prisoners, through efforts to increase intellectual, religious, social, legal, national and state awareness, by eradicating factors that can cause prisoners to do things that are contrary to law, decency, religion or other social obligations that can be subject to criminal if violated (**Wirohati, 2013**). Mental development has an effect not only on

criminal matters but also on the people in general. Those who get a direct influence from mental development are people who are subject to the crime. This direct influence will only be felt seriously if it has been implemented effectively, so that through the implementation of a smooth and steady mental development, an influence will be obtained, which can be a support for the achievement of the restoration of the unity of life relations (Astuti, 2011).

Based on an interview with the psychologist at the Narcotics Prison class IIA Cirebon, it was said that the situation when the initial entry to prison was the condition that most affected the mental and mental prisoners. Based on research conducted by Siswati and Aburohim, the highest stress experienced by prisoners is from the high number of sentences, feelings that are not accepted to meet with the family are the main problems experienced by prisoners. Such conditions if not addressed immediately will cause high stress levels which lead to suicide (Riza, 2014).

The existence of life changes, the loss of freedom and rights that are increasingly limited and life that makes them have to be separated from their families and live with other prisoners, this will certainly lead to stress (Liwarti, 2013). It is proven that prison sentences rank fourth on the scale of stressful life experiences. It is even said that life in prison is a massive live disruption (Hairina and Komalasari, 2017).

In psychotropic aspects or aspects of inmate behavior. For example, it can be manifested in the form of sleeplessness, lack of enthusiasm and loss of interest, even the desire to hurt until the desire to end life. In the act of sleeplessness from the results of interviews with inmates. Even more so according to prison officials, the high psychological pressure faced by inmates then leads to deviant actions. Such as the occurrence of conflicts between inmates because of the influence of misperception and also emotional, as well as attempted suicide or self-mutilation. For example, by drinking the bathroom cleaning fluid, eating mosquito coils, or slashing his own hands with any items that can be used. Life as a prisoner in prison is certainly not something fun, with limited space and movement will greatly allow its inhabitants to experience psychological shocks, ranging from mild stress to the most terrible act of suicide.

Although not all prisoners have the idea of suicide because of the conditions they face in prison, there are factors that make it easier to form suicide ideas. Suicide can be interpreted as the 'hardest indicator' and most clearly has to do with a person's psychological condition. If someone comes to suicide, it is very possible that indicators of other psychological disorders (anxiety and depression) are also happened to him.

Often the psychological conditions experienced by prisoners also lead to complaints of physical complaints that may be 'severe'. At the physiological level, according to Prison officers the most prominent are complaints of headache, fatigue, excessive fatigue, lack of enthusiasm in daily activities or doing activities (Hairina & Komalasari, 2017).

According to Kristianingsih, narcotics prisoners are part of prisoners with different and specific conditions, which have character or behavior that tends to be different due

to the drug use they have consumed so far, such as lack of awareness due to low absorption capacity, health deterioration, and over-reactive and over productive. As a result, prisoners of narcotics cases need special treatment than other prisoners (Kristianingsih, 2000).

In line with this, said Marcus Priyo Gunarto in his research that criminal benefits (imprisonment) for people who have been considered violating the law because certain beliefs or ideologies for example are often questioned because they are considered inappropriate. Those who are charged should not be criminal but social therapy that is aware of or changes the mindset of certain things. Similarly, for people who suffer from the abuse of drugs (narcotics), it would be more appropriate to get medical therapy (Gunarto, 2009).

Problems

Based on the background of the problems described above, the problems to be discussed are as follows: *First*, to what extent can the development of Cirebon Class IIA Narcotics Prison be able to carry out mental inmates as prisoners of worship? *Second*, what is the model of Narcotics Prisoners' mental development through the Criminon Indonesia training program?

Research Methods

This research is descriptive with qualitative methods and sociological approaches (Social legal approach) (Amiruddin, 2004). This study seeks to describe in detail the social phenomena that are the subject matter of rehabilitation-based prisoner models without carrying out a hypothesis and descriptive statistical calculations not in the narrow sense, meaning that in providing the existing picture carried out by the scientific method.

The sociological juridical approach is intended as a presentation and study of the relationship of legal aspects to non-legal aspects in the operation of the law in reality. In the sociological legal research examined initially was secondary data then continued with research on primary data in the field or community. The results of the research after being identified, constructed, compiled and analyzed using qualitative methods based on theory, principles and legal norms related to the subject matter under study.

Discussion

The Development of the Narcotics Prison Class IIA Cirebon as A Form of Correctional Purposes to the Prisoner's Mental

Cirebon Narcotics Prison Class IIA is one of the prisons specifically dealing with cases related to narcotics abuse, which have the main task and function of carrying out prisoner guidance, whose purpose is to realize mistakes, improve themselves, not repeat

crimes so that they can be accepted again naturally as someone who is a good and responsible citizen (Hamja, 2015).

A prison is a place for the implementation of guidance for prisoners and correctional students based on the correctional system. All prisons and narcotics cases were placed in both prisons and victims. In Law No. 12 of 1995 concerning Penitentiary has regulated various provisions concerning how to treat prisoners (Imron, 2013).

Correctional systems, treatment for prisoners must be separated according to their characteristics. The United Nations Standard Minimum Rules for the treatment of prisoners require that prisoners always have to be separated according to their legal status (judicial detainees), gender (male from female) and age (children from adults). Law No. 12 of 1995 concerning penalization article 12 also stipulates that in the framework of fostering prisoners in a Penal Institution the classification is based on: age; gender; the length of time the criminal was dropped; type of crime; and other criteria according to the needs or development of the treatment.

The development of patterns and types of crimes such as terrorism, narcotics, corruption and other crimes directly affects the implementation of the penal system. Classification of prisoners also requires adjustments because these criminal offenders have the potential to become high-risk prisoners.

High-risk prisoners are prisoners based on the assessment of being designated as high-risk prisoners based on the decree of the Minister of Law and Human Rights, the results of the examination of prisoners who are declared to have high risk are determined by the Directorate General of Penitentiary on the proposal of the team through the regional office. There are two qualifications for assessing high-risk prisoners, namely qualification A and qualification B. qualification A is an assessment of certain prisoners which contains an assessment fulfilling one of the matters relating to a network that is still active, the ability to access weapons and explosives, have records of escape, access and influence within the Penitentiary, proven to have attempted to escape, have the ability to escape with or without the assistance of others, recidivists, convicts on death row and for life. Qualification B is an assessment of the risk of transmission of disease from prisoners who have HIV or AIDS, tuberculosis (TB), hepatitis and other dangerous infectious diseases.

High-risk prisoners are defined as prisoners who are considered to have significant related risks: First, *Safety*; endanger oneself, other inmates or employees or visitors to Penitentiary; Second, *Stability*; threats to order in prison/provocateurs are not cooperative. Third, *Security*; possibility of escaping. Fourth, *Reoffending*; committing a serious offense or another serious return after being free. Fifth, *Society*; prisoners who still have relations related to *organized crime*, terrorism ideology, drug trafficking networks or who have the money and power to influence.

In addition to the risks mentioned above, there are several other groups of prisoners who need special attention in the framework of classification of prisoners based on risk, namely: a) Violent extremist prisoners; b) Gang members or certain

groups of mass organizations; c) Members of organized crime groups; d) Detainees; e) Former combatants; and f) prisoners with long criminal periods and death or life sentences (**Haryono, 2017**).

Giving treatments to prisoners in the Cirebon narcotics prison Class II A, which at the time of this study carried out, there has been a total of 840 (eight hundred and forty) inmates, all of whom were convicted of narcotics abuse. Through interviews with Head of Prison Development Section of Cirebon Narcotics Prison Class II A (Kasie Binapi), in Cirebon Narcotics Prison class II A it was stated that the implementation of prisoners in Narcotics prisons was the same as fostering prisoners in general as stipulated in the provisions of Law No. 12 of 1995 concerning Corrections.

Through interviews with Mujjana, that the system of coaching prisoners in narcotics prisons tends to prioritize on the level of personality development, especially inmates' mental formation, then at the level of prisoner health coaching, with the majority of abuse these narcotics are very vulnerable to mental problems and health problems that are very vulnerable to prisoner diseases. Benita Nastami said that drugs included prohibited goods in prison environments but the fact is that the spread and drug users in prisons have become issues that cannot be denied in many prisons (**Nastami, 2012**). Another case that took place at the Kerobokan Penitentiary, a prisoner who was a woman of a British drug case reported the atrocities she experienced while in prison. Rachel Dougall, who is accused of smuggling 4.7 kilograms of Cocaine, admitted that she often gets inhuman treatment in prisons conducted by other prison residents. Being beaten by another prisoner and getting an attack from a lesbian. In addition, she explained about the conditions in prison which allowed the use of Narcotics and illegal drugs freely. More severe conditions Dougall revealed, that the adult male assistants who live right next door often pay a prostitute every night (**Bangsing & Wadhanti, 2017**). Therefore, researchers raised this as one of the factors that might occur in prisons and then put inmates there in conditions prone to health and disease infections.

To find out the effectiveness of implementing mental prisoners in Cirebon Narcotics Prisons class II A using a system of rehabilitation. So that it can be seen how far inmate mental coaching in Cirebon Narcotics Prison Class II A has been carried out. The implementation of Mental Guidance in Prisoners in Cirebon Narcotics Prison Class II A requires various operational programs related to the Narcotics Prisoners Development, to achieve the things stated in the background of the problems in this study.

According to McCarthy, operational management (treatment) is needed with the coaching of narcotics abuse prisoners, including the following: Methadone (methadone) program, Therapeutic Community program and Community-Based Corrections program for Narcotics addicts (Belinda, 2001). The process of breaking away from narcotics dependence for its users is not easy, besides undergoing narcotics rehabilitation they also need family and community support to be able to return to a healthy and productive life. The description of the research results is as follows:

First, the methadone program, this program called the Methadone Maintenance Therapy Program (PTRM), is the administration of daily methadone drugs to patients with heroin dependence in health institutions such as health centers and hospitals with direct supervision by health workers. The nature of the maintenance or maintaining the patient as long as possible underwent such therapy until finally the dose can be gradually reduced and if possible stop. The initial dose is given in the range of 15-30 mg/day and gradually increased until it reaches 60-120 mg/day in the first stage of therapy.

During the use of methadone, the user remains to depend on the opiate physically. But methadone offers users the opportunity to change their lives to be more stable and reduce the risks associated with injecting drug use and also reduce the crimes that are often associated with addiction. And because taking methadone use reduces the use of syringes alternately, behavior that is very risky for reducing HIV and other viruses. PTRM has two choices. The first goal is to help users stop using heroin replaced with reduced methadone levels step by step over a period of time. The second goal is to reduce some of the adverse effects of injecting heroin. This option provides maintenance therapy, which provides methadone to users continuously with a dose that is adjusted so that users do not experience withdrawal symptoms (*sakaw*). Methadone is given to program clients in the form of liquid (syrup solution), taken under the supervision of PTRM every day. Every client needs a different dose, due to differences in metabolism, weight and opiate tolerance. Some time is needed to determine the right dose of methadone for each client. At first, the client must be observed every day and the reaction to the dose is assessed. The client shows signs of withdrawal, the dosage must be increased generally the program starts at a dose of 20 mg of methadone and then increases from 5 to 1 mg per day. Usually, clients stay in therapy and are able to stop using heroin at moderate to high methadone doses (60-100 mg) (Narindrani, 2017). This therapy has proven to have many benefits including reducing drug use, needle-related diseases, and crime. This treatment can also help someone work and participate in other normal social interactions.

Someone who is in need of health services, drug use wants skilled services and according to their needs the services of the effects of drug withdrawal, or programs facing addiction problems. Based on the results of interviews with Iwan (23 years) inmates, for example, prisoners in Malang Prison, expect the availability of methadone therapy services in Prison. In overcoming the effects of *sakaw*, consumption of methadone is considered to help them divert addiction to heroin. Physically, methadone does not eliminate addiction to opiates, but this can reduce the risk of drug injection practices because it is taken by drinking. Iwan said that "outside of being told by the government not to inject, his flight to methadone therapy. But later in the Prison, there was none, even though if we did not consume methadone routinely, it would not be able to consume it."

Methadone can restore the life of the user to near normal life so that the quality of life of the client is improved Compared to heroin, methadone has a longer half-life of up

to 24 hours, resulting in a more regular pattern and more time to think, weigh and work, without fear of withdrawal symptoms. Every individual has a different quality of life influenced by how he faces and handles problems that occur in his life (Anggraeni & Diniari, 2017).

Nowadays not all prisons and remand centers hold methadone maintenance therapy programs. This service is considered to be helpful for drug user inmates in an effort to reduce the risk of HIV transmission. In addition, it also avoids the risk of using syringes repeatedly. One of the inmates in Denpasar also expressed his hope that in Prison PTRM carried out the aim was to help prisoners who were drug users to overcome addiction problems (Riskiyani, 2016).

Based on the operational research report of the Directorate General of PP & PL of the Indonesian Ministry of Health and the HIV/AIDS (PPH) Research Center of Atmajaya Catholic University, it is said that to see the needs and optimize the implementation of the Methadone Maintenance Therapy Program as an HIV prevention effort in the injecting drug users group, the question The operational that arises is what strategic steps need to be taken by clients or service providers so that methadone maintenance therapy programs can be more effective in regulating the use of narcotics, preventing HIV transmission and improving the quality of life for injecting drug users. To answer this problem, the HIV and AIDS research center at Atmajaya Unika in collaboration with the Indonesian Ministry of Health has conducted operational research aimed at finding strategic problems in implementing programs that hinder the Methadone Maintenance Therapy Program to achieve its program objectives and test a strategic intervention that is expected to answer the problem.

Based on interviews with the special doctor of Narcotics in Cirebon Narcotics Prison Class II A, Pepen Jaelani, it was said that this maintenance/methadone therapy program, until this research was conducted, was no longer available, arguing that until now prisoners in Cirebon narcotics prisons class II A, not a prisoner who should be treated for addiction to the use of opioids such as heroin, morphine, and codeine. Therefore, this program is no longer operational.

Second, Therapeutic Community Program, Therapeutic Community is a community-based program based on the use of communication in the community as a method of therapy and rehabilitation. Glenn R. Hanson explained that basically, therapeutic community is rehabilitation, re-learning of normative social behavior and strengthening of social skills, life values, and emotional, physical and psychological life through rehabilitation in residential alternation is a *self-help group* of addicts strives for recovery by giving care and assistance to their partners to ensure personality together (Wulanjaya, 2013). The following is Glenn R Hanson's explanation of this:

TC's for the treatment of drugs abuse and addiction has existed for 40 years. In general TC are drug free residential settings that use hierarchical model with treatment stages that reflect increased of personal and social responsibility. Peer influence, mediated through a variety of ground process in used to help individuals

learn and assimilate social norm and develop more effective social skills. TC's differ from other treatment approaches principally in their use of the community, comprising treatment staff and those in recovery as key agents of change. This approach is often referred to as "community method" TC member interact in structured and unstructured ways to influence attitude, perceptions and associated with drug use. Many individuals admitted to TC's have a history of social functioning, education/vocational skill, and positive community and family ties that have been eroded by their substance abuse. For them, recovery involves in rehabilitation-re learning or re establishing healthy functioning, skill and values as well as regaining physical and emotional health. Other TC residence have never equired functional life styles for those people, TC is usually there first exposure to orderly living. Recovery for them involves "habilitation"- learning for the first time the behavioral skills, attitude and values associated with social living. A second fundamental TC principal is self-help. Mutual help means that individuals also asure partial responsibility for the recovery of their peers-an important aspect of an individuals own treatment (Hanson, 2002).

To support the implementation of the therapeutic community program and there are four structural categories in the therapeutic community program including the Morning Meeting program, this program is one of the main components that must be carried out every morning in initiating resident/client activities, to develop life values based on therapeutic concepts community. Morning meeting is a meeting in the morning, in this activity led by the Trustees. The activities carried out during the Morning meeting were Sharing between participants led by the Trustees in this activity. The participants shared what goals they wanted to achieve on that day.

This therapeutic community program proves that therapeutic community interventions are effective in reducing stress levels in prisoners who will return to society. This is in accordance with Brabender's research et al. (Barbender, 2014) arguing that group therapy or group therapy is one of the intervention techniques that aims to improve and solve psychological problems. This result is also supported by the advantages of group therapy itself where the therapy group subjects get calm and support because knowing many people who have similar problems, even more severe. They can also learn from other people's experiences by observing how others behave and they can assess the nature and reactions through interaction with various kinds of people, not just with therapists. With the establishment of good social relations in group therapy resulting in decreased stress on prisoners, this is consistent with research conducted by Cohen et al. (Cohen et al. 2002) stating that people who have many social ties (spouse, friends, relatives, and group members) live longer and are less prone to stress-related diseases than people who have little supportive social contact.

In addition to the benefits of the therapeutic community, the effectiveness of group therapy can reduce stress on prisoners cannot be separated from the implementation of interventions that are in accordance with the stages that should be done. These stages are the beginning stage (the beginning stage), the working stage, and the closing stage (Kottler and Brown, 1995). The following is an explanation of each of

the stages carried out in this study. First, the beginning stage. At this stage, group members and facilitators or therapists introduce themselves to each other, build an interpersonal relationship, then jointly determine the goals to be achieved, set goals and determine the rules that will be carried out during the process. In addition, therapists and group members explore and foster mutual trust between fellow group members and between group members and therapists. In this stage the therapist makes a structure so that the group can achieve the objectives of this stage and can enter the next stage. Second, the work stage, at this stage, the group members must focus on the problem and their goals to take group therapy. During this process group members also discuss problems that are a source of stress, confront inconsistencies that occur in the group therapy process, explore problems, and share personal knowledge and experiences with other group members. While the therapist keeps each group member in focus and acts according to the rules set at the initial meeting. Third, the closing stage at the final or closing stages the group members measure and evaluate what they have learned, for change, and explore their feelings during group therapy. At this stage group members must resolve previously unresolved problems, then evaluate group performance and say goodbye (Aulia, 2017).

Another thing in the problem of addiction, especially Narcotics addiction is always related to the conditions that occur in the central nervous system so often referred to as brain's disease. Because the nature of the substance that has the characteristics of depressant, hallucinogen, and stimulant for a certain time of use can result in three conditions, namely disorder (personality disorder), disease (disease due to abuse), and sickness. In addition to this, narcotics abuse will change a person's character, both cognition, behavior, emotions, psychological and social problems. In this study it can also be seen that theoretically narcotics abuse is a person whose way of thinking is not normative, low awareness of fostering normative social relations, low social empathy, they are individuals who have no emotional wealth, are intolerant of unpleasant conditions, impatient and low problems solving skills and an impersonal and moody person. The therapeutic community method was chosen because this rehabilitation model was compiled based on the studies of the individual abusers with various characteristics and consequences arising from the misuse of narcotics. The application in Cirebon Narcotics Prison Class II A is integrated into one place carried out by various services, synergic between medical, social rehabilitation and psychotherapy by involving related professions to provide relief services to clients. It can be concluded that between the theory and implementation carried out in Cirebon Narcotics Prison class II A based itself on the stages of social work services by implementing the therapeutic community method as a therapeutic modality as an appropriate intervention based on the characteristics of clients of narcotics abuse.

The four categories of changes that are expected to be realized in the therapeutic community activities are: First, changes in behavior; A distinctive feature possessed by residents is the absence of the ability to adjust to the norms that exist in their

environment, namely family, school, and society. They tend to treat norms enforced in their own groups. So that for them to do deviations from the prevailing norms are felt as usual. Negative behavior is sought to be able to change through various methods and enforcement of positive norms that have been agreed upon. Second, emotional development; Emotional stability aspects are very much considered in the therapeutic community service because generally, residents have emotional instability, irritability, laziness, self-determination, moodiness, insecurity, depression. This condition also resulted in the difficulty of the residents to adjust to normal life in society. The therapeutic community provides services and creates conditions that can direct residents to be able to control emotional stability. This can be done through individual counseling, group guidance, family counseling, encounters, and psychiatry. Third, intellectual or spiritual development; Another aspect of concern is intellectual development. Some residents may have good potential for intelligence. But sometimes it cannot develop optimally because of the problems it faces. Some of them may only have minimal education. But even so, it still strives to develop intellectually by practicing creativity, providing material related to his personal development, formal education. Fourth, work skills; In the therapeutic community the notion of skills is not solely directed at productive skill activities but is also used to foster self-confidence, instill responsibility, understanding that each job is beneficial. Furthermore, they are given productive work skills services (**Gani, 2013**).

Cirebon Narcotics Prison class II A makes the program as a center for therapy and rehabilitation programs in fostering drug addicts who aim to build awareness in prisoners to form behaviors that are valuable and in accordance with recovery. The results of research in the field show that this program can be fulfilled and bring many better changes, for example growing trust between prisoners and prison staff. This began to appear inmates able to identify and solve problems that occur in themselves in the form of self-commitment, in this case, can be seen in the following table:

Tabel 1. The success of the Therapeutic Community program fosters the trust of fellow prisoners and prison guards according to prisoners (N: 100)

Kinds of Opinions	Frequency	Percentage
(1)	(2)	(3)
No answer	11	11
Successful	61	61
Unsuccessful	28	28
Total	100	100

Source: Primary Data Processed

Based on the table above, it can be seen the success of the Therapeutic Community program in Cirebon Narcotics Prison Class II A, 61 prisoners answered successfully or 61

percent, 28 prisoners answered unsuccessfully or 28 percent, while 11 prisoners did not answer or 11 percent.

Other facts based on the interview of Head of Bimaswat Cirebon Narcotics Prison Class II A Enang Iskandi showed that related to the therapeutic community program had seen a change in prisoners that led to better behavior changes, seen in prisoners who have high religiosity, they tend to surrender and surrender everything the situation experienced during this time is the will of Allah SWT and believes God will always help His servants and bring benefits in the future. This belief makes residents more able to reduce emotions, be optimistic, and be able to solve problems calmly. The Resident claimed to be able to control emotions by getting closer to God. Self-confidence in God made sincere residents undergo punishment to get through life in prison well. This is in accordance with Suprana's opinion stating that "spiritual development activities can bring rehabilitation participants to the relationship of their faith with God through praying together, reading the Bible, and meditating together". This is the same as the method used by the coach, namely by using the love approach. So in conveying the material does not use violence, but in a way that is family-friendly, patient, and a sincere and sincere heart. The method used by the coach in the house of peace is in accordance with the opinion of Suprana who said that "the method used in spiritual development activities, in general, is the lecture method, the question, and answer method" (**Mujiati & Budiartati, 2017**).

Third, the program for guiding inmates through "community-based corrections", Community based corrections is a type of coaching program for prisoners when they undergo the remainder of their crimes they have been given the opportunity to return to the community with certain supervision or supervision. The position of narcotics prison as a subsystem in the criminal justice system can be obtained from the view that narcotics prisons are similar to prisons, in general, there are only a few different facts, including prisoners specifically for those who are subjected to narcotics abuse.

The thinking of the Community based corrections concept according to Richard W. Snarr (**Snarr, 2016**) is to refer to the social pattern of reintegration in which the pattern is to use all activities that involve the community in an effort to reintegration prisoners with the community or also referred to as a community-based correction. The pattern of reintegration is based on the idea that if someone is able to unite in a large community environment and carry out activities in the midst of the community, opportunities for legal compliance behavior have emerged.

Guidance for prisoners is not only carried out in institutional treatment but also carried out in a prison environment as long as it continues to involve the community as a whole. This pattern of social reintegration is able to change prisoners' behavior through interaction with the society. This step is to give convictions and images to prisoners, that every human being without exception has the potential - potential that can be developed as well as community groups and prisoner groups they have the potential to develop as well.

In a healthy and civilized society environment can influence positive behavior among adolescents. For example, this can be seen from the results of Keeler's (1983) research in Java and Bali cited by Satrio W. Sarwono, that the children in that place were educated to be "ashamed". Children are taught not to do something embarrassing themselves or other people. The point is to protect children from experiencing unnecessary collisions with their environment (**Hawi, 2018**).

Based on the statement above, to find out whether this Cirebon narcotics prison class IIA can use the community-based correction method that is realized in the implementation of out assimilation. Therefore, to find out the extent to which the implementation of the community-based correction method needs to be seen in the pattern of guidance carried out by class IIA narcotics prisoners whether it can show the activities of prisoners who blend (social reintegration) prisoners with the community or not.

Based on the results of interviews in the field with Head of Community and Care Guidance section (Kasie Bimaswat) Enang Iskandi, it shows that the Cirebon narcotics prison class IIA cannot carry out prisoner training using the method of community-based correction, there are a number of things behind the community-based correction program that is not implemented as follows:

First, security reasons that prisoners are worried about being able to escape. Secondly, the reason for the punishment (Punishment) other than the prison sentence but coupled with the fine, which must be paid by the prisoners who received assimilation, the fine ranged from Rp. 800,000,000 (Eight Hundred Million Rupiah) that must be paid. Third, juridical reasons, related to the substantive and administrative conditions, based on the decree of the Minister of Justice number M.01.P.K.o.10 of 1999 concerning assimilation, parole, and free leave. Article 7 paragraph (2).

Based on circular number M.01.PKo.10 of 1999 concerning assimilation, parole and leave before free, for the time being, there were exceptions of prisoners who could not be assimilated including prisoners of criminal cases of fraud, narcotics crime, terrorist acts, and acts criminal corruption. Based on the results of interviews with the head of the class IIA narcotics prison in Cirebon, it was said that prisoners experiencing narcotics and alcohol abuse were not allowed to become Community Based Corrections participants unless there were special officers who could handle narcotics and alcohol dependence.

In connection with the joint placement of narcotics prisoners with other special prisoners having a very negative and possible destructive effect, it is only natural that placement of convicted narcotics in a special narcotics prison is carried out with various facilities that can support its coaching efforts.

These facilities, among others, are in the form of officers consisting of medical officers or doctors, psychologists, social workers, coaching officers as well as security officers. This needs to be underlined that the guidance for prisoners with a security approach that has been used so far is ineffective. Because this is influenced by the work of various needs both among fellow prisoners and between inmates and officers.

Therefore, it needs to be considered so that the implementation of rehabilitation is carried out through an approach based on clinical and psychological medical approaches handled by various experts.

In line with this, the rehabilitation of narcotics prisoners not only restores the health of the user from drug dependence but also restores the concerned person in its entirety and comprehensively, therefore special prisons need to be supported by facilities and infrastructure. Placement of narcotics prisoners in special prisons can be expected that the handling and handling of narcotics crimes, especially rehabilitation for narcotics prisoners can be carried out effectively and efficiently by minimizing the minimum negative impact.

In connection with the negative impact on the joint placement of narcotics prisoners with other special prisoners according to the Head of the Cirebon Narcotics Special Prison said the positive impact and negative impact if carried out joint placement between narcotics prisoners and other special prisoners. The positive impact felt by prisoners rather than narcotics cases is only gaining *keroyalán* (form of food) which usually narcotics prisoners are more capable in their economy compared to prisoners with other cases.

As for the negative impact of joint placement between narcotics prisoners and other cases, prisoners of narcotics cases try to invite narcotics to be consumed. This is due to a solidarity between them and can expand market share for their business and create a network of new dealers if they are released from prison.

The model of mentoring narcotics prisoners through a rehabilitation program that is realized by the Indonesian criminon training program.

This criminon program is basically rehabilitation through education and training. What is done in this training is to change the paradigm of criminals to various aspects of life, including good human nature and noble values and truth. With a paradigm change, it can be ascertained that changes in attitudes and actions will also be followed.

The criminon program searches the past for a criminal who is found to have a critical moment when he is at a crossroads, from where a person's criminal career begins, namely when he loses self-esteem. If someone cannot trust himself, then at that time he becomes a threat to society, because for him it is not a problem anymore what happens to him especially to others. The other criminal perpetrators of immoral behavior are deviations that manifest themselves as soon as a person loses self-esteem and self-integrity.

The rationale for the criminon program is that it is expected that the change or rebirth of a criminal is not dependent on the punishment is given to him, but depends on the re-establishment of self-confidence in criminals. An effective rehabilitation program is one that is able to grow and restore individual confidence.

Criminon training was created to suppress criminals and drug abuse. The scope is to provide knowledge and understanding to prisoners to behave and behave construc-

tively and avoid destructive actions and criminal acts in general which results in harming themselves family and society. The criminon training program not only provides new insights but is also accompanied by exercises so participants have the necessary skills. In other words, the criminon training program can help participants grow and develop new habits.

The thought of the concept of "criminon" training according to L. Ron Hubbard is to refer to extensive studies in the fields of vitamins, minerals, and nutrients, which produce breakthroughs that provide help for drug abuse and to be more easily released from drugs without painful symptoms that usually accompany release from medicine. Hubbard in his study found that the drug residues that precipitated tissue body fat can affect someone long after he stopped using drugs (narcotics), he developed an intelligent technology to provide deposits of these toxins out of the body. A person is not advanced mentally and spiritually unless the effects of the drugs are removed. (Hubbard, 2004)

In line with the statement a Indra Rukmana agrees with Intoxication or poisoning, which is a symptom that arises due to long-term use of drugs, affecting the body and behavior. The symptoms depend on the type and how to use it, terms that are often used by addicts are *fly*, *manuk*, *teler* and *high* (Rukmana, 2012).

According to Babak Mostafazadeh in his research, said that the impact of drug users on the lungs of women and men is different. Macroscopic examination of the lungs showed that there was a statistically significant correlation between the lungs of women and men, women had more brown lung color than men. In addition, the results of the examination show that bronchopneumonia has been observed more in men than women, which may be caused by a decrease in body resistance and poor nutrition (Mostafazadeh, 2017). The results of interviews in the field with prisoners of Cirebon Narcotics Prison Class II A said that Indonesia Criminon training process in Cirebon Narcotics Prisons Class II A from the beginning to the end had been considered successful or in other words that the Criminon training in Gintung Prison Cirebon was well developed because using learning that is directly related to the assisted people in the form of face to face, besides that Criminon in Cirebon Narcotics Prison is managed in a structured manner with a neat organization. The success of Criminon Training in Cirebon Narcotics Prison Class II A can be seen in the following table:

Tabel 2. Effect of Criminon Training in Cirebon Narcotics Prisons Class II A according to the Prisoners (N: 20)

Kinds of Opinions	Frequency	Percentage
(1)	(2)	(3)
No answer	1	5
Can form behavioral and confident attitudes that have been lost due to Narcotics abuse	12	60
Can improve the quality of a positive personality and blend well with society	6	30
Total	20	20

Source: Primary Data Processed

Cirebon Narcotics Prison is committed that all Prisoners must attend the *Criminon* training program before completing their prison period and returning to the community. For this commitment, Cirebon Narcotics Prison has conducted *Criminon* Training as many as 64 batches and each class is attended by an average of 40 Assisted Citizens. Through interviews with Cirebon Narcotics Prison Class II A Kasie Bimaswat Enang Iskandi said that the purpose of the *Criminon* training was to: First, establish a person's behavioral and mental attitude, to have the confidence that had been lost due to narcotics abuse and other crimes. Second, improve the quality of positive personality and can integrate healthily with the community, obey and be aware of the law, so that they can play an active role in development. Third, Provide input to various parties who care about efforts to overcome the dangers of narcotics, psychotropic abuse and addictive substances and other criminal acts.

Briefly summarized as follows: Implementation of *Criminon* Indonesia Training is a model that needs to be developed in carrying out mental development of prisoners in the prison system in the future, given the existence of a very strategic Narcotics Prison in order to realize the objectives of the penal system.

Another thing in the system of prisoner guidance in Indonesia is currently based on Law No. 12 of 1995 concerning prisons. It is regulated through Government Regulation Number 31 of 1999 concerning Guidance and Guidance of Prisoners. In 1990, through the Decree of the Minister of Justice Number M.02-PK.04.10, a substantive system of guidance of prisoners/detainees was also established, the system of guidance carried out had not clearly distinguished the needs of each prisoner. So that the system of guidance is still very biased for men or have not distinguished patterns for other subjects such as children, women, vulnerable groups. Including unclear systems of guidance for dangerous prisoners, such as terrorism prisoners, perpetrators of sexual violence, perpetrators of serial killings, perpetrators of corruption, or drug dealers and distributors.

An important concern is that the system of guidance applied has not been based on the objective conditions of prisoners obtained through certain assessment mechanisms. Therefore, the objectives and forms of coaching are very normative and the indicators of success are difficult to determine.

Guidance carried out by Correctional Institutions, according to the formal regulations, can be divided into two programs, namely personality development and independence development. In personality coaching, prisons intervene in the psychological side, self-view, and spirituality of inmates with religious activities and counseling. While independence development is shown to prepare the capacity of prisoners in the economy when free from imprisonment, through training and work activities while in prison.

This system of guidance is generally applied to all adult prisoners, so it is very possible that the training program provided is not needed by prisoners. This is the main reason for the need for a guidance program tailored to the needs of prisoners.

Theoretical assumptions show the effectiveness of guidance is influenced by the extent to which programs are designed with regard to the needs of prisoners.

Based on the findings of this study, effective guidance is fostering that focuses on issues of drug and alcohol use and the emotions and personality of prisoners. When viewed in the conception of guidance in prisons, prioritized guidance is personality development, not independence development (Sulhin and Hendriarto, 2011).

Conclusion

First, Cirebon Narcotics Prison Class IIA in its operationalization has not been fully able to implement the existing programs, which have been met are Methadone programs, therapeutic community programs and Criminon training programs, while guidance programs involving the community (Community Based Correction For Narcotics Addicts) through an out assimilation program, it cannot be fulfilled. Cirebon Narcotics Prison class IIA must find a solution for the development of Cirebon Narcotics Prison Class IIA.

Secondly, the Criminon Indonesia Training Program in Cirebon Narcotics Prison Class IIA has developed well. Cirebon Narcotics Prison Class IIA has held this Criminon program training 64 (sixty four) times.

Suggestion

First, the implementation of prisoner mental coaching, in Cirebon Class II Narcotics Prison needs to be supported by several aspects including aspects of prison officers, the community, the prisoners themselves, and families. So that the expectations and objectives of the correctional system can be achieved, that is, can shape the attitudes and mental behavior of prisoners, so that they have the confidence that has been lost due to drug abuse.

Second, the implementation of mental prisoners through Criminon Indonesia training programs needs to be added to the philosophical education provided by the Lapas because this philosophical education can provide basic knowledge to be able to see the meaning of life. Philosophical education is expected to provide awareness for prisoners.

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