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IMPLEMENTATION OF REHABILITATION OF VICTIMS OF DRUG ABUSE ACCORDING TO LAW NUMBER 35 OF 2009 IN THE REVIEW OF MAQASID SYARIAH STUDY AT BAITU SYIFA REHABILITATION CENTER MEDAN)

Nanang Ardiansyah Lubis [1*a], Zulkarnain [2b], Ramadhan Syahmedi Siregar [3c]

[1,2,3] Universitas Islam Negeri Sumatera Utara, Medan, Indonesia

[a] nanang.gforce@gmail.com
[b] zulkarnain@uinsu.ac.id
[c] ramadhansyahmedi@uinsu.ac.id

(*) Corresponding Author
nanang.gforce@gmail.com

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ABSTRACT
This study aims to analyze the implementation of rehabilitation for drug abuse victims based on Law No. 35 of 2009 on Narcotics and the application of Sharia principles in the rehabilitation practices at Baitu Syifa Drug Rehabilitation Center, Medan. Drug abuse in Indonesia has become a critical issue with multi-dimensional impacts on health, society, economy, and law. Hence, integrating positive legal measures with Islamic values offers a strategic alternative for addressing drug-related problems humanely and effectively. Using a juridical-empirical approach and a descriptive qualitative method, this research collected data through in-depth interviews, field observation, and document analysis. The findings reveal that the rehabilitation program at Baitu Syifa complies with Articles 54 and 103 of Law No. 35/2009, emphasizing medical and social recovery for addicts and victims. Furthermore, the center incorporates Sharia principles, particularly hifzhal-nafs (protection of life) and hifzhal-'aql (protection of intellect), through spiritual activities such as congregational prayers, religious studies, remembrance (dhikr), and moral counseling. These efforts enhance the physical, psychological, and spiritual well-being of residents, supporting their reintegration into society. Nevertheless, the study identified several challenges, including inadequate facilities, lack of specialized personnel, and social stigma against former addicts. Therefore, strong collaboration between government, religious institutions, and the community is essential to create a holistic and sustainable rehabilitation system. This research contributes to the academic discourse on law and Islamic studies by emphasizing the integration of legal and spiritual dimensions in promoting human welfare, moral integrity, and national resilience.

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INTRODUCTIONS
The abuse of narcotics, psychotropic drugs, dangerous drugs, and other addictive substances (narcotics) in Indonesia is currently a serious problem and has reached a worrying level, becoming a national problem. The victims of drug abuse have spread so widely that they transcend social strata, age, and gender. Not only in urban areas but also in rural areas and across national borders, the consequences are very detrimental to individuals, society, the state,

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especially the younger generation. The negative impacts that can be caused are even greater for the life and cultural values of the nation, which ultimately can weaken national resilience (Makarao, 2003).

The increasing circulation of drugs in society and the large negative impacts and losses both economically and socially that it causes have opened the awareness of various groups to mobilize the "war" against narcotics, psychotropics, illegal drugs and other dangerous addictive substances (narcotics). It is projected that there will be an increase in social and economic costs (sosek) due to drug abuse by around 2.3 times or increasing from Rp. 63.1 trillion to 143.8 trillion in 2020. The costs incurred by the male group are much higher than those of the female group. If disaggregated, it is estimated that Rp. 56.1 trillion for personal costs *(private)* and Rp. 6.9 trillion for social costs. The *private costs* are mostly used for the costs of drug consumption (76%). While the social costs are mostly allocated for costs due to *premature death due to drugs* (78%) (Kurniyawan & Simarmata, 2025).

Based on data collected by the National Narcotics Agency (BNN), the number of drug cases increased from 3,478 cases in 2000 to 8,401 in 2004, or an increase of 28.9% per year. The number of drug crimes also increased from 4,955 in 2000 to 11,315 cases in 2004. Data in June 2005 showed that the cases increased even more sharply. Then in 2007, other data showed that there were around 3.2 million drug users in Indonesia, nationally out of a total of 111,000 prisoners, 30% were due to drug cases, drug cases have crossed gender, economic class and even age boundaries (Suparmo, 2007).

In 2011, it was estimated that the number of drug users in Indonesia was between 3.7 and 4.7 million people, or about 2.2% of the total population aged 10-59 years. It was also estimated that the rate of drug use would increase in the next few years. Projections estimated that the prevalence rate of drug users would increase by approximately 2.6% in 2013. Then, in a Survey Report on the Development of Drug Abusers in Indonesia for the 2014 Fiscal Year, it was estimated that the number of drug abusers was 3.8 million to 4.1 million people or about 2.10% to 2.25% of the total Indonesian population at risk of being exposed to drugs in 2014. When compared to the 2011 study, the prevalence rate was relatively stable (2.2%) but there was an increase when compared to the results of the 2008 study (1.9%) (Pradwika & Sokhivah, 2024).

The projected number of drug abusers is divided into three scenarios: an upward scenario, a stable scenario, and a downward scenario. In the upward scenario, the number of drug abusers will increase from 4.1 million (2014) to 5.0 million (2020). Meanwhile, in the downward scenario, it will be 3.7 million (2020). The largest number of drug abusers comes from the working class, due to their financial capabilities and high work pressure, resulting in high stress levels. Trial drug abusers have the largest proportion, especially from the student/university student group. Meanwhile, among the injection drug addict group, the pattern tends to be stable for the next 7 years. A concern for injection drug abusers is the shared use of injection equipment, which carries a high risk of contracting hepatitis and HIV/AIDS (Mintarum et al., 2024).

From a legal perspective, drug users or addicts are criminals. However, upon closer examination, many believe they are actually victims of syndicates or links in the distribution and trade of narcotics, psychotropic drugs, illegal drugs, and other addictive substances (narcotics). Addicts constitute a key market segment, often serving as repeat customers. Psychologically, they find it difficult to break free from their dependence, even though they may actually want to escape the grip of narcotics that ensnares them (Sihombing et al., 2025).

Addicts require different treatment in the criminal justice process. Based on this perspective, their punishment must also be carried out separately, with different patterns of handling, guidance, and treatment. This is where the function of state institutions becomes crucial, playing a crucial role in drug management policy. They are used to punish and also protect the large number of people who have experience using and are problematic with drugs. They also play a crucial role in efforts to reduce the negative impacts caused by drug use. Crime prevention through penal means is operationally carried out through the steps of formulating criminal law norms, including substantive *criminal* law, *procedural criminal law* , and *penitentiary criminal law* . The criminal law system will then operate through a network *called* the "Criminal Justice System ."

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According to Muladi, the "Criminal Justice System" must be seen as *"The network of courts and tribunals which deal with criminal law and its enforcement."* The Criminal Justice System contains systemic movements from its supporting subsystems, namely the Police, Prosecutor's Office, Courts and Correctional Institutions or Corrections, which as a whole are a unit that seeks to transform input *into* output *which* is the goal of the Criminal Justice System which consists of; (1) Short-term goals in the form of resocialization of criminals; (2) Medium-term goals in the form of crime prevention; and (3) Long-term goals in the form of social welfare (Ma'dika et al., 2024).

Crime prevention efforts through criminal law are essentially an integral part of social defense efforts . Social policy *can* be defined as a rational effort to achieve social welfare while simultaneously encompassing community protection. Therefore, the term *"social politics"* encompasses both *"social welfare politics"* and *"social defense politics."* These prevention efforts can broadly be carried out in two ways: penal and non-penal. Penal means use criminal law as the primary means, including substantive criminal law, formal criminal law, and the implementation of criminal penalties through the criminal justice system to achieve specific goals. These goals are short-term resocialization (reintegration) of criminals into society, medium-term crime prevention, and long-term social welfare (Laksono et al., 2024).

This increase coincided with a 79% drop in heroin prices in Europe between 1990 and 2009. A similar trend occurred in Indonesia; data released by the National Narcotics Agency (BNN) in 2011 showed an increasing trend in the number of seizures and disclosures of narcotics cases. Disclosures of 17,326 cases in 2006 increased to 26,461 cases in 2010. The increasing problem of narcotics at the national and global levels prompted the Indonesian government to amend the narcotics law in response. Law Number 35 of 2009 concerning Narcotics was passed to update the previous narcotics law, Law Number 22 of 1997 (Siburian & Suriadi, 2025).

Referring to Law Number 35 of 2009 concerning Narcotics, Article 103 regulates the authority of judges in deciding sentences for drug victims to undergo treatment and/or care through rehabilitation. Further regulations regarding the implementation of rehabilitation are regulated in Government Regulation Number. 25 of 2011 concerning the Implementation of Mandatory Reporting for Narcotics Addicts, Article 13 paragraph 4, which states that investigators, public prosecutors or judges, according to their respective levels of examination, have the authority to place drug users in medical rehabilitation and social rehabilitation institutions. This is reinforced by Supreme Court Circular Letter Number 4 of 2010 and Supreme Court Circular Letter Number 3 of 2011 as well as Attorney General Circular Letter Number SE 002/A/JA/02/2013 and supplemented by technical instructions in the Circular Letter of the Deputy Attorney General for General Crimes Number B 601/E/EJP//02/2013. This series of regulations has been structured to clearly regulate matters related to the placement of drug addicts in medical rehabilitation and/or social rehabilitation (Thomas et al., 2024).

However, it turns out that the implementation of this law is not optimal, because according to the correctional database system (SDP) of the Directorate General of Corrections, in 2013 it was recorded that 26,906 people or 38.7% of the total number of inmates in prison were drug users. The current occupancy situation in Indonesian prisons has far exceeded capacity. And according to the Correctional Database System, there are 463 prisons in Indonesia, including 13 prisons specifically designed for narcotics crimes, with a total capacity of 110,102 inmates. Data released by the Correctional Database System in January 2014 showed that the number of prison occupants reached 161,169 inmates, which means that the prisons have an excess of occupancy of 146% (Fauzan, 2018).

This condition causes serious health problems, including the risk of spreading infectious diseases such as HIV, tuberculosis, cholera, and other diarrheal diseases related to inadequate sanitation, malnutrition, and psychological disorders. The detention and imprisonment of drug users during legal proceedings by law enforcement officers is considered an appropriate effort to reduce the number of drug use, which is a form of criminalization of users (especially users). The difference in understanding between criminal problems in the criminal justice system and health problems has a major impact on the implementation of drug problem management efforts in Indonesia, related to the "mandate" to provide rehabilitation measures for abusers and/or users/addicts (Fajrian et al., 2024).

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Mental health and drug disorders are highly prevalent among prison inmates. Only about a quarter of the total inmates are free of these problems. Criminalizing drug users also opens up opportunities for increased crime. Furthermore, lack of access to resources, drug use patterns, and health disparities can also be mutually reinforcing factors.

Narcotics in the Islamic view are included in the type of intoxicating *alcohol* , and anything that is intoxicating, whether in small or large amounts, is declared haram, as stated by the Islamic jurisprudence scholar Sheikh Sayyid Sabiq, who said that the law prohibiting narcotics is likened to *alcohol* . Drinking *alcohol* and illegal drugs are very dangerous types of drinks, because they can damage human organs, including the brain's nervous system. Narcotics are also substances that can intoxicate or make someone unconscious (Romdhloni et al., 2022).

So based on this background the author is interested in conducting research at one of the Rehabilitation Institutions in Medan City that carries out social and religious rehabilitation, there needs to be further study on the implementation of the existing rehabilitation program, what things are the obstacles and/or influence the implementation of rehabilitation at the Baitu Syifa Medan Drug Rehabilitation Center, with the title "Implementation of Rehabilitation for Victims of Narcotics Abuse Based on Law Number 35 of 2009 Concerning Narcotics and Sharia Principles (Case Study at the Baitu Syifa Medan Drug Rehabilitation Center)" so that in the future it can be useful as reference material for those who read it.

METHOD

Research methodology is an activity carried out systematically to solve a problem or answer a question. It is also explained that research methodology is the use of formal scientific methods in solving problems. This research uses an empirical (sociological) juridical approach, namely a legal research method that focuses on how the law works in practice in the field. This approach is used to understand the social reality related to the application of legal norms, so that the results not only describe the normative aspects, but also show the effectiveness of law in people's lives. The type of research applied is descriptive qualitative, which aims to describe in depth the legal phenomena that occur without using data in the form of numbers, but in the form of words, actions, images, and documentation relevant to the research focus (Hamzah, 2010).

The data sources in this study consist of primary and secondary data. Primary data were obtained through interviews with Foundation administrators, caregivers, and patients or residents who are victims of drug abuse at the Baitu Syifa Rehabilitation Center. Meanwhile, secondary data were obtained from legal materials such as laws and regulations, positive law literature and Islamic law, and official documents held by the center. Data collection techniques were carried out through field observations, in-depth interviews, and documentation studies. Observations were conducted to obtain an empirical picture of the conditions and activities within the rehabilitation center environment (Azhari, 2019). In-depth interviews were conducted using a purposive sampling technique, namely selecting informants deliberately based on their relevance and competence to the research problem. These interviews aimed to obtain information regarding the forms of spiritual, intellectual, social, and economic empowerment carried out for victims of drug abuse. Documentation studies were used to examine various documents and records related to the center's programs and policies in efforts to rehabilitate and empower residents (Ali, 2008).

The collected data was analyzed qualitatively using an inductive mindset, drawing general conclusions based on specific facts found in the field. The data analysis process involved three main stages: data reduction, data presentation, and conclusion drawing. Data reduction was carried out by selecting and grouping information relevant to the research focus. Data presentation was systematic to facilitate understanding of the relationships between variables, while conclusions were drawn to identify patterns, meanings, and implications of field findings for law enforcement and the empowerment of drug abuse victims in rehabilitation centers.

RESULTS AND DISCUSSIONS

Integration of Positive Law and Sharia Principles in Rehabilitation

There is harmony between the positive legal approach and sharia principles in rehabilitation that is restorative and humane to patients. Rehabilitation at the Baitu Syifa Center in Medan is a clear example of the synergy between

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positive law and sharia values in treating victims of drug abuse. From a positive legal perspective, the implementation of rehabilitation has referred to the provisions of Article 54 of Law No. 35 of 2009, which requires drug addicts to undergo medical and social rehabilitation. This is reflected in the detoxification, counseling, and skills training programs run by the center. From a positive legal perspective, the center has fulfilled the provisions of Article 54 of Law No. 35 of 2009 concerning the obligation of medical and social rehabilitation for drug addicts. Programs such as detoxification, counseling, and life skills training are part of the social recovery that aims to restore patients' social function as members of society (Afrizal et al., 2024).

Meanwhile, an Islamic-based spiritual and moral approach complements and strengthens the recovery process. By adhering to the maqashid sharia (the principles of Islamic law), specifically the protection of the soul (hifzh al-nafs) and the protection of the mind (hifzh al-'aql), the orphanage implements an intensive religious development program, including congregational prayer, religious study, dhikr (remembrance of God), and moral guidance. This aligns with Islamic principles, which not only prohibit narcotics but also provide a way out through repentance and purification of the soul (tazkiyatun nafs).

The rehabilitation of drug abuse victims at the Baitu Syifa Drug Rehabilitation Center in Medan demonstrates the synergy between positive law (Law No. 35 of 2009) and sharia principles within a holistic recovery system. This reflects an approach that is not only legalistic, but also humanistic and spiritual. Therefore, the rehabilitation process at this center can be seen as a holistic approach, combining legal, health, social, and spiritual elements to fully restore victims (Pangestu, 2022).

The Impact of Sharia-Based Rehabilitation on Patients

Sharia-based rehabilitation has proven effective in shaping religious character and restoring victims' social functioning. Based on field data (observations and interviews), the applied sharia approach has had a number of positive impacts. regarding the patient recovery process, the effectiveness that can be seen includes:

1. **Increased Awareness and Sense of Responsibility:**
   Many patients show behavioral changes and are more open in expressing regret for their drug abuse. They recognize the impact of their actions, not only on themselves but also on their families and religion. **Patients** begin to acknowledge past mistakes and develop a strong desire to change and return to society as useful individuals.
2. **Emotional and Psychological Stability:**
   Spiritual activities such as dhikr (remembrance of God) and congregational prayer help patients find inner peace. This is crucial in reducing stress, anxiety, and the urge to relapse . Patients experience greater inner peace, self-control, and motivation after regularly participating in religious activities.
3. **Motivation for a Better Life:**
   Islamic doctrine, which teaches that repentance will be accepted if accompanied by sincere intentions, provides a strong moral motivation for patients to improve themselves. Discipline and routines improve **.** Structured religious activities foster a new, healthier and more organized lifestyle.
4. **Changes in behavior and character:**
   An Islamic-based moral approach fosters ethical behavior, such as courtesy, empathy, and avoiding negative environments. However, this effectiveness depends on the role of the guidance staff, the quality of social interactions in the orphanage, and the consistency of the spiritual development program. Without intensive and ongoing support, the spiritual approach can become symbolic and lose its substance.

This finding strengthens the argument that rehabilitation is not only carried out medically and socially, but also needs to be equipped with spiritual aspects that touch the patient's heart and deepest consciousness (Fathoni & Rohim, 2019).

Obstacles in Implementing Rehabilitation

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Even though it shows positive results, in practice the implementation of rehabilitation at Panti Baitu Syifa Medan still faces various obstacles, both internally and externally, some of which are:

1. **Human resource limitations:**
   The number of religious teachers, addiction counselors, and spiritual guides is not yet comparable to the number of patients, so this causes limitations in guidance which is often carried out collectively, not personally and/or individually.
2. **Patient background variations:**
   Not all patients have a strong foundation in religious understanding; some even refuse religious activities early in rehabilitation, cannot read the Quran, or are unfamiliar with religious practices, necessitating a flexible, gradual, and/or specialized approach.
3. **Lack of post-rehabilitation coaching and support facilities:**
   Worship facilities, classrooms, and religious learning materials are still rudimentary and do not fully support Sharia-based rehabilitation. Furthermore, after leaving the institution, many patients return to their old, drug-permissive environments without any supervision or follow-up programs from the government or their families.
4. **Societal stigma:**
   Recovered patients often experience discrimination or ostracization, which can lead them to return to drug use. Without family and community supervision, the risk of relapse is high.

Strategies and Solutions as Improvement Efforts

To improve the quality and effectiveness of legal and sharia-based rehabilitation, human resource capacity building, synergy with government agencies, and community education on Islamic rehabilitation approaches are necessary. To enhance the effectiveness of the sharia-based rehabilitation program at the Khalid Bin Walid Home, a number of strategic, sustainable and targeted steps are required. One important step is to improve training for spiritual mentors, addiction counselors, and home administrators. Mentors play a central role in shaping patients' behavioral and spiritual changes, so their competencies need to be continuously improved through regular training. This training should involve religious leaders, psychologists, and rehabilitation alumni who have successfully recovered and returned to contributing to society. The presence of alumni as mentors adds value, as they can share real-life experiences about the recovery process and post-rehabilitation challenges, which can motivate other patients to persevere in their struggle against addiction (Ariyanti & Maula, 2020).

Furthermore, a personal and humanistic religious approach is key to building a more empathetic relationship between counselors and patients. The spiritual guidance process should not be coercive or judgmental, but rather persuasive and compassionate. Presenting real-life examples of former addicts who have successfully recovered can be an effective strategy for fostering hope and confidence in patients. Furthermore, nursing homes need to actively conduct community education campaigns to reduce the stigma surrounding former drug users. Social stigma is often the biggest obstacle to patients' reintegration into their social environment. By raising public awareness, it is hoped that society will be more accepting, supportive, and provide opportunities for them to build better lives (Haifa & Oktaviana, 2024).

From an institutional perspective, cross-sector collaboration also needs to be strengthened. Institutions can forge partnerships with various parties, such as local governments, the National Narcotics Agency (BNN), the Ministry of Religious Affairs, Islamic boarding schools (pesantren), and non-governmental organizations (NGOs) working in social and empowerment sectors. This collaboration is crucial for strengthening community-based aftercare programs, including job placement and economic empowerment for rehabilitation graduates. This cross-sector support not only expands patients' social networks but also ensures the sustainability of their recovery process after leaving the institution (Hardinah et al., 2025).

Finally, the Sharia rehabilitation curriculum needs to be strengthened to make the spiritual and moral development process more systematic, measurable, and have long-term impacts. This curriculum should encompass

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aspects of spiritual development, morals, and social skills, with a structure tailored to the patient's level of understanding. Creating simple and contextual religious education modules will help patients understand Islamic teachings gradually, without feeling overwhelmed. With a focused curriculum and supportive environment, Sharia-based rehabilitation programs are expected to produce individuals who not only recover from addiction but also possess strong faith, good morals, and are ready to return to being productive members of society (Syuhrawardi & Badruddin, 2025).

Synthesis: Rehabilitation as an Islamic Restorative Approach

Based on the discussion, it can be concluded that the rehabilitation model at the Baitu Syifa Center in Medan aligns with an Islamic restorative approach, where the primary goal is not punishment, but rather the restoration of human dignity and the return of social function to drug abuse victims. This model combines medical and spiritual aspects, in line with the values of the maqashid sharia and the ideals of holistic recovery.

The integration of national law and Sharia law demonstrates that Islam and the state can work together to constructively resolve societal issues. Therefore, this model should serve as an alternative reference for other rehabilitation institutions, particularly in Muslim-majority areas, while still considering local characteristics and patient needs.

The Urgency of Revising the Narcotics Law Based on Empirical Research Findings

Law enforcement against drug abusers in Indonesia has been dominated by an incarceration approach, which has proven ineffective. Data from the Directorate General of Corrections in 2013 showed that approximately 38.7% of inmates were drug users, resulting in prison overcrowding of up to 146%.

This situation creates serious health problems, including the spread of infectious diseases and mental health disorders. Empirical research in the field also identifies various obstacles to rehabilitation implementation, particularly complex bureaucracy, limited human resources (HR), and inadequate facilities. The inconsistency of rehabilitation practices with regulations and the low level of public understanding of rehabilitation create a gap between legal objectives and actual implementation on the ground. This phenomenon supports the urgency of revising Law Number 35 of 2009 concerning Narcotics so that rehabilitation aspects are prioritized as a more humane and effective approach to overcoming drug addiction (Joharsah & Sulubara, 2025).

Synergy of the Objectives of the Law Revision with the Evidence Found

The revised Narcotics Law aims to reduce the criminalization of addicts by prioritizing medical and social rehabilitation. This is in line with research findings demonstrating the effectiveness of a holistic biopsychosocial and spiritual approach to rehabilitation.

A study at the East Jakarta National Narcotics Agency (BNN), for example, demonstrated that spiritual and religious-based rehabilitation can reduce relapse rates and improve the social reintegration of addicts. The Maqasid Sharia principle of preserving the soul and mind *(hifzh al-nafs)* and *(hifzh al-'aql)* serves as an important normative basis for strengthening religious-based rehabilitation in Indonesia's Muslim-majority society. This approach not only heals physically but also fosters morality and social awareness in patients. Law revisions need to explicitly address these aspects to improve the effectiveness of rehabilitation programs (Fauzan, 2018).

Implementation Barriers and Challenges in the Field

Although the revised law emphasizes the role of rehabilitation, implementation in the field is still marked by various challenges, namely:

a. Mandatory reporting procedures have not been implemented optimally and there is a lack of coordination between related agencies.
b. Limited rehabilitation facilities and infrastructure mean that access for addicts is still limited.

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c. Low awareness and support from families and the social stigma attached to drug addicts.

These obstacles require revision of the law accompanied by operational policies that strengthen cross-sector coordination, improve facilities, and public education and campaigns (Riduwansah et al., 2022).

Policy Recommendations Based on Research Findings

Based on the analysis of the findings, the policy recommendations that need to be used as a reference for the revision and implementation of the Narcotics Law are:

a. Improving technical regulations that facilitate the implementation of mandatory reporting and placement of addicts in rehabilitation institutions that meet standards.
b. Strengthening training and increasing professional human resources in the field of medical and social rehabilitation.
c. Encourage the integration of biopsychosocial and spiritual approaches including religious values and local wisdom in rehabilitation programs.
d. Implementing a massive educational campaign to reduce stigma and increase family and community support for addict rehabilitation.
e. Establish a sustainable rehabilitation monitoring and evaluation system to measure the effectiveness and impact of the program.

Comparison Table of Findings and Policies of the Revised Narcotics Law

Aspect	Empirical Research Findings	Narcotics Law Revision Policy and Implications
Focus of Handling	Traditional punishment is less effective, rehabilitation is a priority	Prioritizing medical and social rehabilitation; strengthening access to services
Implementation and Procedures	Complex bureaucracy, limited human resources, minimal facilities	Mandatory reporting and official rehabilitation institutions; simplification of procedures, capacity building
Holistic Approach	The effectiveness of the biopsychosocial and spiritual approaches is proven	A multidimensional approach is recommended; integration of religious and social values
Family & Community Support	Low support and high stigma	Public education and victim protection; stigma reduction campaign
Monitoring and Evaluation	Monitoring is limited and not yet sustainable	Strict supervision and continuous evaluation

Application of Sharia Principles in Rehabilitation

From an Islamic perspective, the abuse of intoxicants, including narcotics, is considered a prohibited act and falls under the category of fasaad or corruption. This prohibition is not merely to avoid sin, but also serves a broader moral and social purpose, namely preventing harm and maintaining the balance of human life in accordance with the principles of maqashid sharia. One of the main objectives of maqashid sharia is hifzh al-nafs, or safeguarding the soul. Islam places the human soul as something very precious and must be protected. The use of narcotics, which can damage physical and mental health, clearly contradicts this principle. Therefore, rehabilitation efforts for addicts are not only a form of medical treatment, but also part of the implementation of hifzh al-nafs, namely maintaining and restoring a person's life and health to return to their natural human nature (Riduwansah et al., 2022).

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In addition to preserving the soul, Islam also emphasizes the importance of hifzh al-'aql, or the preservation of reason. Reason is a gift from God that distinguishes humans from other creatures and is the primary tool for understanding revelation and managing life. Drug abuse impairs the function of reason, causing a person to lose self-control, and even alienating them from moral and spiritual values. Therefore, in a Sharia-based rehabilitation approach, the recovery process focuses not only on the physical aspects but also on restoring awareness, the ability to think clearly, and sensitivity to religious values (Joharsah & Sulubara, 2025).

In this context, the principles of repentance (returning to Allah), tazkiyatun nafs (purification of the soul), and islah (self-improvement) serve as the primary spiritual foundations of the rehabilitation process. Repentance provides an opportunity for each individual to correct past mistakes with hope and without despair. Tazkiyatun nafs serves as a process of cleansing oneself from the destructive impulses and behaviors that lead to delusion. Meanwhile, islah emphasizes the importance of change for the better, both in one's relationship with Allah and with one's fellow human beings. Thus, a Sharia-based rehabilitation approach not only seeks medical healing but also guides individuals toward a comprehensive spiritual transformation—from the darkness of sin to the light of awareness and a meaningful life.

Implementation of Islamic Practices at the Baitu Syifa Drug Rehabilitation Center

The rehabilitation program at the Baitu Syifa Drug Rehabilitation Center encompasses more than just medical and social recovery, but also spiritual purification . The rehabilitation program at the Khalid Bin Walid Center implements a comprehensive sharia approach through various religious activities designed to foster spiritual awareness, discipline, and positive character in patients. One of the main activities is congregational prayer and religious guidance, where each patient is required to attend the five daily prayers in congregation, led by a religious teacher or religious officer at the center. These activities not only aim to cultivate worship as a ritual obligation, but also to cultivate discipline, order, and a sense of community. Following the prayer, a seven-minute lecture, or kultum, is typically held, covering light material on morals, motivation, and Islamic values relevant to the patient's recovery process.

Furthermore, dhikr (remembrance of God) and spiritual guidance are an important part of the psychiatric therapy at the center. Every morning and evening, patients are encouraged to recite dhikr and engage in self-reflection (muhasabah). This activity serves as a means of self-awareness of past mistakes and strengthens commitment to change for the better. Dhikr also serves as a form of spiritual therapy that helps calm the heart, stabilize emotions, and reduce anxiety that often arises during rehabilitation.

The next program is Quranic recitation and interpretation, held regularly to deepen the patients' religious understanding. The recitation material includes interpretations of verses on repentance, prohibitions on consuming alcohol, and commands to refrain from bad deeds. Furthermore, the stories of the prophets and companions who experienced life's trials serve as inspiration for patients to rise above adversity. Islamic values that foster a spirit of self-recovery and optimism are also emphasized, providing them with a new direction and purpose after undergoing rehabilitation (Syuhrawardi & Badruddin, 2025).

Furthermore, there is a moral education and character-building program aimed at fostering positive behavior in daily life. Patients are taught proper manners in speaking, respecting their parents, interacting with others, and maintaining personal and environmental hygiene. This development process is carried out through direct role models from mentors (ustaz), group discussions, and motivational lectures that foster a spirit of Islamic living. Patients' attitudes and behaviors are also evaluated daily to assess the extent of positive changes (Iguchi et al., 2002).

Through this series of activities, the sharia approach at the Khalid Bin Walid Home not only functions as religious therapy, but also as a means of comprehensive personality reconstruction — forming spiritual awareness, strengthening morals, and preparing patients to be able to return to society as healthy, disciplined, and noble individuals.

Effectiveness of Sharia Approach in Rehabilitation

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Based on observations and interviews with administrators and patients, the sharia approach has been shown to have a significant positive impact on the rehabilitation process at the Khalid Bin Walid Home. This approach is able to increase self-awareness and foster positive guilt among patients. Many of them admitted to regretting past actions, but not in the form of mentally devastating regret, but rather as a motivation to improve themselves and live a better life. Furthermore, Islamic teachings, which emphasize God's nature as All-Forgiving, provide hope and a renewed enthusiasm for life for patients, motivating them to change and avoid returning to old habits. Regularly practicing prayer and dhikr routines also play a vital role in fostering discipline and inner peace, helping patients become more focused and calm, and reducing anxiety and stress associated with recovery from addiction. Furthermore, the sharia approach also promotes better social reintegration, as through moral development and religious understanding, patients are better prepared to return to their families and communities with positive behavior. However, the effectiveness of this approach still depends on several important factors, such as the individual's commitment to the program, the duration of the training, and continued support from the family and community after the patient leaves the institution.

Challenges in Implementing Sharia Rehabilitation

Several challenges emerged in implementing sharia principles in the rehabilitation process at the Khalid Bin Walid Home. One major obstacle was the diverse religious backgrounds of the patients. Not all patients had a strong religious education, and some even came skeptical of the spiritual approach implemented in the rehabilitation program. Furthermore, the limited number of religious counselors was also a barrier. The number of ustaz (religious counselors) or religious advisors available was still not commensurate with the number of patients, so the counseling process was conducted more collectively than individually. Another significant challenge was the lack of post-rehabilitation support. After leaving the home, some patients returned to an environment less conducive to spiritual and behavioral recovery, increasing the risk of relapse. Furthermore, religious facilities and resources remained limited, such as limited prayer rooms and religious learning materials, despite the intensive spiritual program at the home.

CONCLUSION

Based on the results of research on the implementation of rehabilitation for victims of drug abuse at the Baitu Syifa Medan Drug Rehabilitation Center, it was found that the rehabilitation program implemented was in line with the provisions of Article 54 of Law Number 35 of 2009 concerning Narcotics, which emphasizes the importance of medical and social rehabilitation for victims of abuse. The rehabilitation process at this center includes detoxification, counseling, life skills training, and mental and social development integrated with a religious approach. The application of sharia principles, especially maqashid sharia such as hifzh al-nafs (protecting the soul) and hifzh al-'aql (protecting the mind), has been proven to strengthen the moral and spiritual dimensions of patients through congregational prayer activities, dhikr, recitation of religious studies, and motivation for repentance. This approach not only fosters religious awareness and inner peace, but also helps restore self-control and overall motivation for patients' lives.

The research results show that the integration of a positive legal approach and sharia principles at the Baitu Syifa Rehabilitation Center in Medan has had a positive impact on changing patients' behavior and spiritual awareness, making it a restorative and humane rehabilitation model. However, several obstacles remain, such as limited spiritual guidance staff, diverse patient religious backgrounds, minimal post-rehabilitation support, and the social stigma attached to former drug users. Therefore, this law- and sharia-based rehabilitation model can serve as a reference in developing a more holistic, equitable, and human dignity-restoring national rehabilitation policy.

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