

**LEGAL ASPECTS OF HEALING THERAPY PROGRAM
METHADON (PTRM)
TO HEALTH PERSONNEL AND PATIENTS
AT THE REGIONAL HOSPITAL DR. DJASAMEN SARAGIH
PEMATANG SIANTAR CITY**

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ABSTRACT

Drugs (narcotics, psychotropics, and dangerous drugs) have basically been used by mankind for a long time. Many types of narcotics and psychotropics provide great benefits when used properly and correctly. In the field of medicine, narcotics and psychotropic substances can cure various diseases and end suffering. This indicates, drugs do not always have a bad impact. The problem arises when drugs are abused and used excessively. The problem of drug use disorders (narcotics, psychotropics and other addictive substances) is a complex problem whose management involves many scientific fields, both medical and non-medical. Drug use disorders are very complex bio-psycho-socio-cultural problems that need to be addressed in a multidisciplinary and cross-sectoral manner in a comprehensive and consistent program. This is in accordance with the provisions of Law Number 35 of 2009 concerning narcotics in article 54. Djasamen Saragih Regional General Hospital Pematang Siantar City is one of the hospitals that participate in carrying out medical rehabilitation and social rehabilitation through the Methadon Maintenance Therapy Program (PTRM). In this case, from the applicable law, the MMT program is adequate although it needs improvements both in the ability of health workers, both patient non-compliance in undergoing the program and the participation of local governments in supporting the improvement of the ability of health workers in the MMT program and the need for implementing this program with spiritual therapy.

Keywords: Metahdon Maintenance Therapy Program, Health Workers and patients

INTRODUCTION

Narcotics (narcotics, psychotropics and other dangerous substances) have been used for a long time by mankind. Many narcotics and psychotropic substances are of great benefit to human life if used properly, especially in the field of medicine, which can cure disease and end human suffering. Especially in Indonesia in the Aceh area. and other Sumatrans grow a lot of marijuana which is used for daily food ingredients. The problem arises when drugs are abused and used excessively. The impact of drug abuse is that it can cause a person to become addicted to drugs continuously, whereas when used excessively it can cause overdose and death. Problems with drug use disorders (narcotics, Psychotropics and other addictive substances) is a complex problem covering the fields of medical and non-medical

science and is a complex bio-psycho-socio-cultural problem that needs to be tackled in a multidisciplinary and cross-sectoral manner and requires a comprehensive (comprehensive) treatment consistently. The use of narcotics that is often used is heroin which is used by injecting the narcotics by injection into the body.

So in this case, methadone therapy appears which is a special therapy for the use of opiate substances by injection, in the form of a transfer from heroin abuse which belongs to group I (prohibited use for therapy) to use methadone which belongs to group II (commonly used for therapy). This substitution therapy is one of the efforts to reduce harm caused by drug abuse, especially drug abuse using syringes or called the Injecting Drug User (IDU), in order to avoid infectious diseases and treat addictions for drug addicts who are now addicted to drugs. known as the Methadone Maintenance Therapy Program (PTRM). The Methadon Maintenance Therapy Program (PTRM) was started from the results of trials conducted by WHO which found the cause of the increase in HIV/AIDS cases, which was mainly due to the use of drugs by indiscriminate exchange of needles. increasing in Indonesia, especially in Jakarta and Bali. Therefore, The World Health Organization (WHO) is collaborating with the Indonesian government, namely the Ministry of Health (DEPKES) to conduct a pilot project in the form of a Methadone Maintenance Program for heroin substitution, initially in 2 hospitals in Indonesia. Likewise, the implementation of the Methadon Maintenance Therapy Program at Dr. Djasamen Saragih Hospital which has been established and opened in 2012 also has a positive impact on the patient even though there are various obstacles faced. Legal Aspects of Health Workers and Patients in the Methadon Maintenance Therapy Program (PTRM) at RSUD Dr.Djasamen Saragih, Pematang Siantar City.

CONCEPTUAL FRAMEWORK

Conceptual framework is a description of how the relationship between the concepts to be studied. A concept is a word that expresses a generalized abstraction of certain phenomena. In this case, sharpen and formulate a definition in accordance with the title concept, it is necessary to have a definition to be explained in this paper, namely about legal aspects, health workers, patients, PTRM and hospitals.

DISCUSSION

I. LEGAL EFFECTIVENESS THEORY.

According to Lawrence Meir Friedman, the success or failure of law enforcement depends on 3 things called the Legal System which consists of:

1. Legal substance
2. Legal structure/Legal Institution
3. Legal Culture

Soerjono Soekanto argued that the effectiveness of the law is all efforts made so that the existing law in society really lives and for a regulation to really live there are three elements that must be met, namely:

1. The law applies juridically
2. Law applies sociologically
3. The law applies philosophically

II. LEGAL FRAMEWORK AND MECHANISM OF METADHOONE METADONE THERAPY PROGRAM (PTRM) BY HEALTH PERSONNEL FOR PATIENTS.

a. History of the Methadone Maintenance Therapy Program

According to Kepmenkes RI No.494/Menkes/SK/VII/2006 Methadone is a strong synthetic opioid agonist and is well absorbed orally. The chemical structure of methadone was first produced in 1930 by a team of German scientists who were looking for a painkiller (analgesic) that would not be as addictive as morphine. In 1937, two scientists, Max Bockmühl and Gustav Ehrhart, discovered a synthetic substance they called Hoechst 10820 or polamidone. In the early 1960s Dr Dole who is a metabolic specialist at Rockefeller University and Dr Marie Nyswandern who is a psychiatrist specializing in addiction started their research to find drugs that can be used to maintain addicts. unknown on the black market. In addition to having a good effect on therapy, methadone also has several side effects, including sleep disturbances, nausea and vomiting, constipation, dry mouth, sweating, vasodilation and itching, irregular menstruation, gynecomastia and sexual dysfunction in men, as well as fluid retention and weight gain. weight. However, this side effect is not experienced by many people who have used heroin. MMT therapy performed by women will also have Effects such as Changes in the menstrual cycle or interval in the cycle, Pregnancy complications if the user reduces the dose level during pregnancy. Methadone is probably one of the safest drugs with only few side effects which usually subside after stabilization or dose adjustment during pregnancy. first year of treatment. There are no reports of people being allergic to methadone. The current theory is that methadone has a half-life of 24-48 hours, but is only effective for pain relief for 4-6 hours. The onset of effects of methadone occurs about 30 minutes after the drug is taken. Peak concentrations achieved after 3-4 hours after taking methadone. The mean half-life of methadone is 24 hours. Methadone reaches steady levels in the body after 3-10 days of use. After stabilization is achieved, the variation in blood concentrations of methadone is not too large and suppression of withdrawal symptoms is easily achieved. The MMT program was officially launched in 2006 and the national guidelines for its implementation are regulated in Ministry of Health Regulation 494/Menkes/SK/VII/2006. The onset of the effects of methadone occurs about 30 minutes after taking the drug. Peak concentrations are reached after 3-4 hours after methadone is taken. The average half-life of methadone is 24 hours. Methadone reaches steady levels in the body after 3-10 days of use. After stabilization is achieved, the variation in blood concentrations of methadone is not too large and suppression of withdrawal symptoms is easily achieved. The

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b. Legal Framework/Rules and Mechanisms of Methadone Maintenance Therapy Program (PTRM) by Health Workers for Patients.

PTRM or the abbreviation of Methadone Maintenance Therapy Program is the activity of giving liquid methadone in oral dosage form (taken by mouth). To patients as a replacement therapy for opioid addiction they usually use. for the risks of using injecting heroin, improving quality of life, and increasing the confidence of addicts to change from risky behavior to less risky or less risky users. Quitting or reducing drug use is the most basic way to reduce the risk of HIV transmission caused by injecting drug use. . The focus of drug dependence therapy is to provide a variety of options, that can support the recovery process through the necessary skills and prevent relapse. In Indonesia, MMT has been developed into one of the HIV and AIDS prevention programs for injecting drug users since 2006 through Minister of Health Regulation 494/Menkes/SK/VII/2006. As of September 2014, there have been 87 MMT services in PKM and hospitals and 18 MMT services in correctional institutions in Indonesia. 46 In DKI Jakarta alone, there are 18 MMT services spread over 5 areas with a total of IDUs accessing these services amounting to a total of 18 2,457 (Ministry of Health, 2013). Based on the Minister of Health Regulation No. 57 of 2013 concerning Guidelines for the Implementation of Methadone Maintenance Therapy Programs, it is stated that the purpose of MMT in general is to reduce the adverse health, social and economic impacts of IDUs.

- a. Reducing the risk of contracting or transmitting HIV and other blood-borne diseases (Hepatitis B and C).
- b. Minimizes the risk of overdose and other health problems.
- c. Switching from an injected substance to a non-injectable substance.
- d. Reducing risky injecting drug use, such as sharing injecting equipment, sharing various types of injecting drugs (polydrug use), injecting tablets or filtering them first.
- e. Reduce the urge and need for addicts to commit crimes.
- f. Provide referral and treatment counseling.
- g. Helping IDUs stabilize their lives and return to the general community

According to Law No. 35 of 2009 Narcotics Addicts and victims of Narcotics abuse are required to undergo medical rehabilitation and social rehabilitation.

Medical rehabilitation of Narcotics Addicts is carried out in hospitals appointed by the Minister. Certain rehabilitation institutions organized by government agencies or the public can carry out medical rehabilitation for addicts Narcotics after obtaining the approval of the Minister.

Narcotics addicts who are old enough are required to report themselves or be reported by their families to public health centers, hospitals, and/or medical rehabilitation and social rehabilitation institutions appointed by the Government to receive treatment and/or treatment through medical rehabilitation and social rehabilitation. The legal basis for the implementation of MMT in health care facilities is Law No. 35 of 2009 which is regulated through the Regulation of the Coordinating Minister for People's Welfare No. 02/Permenko/Kesra/I/2007 concerning the National Policy on HIV/AIDS Control and the Decree of the Minister of Health of the Republic of Indonesia No.494 /Menkes/SK/VII/2006 concerning Guidelines for MMR in Hospitals and Trial Satellites. Methadone therapy program is carried out in the long term, because it is called the Methadone Maintenance Program (PRM).

III. LEGAL PROCEDURES IN HANDLING METADONE HEALTH THERAPY PROGRAM (METADONE) BY HEALTH PERSONNEL FOR DRUGS ADDICTIVE PATIENTS IN THE REGIONAL GENERAL HOSPITAL DR. DJASAMEN SARAGIH PEMATANG SIANTAR.

a. Definition of Narcotics

Narcotics or Narcotics and Drugs (dangerous substances) is a term that is often used by law enforcement and the public. Narcotics are said to be hazardous materials not only because they are made of chemicals but also because of their properties that can harm the user if used contrary to or against the law. Narcotics , Psychotropics and Addictive Substances is a medical term for a group of substances which if entered into the human body can cause dependence (addictive) and affect the working system of the brain (psychoactive). This includes types of drugs, materials or substances whose use is regulated by laws and other legal regulations as well as those that are not regulated but are often misused, such as Alcohol, Nicotin, Caffeine and Inhalants/ Solvents. So the term that is actually more appropriate to use for this group of substances that can affect the working system of the brain is NAPZA (narcotics, psychotropics and addictive substances) because this term refers more to the terms used in the Narcotics and Psychotropic Laws. Considering how great the danger of abuse is. With these narcotics, it is necessary to remember some of the legal bases applied to the perpetrators of this narcotics crime. 8 of 1981 concerning the Criminal Procedure Code, Law of the Republic of Indonesia No. 7 of 1997 concerning Ratification of the United Nation Convention Against Illicit Traffic in Narcotic Drug and Pshychotriphic Suybstances 1988 (UN Convention on the Eradication of Illicit Traffic in Narcotics and Psychotherapy, 1988), and RI Law no. 35 of 2009 concerning Narcotics as a substitute for the Republic of Indonesia Law no. 22 of 1997.

b. Definition and Types of Rehabilitation

1. Rehabilitation

According to article 1 number 23 of the Criminal Procedure Code, rehabilitation is "the right of a person to obtain restoration of his rights in his ability, position, and dignity as well as given at the level of investigation, prosecution or trial because he was arrested, detained, prosecuted or tried without any reason based on law or law. because of an error regarding the person or the law applied according to the method regulated in this law. Rehabilitation is a form of sentencing that aims as a recovery or treatment. The integrated service and rehabilitation process for narcotics abusers, both medical rehabilitation and social rehabilitation, must meet human resources who meet the requirements or criteria, because overcoming narcotics abusers is not an easy thing, This is because it requires special skills and expertise. According to Soeparman, rehabilitation is a semi-closed facility, meaning that only certain people with special interests can enter this area. Rehabilitation for Prisoners in Correctional Institutions provides training and skills and knowledge to avoid Narcotics. From the above understanding it can be concluded that rehabilitation is one of the efforts to restore and restore conditions for drug abusers and victims of narcotics abuse so that they can return to carrying out their social functionality, namely being able to carry out activities in society normally and fairly. regulation, (2), Article 48 paragraphs (1) and (2), Article 49 paragraphs (1), (2), (3), Article 50 and the Decree of the President of the Republic of Indonesia Number 17 of 2002, concerning the National Narcotics Agency. According to Nahili Muli, the easy group affected by drugs are as follows:

a. Primary Group

This group is a group experiencing mental problems, where the cause can be due to anxiety, depression and inability to accept the reality of life that is lived.

b. Secondary Group

The secondary group is a group of those who have anti-social nature. His personality is always in conflict with the norms of society. His egocentric nature is very strong in him.

c. Tertiary Group

The tertiary group is a reactive dependency group, usually occurs in adolescents who are unstable and easily influenced by environmental conditions, as well as those who are confused about finding their identity apart from possible threats from certain parties to participate in taking drugs.

The first and third groups need serious treatment and incentives, while the second group in addition to therapy must also undergo imprisonment according to the size of the offense committed. The implementation of therapy here aims to get healing for prisoners so that they are free from drug dependence as in the purpose of treatment is to get the desired treatment effect (therapeutic effect). The therapeutic effect is the goal for the patient to be cured. The problem of drug abuse, psychotropic, and other addictive substances (NAPZA) or popular terms known to the public as drugs (narcotics and hazardous substances/drugs) is a very complex problem that requires comprehensive efforts to overcome it by involving multidisciplinary cooperation and active community participation which is

carried out continuously, consistently, , and consistent. The increasing number of victims of narcotics abusers makes the role of therapy and rehabilitation for narcotics victims become important and strategic. For this reason, the field of therapy and rehabilitation is asked to proactively continue to seek breakthroughs so that their role becomes effective. as an individual.

2. Types of Rehabilitation

- a. Social Rehabilitation
- b. Medical Rehabilitation.

c. Procedure for the Implementation of Medical Rehabilitation for Victims of Narcotics Abuse

Medical rehabilitation is a process of integrated treatment activities to free addicts from narcotics dependence. Social rehabilitation is a process of integrated recovery activities, both physically, mentally and socially, so that former narcotics addicts can return to carrying out their social functions in social life. Medical rehabilitation for narcotics addicts is carried out in hospitals appointed by the Minister. In addition, certain rehabilitation institutions organized by government agencies such as Narcotics Prisons and Regional Governments may carry out medical rehabilitation for narcotics abusers after obtaining approval from the Minister. Thus, for medical rehabilitation for drug addicts who use needles, a series of therapies can be given to prevent transmission, including transmission of HIV/AIDS through needles under strict supervision from the Ministry of Health. Likewise, the community can carry out medical rehabilitation for narcotics addicts after obtaining approval from the minister. However, for now, law enforcement against addicts does not always use penal facilities, because of the necessity of rehabilitation for addicts who report themselves to certain agencies receiving reports as stipulated in Article 54 of Law Number 35 of 2009 concerning Narcotics. In accordance with the National Police Chief's Telegram Number 701 of 2014 it is determined that applications for rehabilitation for addicts and victims of narcotics abuse with the status of suspects must be submitted in writing. addicts who are undergoing a judicial process can be placed in medical rehabilitation and/or social rehabilitation institutions". Furthermore, in paragraph (4) it is determined that "determination of the rehabilitation of addicts becomes the authority of investigators, public prosecutors and judges after obtaining recommendations from a team of doctors". Article 13 paragraph (3) states that "addicts who are undergoing a judicial process can be placed in medical rehabilitation and/or social rehabilitation institutions". Furthermore, in paragraph (4) it is determined that "determination of the rehabilitation of addicts becomes the authority of investigators, public prosecutors and judges after obtaining recommendations from a team of doctors". Article 13 paragraph (3) states that "addicts who are undergoing a judicial process can be placed in medical rehabilitation and/or social rehabilitation institutions". Furthermore, in paragraph (4) it is determined that "determination of the rehabilitation of addicts becomes the authority of investigators, public prosecutors and judges after obtaining recommendations from a team of doctors".

d. Procedure for Handling Methadone Maintenance Therapy Program (PTRM) by Health Workers for Drug Addict Patients at Dr. Regional General Hospital. Djasamen Saragih, Pematang Siantar City.

A person who will follow methadone maintenance therapy will generally go through the stages of acceptance, initiation and stabilization, and maintenance. There are also additional procedures if a person wants a dose change, complications with other drugs (eg ARVs) or wants to stop therapy systematically. In Permenkes No. 57/2013 therapeutic procedures that must be carried out by PTRM service providers are the Acceptance Stage, Initiation Stage, Stabilization Stage, Home Stage, Methadone Discontinuation Phase, Patient monitoring and drop out criteria. From a clinical perspective, the initial dose when someone accesses methadone is 20-25 mg and will be increased gradually over time until the patient feels comfortable. The maximum limit for increasing the dose for a week is 50 mg. If the client still wants to increase the dose will be asked to stay and during the next week the dose will be increased periodically. The client's average dose if not taking other drugs is 90-120 mg. For clients who take drugs such as ARVs and TB drugs, the dose will be higher and can even reach 300 mg. For a stable dose, each patient can be different and adjusted to the patient's condition, because some doses are given as much as 200 mg and some even reach doses up to 500 mg. The dose will continue to be increased until the patient feels comfortable and stable. The rules for giving Take Home Doses (THD) or take-home drugs are given to clients who have accessed MMT services between 3-6 months, are in stable condition, and have negative urine test results. Usually THD is given to clients who are already working, sick, or patients who are going out of town. However, before giving the dose, the patient must be able to provide the necessary supporting documents. However, this THD is also given to the patient as a form of appreciation for the behavioral changes that have been shown.

IV. LEGAL ASPECTS OF METHADON HOSPITALITY THERAPY PROGRAM FOR DRUGS ADDICTIVE PATIENTS AT THE DJASAMEN SARAGIH REGIONAL GENERAL HOSPITAL, PEMATANG SIANTAR CITY

a. Constraints faced in the Methadon Maintenance Therapy Program (PTRM) for Drug Addict Patients at the Dr.Djasamen Saragih Regional Hospital, Pematang Siantar City

The obstacles faced in the implementation of MMT are the lack of Health Workers serving the MMT program, then the lack of understanding of the Health workers towards the patient's condition and the patient's non-compliance in undergoing therapy.

b. The Effectiveness of Methadone Maintenance Therapy (PTRM) Program Against Drug Addict Patients At Dr. Regional General Hospital. Djasamen Saragih, Pematang Siantar City

If we examine the effectiveness of MMT services at the Regional General Hospital, Dr. Djasamen Saragih Pematang Siantar City cannot be separated from what benchmarks will be used to measure something that has been running effectively or not. To measure it, it can use the limits of 2 (two) experts who have expressed their opinion above, namely the opinion of Lawrence M. Friedman and also Soerjono Soekanto. What will be discussed first are the limitations of effectiveness proposed by Lawrence M. Friedman, which are as follows:

1. Legal Substance Review

If it is related to the regulations issued related to PTRM, it has been explained above that there are several regulations such as BNN Regulation Number 11 of 2014, Minister of Health Regulation 494/Menkes/SK/VII/2006, and Minister of Health Regulation Number 57 of 2013 concerning PTRM. So for this PTRM program, if viewed from a legal substance perspective, it can be said to have been effective.

2. Legal Structure Review

To measure the effectiveness of MMT services at the Regional General Hospital Dr. Djasamen Saragih, when viewed in terms of effectiveness, in terms of the legal structure, this cannot be said to be effective because there is no synergistic collaboration between these institutions. Even though these institutions should have worked together so that the implementation of this methadone therapy can be successful.

3. Legal Culture Review

Legal culture is related to the behavior of each individual, both law enforcement officers and society in general. Legal culture in MMT services for drug addicts at the Regional General Hospital Dr. Djasamen Saragih in Pematang Siantar City is said to have not been effective and needs to improve its legal culture.

This is due to several things, namely the legal culture built by health workers as servants in this PTRM and then patients who become clients. 3 parts, namely:

1. Law legally valid

In this case, referring to Law Number 12 of 2011 concerning the Establishment of Legislative Regulations, regulations such as the National Narcotics Agency Regulation Number 11 of 2014, the Minister of Health Regulation Number 494/Menkes/SK/VII/2006, and Minister of Health Number 57 of 2013 about PTRM already refers to the law. Then, from a juridical point of view, this can also be studied through the process of forming a regulation where when viewed from the formation procedure of the regulation, every regulation passed by the government is in accordance with its formation. In terms of service for drug

addicts at the Regional General Hospital Dr. Djasamen Saragih, Pematang Siantar City has complied with the established regulations because each handling procedure still refers to positive law.

2. Law applies sociologically

This study of the sociological effectiveness of the law means that the implementation of a regulation can be accepted by the community. Djasamen Saragih in Pematang Siantar City has not been running effectively. This is because the services provided by the medical personnel at the hospital are still not in accordance with the regulations made by the government. Even though the Regional General Hospital Dr.

3. Law apply philosophically

Talking about philosophy means talking about the nature of the law, which is the aspired foundation for the formation of law in society. Djasamen Saragih, Pematang Siantar City is said to be far from being effective. One thing that the law aspires to is the existence of an order in society so that prosperity is obtained in a country.. However, in terms of service to victims of covid 19 this is still not in accordance with the ideals of the regulations that have been set, where each policy has the aim of suppressing the growth rate of drug users and also reducing the death rate due to narcotics abuse, but the services provided are not in accordance with what is aspired to.

CONCLUSIONS

The legal framework/rules and mechanism for the methadone maintenance therapy program (PTRM) by health workers for patients are the Republic of Indonesia Law Number 35 of 2009, concerning Narcotics, Ministry of Health Regulation 494/Menkes/SK/VII/2006, and Minister of Health Regulation No. 57 of 2013 concerning Guidelines for the Implementation of the Methadone Maintenance Therapy Program. The legal procedure in handling the methadone maintenance therapy program (PTRM) by health workers for drug addicts at the Regional General Hospital Dr. Djasamen Saragih, Pematang Siantar City, among others, based on Article 54 of the Republic of Indonesia Law Number 35 of 2009, that narcotics addicts and victims of narcotics abuse are required to undergo social rehabilitation and medical rehabilitation so that former narcotics addicts can return to carrying out social functions in social life. The legal aspects of the methadone maintenance therapy (PTRM) program for drug addicts at the Dr. Djasamen Saragih, Pematang Siantar City. When viewed from a legal perspective that regulates MMT, it is quite adequate, but in its implementation in the field there are still obstacles, namely the lack of health workers to serve MMT, lack of understanding of health workers on the patient's condition.

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