



Implementation of Rehabilitation Policy for Drug Addicts by the National Narcotics Agency Jakarta

Emka Farah Mumtaz¹, Kusworo², Baharuddin Thaher³, Tjahjo Suprajogo⁴

^{1,2,3,4} Government Science, Institut Pemerintahan Dalam Negeri (IPDN)

¹mumtaz.emka@gmail.com, ²kusworo@ipdn.ac.id, ³baharudinthaahir@ipdn.ac.id, ⁴zubakhrum_tjenreng@ipdn.ac.id

ARTICLE INFO

Research Paper

Article history:

Received: 25 August 2025

Revised: 5 September 2025

Accepted: 10 November 2025

Keywords: policy implementation, drug rehabilitation, BNNP DKI Jakarta, Grindle model,

ABSTRACT

The study focuses on evaluating the effectiveness of rehabilitation programmes, identifying supporting and inhibiting factors, and formulating recommendations for strengthening drug policy in Indonesia. A descriptive qualitative approach was employed, using Grindle's policy implementation model as the analytical framework. Data were collected through in-depth interviews, direct observations, and document analysis. Informants were selected through purposive and snowball sampling, consisting of policy makers, policy implementers, and rehabilitation beneficiaries. The data were analysed through reduction, presentation, and conclusion drawing in line with the Miles and Huberman model, with validity ensured through triangulation of sources, methods, and time. The findings reveal that although the rehabilitation policy is supported by strong legal frameworks such as Law No. 35/2009 and SEMA No. 4/2010, its implementation remains constrained by limited resources, weak inter-agency coordination, and persistent social stigma against drug users. This study contributes to the literature by addressing the provincial-level implementation gap in Indonesia's drug rehabilitation policy.

This work is licensed under a Creative Commons Attribution-Non Commercial 4.0 International License.

INTRODUCTION

Drug abuse has become a global phenomenon affecting nearly all countries worldwide. According to the United Nations Office on Drugs and Crime (UNODC), more than 35 million people suffer from drug use disorders, with an estimated 284 million people aged 15–64 having consumed drugs in 2020 (UNODC, 2020; UNODC, 2022). Indonesia has emerged not only as a major consumer market but also as a significant transit hub for international drug trafficking. Consequently, President Joko Widodo declared the country in a state of “narcotics emergency,” underlining the extraordinary crime status of drug abuse. This condition is reflected in the increasing national prevalence rate, which reached 1.95% in 2021, equivalent to more than 3.6 million users nationwide. Jakarta, as the nation's capital, remains the most vulnerable region with the highest number of narcotics cases. In 2023, DKI Jakarta recorded 5,352 drug-related cases with 7,127 suspects, surpassing other provinces such as North Sumatra, East Java, and West Java. The city's urban environment, along with the emergence of “drug-prone areas” such as Kampung Ambon and Kampung Bahari, exacerbates the situation. This condition demonstrates that narcotics abuse is not only a legal or health issue but also a serious social problem affecting public

safety, productivity, and social cohesion.

The Indonesian government has enacted Law No. 35 of 2009 on Narcotics, which recognizes drug addicts as both offenders and victims, thereby allowing rehabilitation as an alternative to imprisonment. Moreover, Supreme Court Circular (SEMA) No. 4 of 2010 provides further guidance on classifying drug possession for personal use and determining eligibility for rehabilitation. Despite these legal frameworks, in practice, many drug users are still criminalized rather than rehabilitated, leading to prison overcrowding and ineffective reintegration of addicts into society. Several previous studies have analyzed drug policy and rehabilitation practices in Indonesia and beyond. For example, Nusa (2022) highlighted collaborative governance in narcotics eradication, while Hadiansyah and Rochaeti (2022) emphasized challenges in rehabilitating juvenile drug offenders. Ramdlonaning and Zulfa (2023) identified inconsistencies in policy implementation, showing that many users eligible for rehabilitation were still incarcerated. Meanwhile, Revina (2022) discussed the rehabilitation strategy toward “Zero Prevalence” in Lampung, and Purwanto et al. (2019) revealed structural limitations in rehabilitation services in West Nusa Tenggara. These studies underline the importance of rehabilitation but also point to barriers such as limited facilities, lack of standardized procedures, low public awareness, and stigma.

Nevertheless, most existing research has focused either on legal frameworks or general policy implementation at the national level. Few studies have paid specific attention to the implementation of rehabilitation policy at the provincial level, particularly in DKI Jakarta, which consistently records the highest prevalence and cases of narcotics abuse. The gap between written regulations and actual practices in rehabilitation remains underexplored, especially regarding institutional roles, supporting factors, and obstacles in the field. Given this context, it is crucial to examine how the rehabilitation policy for drug addicts is implemented by the National Narcotics Agency of DKI Jakarta (BNNP DKI Jakarta). This research aims to analyze the implementation process, identify enabling and inhibiting factors, and formulate recommendations for improving rehabilitation services. The study contributes to the literature by addressing the implementation gap at the provincial level, thereby providing insights into strengthening drug policy and rehabilitation mechanisms in Indonesia’s most critical region.

LITERATURE REVIEW

Research on the implementation of drug addict rehabilitation policy requires an interdisciplinary approach, incorporating the fields of government studies, public policy, public organisation, and a substantive understanding of narcotics and rehabilitation itself.

Government Studies

Government science focuses on how the state manages power and serves the public. Wilson (1919) and Mac Iver (1947) emphasised that government is a form of organisation established to regulate society, while Appleby (1951) and Frederickson & Smith (2015) highlighted the significance of structure, process, and public service in governance. Ndraha (2005) viewed government institutions as ethical and moral entities responsible for fulfilling the public's needs.

Public Policy Implementation

Policy implementation is a complex process that determines the success of a programme. According to Mazmanian & Sabatier (1983), implementation consists of a series of activities occurring after a policy is established. Edwards III (1980) identified four key factors in implementation: communication, resources, disposition of implementers, and bureaucratic structure. Grindle (1980) underlined the

importance of political and administrative contexts, while top-down and bottom-up approaches offer differing perspectives on how policies are executed.

Policy Implementation Models

Implementation models assist in explaining the relationships among various elements of policy execution. Maranda (2018) identified three generations of implementation models: top-down, bottom-up, and hybrid. The hybrid model is considered the most adaptive, as it combines both governmental and community roles. Grindle (1980) argued that successful implementation depends on actors, resources, and the broader socio-political context.

Public Organisations

Public organisations are government entities tasked with delivering public services. Frederickson & Smith (2003) stated that such organisations operate within legal and policy frameworks. Key characteristics include task complexity, accountability demands, and a social service orientation (Dwiyanto, 2005; Denhardt & Denhardt, 2000). The National Narcotics Agency (BNN) serves as an example of a public organisation with strategic functions in drug abuse prevention and rehabilitation.

Narcotics and Drug Abuse

According to Law No. 35 of 2009, narcotics are substances that can impair consciousness and lead to dependency. Drug abuse is influenced by biological, psychological, and social factors (Joewana, 1989; Nurdin, 2007). The progression of abuse typically includes experimentation, habitual use, addiction, and eventual dependency (Heriani, 2014).

Drug Addict Rehabilitation

Rehabilitation aims to restore addicts' ability to function normally in society. Law No. 35 of 2009 divides rehabilitation into medical and social components. Rehabilitation programmes may involve detoxification, psychosocial therapy, vocational training, and post-rehabilitation support. The success of such programmes relies on the professionalism of implementers, adequate facilities, and strong support from families and communities (Apriyansyah, 2010; Hawari, 2011).

METHOD

This study employs a descriptive qualitative approach aimed at gaining an in-depth understanding of the implementation of narcotics addicts' rehabilitation policies at the National Narcotics Board of DKI Jakarta Province. This approach was chosen as the focus of the research lies in exploring social phenomena and policies that cannot be measured quantitatively. Data were collected through direct observation, in-depth interviews, and document analysis to obtain a comprehensive overview. The analysis is based on Grindle's (2017) policy implementation model, which emphasises two main aspects: policy content (objectives, benefits, resources, implementers, and decision structures) and implementation context (power, interests, institutional characteristics, and implementers' responses). This framework serves to assess the effectiveness of the rehabilitation policy and to identify both obstacles and supporting factors in its implementation. The research informants were selected using purposive sampling for policy makers and implementers, and snowball sampling for narcotics addicts as policy recipients. In total, 15 informants were involved, consisting of policy makers (the Governor of Jakarta, Commission III of the House of Representatives of the Republic of Indonesia, and Commission A of the Jakarta Regional House of Representatives), policy implementers (the Head of the National Narcotics Board of Jakarta Province, the rehabilitation division, doctors, counsellors, and P2M officers), and policy recipients (the head of the private rehabilitation centre Ashefa Griya Pusaka

and six addicts undergoing medical rehabilitation). The unit of analysis covered structural, functional, and interactional aspects among the actors to understand how the policy was formulated, implemented, and received. To ensure data validity, this study employed triangulation of sources, methods, and time as recommended by Miles and Huberman, by comparing information obtained from different informants, interviews, observations, and documentation at different times. Data analysis was conducted through three main stages: data reduction, data presentation, and thematic conclusion drawing, allowing the findings to be organised systematically, explored in depth, and presented with a high degree of credibility.

Results and Discussion

Data Collection Process in Detail

The process of data collection in this study involved a combination of in-depth interviews, direct observation, and documentary analysis. A total of 15 informants were selected, representing three key groups: policy makers (Governor of DKI Jakarta, DPR RI Commission III, DPRD DKI Jakarta), policy implementers (Head of BNNP DKI Jakarta, rehabilitation division officials, doctors, and counsellors at Klinik Pratama BNNP, as well as private rehabilitation institutions), and policy beneficiaries (individuals currently undergoing or having completed rehabilitation).

Two techniques of sampling were applied: purposive sampling for policy makers and implementers, and snowball sampling for addicts as policy beneficiaries. Purposive sampling was deemed appropriate to target those with direct authority and institutional knowledge of policy formulation and implementation, while snowball sampling facilitated the recruitment of addicts who often remain hidden due to stigma and legal concerns.

In addition to interviews, direct observation was conducted in rehabilitation clinics, especially at Klinik Pratama BNNP DKI Jakarta, and community-based interventions in high-risk areas such as Kampung Boncos, Kampung Permata, and Kelurahan Bahari. These areas are nationally recognised as narcotics “hotspots” and serve as strategic sites for observing the real-time implementation of policy interventions.

Documentary analysis complemented the field data by reviewing legal and policy frameworks, such as Law No. 35/2009 on Narcotics, Government Regulation No. 25/2011 on Mandatory Reporting, Circular of the Supreme Court (SEMA) No. 4/2010, and BNN internal regulations. Media reports, BNN press releases, and local government announcements were also analysed to validate the alignment between official narratives and actual practice.

This multi-method approach ensured that data collection captured structural, functional, and interactional aspects of the rehabilitation policy process, from legislative frameworks to frontline practices and the lived experiences of beneficiaries.

Important Findings and Interview Results

The findings can be divided into three main clusters: (1) policy content and interests, (2) supporting and inhibiting factors, and (3) envisioned changes and model development.

1. Policy Content and Stakeholder Interests

The analysis of policy content shows that Indonesia’s rehabilitation framework rests on a strong legal foundation, particularly Law No. 35/2009, which positions addicts as victims entitled to medical and social rehabilitation. This principle is reinforced by Government Regulation No. 25/2011 on Mandatory Reporting and BNN Regulation No. 11/2014 on Rehabilitation Standards

Interviews with policy makers highlighted a tension between restorative intentions and punitive judicial practices. The Governor of DKI Jakarta emphasised government commitment to supporting rehabilitation initiatives, especially in narcotics-prone areas. By contrast, a member of DPR RI Commission III criticised the Supreme Court Circular (SEMA No. 4/2010) for introducing gram-based evidence thresholds that often criminalise users rather than placing them in rehabilitation. Similarly, members of DPRD DKI Jakarta demanded stronger BNN presence in their constituencies to address public unrest. Policy implementers, including the Head of BNNP DKI Jakarta, described rehabilitation as an investment in humanity and national security, aligning with the principle of restorative justice. Technical officers, such as clinic managers, stressed the integration of multiple ministries (BNN, Ministry of Health, Ministry of Social Affairs, Ministry of Law and Human Rights) and the role of the One-Stop Service (PTSP) in licensing. Frontline perspectives further revealed the dual purpose of rehabilitation: restoring individuals and reducing systemic social harms such as crime. This demonstrates that policy implementation aligns with Grindle's "Interest Affected" theory, where multiple actors with diverse stakes directly influence the policy process

2. Supporting and Inhibiting Factors

From interviews and field observations, several supporting factors were identified:

- a. Legal and institutional support from national laws and regulations.
- b. Competent human resources when trained and adequately funded.
- c. Family and community support, especially through aftercare programmes that assist reintegration.
- d. Private sector and NGO involvement, with institutions such as Bahtera Adiksi Indonesia providing affordable and community-based services

However, the study also uncovered significant inhibiting factors:

- a. Budgetary constraints due to government austerity measures, leading to reduced medical supplies, limited therapy facilities, and curtailed services.
- b. Human resource shortages, with counsellors often managing more than ten clients simultaneously, reducing the quality of care.
- c. Institutional overlaps, particularly between BNN and the Ministry of Health, creating confusion and administrative stagnation.
- d. Social stigma, where addicts are seen as criminals rather than patients, obstructing both treatment-seeking behaviour and social reintegration.
- e. Weak local government involvement, with some Jakarta districts lacking their own BNNK (local branches), making access to rehabilitation uneven.

These challenges reflect what Grindle highlights as the importance of context in policy implementation: without adequate resources, coordination, and societal acceptance, even well-designed policies risk underperformance

3. Envisioned Change and Model Development

The interviews also revealed an ambition for systemic transformation. The Head of BNNP DKI Jakarta envisioned rehabilitation not merely as detoxification, but as a pathway to empowerment, with former addicts becoming productive members of society. This aligns with broader calls for paradigm shifts from punishment to restoration and empowerment

The Governor of DKI Jakarta echoed this by noting a gradual societal shift in viewing addicts as patients rather than criminals, though continued anti-stigma campaigns and access expansion are needed. Legislators stressed the need for regulatory harmonisation and stronger budgetary commitments.

Drawing from these findings, the study proposes a Neo-Grindleian on Drugs model, which extends Grindle's framework by integrating four pillars: bureaucratic capacity, political commitment, socio-cultural approaches, and digital technology. The model further articulates six dimensions of an ideal

implementation system: robust regulation, collaborative institutions, effective resource use, active community engagement, continuous evaluation, and long-term sustainability

Validation of Data

To ensure data validity, the study employed triangulation of sources, methods, and time.

1. Source triangulation: Cross-checking perspectives among governors, legislators, BNN officials, clinic staff, private rehabilitation managers, and clients. For example, budget constraints reported by BNNP officials were confirmed by doctors and reflected in the testimonies of patients who faced inconsistent medical services.
2. Method triangulation: Comparing interview data with field observations and documentary evidence. The claim that Kampung Boncos was a narcotics hotspot, for instance, was validated by media reports, government press releases, and observed anti-narcotics campaigns.
3. Time triangulation: Repeated interviews at different times to test consistency. Criticism of the Supreme Court's SEMA emerged across interviews with legislators, BNN officials, and rehabilitation managers, indicating a sustained and widely acknowledged policy tension.

All the collected data were subsequently analysed using the Miles and Huberman data analysis model, which comprises three main stages: data reduction, data display, and conclusion drawing. In the data reduction stage, the information obtained was selected and focused on key issues relevant to the implementation of rehabilitation policy. Next, in the data display stage, the refined information was organised into thematic narratives, tables, and charts to facilitate understanding. The final stage was conclusion drawing, in which the thoroughly analysed data were used to identify patterns, relationships, and policy implications.

Through this process of validation and analysis, the research findings can be confirmed to possess high credibility and to provide a comprehensive picture of the reality of narcotics rehabilitation policy implementation in Jakarta. Furthermore, this study successfully formulated a more comprehensive implementation model, namely the *Neo-Grindleian on Drugs*, which integrates regulatory, institutional, social, and technological dimensions in an effort to improve the rehabilitation system in Indonesia, particularly within BNNP DKI Jakarta.

Conclusion

Overall, the results demonstrate that the implementation of rehabilitation policy in Jakarta operates at the intersection of strong legal frameworks, institutional challenges, and social realities. While the policy is supported by law and political rhetoric, its effectiveness is constrained by limited resources, bureaucratic overlaps, and enduring stigma. Nevertheless, significant opportunities exist. The growing role of private institutions, community engagement, and digital innovations point towards a more adaptive and holistic approach. The Neo-Grindleian on Drugs model proposed by this study provides a conceptual framework for achieving this transformation, ensuring that rehabilitation evolves from mere recovery to empowerment and social reintegration.

REFERENCES

- (2017). *Politics and Policy Implementation in the Third World*. Princeton University Press.
- Appleby, P. H. (1951). *Public Administration for a Welfare State*. Washington, DC: Public Affairs Press.
- Bogie et al. (2022). Collaborative Governance Analysis in Eradication of Narcotics in the Province of the Special Capital Region of Jakarta. *Budapest International Research and Critics Institute-Journal (BIRCI-Journal)* Volume 5, No 1, February 2022, Page: 4715-4724. <https://shorturl.at/alDrL>
- Denhardt, J. V., & Denhardt, R. B. (2003). *The New Public Service: Serving, Not Steering*. Armonk,

- NY: M.E. Sharpe.
- Edwards, G. C. (1980). *Implementing Public Policy*.
- Frederickson, H. G., Smith, K. B., Larimer, C. W., & Licari, M. J. (2015). *The Public Administration Theory Primer*. Hachette UK.
- Grindle, M. S. (1980). *Public Choices and Policy Change: The Political Economy Of Reform In Developing Countries*. London: The Johns Hopkins University Press.
- Hadiansyah & Rochaeti. (2022). Penerapan Rehabilitasi Terhadap Anak Penyalahguna Narkotika. *Jurnal Pembangunan Hukum Indonesia* Volume 4, Nomor 1, Tahun 2022 , halaman 1-13. <https://ejournal2.undip.ac.id/index.php/jphi/article/view/13542/6835>
- Hawari, D. (2011). *Petunjuk Praktis Terapi (Detoksifikasi) Miras dan Narkoba (NAZA)*. Jakarta: Badan Penerbit FKUI.
- Joewana, S. (1989). *Gangguan Penggunaan Zat: Narkotika, Alkohol dan Zat Adiktif Lain*.
- Mac Iver, R. M. (1947). *The Web of Government*. (Second printing).
- Mazmanian, D. A., & Sabatier, P. A. (1983). *Implementation and Public Policy*. Scott Foresman.
- Ndraha, T. (2005). *Kybernologi: Sebuah Rekonstruksi Ilmu Pemerintahan*.
- Purwanto et al. (2019). Implementasi Rehabilitasi Terhadap Penyalahguna Narkotika (Studi Di Rumah Sakit Jiwa dan Badan Narkotika Nasional Provinsi Nusa Tenggara Barat). *Jurnal Education and development Institut Pendidikan Tapanuli Selatan* Volume 7 no. 2. <https://journal.ipts.ac.id/index.php/ED/article/view/1131/475>
- Ramdlonaning dan Zulfa. (2023). Analisis Kebijakan Rehabilitasi Bagi Penyalahguna Narkotikadi Indonesia. *Jurnal Ius Constituendum* Volume 8 Nomor 1. <https://journals.usm.ac.id/index.php/jic/article/view/6119/pdf>
- Revina et al. (2022). REHABILITASI PENYALAHGUNAAN NARKOBA MENUJU ZERO PREVALENSI (Studi Pada Badan Narkotika National Provinsi Lampung). *Ijtihad: Jurnal Hukum dan Ekonomi Islam*, Volume 16 Nomor 2. <https://shorturl.at/DNX0w>
- UNODC. (2003). *A Manual on Monitoring and Evaluation for Alternative Development Projects*. UNODC.
- UNODC. (2018). *International Standards on Drug Use Prevention: Second updated edition*. UNODC .
- Wilson, W. (1919). *The State*.