



## Implementation of narcotics rehabilitation policy in reducing addict addiction at the national narcotics agency of dki jakarta province

**Emka Farah Mumtaz**  
Institut Pemerintahan  
Dalam Negeri (IPDN)  
Indonesia.

**Kusworo**  
Institut Pemerintahan  
Dalam Negeri (IPDN)  
Indonesia.

**Baharuddin Thaher**  
Institut Pemerintahan  
Dalam Negeri (IPDN)  
Indonesia.

**Tjahjo Suprajogo**  
Institut Pemerintahan  
Dalam Negeri (IPDN)  
Indonesia.

---

### Article Info

#### Article history:

Received: 05, 01, 2026

Revised: 18, 02, 2026

Accepted: 12, 03, 2026

#### Keywords:

Drug Dependence;  
Institutional Capacity;  
Narcotics Rehabilitation;  
Policy Implementation;  
Public Stigma.

---

### Abstract

Narcotics abuse has emerged as a multidimensional governance challenge that requires a balanced approach between enforcement and rehabilitation, particularly in complex urban contexts. This study aims to analyze the implementation of narcotics rehabilitation policy at the National Narcotics Agency of DKI Jakarta Province, focusing on how policy is operationalized, the factors influencing its effectiveness, and its outcomes in reducing drug dependency. A qualitative case study approach was employed, utilizing in-depth interviews, observations, and document analysis to capture the interaction between institutional, structural, and socio-environmental dimensions. The findings reveal that although rehabilitation is formally prioritized within the policy framework, its implementation remains constrained by inconsistencies in operational interpretation, limited institutional resources, fragmented inter-agency coordination, and varying organizational commitment. In addition, socio-environmental factors, particularly stigma and uneven public awareness, significantly hinder access to rehabilitation services. The study further demonstrates that these dimensions operate in an interconnected and systemic manner, where weaknesses in one aspect reinforce challenges in others, ultimately shaping uneven policy outcomes. While the policy has contributed to increasing awareness and supporting recovery efforts, its long-term effectiveness remains dependent on the alignment of implementation factors. Theoretically, this study advances policy implementation literature by integrating regulatory, institutional, and socio-cultural dimensions into a comprehensive analytical framework. Practically, it offers strategic insights for improving rehabilitation policy through enhanced operational clarity, capacity strengthening, coordination mechanisms, and stigma reduction. Overall, this study provides a critical and contextually grounded understanding of how rehabilitation policies can be implemented more effectively to achieve sustainable and humane outcomes in narcotics governance.

---

**To cite this article:** Mumtaz, E, F., Kusworo., Thaher, B., Suprajogo, t. (2026). Implementation Of Narcotics Rehabilitation Policy in Reducing Addict Addiction at The National Narcotics Agency of Dki Jakarta Province. *Al Qodiri: Jurnal Pendidikan, Sosial dan Keagamaan*, 24(01), 163-174.

---

## INTRODUCTION

Narcotics abuse has evolved into a complex cross-national and cross-sectoral public policy issue with far-reaching implications for social resilience, public health, and national productivity. It is no longer appropriate to frame narcotics solely as a legal violation; rather, it must be understood as a multidimensional socio-health crisis requiring integrated policy responses (Hammond, 2025; Svampa, 2019). Global evidence demonstrates the scale and persistence of this problem, with approximately 35.6 million individuals suffering from drug use disorders and around 284 million people aged 15–64 reported to have used drugs within a single year (Chen et al., 2025; Dongying et al., 2025). More recent global assessments further emphasize the increasing complexity of drug markets, including the diversification of substances and the expansion of synthetic drugs, which complicate policy responses (Caluzzi & Norman, 2026; Cordell, 2024). These dynamics indicate that narcotics are not a marginal concern but a structural governance challenge that requires evidence-

---

\* Corresponding author:

Emka Farah Mumtaz et al, Institut Pemerintahan Dalam Negeri (IPDN) Indonesia.  
[mumtaz.emka@gmail.com](mailto:mumtaz.emka@gmail.com)

based, adaptive, and humane policy interventions. In this context, rehabilitation has increasingly been positioned as a strategic instrument that prioritizes recovery, dependency reduction, and social reintegration rather than punishment alone (A. Song & Jiang, 2025; G. S. Song Jize Jiang, Apei, 2026). This shift reflects a broader transformation toward more balanced and sustainable governance approaches in drug policy (Almeman, 2024; Mani & Goniewicz, 2024). Therefore, examining how rehabilitation policies are implemented becomes essential to determine whether this normative shift is realized in practice or remains largely rhetorical.

In Indonesia, the narcotics problem presents a particularly complex configuration, as the country functions simultaneously as a large market and a transit route within international drug trafficking networks (Kristanto et al., 2024; Pratama et al., 2024). This dual position intensifies the threat posed by narcotics to national security, human capital development, and long-term socio-economic stability. The declaration of Indonesia as facing a “drug emergency” during the early administration of President Joko Widodo underscores the severity and urgency of this issue (Baker & Nasrudin, 2024). Such a designation implies that conventional enforcement-based strategies are insufficient and must be complemented by preventive and rehabilitative approaches (Bajwa et al., 2025). However, recent studies suggest that many countries, including Indonesia, continue to struggle with balancing punitive and therapeutic approaches in practice (Arifin et al., 2023; Lubis, 2023). This tension reflects a deeper institutional and governance challenge in translating policy design into effective implementation. Consequently, narcotics governance in Indonesia requires a more integrated framework that prioritizes recovery-oriented strategies while maintaining enforcement against trafficking networks.

The urgency of this issue is further reinforced by the increasing prevalence of narcotics abuse at the national level. Data from the National Narcotics Agency indicate that prevalence rose from 1.80% in 2019 to 1.95% in 2021, representing approximately 3.6 million individuals in the productive age group (Humas BNN, 2025; Sulistyorini, 2024). Rather than signaling improvement, this trend suggests a persistent and potentially expanding problem (Abouelesa & Helmy, 2024; Fayshal, 2024). Contemporary research highlights that rising prevalence is often associated with gaps in policy implementation, particularly in reaching vulnerable populations and ensuring access to treatment services (Mehl et al., 2025; Mody et al., 2024). From a public policy perspective, high prevalence reflects not only demand-side dynamics but also the limited effectiveness of existing intervention instruments (Fitri & Yusran, 2020). This indicates a disconnect between policy objectives and actual outcomes. Therefore, analyzing rehabilitation policy requires moving beyond normative frameworks toward a more implementation-oriented perspective that evaluates effectiveness, accessibility, and institutional performance.

Beyond prevalence, the socio-economic consequences of narcotics abuse further underscore the importance of effective policy intervention. Drug abuse has been shown to reduce productivity, weaken workforce participation, and increase economic dependency, ultimately undermining national development (Ali et al., n.d.). In Indonesia, the concentration of drug abuse within the 25–49 age group—representing the most economically productive segment—magnifies its impact on economic resilience (Golose, 2023). Additionally, recent studies emphasize that drug abuse contributes to broader social costs, including increased healthcare expenditure, crime rates, and social disintegration (Caliman & Berryessa, 2025). These multidimensional impacts highlight that narcotics policy is not merely a legal issue but a critical component of human development strategy. Consequently, evaluating rehabilitation policy becomes essential for assessing the state’s capacity to protect both individual well-being and long-term socio-economic sustainability.

From a spatial perspective, the concentration of narcotics cases in urban centers, particularly DKI Jakarta, introduces additional layers of complexity. As the capital city and economic hub, Jakarta is characterized by high population mobility, dense social networks, and intense economic activity, all of which increase its vulnerability to drug trafficking and abuse (Guay & Cawi, 2021). Urban environments also shape patterns of access, stigma, and engagement with rehabilitation services (Bhat et al., 2025; Walters et al., 2022). Recent urban policy studies further indicate that metropolitan areas often face greater challenges in coordinating multi-agency responses and ensuring equitable access to public services (Townley et al., 2025; Varzeshi et al., 2025). These conditions make Jakarta a strategically important case for examining how rehabilitation policies are implemented under conditions of high demand, institutional complexity, and social diversity. Therefore, studying this

context provides valuable insights into the interaction between policy design and real-world implementation.

Although Indonesia has established a relatively comprehensive legal framework for narcotics rehabilitation, significant implementation challenges persist. Law Number 35 of 2009 and related regulations formally recognize drug-dependent individuals as victims eligible for rehabilitation (Hidayataun & Widowaty, 2020). However, empirical evidence suggests that punitive approaches continue to dominate in practice, often limiting access to rehabilitation services (Humas BNN, 2021). This phenomenon is consistent with broader findings in policy implementation studies, which highlight the gap between formal regulations and operational realities (Sager & Gofen, n.d.). Furthermore, institutional factors such as bureaucratic capacity, inter-agency coordination, and frontline decision-making significantly influence policy outcomes (Izzudin, 2024). Access barriers, including stigma, cost, and lack of awareness, further complicate the implementation process (Nasution, 2024). These findings indicate that the core issue lies not in regulatory design but in the effectiveness and consistency of policy implementation at the institutional level.

Despite a growing body of research on narcotics policy, significant gaps remain in the literature. Previous studies have predominantly focused on legal frameworks, criminal justice approaches, or prevalence analysis, with limited attention to the institutional dynamics of rehabilitation policy implementation (Palupi & Lissimia, 2021). Moreover, few studies have examined how regulatory frameworks, institutional capacity, public perception, and service accessibility interact within a single analytical framework. This limitation is particularly evident in high-pressure urban contexts such as DKI Jakarta, where policy complexity is significantly amplified. Additionally, existing research rarely integrates both structural and behavioral dimensions of policy implementation, resulting in fragmented understanding. This study addresses these gaps by adopting a more comprehensive and integrative approach to analyzing rehabilitation policy implementation. By doing so, it contributes to bridging the divide between normative policy design and empirical policy outcomes.

Based on these considerations, this study aims to analyze the implementation of narcotics rehabilitation policy at the National Narcotics Agency of DKI Jakarta Province. Specifically, it seeks to examine how the policy is operationalized in reducing drug dependence, identify the key supporting and inhibiting factors, and develop a more effective implementation model. Theoretically, this study contributes to the advancement of policy implementation literature by providing an integrated analysis that combines regulatory, institutional, and socio-cultural dimensions. Practically, it offers insights for improving rehabilitation services, strengthening inter-agency coordination, and enhancing public trust in implementing institutions. By focusing on a high-complexity urban context, this study provides a nuanced understanding of how rehabilitation policies function under real-world constraints. Ultimately, it is expected to support the development of more effective, humane, and sustainable narcotics governance strategies.

## METHOD

This study employs a qualitative research design using a case study approach to examine the implementation of narcotics rehabilitation policy at the National Narcotics Agency of DKI Jakarta Province. A qualitative approach is appropriate for this study because it enables an in-depth exploration of complex social processes, particularly those related to policy implementation, institutional interaction, and contextual dynamics that cannot be adequately captured through quantitative methods. Policy implementation is inherently multidimensional, involving interactions between actors, structures, and environmental conditions, which require interpretive analysis to be meaningfully understood. The case study approach allows the researcher to investigate these dynamics within a real-life institutional setting, providing detailed insights into how policy is translated into practice. This approach is widely recognized for its capacity to bridge the gap between policy design and empirical reality while maintaining contextual sensitivity (Yin, 2018). Furthermore, qualitative inquiry facilitates the identification of underlying mechanisms that shape policy effectiveness, making it particularly suitable for public policy research (Creswell & Poth, 2018). Therefore, this design ensures both analytical depth and contextual relevance.

The study is conducted at the National Narcotics Agency of DKI Jakarta Province, which represents a strategically significant context for examining policy implementation. Empirical data indicate that DKI Jakarta consistently records the highest number of narcotics-related cases and suspects compared to other regions, reflecting a high level of policy pressure and implementation complexity. The metropolitan characteristics of Jakarta, including population density, socio-economic diversity, and high mobility, further intensify the challenges of rehabilitation policy implementation. These conditions influence access to services, institutional coordination, and public perceptions of rehabilitation programs. At the same time, Jakarta functions as a central administrative hub, making it a critical site for analyzing how national policies are operationalized at the regional level. The selection of this site is therefore based on both empirical relevance and theoretical significance, allowing the study to capture policy implementation under complex and high-demand conditions.

Data collection in this study utilizes both primary and secondary sources to ensure analytical richness and triangulation. Primary data are obtained through in-depth, semi-structured interviews with purposively selected informants who possess relevant knowledge and experience related to policy implementation. Purposive sampling is employed to ensure that participants are selected based on their direct involvement, expertise, and institutional roles in the rehabilitation policy process, which is consistent with qualitative research principles emphasizing information-rich cases (Patton, 2015). The informants include policymakers, institutional officers, rehabilitation practitioners, and, where accessible, individuals who have interacted with rehabilitation services. To enhance transparency, the profile of informants is presented in Table 1. Secondary data are collected through document analysis, including legal frameworks such as Law Number 35 of 2009 on Narcotics, Supreme Court Circular Letter Number 4 of 2010, institutional reports, statistical publications, and official documents such as the Indonesia Drug Report 2024. The integration of multiple data sources strengthens the credibility and robustness of the findings.

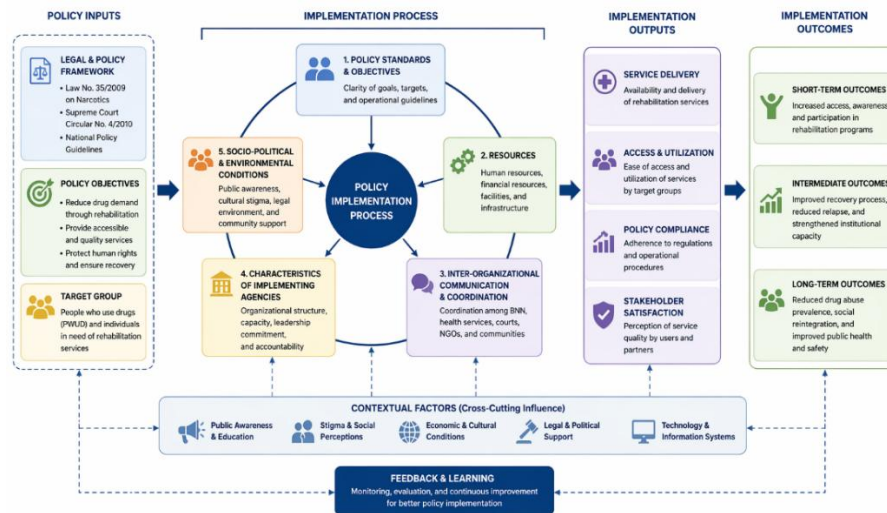
**Table 1.** Profile of Research Informants

| Code | Role/Position                   | Relevance to Policy Implementation                  |
|------|---------------------------------|---|
| I1   | Policy Maker                    | Responsible for policy formulation and coordination |
| I2   | Institutional Officer           | Involved in policy execution at agency level        |
| I3   | Rehabilitation Practitioner     | Directly engaged in service delivery                |
| I4   | Program Staff                   | Supports operational implementation                 |
| I5   | Service User (where accessible) | Provides experiential perspective on rehabilitation |

The research instruments consist of a semi-structured interview guide, an observation guide, and a document review matrix, which are designed to capture both normative and empirical dimensions of policy implementation. The interview guide is developed based on key dimensions of policy implementation, including policy standards, institutional roles, inter-agency coordination, resource availability, service accessibility, and implementation barriers. The semi-structured format allows for consistency across interviews while enabling flexibility to explore emerging issues in depth. The observation guide is used to document institutional practices, service delivery processes, and interaction patterns within the rehabilitation context, allowing the researcher to capture behavioral and operational aspects that may not be fully expressed in interviews. Meanwhile, the document review matrix provides a systematic approach for analyzing regulatory texts, institutional reports, and statistical data, ensuring that document analysis is conducted in a structured and replicable manner. These instruments collectively support comprehensive data collection and methodological rigor.

The analytical framework of this study is grounded in policy implementation theory, particularly the model proposed by Van Meter and Van Horn, which emphasizes the interaction between policy standards, resources, communication, characteristics of implementing agencies, and the socio-political environment. This framework is further strengthened by contemporary perspectives that highlight the importance of governance quality, institutional capacity, and inter-organizational coordination in determining policy effectiveness (Hill & Hupe, 2022). The integration of these theoretical perspectives allows the study to examine both structural and behavioral dimensions of policy implementation. To enhance clarity and analytical coherence, the framework is

visualized in Figure 1, illustrating the relationship between key implementation variables and policy outcomes within the rehabilitation context.



**Figure 1.** Analytical Framework of Policy Implementation

(Description: The framework illustrates the interaction between policy standards, resources, inter-organizational communication, characteristics of implementing agencies, and socio-environmental conditions, which collectively influence implementation outputs and outcomes in narcotics rehabilitation policy.)

Data analysis is conducted using thematic analysis, which enables the systematic identification and interpretation of patterns within qualitative data. The analysis follows an iterative process involving data familiarization, coding, theme development, and interpretation. Coding is conducted using a combination of deductive and inductive approaches, where deductive coding is guided by the theoretical framework, while inductive coding allows new themes to emerge from the data. The identified themes are then organized into analytical categories such as institutional capacity, access barriers, stigma, coordination challenges, and service effectiveness. Thematic analysis is widely recognized for its flexibility and rigor in qualitative research, particularly in exploring complex social phenomena (Braun & Clarke, 2021). This approach ensures that the findings are both empirically grounded and theoretically informed.

To ensure the trustworthiness of the findings, this study applies several validation strategies, including credibility, dependability, and confirmability. Data triangulation is conducted by comparing information obtained from interviews, documents, and statistical data, ensuring consistency across sources. Member checking is also employed to validate key interpretations with selected informants, thereby enhancing the accuracy of the findings. In addition, the study maintains an audit trail documenting all stages of data collection and analysis, which strengthens transparency and methodological rigor. These strategies align with established criteria for ensuring quality in qualitative research (Lincoln & Guba, 1985). By applying these validation techniques, the study ensures that its findings are robust, reliable, and academically defensible.

Ethical considerations are carefully addressed throughout the research process, particularly given the sensitive nature of narcotics-related issues. All participants are informed about the purpose of the study and provide informed consent prior to their involvement. Confidentiality and anonymity are strictly maintained to protect participants from potential risks. Data obtained from institutional documents are used responsibly and in accordance with academic standards. The study also ensures that its findings do not contribute to stigma or discrimination against individuals affected by narcotics. By adhering to these ethical principles, the research maintains both academic integrity and social responsibility.

## RESULTS AND DISCUSSION

### Results

The findings of this study reveal that the implementation of narcotics rehabilitation policy in DKI Jakarta is characterized by a dynamic interaction between regulatory clarity, institutional

capacity, coordination mechanisms, organizational characteristics, and socio-environmental conditions. While the policy framework explicitly prioritizes rehabilitation as a central strategy, its operationalization reflects a consistent gap between normative expectations and field-level realities. These gaps are not isolated but interconnected, forming a systemic pattern in which constraints in one dimension reinforce weaknesses in others. As a result, policy effectiveness is shaped not only by regulatory design but by the degree of alignment among multiple implementation factors.

The first finding indicates that policy standards and objectives are formally well-defined but inconsistently translated into operational practice. Informants acknowledged that rehabilitation has been positioned as a primary policy direction; however, ambiguity remains in its implementation. One informant noted that “although the policy emphasizes rehabilitation, decisions in the field often depend on how each institution interprets the rules,” reflecting variability in interpretation across agencies. This inconsistency is further reinforced by the absence of standardized operational procedures that can guide implementation uniformly. In certain cases, enforcement actors continue to prioritize punitive measures, particularly when procedural clarity is lacking. Another informant emphasized that “when there is no clear operational guideline, officers tend to revert to conventional enforcement approaches,” indicating a structural gap between policy design and execution. This condition demonstrates that clarity at the regulatory level does not necessarily ensure coherence at the implementation level.

The second finding highlights that institutional resource constraints significantly limit the effectiveness of rehabilitation services. Empirical observations indicate that the demand for rehabilitation continues to increase, while the availability of trained personnel and facilities remains insufficient. Informants consistently emphasized that “the number of cases handled is growing, but the capacity of rehabilitation services has not expanded at the same pace,” illustrating a widening gap between demand and service provision. This imbalance leads to increased workload for existing personnel and affects service quality. In addition, infrastructure limitations restrict access to rehabilitation programs, resulting in delays and limited coverage. Financial constraints further reduce the ability of institutions to expand services or introduce more adaptive approaches. These findings confirm that resource limitations directly influence accessibility, which subsequently affects participation rates and overall policy outcomes.

**Table 2.** Resource Constraints and Their Systemic Effects

| Dimension          | Field Evidence                    | Direct Impact             | Systemic Effect          |
|--------------------|-----------------------------------|---------------------------|--------------------------|
| Human Resources    | Limited trained personnel         | High workload             | Reduced service quality  |
| Infrastructure     | Limited rehabilitation facilities | Restricted access         | Delayed service delivery |
| Financial Capacity | Budget limitations                | Limited program expansion | Stagnation of innovation |

The third finding reveals that inter-organizational coordination remains fragmented and significantly affects implementation efficiency. Although the policy requires collaboration among multiple stakeholders, coordination mechanisms are not consistently institutionalized. Informants reported that “coordination still relies heavily on informal communication rather than structured systems,” indicating the absence of integrated coordination frameworks. This fragmentation leads to overlapping responsibilities in some cases and service gaps in others. Another informant stated that “data sharing between institutions is still limited, which makes case handling less efficient,” highlighting the lack of integrated information systems. As a result, continuity of care is disrupted, particularly when cases transition between institutions. These coordination challenges are closely linked to resource constraints, as limited infrastructure and technological support hinder effective communication.

The fourth finding emphasizes the role of institutional characteristics as a determining factor in policy implementation. Variations in leadership commitment, organizational culture, and accountability mechanisms significantly influence implementation outcomes. Informants noted that “institutions with strong leadership commitment tend to implement rehabilitation policies more consistently,” suggesting that internal governance plays a crucial role. Conversely, in institutions where commitment is weaker, implementation tends to be less effective and more inconsistent.

Differences in organizational capacity further contribute to variations in performance across agencies. These findings indicate that institutional characteristics function as a mediating variable that determines how policy standards and resources are translated into practice. In this context, institutional strength becomes a critical driver of policy success.

The fifth finding highlights that socio-environmental factors, particularly stigma and public perception, play a significant role in shaping access to rehabilitation services. Informants consistently reported that stigma remains a major barrier to participation. One informant explained that “many individuals are reluctant to enter rehabilitation because they fear being labeled as criminals,” reflecting persistent negative perceptions in society. This stigma reduces willingness to access services, even when they are available. Another informant added that “public awareness of rehabilitation programs is still uneven,” indicating disparities in knowledge across communities. Socio-economic conditions further exacerbate these barriers, as individuals from disadvantaged backgrounds face additional constraints in accessing services. These findings demonstrate that socio-environmental factors interact with institutional conditions to influence policy outcomes.

The analysis further shows that these five dimensions are not independent but operate in an interconnected manner, forming a systemic structure of policy implementation. Resource limitations affect service accessibility, coordination challenges disrupt service continuity, institutional characteristics influence the utilization of available resources, and socio-environmental factors shape participation levels. This interaction creates a chain effect in which weaknesses in one dimension amplify challenges in others. The relationship among these factors is illustrated in Figure 2, which presents a systemic interaction model of policy implementation.

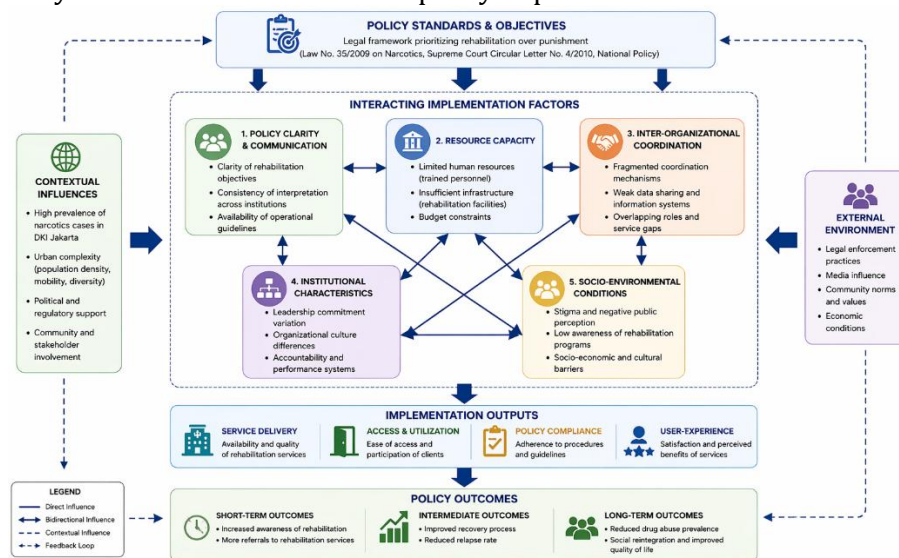


Figure 2. Systemic Interaction of Policy Implementation Factors

(Description: The figure illustrates a dynamic interaction where policy clarity, resources, coordination, institutional characteristics, and socio-environmental conditions are interconnected, collectively influencing implementation outputs and outcomes.)

The impact of these interactions is reflected in implementation outputs, particularly in terms of service delivery, accessibility, compliance, and user experience. Rehabilitation services are generally available; however, their distribution remains uneven due to capacity constraints. Informants noted that “access to rehabilitation services is not always consistent, especially when demand exceeds capacity,” indicating disparities in service provision. Procedural barriers and institutional limitations further reduce participation rates in some cases. Policy compliance also varies across institutions, reflecting differences in interpretation and implementation capacity. User experiences are similarly mixed, with some reporting positive outcomes while others encounter challenges related to access and service quality.

Table 3. Implementation Outputs and Empirical Conditions

| Output Dimension     | Empirical Evidence                     | Implication                 |
|----------------------|--|-----------------------------|
| Service Availability | Services exist but limited by capacity | Unequal access across users |

| Output Dimension | Empirical Evidence                           | Implication                   |
|------------------|--|-------------------------------|
| Accessibility    | Barriers due to procedure and infrastructure | Reduced utilization           |
| Compliance       | Variation across institutions                | Inconsistent policy execution |
| User Experience  | Mixed feedback from service users            | Uneven service quality        |

The final finding relates to policy outcomes, which reflect both short-term and long-term effects of implementation. In the short term, there is an observable increase in awareness of rehabilitation as an alternative approach; however, this awareness does not consistently translate into increased participation. In the intermediate term, rehabilitation programs demonstrate potential in supporting recovery, although challenges such as relapse remain present. In the long term, the policy has the potential to reduce drug abuse prevalence and support social reintegration, but these outcomes depend heavily on the consistency of implementation. These findings indicate that policy success is not solely determined by its design but by the degree of alignment among implementation factors.

## Discussion

The first key finding reveals that although policy standards and objectives are formally well-articulated, their translation into operational practice remains inconsistent across implementing agencies. This inconsistency indicates a classical gap between policy formulation and implementation, as emphasized in policy implementation theory, particularly within the framework of Van Meter and Van Horn, where clarity of standards alone is insufficient without operational alignment. Conceptually, this finding suggests that policy ambiguity at the procedural level creates discretionary spaces for frontline actors, leading to varied interpretations and actions. This condition supports prior studies highlighting that policy implementation often diverges from its normative intent due to interpretative flexibility among implementers (Sager & Gofen, n.d.). Moreover, similar inconsistencies have been observed in narcotics governance contexts, where enforcement actors revert to punitive approaches when operational clarity is lacking (Arifin et al., 2023; Lubis, 2023). However, this study extends existing literature by demonstrating that such inconsistencies are not merely individual-level issues but are structurally embedded within institutional arrangements. Therefore, the finding implies that strengthening operational guidelines is essential to ensure coherence between policy intent and implementation outcomes.

The second finding indicates that institutional resource constraints significantly limit the effectiveness of rehabilitation services. From a theoretical perspective, resources constitute a critical variable in determining policy success, as insufficient human, financial, and infrastructural capacity directly constrains implementation performance. This finding aligns with contemporary governance studies emphasizing that resource adequacy is a prerequisite for effective public service delivery (Hill & Hupe, 2022). Empirically, similar patterns have been identified in global health and rehabilitation systems, where increasing demand is not matched by institutional capacity, resulting in reduced service quality (Mehl et al., 2025; Mody et al., 2024). However, the present study contributes a more nuanced understanding by illustrating how resource limitations create cascading effects, including restricted access, increased workload, and stagnation of program innovation. This expands prior research by highlighting the systemic nature of resource constraints rather than viewing them as isolated limitations. Consequently, the findings underscore the need for strategic resource allocation and capacity-building initiatives to enhance policy effectiveness.

The third finding demonstrates that inter-organizational coordination remains fragmented and inadequately institutionalized. This fragmentation reflects weaknesses in horizontal governance structures, where collaboration among agencies lacks formal mechanisms and integrated systems. Theoretically, effective policy implementation requires not only vertical authority but also horizontal coordination, particularly in complex policy domains such as narcotics rehabilitation. This finding is consistent with studies showing that multi-agency collaboration often fails due to the absence of structured communication systems and data-sharing platforms (Townley et al., 2025; Varzeshi et al., 2025). Furthermore, similar coordination challenges have been reported in urban governance contexts, where institutional complexity increases the risk of fragmentation (Guay & Cawi, 2021). However, this study advances the literature by demonstrating how coordination failures directly

disrupt service continuity, particularly during inter-institutional case transitions. This suggests that coordination is not merely an administrative function but a core determinant of policy outcomes. Therefore, strengthening institutionalized coordination mechanisms is critical for improving implementation efficiency.

The fourth finding highlights that institutional characteristics, particularly leadership commitment and organizational culture, significantly influence policy implementation outcomes. This finding reinforces the theoretical argument that institutions are not neutral actors but are shaped by internal dynamics that determine how policies are enacted. In line with implementation theory, organizational characteristics function as mediating variables that translate policy inputs into outputs. Empirical studies have similarly shown that strong leadership and accountability mechanisms enhance policy consistency and effectiveness (Izzudin, 2024). However, this study extends these insights by illustrating that variations in institutional commitment create uneven implementation landscapes, even within the same regulatory framework. This divergence suggests that policy success is contingent upon internal institutional capacity rather than external policy design alone. Consequently, the findings imply that strengthening leadership and organizational governance is essential for achieving consistent policy implementation.

The fifth finding reveals that socio-environmental factors, particularly stigma and public perception, play a critical role in shaping access to rehabilitation services. Conceptually, this finding aligns with sociological theories that emphasize the influence of social stigma on individual behavior and service utilization. Stigma operates as a structural barrier that discourages individuals from seeking rehabilitation, thereby reducing policy effectiveness. This is consistent with recent studies highlighting the role of stigma in limiting engagement with addiction recovery services, particularly in urban contexts (Bhat et al., 2025; Walters et al., 2022). However, the present study contributes by demonstrating how stigma interacts with institutional and structural constraints, creating compounded barriers to access. This multidimensional interaction expands existing literature by integrating social and institutional perspectives within a single analytical framework. Therefore, addressing stigma requires not only public awareness campaigns but also structural reforms that reduce discrimination within institutional processes.

The sixth finding emphasizes that the dimensions of policy implementation operate in an interconnected and systemic manner rather than as independent variables. This systemic interaction reflects the complexity of policy implementation, where weaknesses in one dimension reinforce challenges in others. Theoretically, this finding supports systems-based approaches in public policy, which argue that policy outcomes are shaped by dynamic interactions among multiple factors rather than linear cause-effect relationships (Caluzzi & Norman, 2026). Empirical studies on drug policy have similarly highlighted the importance of integrated approaches that consider structural, institutional, and social dimensions simultaneously (Hammond, 2025; Chen et al., 2025). However, this study advances the literature by explicitly mapping these interactions within the context of rehabilitation policy implementation. This integrative perspective provides a more comprehensive understanding of policy effectiveness and highlights the limitations of fragmented policy interventions. Consequently, the findings suggest that holistic and system-oriented strategies are necessary for improving policy outcomes.

The final finding indicates that policy outcomes reflect a combination of partial success and persistent challenges, particularly in translating increased awareness into sustained participation and long-term recovery. From a theoretical standpoint, this finding illustrates the distinction between policy outputs and outcomes, where the presence of services does not automatically lead to behavioral change. This aligns with previous research showing that rehabilitation policies often face challenges in achieving long-term impact due to relapse and limited follow-up support (Song & Jiang, 2025; Song et al., 2026). However, this study contributes by demonstrating that these outcome limitations are directly linked to earlier implementation gaps, particularly in resources, coordination, and social acceptance. This integrated explanation provides a stronger causal understanding compared to studies that examine outcomes in isolation. Therefore, the findings highlight that improving policy outcomes requires addressing upstream implementation factors rather than focusing solely on program outputs.

Collectively, these findings position this study within the broader global discourse on drug policy by offering a critical and integrative perspective on rehabilitation policy implementation.

Unlike previous studies that focus primarily on legal frameworks or prevalence trends, this research bridges the gap between normative policy design and empirical implementation dynamics. The study contributes theoretically by extending policy implementation theory through the integration of structural, institutional, and socio-cultural dimensions. Practically, it offers a comprehensive framework for improving rehabilitation policy through enhanced operational clarity, resource optimization, institutional coordination, and stigma reduction. By situating the analysis within a high-complexity urban context, this study provides valuable insights that are applicable to other metropolitan settings facing similar challenges. Ultimately, it advances the understanding of how rehabilitation policies can be implemented more effectively to achieve sustainable and humane outcomes in narcotics governance.

## CONCLUSION

This study demonstrates that the implementation of narcotics rehabilitation policy in DKI Jakarta is fundamentally shaped by the degree of alignment among regulatory clarity, institutional capacity, coordination mechanisms, organizational characteristics, and socio-environmental conditions. Although the policy framework formally prioritizes rehabilitation as a humane and recovery-oriented approach, its practical realization remains constrained by inconsistencies in interpretation and execution across implementing agencies. These findings confirm that policy effectiveness cannot be assumed from regulatory design alone but must be evaluated through the dynamics of implementation at the institutional level. The study reveals that resource limitations, fragmented coordination, and varying institutional commitment collectively weaken the translation of policy intent into operational outcomes. In addition, socio-environmental factors, particularly stigma, significantly reduce access to rehabilitation services, thereby limiting the overall reach and impact of the policy. Importantly, the interaction among these dimensions forms a systemic structure in which weaknesses in one aspect reinforce challenges in others. This systemic perspective highlights that policy implementation is not a linear process but a complex and interdependent mechanism. Therefore, achieving meaningful policy outcomes requires a comprehensive approach that addresses both structural and behavioral dimensions simultaneously.

Theoretically, this study contributes to the advancement of policy implementation literature by offering an integrated analytical framework that bridges regulatory, institutional, and socio-cultural dimensions within a single explanatory model. It extends existing theories by demonstrating that implementation outcomes are not solely determined by formal policy variables but are significantly influenced by contextual and organizational factors that operate in interaction. Practically, the findings provide strategic implications for improving rehabilitation policy, particularly through the development of clearer operational guidelines, strengthening institutional capacity, and institutionalizing inter-agency coordination mechanisms. Furthermore, reducing stigma and improving public awareness are essential to enhance service accessibility and participation rates. The study also suggests that policy reform should prioritize system integration rather than isolated interventions, ensuring that all implementation dimensions function cohesively. While the research is context-specific to DKI Jakarta, its insights are transferable to other metropolitan settings characterized by high policy complexity and social diversity. Future research is encouraged to explore longitudinal policy impacts and incorporate mixed-method approaches to deepen the understanding of behavioral and structural dynamics. Ultimately, this study reinforces the importance of designing and implementing rehabilitation policies that are not only legally sound but also operationally coherent, socially inclusive, and institutionally sustainable.

## AUTHOR CONTRIBUTIONS STATEMENT

Emka Farah Mumtaz conceptualized the study, designed the research framework, and led the overall research process, including data collection, data analysis, and interpretation of findings. She was also responsible for drafting the initial manuscript and integrating theoretical and empirical insights into a coherent academic narrative. Kusworo contributed to the development of the theoretical framework and literature review, provided critical input on research design, and supported the interpretation of policy implementation dynamics. Baharuddin Thaher was involved in data validation, methodological refinement, and contributed to the analysis of institutional and

governance aspects of the study. He also assisted in strengthening the analytical rigor of the discussion section. Tjahjo Suprajogo contributed to the critical revision of the manuscript, particularly in refining the argumentation, ensuring coherence across sections, and enhancing the academic quality of the final version. All authors reviewed, approved, and agreed on the final version of the manuscript and take full responsibility for its content.

## REFERENCES

- Abouelela, M. E., & Helmy, Y. A. (2024). Next-generation probiotics as novel therapeutics for improving human health: Current trends and future perspectives. *Microorganisms*, 12(3). <https://doi.org/10.3390/microorganisms12030430>
- Ali, N., Unar, A., & Butzbach, O. K. (n.d.). Assessing drug abuse's impact on public health, economy, society, and environment.
- Almeman, A. (2024). The digital transformation in pharmacy: Embracing online platforms and the cosmeceutical paradigm shift. *Journal of Health, Population and Nutrition*, 43(1), 60. <https://doi.org/10.1186/s41043-024-00550-2>
- Arifin, R., Idris, S. H., Munandar, T. I., & Nte, N. D. (2023). Striking a balance: Navigating peace, justice, and restorative justice in Indonesian prosecutorial process. *The Prosecutor Law Review*, 1(3). <https://doi.org/10.64843/prolev.v1i3.25>
- Bajwa, M. U., Saleh, W., & Fountas, G. (2025). Barriers and enablers in implementing the Vision Zero approach to road safety. *Infrastructures*, 10(12). <https://doi.org/10.3390/infrastructures10120329>
- Baker, J., & Nasrudin, R. (2024). Is Indonesian police violence excessive? *Journal of Contemporary Asia*, 54(2), 181–209. <https://doi.org/10.1080/00472336.2022.2138773>
- Bhat, N., Quarshie, I. N., & Rather, N. A. (2025). Safe spaces and stigma in addiction recovery. *Addiction Research & Theory*. <https://doi.org/10.1080/16066359.2025.2605961>
- Caliman, C. R., & Berryessa, C. M. (2025). Public support for sentencing approaches toward illegal drug use. *Journal of Experimental Criminology*. <https://doi.org/10.1007/s11292-024-09657-2>
- Caluzzi, G., & Norman, T. (2026). Rethinking drug-related harms as emerging through global systems. *Addiction Research & Theory*, 34(2), 121–131. <https://doi.org/10.1080/16066359.2025.2554645>
- Chen, H., Liu, S., Wang, W., et al. (2025). Global burden of substance use disorders. *Scientific Reports*, 15, 25971. <https://doi.org/10.1038/s41598-025-11266-6>
- Cordell, G. A. (2024). Medicines security and bioprospecting. *Natural Products and Bioprospecting*, 14(1), 11. <https://doi.org/10.1007/s13659-024-00431-5>
- Dongying, C., Yanyan, S., Xiaowu, L., & Zongyi, Y. (2025). Global burden on drug use disorders. *Frontiers in Public Health*, 13. <https://doi.org/10.3389/fpubh.2025.1550518>
- Fayshal, M. A. (2024). Plastic waste management and environmental impacts. *Heliyon*, 10(23). <https://doi.org/10.1016/j.heliyon.2024.e40838>
- Fitri, S., & Yusran, R. (2020). Implementasi kebijakan rehabilitasi pengguna narkoba. *Journal of Civic Education*, 3(3), 231–242. <https://doi.org/10.24036/jce.v3i3.400>
- Golose, P. R. (2023). War on drugs di Indonesia. <https://puslitdatin.bnn.go.id/konten/unggah/2024/01/BUKU-WAR-ON-DRUGS.pdf>
- Guay, M. A., & Cawi, R. D. (2021). Implementation of war on drugs program. *Humaniora*, 12(3), 11–28.
- Hammond, R. M. (2025). Urban risk environments and drug use. <https://doi.org/10.7939/83307>
- Hidayataun, S., & Widowaty, Y. (2020). Konsep rehabilitasi narkoba. *Jurnal Penegakan Hukum dan Keadilan*, 1(2). <https://doi.org/10.18196/jphk.1209>
- Humas BNN. (2021). Komisi III DPR RI dukung penguatan program BNN.
- Humas BNN. (2025). BNN dan Pemprov DKI Jakarta perkuat kolaborasi. <https://bnn.go.id/bnn-dan-pemprov-dki-jakarta-perkuat-kolaborasi-tangani-masalah-narkoba-di-ibu-kota/>
- Izzudin. (2024). Deklarasi anti narkoba di Jakarta Barat. <https://barat.jakarta.go.id/berita/wali-kota-jakbar-hadiri-deklarasi-anti-narkoba-di-kampung-permata>

- Kristanto, K., Fernando, Z. J., Arifin, R., & Widyawati, A. (2024). Narco-terrorism dynamics. *Yustisia*, 13(3), 261–282. <https://doi.org/10.20961/yustisia.v13i3.81599>
- Lubis, F. (2023). Implementation of restorative justice in Indonesia. *Russian Law Journal*, 11(3), 813–823.
- Mani, Z. A., & Goniewicz, K. (2024). Transforming healthcare systems. *Sustainability*, 16(8). <https://doi.org/10.3390/su16083277>
- Mehl, K. R., Morain, S. R., & Largent, E. A. (2025). Inclusion of underserved populations. *Pharmaceutical Medicine*, 39(2), 59–71. <https://doi.org/10.1007/s40290-025-00562-1>
- Mody, A., Sohn, A. H., Iwuji, C., et al. (2024). Public health implementation strategies. *The Lancet*, 403(10425), 471–492. [https://doi.org/10.1016/S0140-6736\(23\)01381-8](https://doi.org/10.1016/S0140-6736(23)01381-8)
- Nasution, A. (2024). Kasus rehabilitasi publik figur. <https://www.grid.id/read/044072719/ajukan-rehab-chandrika-chika-cs-dibawa-ke-bnnk-jakarta-selatan>
- Palupi, D., & Lissimia, F. (2021). Arsitektur rehabilitasi narkoba. *Sinektika*, 18(2). <https://doi.org/10.23917/sinektika.v18i2.13350>
- Pratama, T. G. W., et al. (2024). Transnational crime prevention model. *Qubahan Academic Journal*, 4(4), 206–224. <https://doi.org/10.48161/qaj.v4n4a1335>
- Sager, F., & Gofen, A. (n.d.). Policy implementation theory. <https://doi.org/10.1111/gove.12677>
- Song, A., & Jiang, J. (2025). Coercive rehabilitation in drug governance. *Policing and Society*, 35(9), 1203–1218. <https://doi.org/10.1080/10439463.2025.2472642>
- Song, G. S., Jiang, J., & Song, A. (2026). Rehabilitation frames. *Crime, Media, Culture*. <https://doi.org/10.1177/17416590251410839>
- Sulistiyorini, D. (2024). Indonesia Drug Report 2024. [https://puslitdatin.bnn.go.id/konten/unggahan/2024/06/IDR-2024-Final\\_Compressed.pdf](https://puslitdatin.bnn.go.id/konten/unggahan/2024/06/IDR-2024-Final_Compressed.pdf)
- Svampa, M. (2019). Neo-extractivism in Latin America. <https://doi.org/10.1017/9781108752589>
- Townley, C., Grace, R., & Keidar, T. (2025). Multi-agency collaboration. *Health Policy*, 160, 105299. <https://doi.org/10.1016/j.healthpol.2025.105299>
- Varzeshi, S., Fien, J., & Irajifar, L. (2025). Smart cities and governance. *Sustainability*, 17(12). <https://doi.org/10.3390/su17125485>
- Walters, S. M., Frank, D., Van Ham, B., et al. (2022). Stigma and drug use. *AIDS and Behavior*, 26(4), 1308–1320. <https://doi.org/10.1007/s10461-021-03488-2>