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COMPARATIVE DRUGS POLICY ANALYSIS – REVIEWING HEALTH STRATEGIC RESPONSE IN INDONESIA

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Abstract

Health policy is a challenge in achieving public welfare, including plans, actions, and decisions. Every policy that made by the government aims to reduce poverty, including rehabilitation policy. In Indonesia, the need for therapy and rehabilitation for drugs abusers and addicts has been considered a need as evidenced by Law 35 of 2009 concerning narcotics. The institutions authorized to formulate narcotics rehabilitation policies are the National Narcotics Agency, the Ministry of Health, and the Ministry of Social Affairs. This study aims to show a comparative drugs policies related to narcotics rehabilitation services in Indonesia. This research was carried out using the Participatory Action Research approach to describe a comparative drug policy analysis among several institutions in Indonesia. In this study, there are comparative policies related to narcotics rehabilitation services from policymakers in Indonesia, namely the National Narcotics Agency, the Ministry of Health, and the Ministry of Social Affairs. The paper argues that the partnership model is important to develop among rehabilitation services, it is the involvement of various other stakeholders such as rehabilitation program agencies, academics, counselors, addicts, and others. The development of a partnership model that involves more parties is a demand as well as a challenge in realizing a higher quality narcotics addiction rehabilitation program as one of the components of achieving a better health status in Indonesia.

Keywords: Drugs, drugs policy, rehabilitation program, partnership model, health strategic, Participatory Action Research (PAR)

Background

Drug abuse and illicit trafficking in the world is an important problem in various countries that potentially damage human resources whenever and wherever. According to the Report World Narcotics, World Drugs Report 2019, estimates amount of drug abusers in the world (age 15-69 years) of 255 million with death rate 190,000 die per year or 512 drug addicts died per day (United Nations Office on Drugs and Crime, 2019). Majority of addicts (74%) abuse narcotics types of cannabis and 800 new types of narcotics newly released in many countries (United Nations Office on Drugs and Crime & World Health Organization, 2017). Results of Drug abuse and illicit trafficking by the National Narcotics Agency and UI Health Research Center (2017) in 34 Provinces in Indonesia, prevalence of Narcotics abuse by 1.77% or estimated at 3.36 million Indonesian population aged 10-59 years abuse Narcotics, with number 30 people die per day (National Narcotics Agency, 2017).

Health policy is a challenge in governance as a consequence from the democracy of America. Government in all levels of federal system policy makes spectrum administration agents involved public, nonprofit, business, private, to decrease mortality, morbidity, disability, and discomfort. Policies related to health could not determine the limits because of many social

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factors. Every policy that is made by the government aims to decrease the number of poverty, including rehabilitation policy. Government makes policies involving many sectors, including academics.

The result of National Narcotics Agency's surveys show that only 5% of addicts can access rehabilitation service, meanwhile 95% are reluctant to reach rehabilitation service, like Institusi Penerima Wajib Lapor (IPWL) and community-based rehabilitation scattered in any District/City (National Narcotics Agency, 2017). Addicts who aren't accessible by rehabilitation service are scattered in education environments (schools, campuses, etc.) and work environments (such as in Correctional institutions).

With paradigm progress in public administration, program management is not only centralized to the government, but also the role of government as a partner with non-government elements to reach an objective effectively and efficiently. David Osboren and Ted Gabler in "Reinventing Government" mention the essence of new public management: that government act as a catalyst, empowering other components, competitive governance, organizational transformation model, result-based governance, consumer needs-based policy, prevention-based policy (not treatment-based policy), government decentralization, market-oriented government, and organizational transformation system.

LITERATURE REVIEW

Handling of drug abuse in Demand Reduction based on UNODC recommendations in 2015 is community rehabilitation (United Nations Office on Drugs and Crime & World Health Organization, 2017), and in several countries have supported by policies and financing systems that involving government and insurance, but in Indonesia rehabilitation policy still focus on rehabilitation owned and borne by government (Baldwin, 2013; Hawari, 2008). Financing of rehabilitation programs for addicts in Indonesia is regulated by President Regulations Number 82 of 2018 concerning Health Insurance (President Regulations, 2018). One chapter of the regulation states that, "Some services that are not borne by insurance are health problems caused by narcotics and/or alcohol, and traffic accidents because of drinking." That regulation is used by health insurance as justification to reject rehabilitation program financing for narcotic addicts, for example Badan Penyelenggara Jaminan Sosial (BPJS) which is health insurance in Indonesia. This condition is also stated in results of a study that funding for addict patients showed high numbers because other diseases also caused abuse of narcotics (Neighbors et.al, 2013).

Rehabilitation financing for addicts involves medical rehabilitation around 4 million rupiah per times/per person, meanwhile for non-health costs around Rp.10 million per times/per person (National Narcotics Agency, 2017). That showed high costs needed in a rehabilitation program that goes beyond health spending per capita per year. That gives an impact on increasing the number of people in poverty. At the moment, there is not yet a financing system involving many sectors.

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Total Health Expenditure (THE) of Indonesia increased from year to year, bringing health spending to IDR 436.5 trillion in 2017 (106% increase compared to 2010), with health spending valued at IDR 1.6 million/capita/year (Health Profile, 2018) . Since 2014, five years after the Jaminan Kesehatan Nasional (JKN) program was launched, it has given benefits to the public. That program membership is increasing by the time. In 2018, the biggest membership proportion originated from the State Budget of 44.26%. However, the most participant growth year to year occurs in the non-Contribution Assistance Recipient (non-PBI). At the end of 2018, the membership of National Health Insurance (JKN) or Indonesia Healthy Card (KIS) reached 208.1 million people. In 2018, the Minister of Social Affairs set poverty and low social-economic status based on databases with as many as 92.4 million people based on the Decree of the Minister of Social Affairs Number 5/HUK/2018 (Ministry of Social Affairs, 2018). However, in the JKN system and decision letters of the minister they do not arrange costs for narcotics rehabilitation. Though, like the previous explanation, the recovery process needs a long time and enhances the cost.

METHODOLOGY

Authors use Participatory research methods in this study to describe comparative drugs policy analysis among several institutions in Indonesia. Participatory research or also known as participatory action research (PAR), community-based research, is a common method that is used in the study of public health programs. Garcia & Gonzalez proved in their research that PAR method is useful in studying drug abuse in society. The research was conducted on a group of drug abusers in Pennsylvania and Mexico. In this study stated that the PAR method was effective for studying a community in understanding its problems. This is because both researchers and research subjects participate in community activities, involve community stakeholders so as to create partnerships that can provide recommendations directly in the research process.

In addition, previous research was also conducted on drugs rehabilitation programs with discourse policy analysis and comparative policy analysis. Policy analysis is defined as the use of reason and evidence to choose the best policy among a number of alternatives. Comparative policy analysis is a research area aimed at explaining policy outputs and outcomes, at the crossroad of political science, sociology, economy, history, international relations and administrative studies. In this study, there is comparative policies related to narcotics rehabilitation services from policy makers in Indonesia, namely National Narcotics Agency, Ministry of Health, and Ministry of Social Affairs. There is also the involvement of various other stakeholders such as rehabilitation program agencies, academics, counselors, addicts, and others.

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DISCUSSION

Table 1: Narcotics Rehabilitation in DKI Jakarta (National Narcotics Agency, 2019)

Rehabilitation Method	Rehabilitation Institution Type	
	Hospitalization	Outpatient
Institution-based (behavior approach)	- Correctional Institution Class II A Narcotics Cipinang - Correctional Institution class I Cipinang - Correctional Institution class I Central Jakarta - Rindam Jaya - Health Education center	- Kampung Bali Health Center, Central Jakarta - Public health center Pegadung IV Kalideres , West Jakarta - Public health center Matraman Jakarta
Hospital-based	- Sutoyo Hospital	- Budhi Asih General Hospital - Cengkareng General Hospital - Hajj General Hospital - Kepulauan Seribu General Hospital - Koja General Hospital - PasarRebo General Hospital - Tarakan General Hospital
Community-based	- Kapeta Foundation - Charisma - PEKA	- Kapeta Foundation - Charisma - PEKA

Financing system is one of the interesting discussions in rehabilitation programs. Every country has a different financing system, including resources, policies, partnership models, cost allocation, and others. The following is a table of rehabilitation program financing comparison in several countries in the world.

Table 2: Rehabilitation Program Financing Comparison Several Countries

Country	Information	Allocation of funds
United States	federal government	500 billion USD/ year
United Kingdom	Central Government	716m pounds/ year
China	Ministry of Public Security (MPS), National Narcotics Control Commission	314 mil USD
Switzerland	federal government	
India	Minister of social justice and empowerment support financing >400 of rehabilitation centers & 124 dependence centers. Minister of health and welfare family support financing >100 rehabilitation centers, with 51 collaborated with community (based society)	
Myanmar	Myanmar Ministry of Health	47.20 million Ks
Cambodia	Financing majority originated from international donation	
Vietnam	The Ministry of Labor, Invalids, and Social Affairs (MoLISA) and the Minister of Health and local government completed 80,000 people with MMT in 2015. In 2013 it reached 13,000 people who underwent rehabilitation in 62 clinics.	
Malaysia	Private > government with community 1-5 RM / month Funding by the Malaysian AIDS Council by the European Commission	
Indonesia	Rehabilitation cost borne by the state budget (Perbadan Number 1 of 2019)	

* Source : (United Nations Office on Drugs and Crime, 2019, 2021)

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Table 2 showed data from several countries with funding systems for the rehabilitation program. From table 2 it is known that the financing system in each country is regulated by stakeholders and the public. For example, the United States handed over the policy in each state, is different from the United Kingdom whose policies are regulated by the central government. Countries in Asia, including Indonesia, Financing system is also regulated by different ministries. Financing system in Indonesia is regulated through the state budget, different from Malaysia surviving with a financing system involving private as the biggest partners.

Differences between stakeholders who set up a rehabilitation program in every country cause different policies. Following are the table of rule policies and partnership models implemented in various countries in the world in the rehabilitation financing system.

Table 3: regulations & Partnership model of rehabilitation financing system

Regulations		Partnership
- *Substances Abuse and Mental Health Services Administration by United States Department of Health and Human Services* - *Comprehensive Drug and Recovery Center by Federal Regulations* - *Comprehensive Addiction and Recovery Act (CARA) by US Congress*	**United States**	Implementation of rehabilitation programs for drug addicts carried out by the government center and coordinated with the States which operate every related institution rehabilitation
- *The National Policy on Narcotic Drugs and Psychotropic Substances by the Government* - *The Draft National Demand Reduction Policy by Ministry of Social Justice and Empowerment India* - *The National AIDS Prevention and Control Policy by Ministry of Health and Family Welfare*	**India**	Rehabilitation programs held in a collaboration among central and local governments and involve the Ministry as well as departments at the same level Program implementation involves the Ministry of health, ministry of interior, ministry of finance, ministry of health and family, and local government.
- *National Policy on Drug Substitution Therapy by the Ministry of Health and Addiction Medicine Association of Malaysia* - *Ministry of health's National Methadone Maintenance Therapy*	**Malaysia**	Rehabilitation program is centralized by the government through the National Anti-Drugs Agency Malaysia (AADK in Malaysia) which collaborates with the Ministry of interior, narcotics addiction rehabilitation center (PUSPEN in Malaysia), academic/education institutions, social and community.
Rehabilitation program policy under the auspices of the Cambodian Ministry of Social Affairs through the National Authority for Combating Drugs (NACD)	**Cambodia**	Rehabilitation program conducted based on cooperation among the department in the ministry of social Cambodia and community.
National Rehabilitation Policy for Myanmar by the Ministry of Home Affairs	**Myanmar**	Rehabilitation program organizer carried out by the government and collaborate with non-governmental and community institutions.
British Drug Policy	**United Kingdom**	Government coordination with DATs, Crime and Disorder Reduction Partnerships, Communities Against Drugs Initiative, the Drug Interventions Programme and the Tough Choices Programmes
China's National Drug Policy	**China**	Central Government through the Ministry of Public Affairs and Security with *China's National Narcotics Control Commission* and involving the Public in a *community-based treatment program*.
Swiss Drug Policy	**Switzerland**	Federal government with Swiss Federal Office of Public Health (FOPH) in carrying out drug addicts rehabilitation programs in collaboration with the community and NGOs
Vietnam's Drug Control National	**Vietnam**	Collaboration between the Ministry of Health, ministry of social, ministry of employment and community.
- National Narcotics Agency Regulation 24/2017 - The Minister of Social Affairs Regulation 3/2012 - Regulation of the Minister of Health 50/2015 - Regulation of Head of the National Narcotics Agency 11/ 2014 - Republic of Indonesia Minister of Social Affairs Regulation 9/2017	**Indonesia**	Rehabilitation carried out by existing institutions in the National Narcotics Agency environment and rehabilitation institution which cooperated with National Narcotics Agency.

* Source: World Drug Report, 2019.

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Table 3 showed the rehabilitation program policies and partnership model of several countries. Based on the table it is known that these countries have their own partnership model and rehabilitation program policies. However, overall the partnership model that is implemented only involves fellow government's agencies (central and local) and some public institutions. Malaysia is a country that implements partnership models involving academics or institution education. So that through table 3 obtained there is no existing involvement to other sectors outside government, academia, and society. The majority of developed countries nor develop only involve the government sector and society. This is because of the basics of regulation from each country and law system in handling narcotics abuse.

Health policies in Indonesia are regulated in Constitution Number 36 of 2009 concerning Health (Ministry of Health, 2009). The policy is rated as guidelines in enhancement of health customized with developments, demands, needs of law and society as well as health conditions in Indonesia. In Constitution The number 36 of 2009 arrange various related matters with health, including stakeholders, policies, financing, services, partnerships, and others.

CONCLUSION

1. Assessing Indonesia's current policy status, health policy becomes an important thing that continuously needs to keep going developed and updated so that health level in Indonesia reaches the optimal point.
2. The development of a partnership model that involves many parties becomes a demand yet a challenge in establishing a rehabilitation program in achieving the higher health status in Indonesia.
3. Partnership model development for a narcotics rehabilitation program follows development of public administration where the government acts as catalysts and involves other sectors in a government program.

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