

Social Engineering and Legal Framework for Drug Rehabilitation: A Comparative Analysis of National Legislation in Indonesia

Siti Ngaisah¹, Wredha Danang Widoyoko², Haryono³, Diah Ayu Rahmawati⁴, Yoga Adi Prayogi⁵
^{1,2,3,4,5} Universitas Bhayangkara Surabaya

Article Info

Article history:

Received Nov, 2024

Revised Nov, 2024

Accepted Nov, 2024

Keywords:

Drug Rehabilitation
Legal Framework
Social Engineering
Indonesia

ABSTRACT

Drug addiction poses a significant challenge to public health, social stability, and legal systems worldwide. This study examines Indonesia's legal framework for drug rehabilitation through a juridical analysis and compares it with international best practices, focusing on Portugal and Switzerland. Findings reveal that while Indonesia's Law No. 35 of 2009 on Narcotics incorporates rehabilitation, implementation gaps, inconsistent legal applications, and societal stigma hinder its effectiveness. Comparative analysis highlights the success of health-centered approaches and community-based programs in other countries. This paper underscores the importance of legal reforms, socio-cultural adaptability, and social engineering in enhancing drug rehabilitation policies in Indonesia. Recommendations include clearer legal guidelines, enhanced rehabilitation infrastructure, and public awareness initiatives to foster systemic change.

This is an open access article under the [CC BY-SA](https://creativecommons.org/licenses/by-sa/4.0/) license.



Corresponding Author:

Name: Siti Ngaisah

Institution: Universitas Bhayangkara Surabaya

Email: ngaisah@ubhara.ac.id

1. INTRODUCTION

Drug addiction has emerged as a global problem that crosses all barriers of social classes, individuals, families, and communities. Drug addiction goes beyond public health into the social, economic, and legal aspects [1]. This is a twin-headed problem with which governments the world over grapple in containing the illegitimate trade in narcotics and meeting the various needs of drug-abusing victims [2], [3]. While punitive approaches have always been at the heart of drug-related policy, in recent times, the application of rehabilitation and social reintegration mechanisms through legislation is increasingly realized [4], [5]. These

measures are focused on caring and supporting the individuals rather than just punishment, hence creating long-lasting recovery with less recidivism.

Indonesia has been one of the forefront countries that battle crimes pertaining to drugs using very strict laws against such cases [6]. The said approach, however, has also come under criticism for its tendency toward punitive measures rather than rehabilitation solutions, which often brings about congested prisons with limited access to effective treatment programs [7], [8]. The growing incidence of drug addiction in Indonesia underlines the need to adopt a balanced approach by merging punishment with rehabilitation [9], [10]. Indonesia has

made attempts to incorporate rehabilitation into its legal framework, especially in response to international conventions such as the UN Convention on Narcotics. Yet, significant gaps still remain in implementation and access to such programs.

Drug addiction remains a serious problem worldwide, carrying heavy consequences with it for public health, social stability, and the legal system. In Indonesia, the rate of drug abuse keeps on growing, leading to an increase in the rate of

incarceration, overcrowding of prisons, a shortage of rehabilitation programs, and stigmatization of the addict [11], [12]. While rehabilitation has been introduced into the legal framework in Indonesia, certain lacunae in its implementation need urgent attention [9], [13], [14]. Unless urgent reforms are carried out and a more inclusive and effective rehabilitation strategy is pursued, Indonesia is likely to continue increasing the social and economic burden of drug addiction.

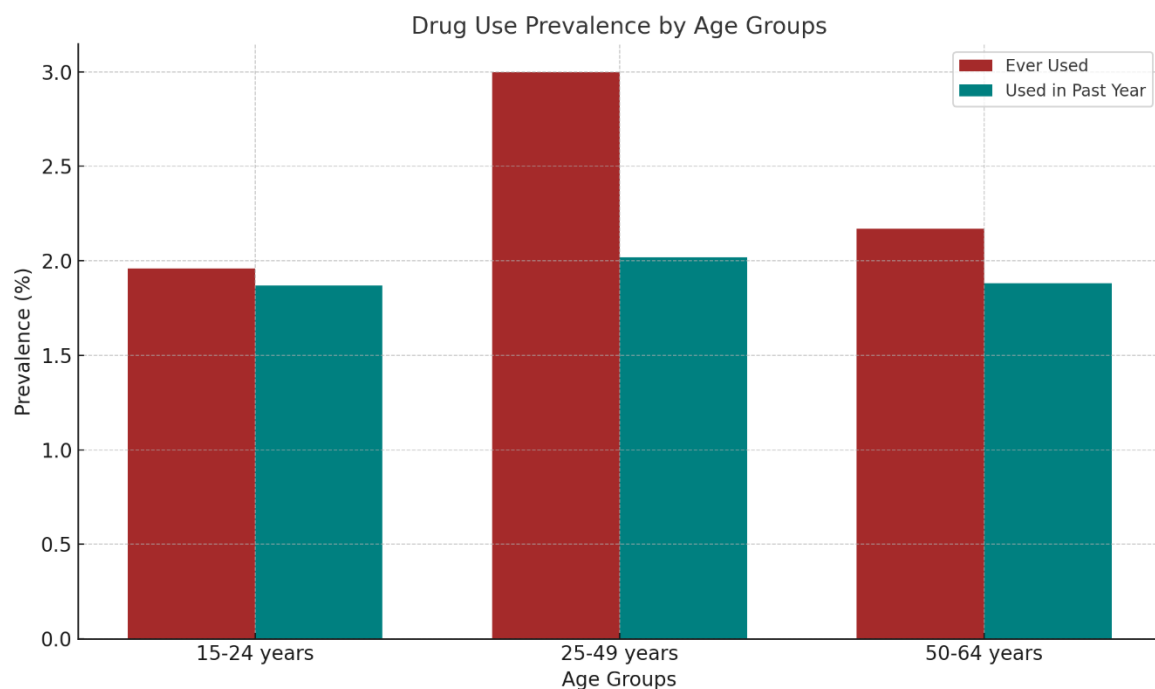


Figure 1. Prevalence of Drug-Exposed Indonesians by Age Group (2021)

Accordingly, within the Indonesia Drugs Report 2022, the three stated age groups that the drugs users are categorized by in that Report are 15-24 years, 25-49 years, and 50-64 years. The record at a higher user was obtained at the age group of 25-49 years within 2021 with prevalence at 3% within this age group for ever having used drugs and 2.02% having done so in the past year. The 50-64 age group is the second highest user, with a prevalence of 2.17% for those who have ever used and 1.88% for those who have used in the past year. Meanwhile, the 15-24 age group had a prevalence of 1.96% for ever users and 1.87% for those who used in the past year. On the whole, males reported more drug use than

females, and urban areas had more users than rural areas.

Indonesia's existing drug addiction policy under Law No. 35/2009 on Narcotics also has some provisions for rehabilitation. The practice is, however, hampered by systemic issues such as inconsistent application of the law, inadequate infrastructure, and widespread stigma against addiction [12]. While international best practice promotes health-centered and community-based models, the punitive measures in Indonesia eclipse the rehabilitation efforts [15], [16]. It thus creates a dire need for legal reform and social engineering to make up for the shortfalls,

align national policies with international standards, and ensure sustainability of rehabilitation programs [9], [10]. The study will bridge the existing gap by comparing Indonesia's framework with successful models in Portugal and Switzerland and identifying actionable strategies for improvement.

The research is conducted within the framework of a juridical analysis on how Indonesia's legal regime regarding the rehabilitation of narcotics users complies with international standards and best practices. By analyzing other countries' legislation concerning rehabilitation, this paper examines the areas where Indonesia might learn from other nations and thus improve its policy and practice. This research is done to investigate how social engineering shapes the ways of thinking and acceptance by the community of drug rehabilitation as one of the important parts of the national narcotics policy.

The main objectives of this research are threefold: (1) to examine Indonesia's legal provisions for drug rehabilitation, (2) to compare them with approaches taken by countries with effective rehabilitation systems, and (3) to propose legal and policy reforms to strengthen drug rehabilitation programs in Indonesia. This research is particularly important in the context of Indonesia's ongoing struggle against the pervasive influence of drug abuse and its social consequences.

It was focused on comparison, hence contributing to the wider discourse on a balanced approach between punitive and rehabilitative measures in drug control policy. It calls for an integrated approach that incorporates legal, social, and cultural dimensions towards sustainable and humane drug rehabilitation practices.

2. LITERATURE REVIEW

2.1 *International Frameworks*

International instruments such as the United Nations Single Convention on Narcotic Drugs of 1961 and the United

Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 underscore that while member states are called upon to combat narco-trafficking, the state must similarly ensure the right of drug-dependent individuals to treatment and rehabilitation. Consistent with this, the Sustainable Development Goals, especially Goal 3 (Good Health and Well-being), promote evidence-based reduction in the prevalence of substance abuse through effective prevention and treatment. [17]–[20] conducted research on shifts across the world from punitive policies to health-oriented drug policy, emphasizing rehabilitation approaches and the need to view drug addiction as a public health issue rather than a crime. WHO and the United Nations Office on Drugs and Crime recommend the integration into national policy of community-based treatment and harm-reduction programs that support long-term recovery.

2.2 *The Role of Social Engineering*

Social engineering, as a means of creating social perception and behavior, will be a vital factor in the success of drug rehabilitation programs. Social engineering is defined by [21] as "a strategic effort to affect changes in societal norms and values through policies, education, and advocacy." In this sense, it may help alleviate stigma, engender community support, and develop a more compassionate approach toward the problem of addiction. Comparative research [22]–[24] has also brought to light that

successful rehabilitation policies tend to incorporate campaigns aimed at raising public awareness, community involvement, and cooperation between governments, non-governmental organizations, and health professionals. [22]–[25] further emphasize that for such a policy to succeed, rehabilitation must be socially accepted as a feasible alternative to punitive measures.

2.3 *Research Gaps and Implications*

While the literature is quite strong on international best practices and Indonesia's legal framework, there are significant gaps in empirical studies that critically assess the effectiveness of rehabilitation programs in Indonesia. Furthermore, limited research exists on the role of socio-cultural factors and public perception in shaping the implementation of these programs.

This paper tries to fill these gaps by providing a juridical analysis of Indonesia's rehabilitation framework against the best practices in the world. This research explores the interaction between law, policy, and social engineering to contribute to the development of a more effective and just drug rehabilitation system in Indonesia.

3. METHODS

3.1 *Design and Data Collection*

The research is designed as a comparative juridical study that integrates doctrinal and socio-legal approaches. Doctrinal analysis focuses on the examination of legal texts, policies, and international treaties, while the socio-legal perspective explores the practical implementation of these

legal provisions in Indonesia. This allows for a holistic understanding of the strengths, gaps, and opportunities within Indonesia's drug rehabilitation framework.

The data for this study were collected from two sources: primary legal sources and secondary sources. Primary legal sources included Indonesian legislation, such as Law No. 35 of 2009 on Narcotics, and international legal instruments like the United Nations Single Convention on Narcotic Drugs (1961) and the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988). Secondary sources comprised academic literature, comparative case studies from countries like Portugal, Switzerland, and the United States, and publications from government and non-governmental organizations (NGOs) on drug rehabilitation in Indonesia. Data were obtained through library research and online databases, including government and international organization repositories.

3.2 *Comparative Analysis Framework*

The comparative analysis uses a structured framework to evaluate the effectiveness and adaptability of legal and rehabilitation practices by focusing on three key aspects: legal provisions, implementation mechanisms, and outcomes. The legal provisions involve a comparative examination of laws governing drug rehabilitation in Indonesia and selected countries. Implementation mechanisms analyze institutional and community-level practices that support rehabilitation efforts. Finally, outcomes are evaluated through measurable indicators, such as recidivism rates, reintegration success, and public health impacts, to assess the overall effectiveness of these practices.

3.3 *Social Engineering Analysis*

To explore the role of social engineering in shaping rehabilitation policies, the study examines public awareness campaigns and their influence on societal attitudes toward addiction and rehabilitation,

collaborative efforts between legal institutions, healthcare providers, and community organizations, and media representations in reducing stigma associated with drug rehabilitation. This analysis utilizes qualitative data from policy documents, advocacy programs, and case studies.

3.4 Data Analysis

The data collected were analyzed using content analysis and a comparative juridical approach. Content analysis identified key themes and patterns in legal texts, policy documents, and academic literature to understand the principles and implementation challenges of Indonesia's legal framework. Meanwhile, the comparative juridical analysis systematically compared the legal frameworks and rehabilitation strategies of selected countries with those of Indonesia, aiming to identify best practices and areas for improvement.

4. RESULTS AND DISCUSSION

This is done by presenting findings from three perspectives, namely: (1) Indonesia's current legal framework in relation to drug rehabilitation; (2) a comparison of international best practices in addressing drug problems; and (3) the place of social engineering in promoting drug rehabilitation. This discussion highlights the strengths, challenges, and opportunities for improvement in Indonesia's approach to drug rehabilitation.

4.1 Indonesia's Current Legal Framework for Drug Rehabilitation

Law No. 35/2009 on Narcotics provides the legal basis for incorporating rehabilitation into drug policy. Article 54 of the law stipulates that drug addicts must undergo medical rehabilitation and social rehabilitation. Furthermore, the law distinguishes between users, addicts, and drug dealers, and emphasizes rehabilitation for the two previously mentioned categories. Rehabilitation is divided into three types:

1. Medical Rehabilitation, centered on detoxification and medical treatment in a hospital or health facility.
2. Social Rehabilitation, oriented towards social reintegration through counseling, skills development, and community programs.
3. Community-Based Rehabilitation, Implemented in collaboration with local communities and NGOs.

Despite these provisions, the implementation of rehabilitation policies faces several challenges:

- 1) Varied Implementation, Judicial discretion too often leads to different outcomes where some drug users are sentenced to rehabilitation while others are imprisoned. Lack of Facilities, Inadequate rehabilitation centers lack funding and personnel.
- 2) Social Stigma and Barriers, The general perception of addiction - that it is a moral failing and not part of the health aspect - negates the acceptance and, consequently, the success rate of rehabilitation programs.

4.2 Comparative Analysis with International Best Practices

This study compares Indonesia's legal framework and practices with Portugal and Switzerland, two countries known for their innovative and effective drug policy approaches.

1. Portugal's Decriminalization Model

Portugal's decriminalization of drugs in 2001 marked a significant shift in viewing drug use as a public health problem rather than a criminal offence. The policy has resulted in significant improvements in health

outcomes and social conditions, supported by a comprehensive support system. In terms of health, fatal overdoses have decreased by more than 85% since the implementation of this policy, while new HIV diagnoses have decreased by more than 90%, reflecting the success of harm reduction strategies [26]. In addition, the health-focused, rather than punitive, approach significantly reduced incarceration rates for drug offenses [27]. Within the policy framework, a Dissent Commission consisting of an expert panel evaluates cases and recommends treatment rather than criminal charges, ensuring a health-centered approach [28]. Comprehensive support in the form of extensive medical, psychological, and social services also address underlying issues such as homelessness and mental health, reinforcing the success of this model [29].

2. Switzerland's Four Pillars Policy

Switzerland's integrated drug policy effectively combines prevention, treatment, harm reduction and law enforcement, resulting in significant improvements in public health and reductions in drug-related crime. Key programs such as supervised drug consumption facilities (DCRs) and substitution therapy are clear examples of this comprehensive approach. More than 90 DCRs have been established in Switzerland, providing a safe environment for injecting drug users, which significantly reduces health risks and improves hygiene and safety for users. These facilities have also successfully reduced drug use in public places without increasing drug consumption or local crime, while facilitating access to health and social services [30]. In addition, the introduction of substitution therapy, including heroin-assisted treatment for resistant addicts, has been an important component of this policy, showing positive results in terms of reduced drug-related health problems and increased public safety [31].

This comparative analysis provides valuable lessons for Indonesia, emphasizing the need for a shift in focus towards a health-

centered approach to improve rehabilitation outcomes and reduce the burden on the criminal justice system. Strengthening community-based programs through investments in community engagement and harm reduction strategies can improve the accessibility and effectiveness of rehabilitation efforts. In addition, integrating policies through a collaborative framework involving the health, legal and social sectors is essential to comprehensively address the diverse nature of addiction.

4.3 The Role of Social Engineering in Supporting Rehabilitation

Social engineering was crucial in bringing about changes in public attitudes, which influenced policy changes in Portugal and Switzerland. In the case of Indonesia, social engineering can contribute greatly in removing stigma and making society more receptive to rehabilitation programs. In addition, campaigns can also be a means to educate the public that addiction is a health problem, which can help reduce stigma and build community support. Such initiatives will be better if the government, media, and NGOs work together in partnership.

Community-based programs involving local leaders and organizations can create a supportive environment for rehabilitation and reintegration. This approach is in line with Indonesia's socio-cultural context, which emphasizes community values. The media, through positive portrayals of rehabilitation, can provide an alternative to stereotypes and help view addiction more sympathetically.

Social engineering plays an important role in reshaping attitudes towards addiction and rehabilitation in Indonesia, similar to its impact in Portugal and Switzerland, by building collaboration between the government, media, and NGOs to reduce stigma and increase community support for rehabilitation programs. Government policies that mandate behavior change can create a legal framework that supports rehabilitation [32], while positive representations of rehabilitation in the media can counter

stereotypes and foster a more sympathetic view towards addiction [33]. The involvement of NGOs in community-based programs involving local leaders can also increase the socio-cultural acceptance of rehabilitation initiatives. In addition, educational campaigns that educate the public about addiction as a health problem can significantly reduce stigma [34], and direct contact initiatives that encourage interaction between the community and addicts in recovery can foster empathy and understanding [32].

4.4 Challenges and Opportunities

1. Challenges

Drug rehabilitation efforts in Indonesia face several challenges, including legal vagueness, where inconsistent definitions and application of rehabilitation provisions lead to disparities in outcomes. Resource constraints, such as limited funding and inadequate infrastructure, hinder the scalability of rehabilitation programs. Furthermore, cultural barriers, including stigma and deep-rooted misconceptions about addiction, further hinder the effective implementation of these policies.

2. Opportunities

To improve the effectiveness of drug rehabilitation efforts in Indonesia, there are several opportunities that can be pursued. Policy reform to align the legal framework with international standards is essential to create a more effective system. Capacity building through training for legal and health professionals can strengthen the implementation of rehabilitation policies. In addition, fostering public-private partnerships with NGOs and private entities can mobilize resources and expertise, supporting the development and sustainability of rehabilitation programs.

Discussion

The results of this study show that the drug rehabilitation strategy in Indonesia is still unfinished, characterized by some strengths, but there are still major challenges

to be faced. Comparisons with international best practices provide valuable lessons that can be used to improve Indonesia's legal framework and implementation strategy, particularly from Portugal and Switzerland. This discussion integrates these findings and examines their wider implications, focusing on three key dimensions: legal consistency, socio-cultural adaptability, and the role of social engineering in driving systemic change.

Indonesia's Law No. 35 of 2009 aims to integrate rehabilitation into the legal framework, but inconsistencies in its application result in unpredictable outcomes for offenders, overcrowded prisons, and limited rehabilitation opportunities. In contrast, Portugal's clear legal provisions and prevention commissions provide a consistent, treatment-focused approach that could serve as a model for Indonesia [9], [10]. Societal stigma and cultural attitudes further hinder rehabilitation efforts, as addiction is often perceived as a moral failing rather than a health issue. Adapting rehabilitation programs to align with local contexts, as demonstrated by Switzerland's Four Pillar Policy, could foster community support and acceptance, thereby improving rehabilitation success [15], [35]. Additionally, social engineering initiatives, such as public awareness campaigns and positive media portrayals, can reshape societal perceptions of addiction. Collaborations with NGOs and community organizations are critical for aligning legal mandates with social acceptance, drawing valuable lessons from Portugal's health-based approach [12], [35]

1. Legal Consistency and Implementation Gaps

Law No. 35/2009 on Narcotics represents a serious attempt to incorporate rehabilitation into the legislative framework; however, it suffers from inconsistencies in implementation that reduce its effectiveness. Too often, courts use discretion, and whether an offender is rehabilitated or imprisoned is unpredictable; such uncertainty undermines confidence in the legal system, while prisons become overcrowded with limited

rehabilitation opportunities. In contrast, clear and consistent legal provisions in Portugal, along with a prevention commission, which reviews drug use cases, ensure policies are applied uniformly and emphasize treatment over punishment. A similar mechanism in Indonesia would standardize decisions, reduce the burden on judges' discretion, and facilitate implementation, with a focus on rehabilitation for non-violent drug offenders.

2. Socio-Cultural Adaptation

The biggest obstacle to successful rehabilitation programs in Indonesia is societal stigma and cultural attitudes towards addiction. Many communities regard drug addiction as a moral failing rather than a medical condition, leading to social exclusion and reluctance to support rehabilitation initiatives, which hinders the reintegration of rehabilitated individuals. Insights from Switzerland's Four Pillars Policy emphasize the need to tailor rehabilitation programs to the local context. For Indonesia, engaging community leaders and incorporating traditional values into rehabilitation efforts can encourage greater acceptance and support. Community-based programs with a focus on family and communal ties are more in line with Indonesia's collectivist sense of responsibility, which closes the gap between formal legal structures and community sentiment, thereby improving the prospects for successful rehabilitation.

3. The Role of Social Engineering in Systemic Change

Social engineering has much to offer to overcome sociocultural barriers to effective drug rehabilitation in Indonesia. Effective public awareness campaigns can reshape society's perception of addiction, encouraging a more compassionate and supportive approach by educating people about addiction as a health issue and emphasizing the benefits of rehabilitation for individuals and society. Media representation is equally important, where positive portrayals of successful rehabilitation stories through mainstream and social media can help

challenge stereotypes and encourage community acceptance. These efforts can be enhanced through partnerships with NGOs and activist groups. Effective operation of government agencies together with healthcare providers and community organizations is necessary to create a seamless system that integrates legal mandates and social acceptance. Lessons learned from the health-based approach in Portugal and from inter-agency collaboration in Switzerland show how these partnerships make a difference in systemic transformation.

4. Opportunities for Policy and Structural Reforms

Indonesia has a unique opportunity to improve its drug rehabilitation system by aligning its legal framework with international standards and prioritizing capacity building. Providing clearer legal guidelines with standardized criteria on whether a person should undergo rehabilitation can reduce disparities in practice and ensure equality before the law. More rehabilitation centers, along with improving the quality of those facilities, would greatly increase access to effective treatment. Better coordination and collaboration in integrating public health with the legal system will provide comprehensive rehabilitation. In addition, involving local communities in the design and implementation of rehabilitation programs can increase effectiveness and sustainability, drawing on Indonesia's rich culture of shared responsibility.

5. CONCLUSION

Indonesia's legal framework for drug rehabilitation is based on the recognition of addiction as a health problem, but its effectiveness is weakened by inconsistent judicial decisions, a lack of infrastructure, and social stigma. Lessons from Portugal and Switzerland underpin the benefits of health-centered, community-driven models that focus on clear legal guidelines, integrated public health systems, and social engineering efforts. These challenges are to be overcome in

Indonesia by undertaking multifaceted approaches that include legal reforms on standardization of rehabilitation processes, expansion of treatment facilities, and public awareness campaigns along with community engagement to help change societal perceptions and build support for rehabilitation. By adopting best international practices and playing to its cultural strengths,

Indonesia can establish a more effective, humane system for dealing with drug addiction. This study emphasizes the necessity of a holistic approach that balances punitive and rehabilitative measures, integrating legal consistency, public health, and social support to achieve sustainable outcomes.

REFERENCES

- [1] L. Manurung, "The Impact of Drug Abuse on Families and Society (Literature Review)," *MSJ Major. Sci. J.*, vol. 2, no. 2, pp. 239–244, 2024.
- [2] J. Dua, "The problem of drug addiction in india: Its consequences and effective measures," *J. Drug Deliv. Ther.*, vol. 12, no. 1-S, pp. 159–163, 2022.
- [3] A. Żółtaszek, "THE GLOBAL PANDEMIC OF YOUTH'S ADDICTION AND ITS SOCIO-ECONOMIC BURDEN.," *Polityka Społeczna*, vol. 604, no. 9, 2024.
- [4] P. S. - and M. T. -, "Causes Of Rising Drug Trafficking In India And Ways To Stop Drug Trafficking," *Int. J. Multidiscip. Res.*, vol. 6, no. 2, pp. 1–12, 2024, doi: 10.36948/ijfmr.2024.v06i02.14548.
- [5] H. R. Wani and A. Ahmed, "A Qualitative Study of the Initiation, Causes, and Consequences of Drug Addiction," *J. Ment. Heal. Hum. Behav.*, vol. 29, no. 1, pp. 10–15, 2024.
- [6] A. Renata and W. S. Myharto, "The Application of Rehabilitation Sentences for Narcotics Addicts (Case Study of North Jakarta District Court Decision Number 115/Pid. Sus/2023/PN Jkt. Utr)," 2024.
- [7] Z. Zufahmi, "Comparison of Criminal Sanctions for Drugs Abusers in Indonesian Positive Law and Islamic Law," *J. Sharia Leg. Sci.*, vol. 2, pp. 178–193, Aug. 2024, doi: 10.61994/jsls.v2i2.646.
- [8] A. W. Laksana and B. Sobirov, "Comparative Study of Criminal Law Enforcement Against Drug Addicts Through Religious Rehabilitation Between Indonesia and Uzbekistan," *MADANIA J. Kaji. Keislam.*, vol. 28, no. 1, pp. 159–166, 2024.
- [9] S. Pulungan, E. Soponyono, and S. Purnomo, "Reforming Indonesia's Approach to Narcotics Offenses: A Call for Rehabilitation over Incarceration," *South East. Eur. J. Public Heal.*, pp. 249–253, Oct. 2024, doi: 10.70135/seejph.vi.1473.
- [10] D. Muslim, N. Darwis, and S. Sudarto, "Legal Study Analysis of Criminal Law Policy in the Implementation of Integrated Assessment for Drug Abusers based on Law Number 35 of 2009 Concerning Narcotics," 2024.
- [11] K. S. J. Linus and H. B. K. Hutaso, "Penyembuhan dan Pencegahan pada Kecanduan Narkoba dan Zat Adiktif: Sebuah Tinjauan Pustaka," *MAHESA Malahayati Heal. Student J.*, vol. 3, no. 2, pp. 494–502, 2023.
- [12] F. Handayani and L. Angrayni, "Jurnal Penelitian Hukum De Jure," 2024.
- [13] T. Y. Chandra, J. Sriwidodo, and M. S. Tumanggor, "Rehabilitation of Narcotic Addictives: An Overview of Implementation and The Effort by Restorative Justice," *KRTHA BHAYANGKARA*, vol. 17, no. 3, pp. 465–480, 2023.
- [14] M. A. Syaifudin, A. Sulaiman, and V. R. Multiwijaya, "Implementation of The Rehabilitation Model on Victims of Drug Abuse in The Development of The Legal System in Indonesia," *Interdisciplinary J. Humanity*, vol. 2, no. 4, pp. 285–295, 2023.
- [15] C. Jaya and F. Hikmah, "Legal Reform on Rehabilitation for Drug Users as an Ultimum Remedium Effort," *J. USM LAW Rev.*, vol. 7, no. 1, pp. 364–375, 2024.
- [16] B. J. P. R. H. Siahaan, "Cultural Research on Drug Users in Indonesia," *JIM J. Ilm. Mhs. Pendidik. Sej.*, vol. 9, no. 2, pp. 679–685, 2024.
- [17] P. Tanguay *et al.*, "Facilitating a transition from compulsory detention of people who use drugs towards voluntary community-based drug dependence treatment and support services in Asia," *Harm Reduct. J.*, vol. 12, pp. 1–5, 2015.
- [18] A. Schloenhardt, *Legalisation and Decriminalisation of Narcotic Drugs and Psychotropic Substances*. Carl Grossmann Verlag, 2022.
- [19] A. Ahmad, A. Kamarulzaman, M. Kazatchkine, R. Dreifuss, and H. Clark, "The 67th UN CND—upholding human rights in drug policy," *Lancet*, vol. 403, no. 10439, pp. 1851–1852, 2024.
- [20] V. Stein, *International Law and Legalisation and Decriminalisation of Illicit Drugs*, vol. 9. buch & netz, 2024.
- [21] W. C. Warih and E. F. Setiawan, "IMPLEMENTATION OF SOCIAL REHABILITATION PROGRAM POLICY FOR NARCOTICS INMATE (CASE STUDY PURWOKERTO CLASS IIB NARCOTICS PRISON)," *J. Soc. Polit. Gov.*, vol. 6, no. 1, pp. 61–75, 2024.
- [22] A. Qourrichi, "Social influence and the formation of social norms, a psychosocial approach," *Soc. Influ. Form. Soc. Norms, a Psychosoc. Approach | IUSRJ*, vol. 4, 2023.
- [23] P. Georgakas, "Truth and lies about the social rehabilitation of drug addiction," *Ann. Gen. Psychiatry*, vol. 9, no. Suppl 1, p. S20, 2009.
- [24] A.-M. Kennedy and A. Parsons, "Social engineering and social marketing: why is one 'good' and the other 'bad'?" *J.*

- Soc. Mark.*, vol. 4, no. 3, pp. 198–209, 2014.
- [25] P. W. Schultz, "Secret agents of influence: Leveraging social norms for good," *Curr. Dir. Psychol. Sci.*, vol. 31, no. 5, pp. 443–450, 2022.
- [26] P. Benjamim, L. Prada, A. RODRIGUES LOPES, R. Avó-Baião, and D. Caldeira, "A Reconciliação da Medicação nos Cuidados de Saúde em Portugal," *Acta Med. Port.*, vol. 37, 2024.
- [27] K. Hill, K. Dunham, K. Doneski, K. L. Sue, K. Thakarar, and J. Butner, "In Support of the Decriminalization of Personal Drug and Paraphernalia Use and Possession: Position Statement of AMERSA, Inc (Association for Multidisciplinary Education, Research, Substance Use and Addiction)," *Substance Use & Addiction Journal*. SAGE Publications Sage CA: Los Angeles, CA, p. 29767342241277620, 2024.
- [28] T. Lancet, "Drug decriminalisation: grounding policy in evidence," *Lancet (London, England)*, vol. 402, no. 10416. p. 1941, 2023.
- [29] A. Finucane and J. M. Stritch, "Connecting the Person by Removing the Stigma: Why Ireland Should Follow the Portuguese Model of Drug Decriminalisation," *South East. Eur. J. Public Heal.*, 2023.
- [30] H. DAGMAR, "Chapter 11: Drug consumption facilities in Europe and beyond," *Harm Reduct. evidence, impacts challenges*, 2010.
- [31] A. Uchtenhagen, "Harm reduction: The case of Switzerland," *Eur. Addict. Res.*, vol. 1, no. 3, pp. 86–91, 1995.
- [32] K. R. Fisher and C. Purcal, "Policies to change attitudes to people with disabilities," *Scand. J. Disabil. Res.*, vol. 19, no. 2, pp. 161–174, 2017.
- [33] T. L. Anderson and F. Ripullo, "Social setting, stigma management, and recovering drug addicts," *Humanity Soc.*, vol. 20, no. 3, pp. 25–43, 1996.
- [34] P. W. Corrigan, "Erase the stigma: Make rehabilitation better fit people with disabilities," *Rehabil. Res. Policy, Educ.*, vol. 20, no. 4, p. 225, 2006.
- [35] T. Hartono, V. Hanami, and F. D. Prameswari, "Drug abuse rehabilitation policies in Indonesia: a comparison with Vietnam, Australia and Portugal," *Wacana Huk.*, vol. 29, no. 2, pp. 163–180, 2023.