



Community-Based Intervention: Bridging the Gap: Empowering Local Communities in Drug Rehabilitation Access

Dr. Erniawati Lestari, Sp.F.K

Plt. Direktur PLRKM

Deputi Bidang Rehabilitasi, Badan Narkotika Nasional (BNN)

Outline

1. BACKGROUND
2. STRATEGY
3. OVERVIEW IBM
4. IBM UNIT DISTRIBUTION
5. IBM ACTIVITIES & SERVICES ACHIEVEMENTS
6. EFFECTIVENESS OF THE IBM-1 PROGRAM
7. IBM's GOOD PRACTICES IN GUNUNG PUTRI VILLAGE

GLOBAL CONDITIONS

- People with drug use disorders globally reached 316 million people or 6% of the global population aged between 15 and 64 years. The prevalence of drug use continues to increase, from 5.2% in 2013 to 6.0% in 2023.
- Cannabis remains the most widely used (244 million/4.6%), followed by opioids, including synthetic opioids and natural opiates (61 million/1.2%), amphetamines (31 million/0.6%), cocaine (25 million/0.5%) & "ecstasy" (21 million/0.4%).
- Of the estimated 64 million people worldwide with substance use disorders in 2023, only 1 in 12 received some form of drug-related treatment.
- More than half of people with substance use disorders worldwide do not feel they need treatment. Furthermore, most are unwilling to access treatment or adhere to treatment protocols.
- Barriers to accessing rehabilitation services due to increasing stigmatization, social roles and expectations, and a lack of gender-appropriate care facilities. Expensive and limited rehabilitation services
- **Networked psychosocial rehabilitation services are located in cities, have limited capacity, and are difficult for people living in villages to access.**

Source: UNODC, World Drug Report 2025 (United Nations publication, 2025)

PREVALENCE OF PEOPLE WITH DRUG USE DISORDERS IN INDONESIA

Penyalahgunaan Narkoba	Prevalensi (%)			Estimasi Penduduk Indonesia Umur 15-64 Tahun Terpapar Narkoba		
	2019	2021	2023	2019	2021	2023
Setahun Pakai	1,80	1,95	1,73	3.419	3.662	3.337
Pernah Pakai	2,40	2,57	2,20	4.534	4.827	4.244

- The number of people with drug use disorders who received rehabilitation services was 43,320 people (BNN, 2021)
- The number of drug rehabilitation service facilities in Indonesia is 865 institutions (BNN, 2024)

Strategic policy for integrated, comprehensive, and balanced drug control

The right to health for drug users, family members, and communities affected by drug use

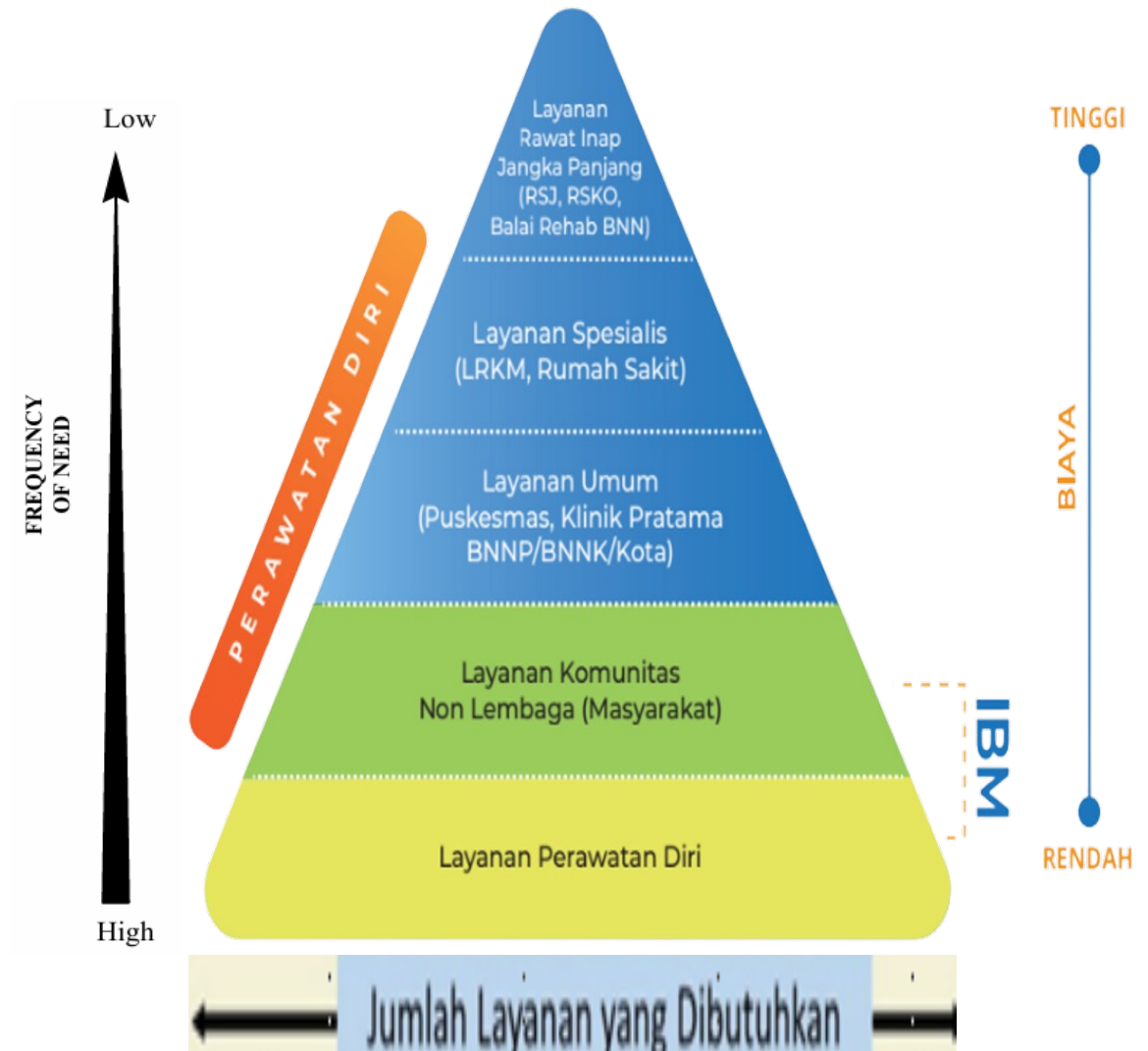
The provision of evidence-based health services and programs that are accessible, free from stigma or discrimination, and free from violence and abuse.

None services that can meet all the health needs of drug users.

Support, supervision, collaboration, information sharing, and education at various levels of care.

Drug users need to be involved in recovery, albeit to varying degrees.

Developing/modifying drug abuse services comprehensively, integrating rehabilitation services into primary health care, and developing rehabilitation services in government and community institutions



OVERVIEW IBM



What is IBM?

- Drug abuse treatment designed "**From the Community, For the Community, and By the Community**".
- Formed at the village/sub-district level with support from the village/sub-district government and community
- Implemented by community members who voluntarily participate in IBM activities and services (Recovery Agents (AP))
- RAs interact directly with drug abusers, their families, and the surrounding community.
- Helping recovery for low-risk/experimental drug users
- Easily accessible services
- Target: Low-risk drug users, families, communities

IBM

Implementer

Village Head/Head of Sub-District:

1. Recruitment and formation of the Recovery Agent Team (AP) as outlined in the Decree.
2. Providing support to RAs in the implementation of activities

Recovery Agents:

1. Always coordinate with the local BNNP/BNNKab/BNN Kota in carrying out activities as outlined in the Decree.
2. Responsible for the Village Head/Head of Sub-District in every implementation of the program IBM

BNNP/BNNK/City:

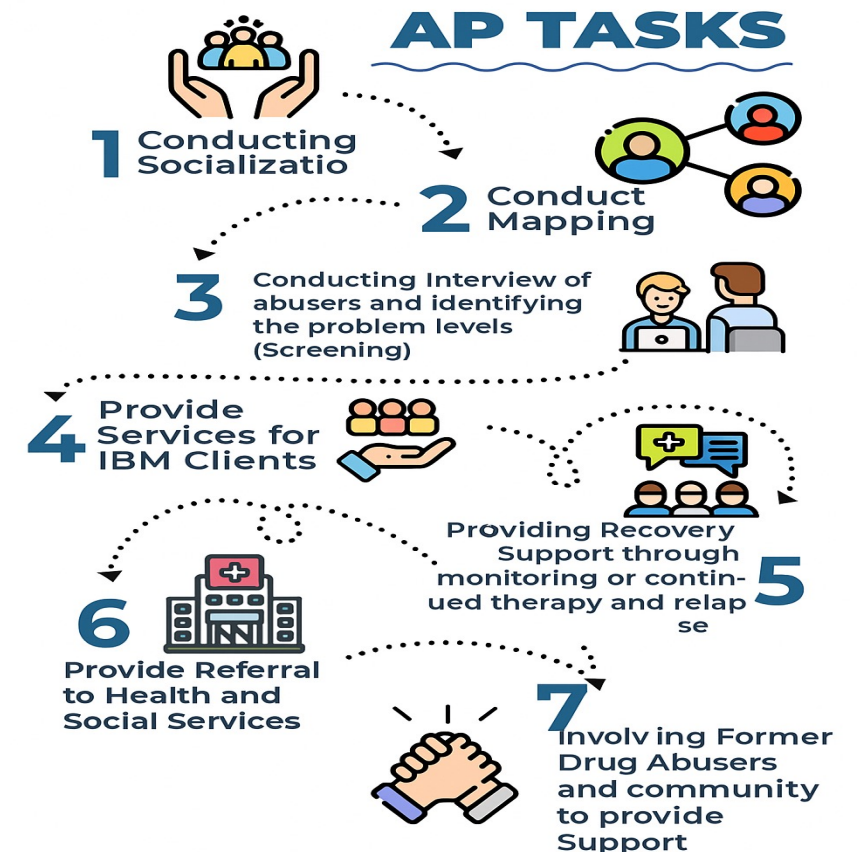
1. Providing training, guidance, and assistance to AP in the implementation of the IBM program.

BNNP/BNNK/City in collaboration with village heads/sub-district heads

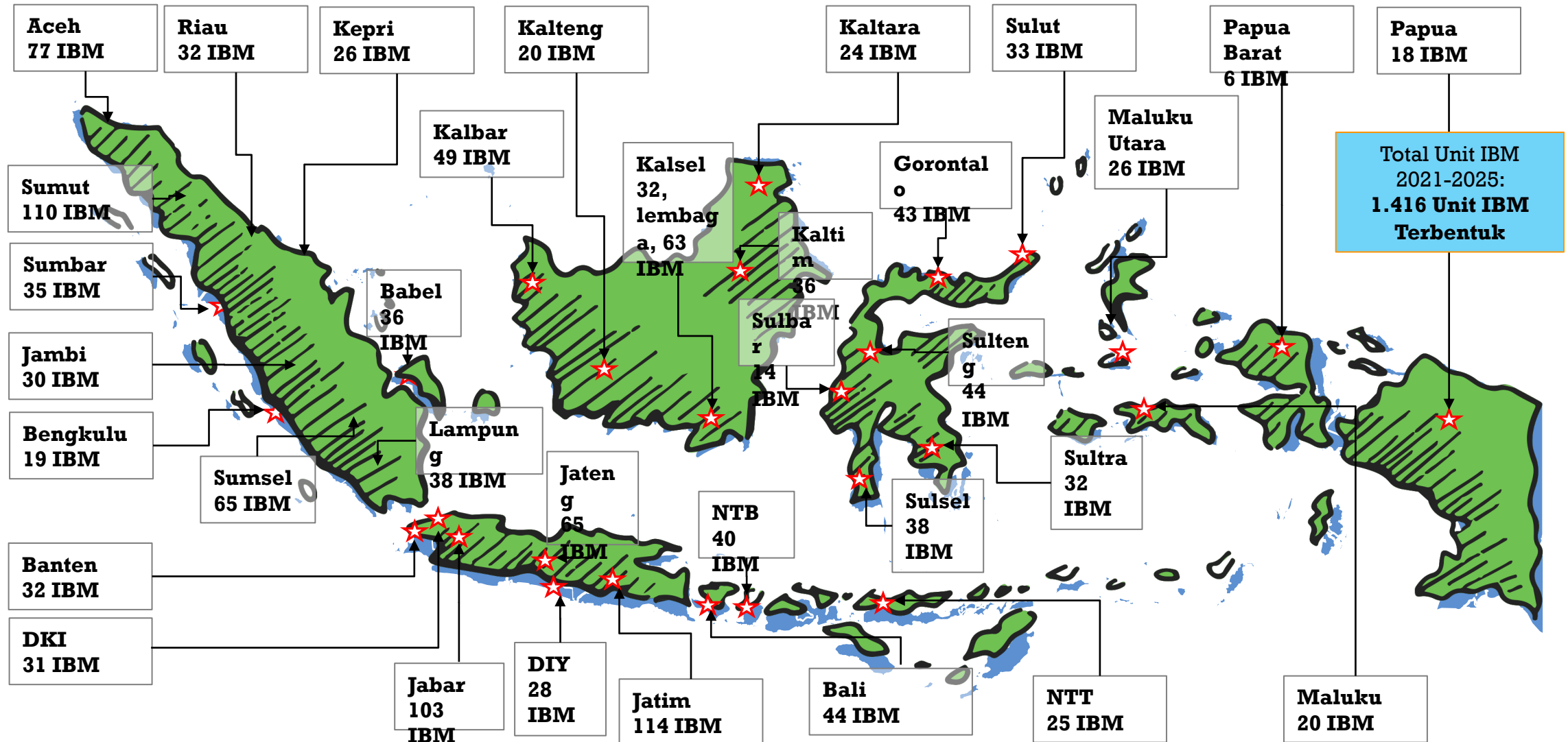
1. Socialization and initiation of IBM formation.
2. Coordinating the establishment of IBM locations.
3. Coordinating the implementation of

REHABILITATION

Community members who live in villages/subdistricts and are selected by the village head/subdistrict head to carry out IBM activities and services after receiving training as partners of the National Narcotics Agency.

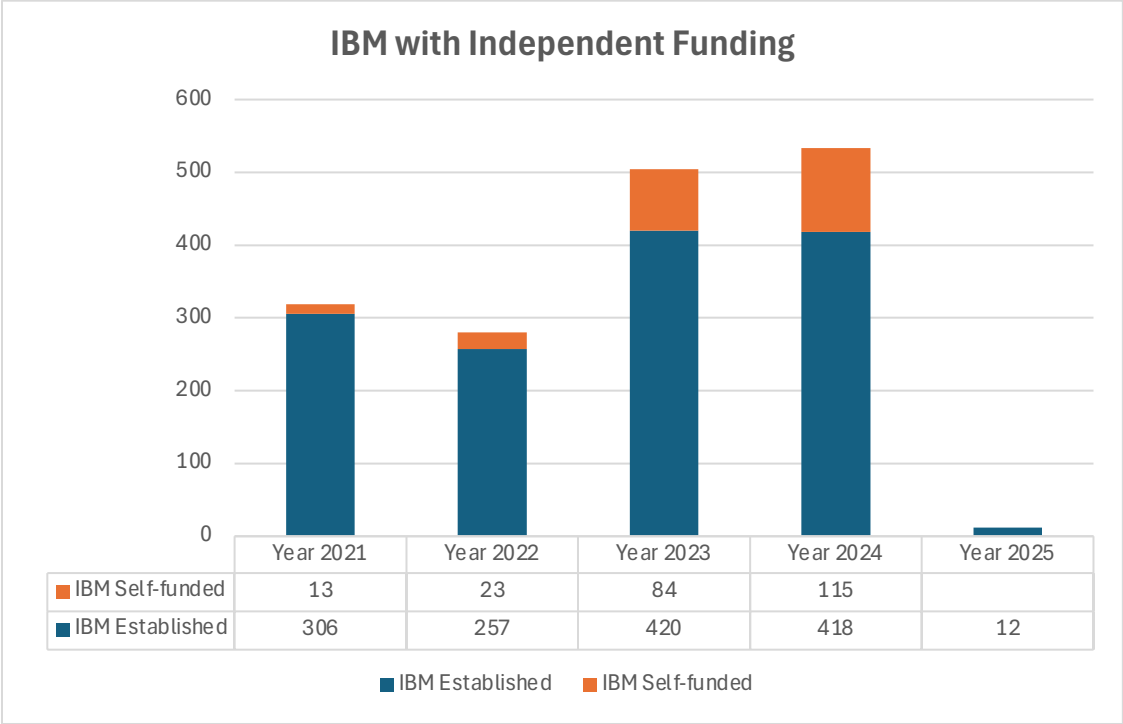
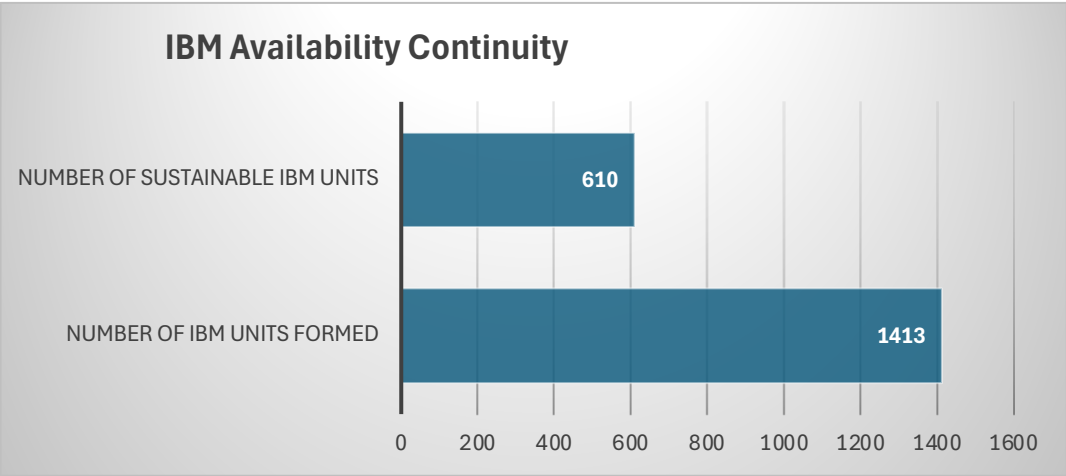


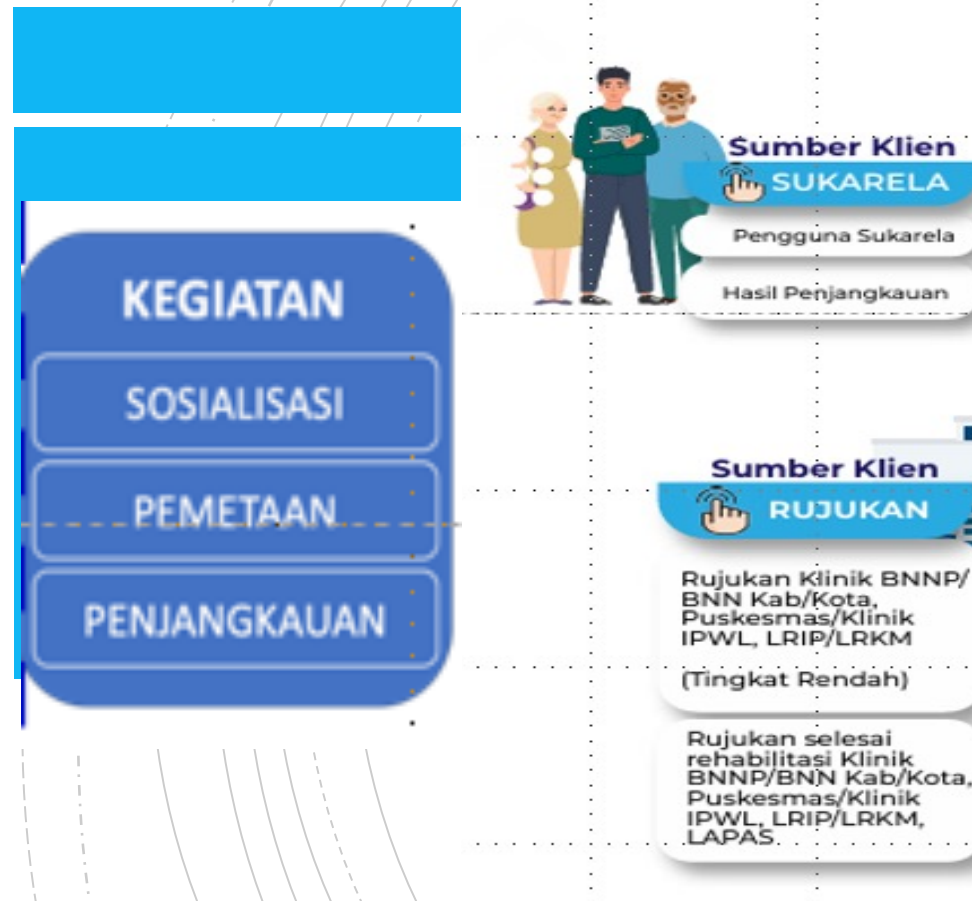
IBM UNIT DISTRIBUTION 2021-2025





Data	Year 2021	Year 2022	Year 2023	Year 2024	Year 2025 (as of August 2025)
Number of IBM units formed by BNNP/Regency/City	306 units	257 units	420 units	418 units	15 units
Number of IBM units developed by BNNP/Regency/City	306 units	307 units	463 units	418 units	246 units
Number of Recovery Agents (AP) as implementers of the IBM program	2,049 people	2,119 people	2,664	2,210 people	1,230





MINGGU 1:

Pelaksanaan skrining untuk mendeteksi resiko penggunaan narkoba.

MINGGU 9-16:

Pemberian layanan bina lanjut melalui pemantauan



MINGGU 2-8:

Pelaksanaan penerimaan awal klien IBM dilanjutkan layanan intervensi

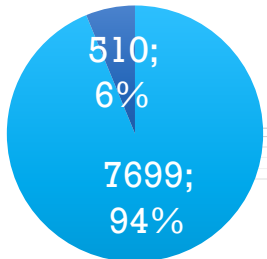


IBM ACTIVITIES & SERVICES ACHIEVEMENTS

	Socialization	Socialization	Mapping	Outreach	Services
	Number of activities (times)	Socialization Recipients (people)	Number of activities (times)	Number reached (people)	Number of clients (people)
Year					
2021	1,530	22,950	612	3,060	2,396
2022	1,398	24,385	822	2,331	2,331
2023	2,491	44,477	1,447	3,027	2,773
2024	3,277	73,749	1,330	3,073	2,310
2025 (September)	989	26,050	602	843	581
Total	9,685	191,611	4,813	12,334	10,391

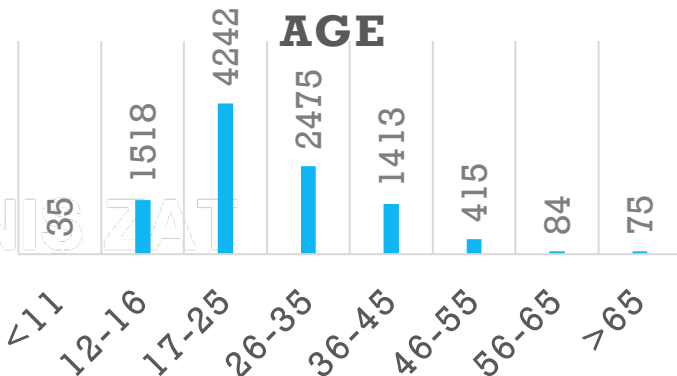
IBM client profile overview (2021-2025)

Gender

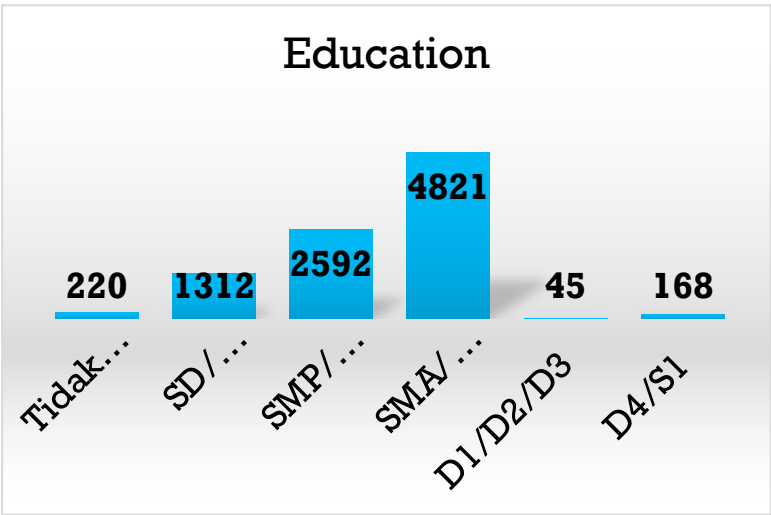


Male Female

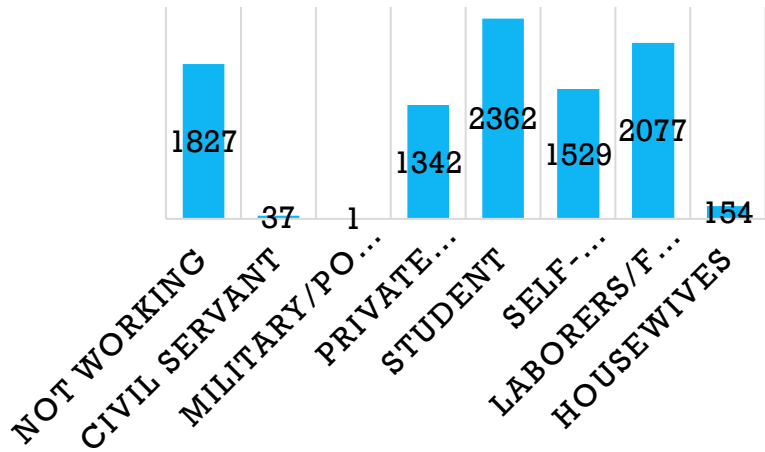
AGE



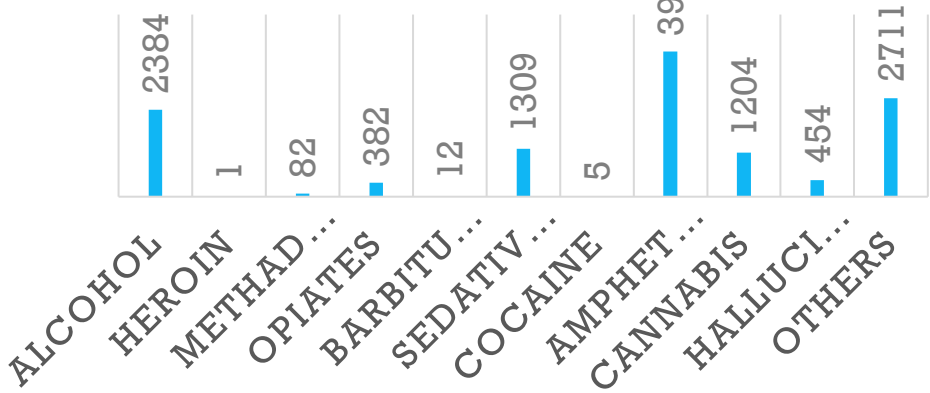
Education



WORK



TYPES OF SUBSTANCES USED



IBM Sustainability

CONCEPT

- **Operational Independence:** IBM must have a solid organizational structure with good governance.
- **Government and Community Support:** Close cooperation between the community, local government, and relevant institutions is essential in supporting IBM's operations.
- **Sustainable Resources:** Strengthening human resource capacity through training, improving the skills of Recovery Agents, and utilizing funding sources from various parties.
- **Regular Evaluation and Monitoring:** IBM must have a monitoring and evaluation system in place to ensure that the program is running according to its objectives and to make adjustments when necessary.
- **Integration with Local Policies:** IBM needs to be integrated with village/sub-district policies and obtain formal support through public policies so that the program can run sustainably.

SUSTAINABLE ACTIVITIES

- IBM Cadre Development (Recruitment & appointment of new Recovery Agents to add/replace inactive APs)
- Improvement of AP capabilities related to IBM (training/technical guidance/workshops/comparative studies, etc.)
- Advocacy activities (a series of communication activities to influence policy makers in order to gain support. Example: Meeting with the Village Head/Sub-District Head to obtain funding support for future IBM programs)
- Monitoring and evaluation of IBM program outcomes
- Utilization of information technology in the implementation of IBM programs

EFFECTIVENESS OF THE IBM-1 PROGRAM



No.	Form Measurement	Measuring instrument	Target	Objective	Measurement Results for 2024														
1	Evaluation client development through quality of life measurements using	WHO Quality of Life (WHOQoL)	IBM clients	Assessing changes that occur in the client during the rehabilitation program rehabilitation	<table><tr><th>Domain</th><th>Increase (difference between initial and final measurements)</th></tr><tr><td>Physical Health</td><td>1,130</td></tr><tr><td>Psychological</td><td>1,242</td></tr><tr><td>Social Relationships</td><td>1,324</td></tr><tr><td>Environment</td><td>1,293</td></tr></table> There has been an improvement in all domains of quality of life, including physical health, psychological well-being, social relationships, and the environment.	Domain	Increase (difference between initial and final measurements)	Physical Health	1,130	Psychological	1,242	Social Relationships	1,324	Environment	1,293				
Domain	Increase (difference between initial and final measurements)																		
Physical Health	1,130																		
Psychological	1,242																		
Social Relationships	1,324																		
Environment	1,293																		
2	IBM Development Phase	Form IBM development	IBM Unit	- Evaluating the level of IBM program implementation - Identifying the level of success of IBM implementation	Capaian Fase Perkembangan IBM Tahun 2021 s.d.2024 <table><tr><th>Fase</th><th>Capaian</th></tr><tr><td>Pra fase</td><td>52</td></tr><tr><td>Fase 1</td><td>99</td></tr><tr><td>Fase 2</td><td>150</td></tr><tr><td>Fase 3</td><td>333</td></tr><tr><td>Fase 4</td><td>568</td></tr><tr><td>Fase 5</td><td>199</td></tr></table> *Pre-Phase, Phase 1 (Pilot), Phase 2 (Growth), Phase 3 (Development), Phase 4 (Resilience), Phase 5 (Prime)	Fase	Capaian	Pra fase	52	Fase 1	99	Fase 2	150	Fase 3	333	Fase 4	568	Fase 5	199
Fase	Capaian																		
Pra fase	52																		
Fase 1	99																		
Fase 2	150																		
Fase 3	333																		
Fase 4	568																		
Fase 5	199																		

EFFECTIVENESS OF THE IBM-2 PROGRAM



No.	Form Measurement	Measuring instrument	Target	Objective	Measurement Results for 2024																					
3	Index IBM Services (INSANI)* *INSANI has undergone the UI ethical review procedure and has been declared eligible for implementation in accordance with ETHICAL APPROVAL LETTER Number: Ket-/UN2.F10.D11/PPM.00.02/2023.	Instruments Compliance Implementation Intervention Community-Based (INTAN IBM) which has undergone validity and reliability testing	- AP - BNNP/ BNNK/ City Officers - Clients	To determine the level of compliance with the implementation of IBM from the perspective of Program implementers & beneficiaries	The results of the national INSANI measurement in 2024 per component show a category 3 value (AP and Client components) and 4 for the BNNP/BNNK/City Rehabilitation Officer component, as well as a category 3 value for the correlation between the AP, BNNP/BNNK/City Rehabilitation Officer, and Client components. All factors/components of AP (24 components), BNNP/BNNK/City Rehabilitation Officers (11 components), and Clients (15 components), as well as the correlation between AP, BNNP/BNNK/City Rehabilitation Officers, and Clients (18 components) contribute to the 2024 INSANI score. The analysis results show that AP and BNNP/BNNK/City Rehabilitation Officers play an important role in the implementation of IBM in 2024, with all AP and BNNPK components influencing the IBM 2024 activities and services.																					
4	Survey on the benefits of the IBM program for the environment & community	Questionnaire containing 6 statements related to the type of services that received	the community	Measuring & understanding the real impact and medium to long-term changes generated by IBM programs	<table><tr><th>No</th><th>Activity/Role</th><th>Score (1-4)</th></tr><tr><td>1</td><td>Explanation of the IBM program to the community</td><td>4</td></tr><tr><td>2</td><td>Changes in client behavior</td><td>4</td></tr><tr><td>3</td><td>Community involvement</td><td>4</td></tr><tr><td>4</td><td>AP assistance</td><td>4</td></tr><tr><td>5</td><td>Family involvement</td><td>4</td></tr><tr><td>6</td><td>Social reintegration of clients</td><td>4</td></tr></table> The benefits of the IBM program are evident through: 1. IBM activities include socialization, client services & support, resulting in behavioral changes in clients that are recognized by the community, as well as the successful social reintegration of clients. 2. Involvement of families and communities in IBM activities and services.	No	Activity/Role	Score (1-4)	1	Explanation of the IBM program to the community	4	2	Changes in client behavior	4	3	Community involvement	4	4	AP assistance	4	5	Family involvement	4	6	Social reintegration of clients	4
No	Activity/Role	Score (1-4)																								
1	Explanation of the IBM program to the community	4																								
2	Changes in client behavior	4																								
3	Community involvement	4																								
4	AP assistance	4																								
5	Family involvement	4																								
6	Social reintegration of clients	4																								

IBM's Good Practices in Gunung Putri Village



Location: Bogor Regency,
West Java Province

Established: 2021
SK Kepala Desa Nomor 20
Tahun 2021, SK Kepala Desa
No.354/12/Kpts/IV/2022 , SK
Kepala Desa No. 100.3.1.7/19/
Kpts/II/2023, SK Kepala Desa
No.100.3.1.7/10/Kpts/II/2024

Network: Training Centers, Ministry of
Manpower (KEMENAKER RI),
PT. Indocement Tungal Prakarsa Tbk,
Gunung Putri Public Health Center
Financial Support: Rp. 30.000.000



Socialization of the IBM Program to Mothers Visiting the Posyandu



Mapping the area using the interview method with Village Heads



Reaching out to potential clients with assistance from the Village Head

IBM ACTIVITIES INCLUDE: SOCIALIZATION, MAPPING, AND REACHING OUT TO POTENTIAL CLIENTS, carried out by the AP Chair and IBM members trained in their respective fields



Mandatory Services



Mandatory KIE and Life Skills Services
Conducted twice each



Self-visit

Optional Services



Implementation of client support groups

MANDATORY SERVICES ARE: KIE, LIFE SKILLS, AND SELF-VISITS ARE CONDUCTED TWICE EACH
OPTIONAL SERVICES ARE: PEER SUPPORT GROUPS, FAMILY SUPPORT, AND REFERRALS



TERIMA KASIH