Mental Health Policy in the Management of Drug Abuse Disorders

September 17th, 2025

Directorate of Vulnerable Group Health Services
Ministry of Health Republic of Indonesia

OUTLINE

1. Background
2. Policy and Roles in the Implementation of Medical Rehabilitation for Drug Abuse Disorder (NAPZA)
3. Distribution and Flow of Medical Rehabilitation Services
4. Conclusion

Kemenkes

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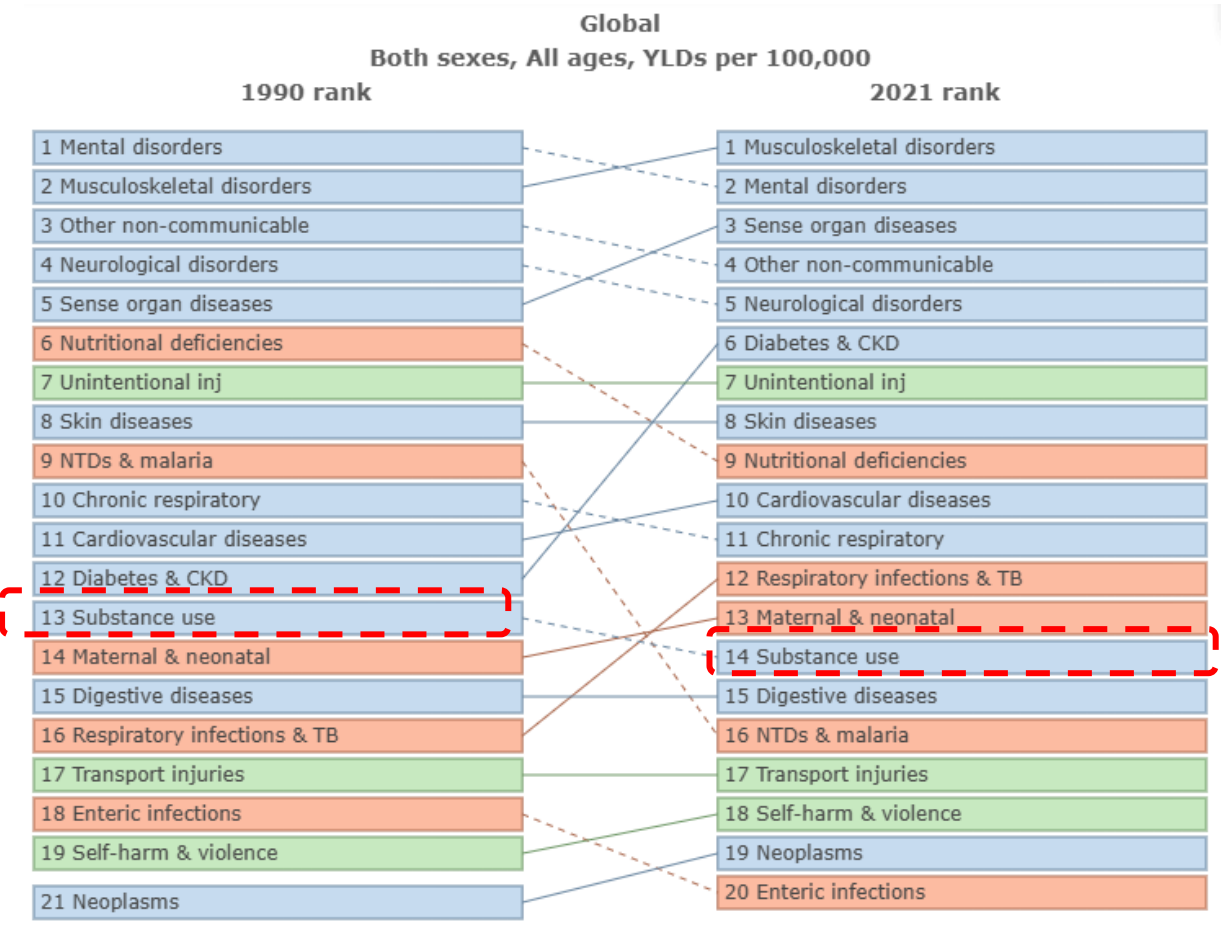
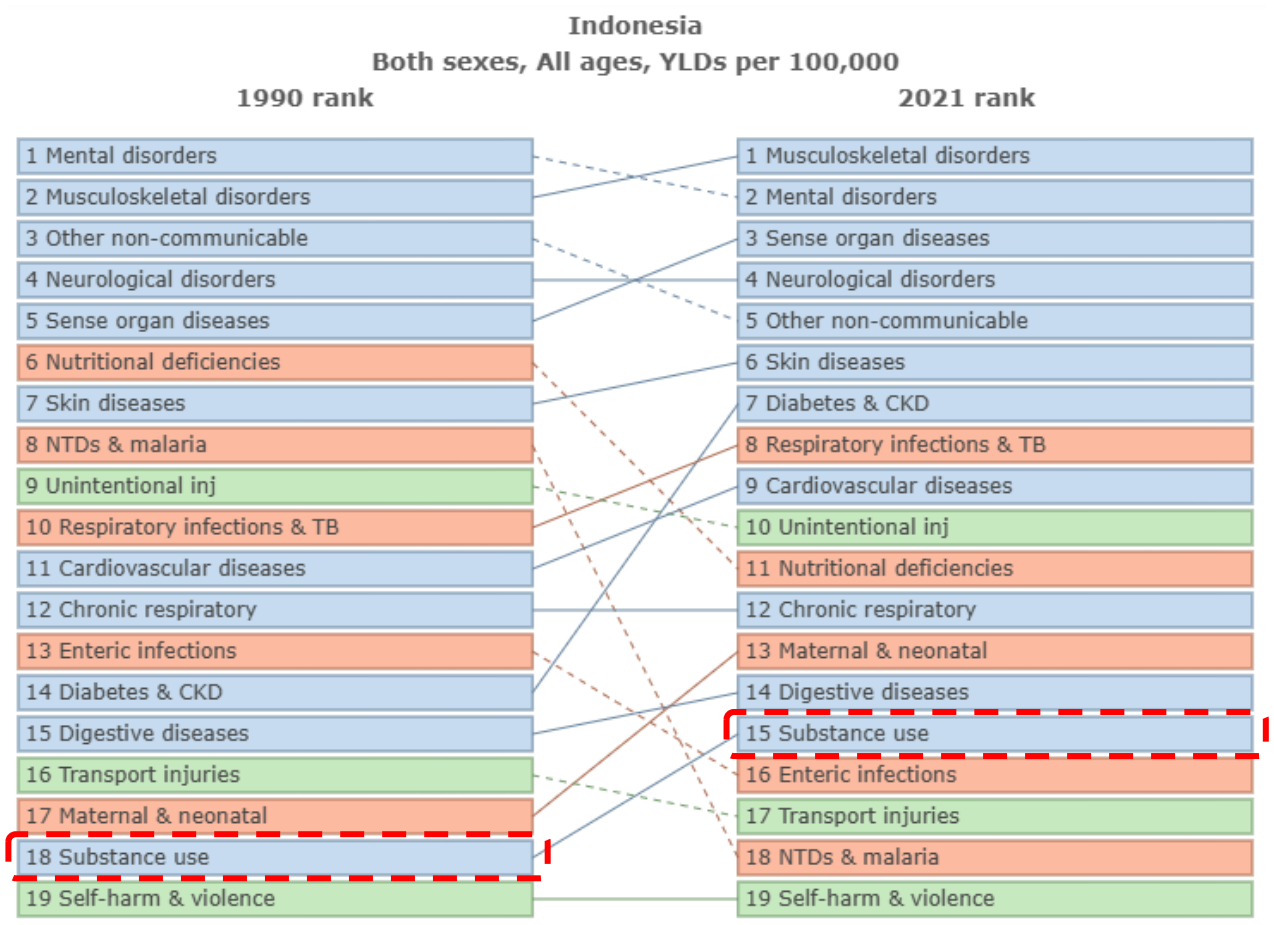
When Compared to Global Data, substance abuse in Indonesia has increased since1990 and ranks 15th in YLDs* in 2021





*YLDs(Years Lived with Disability): tahun produktif yang hilang karena disabilitas; data pada seluruh kelompok usia & jenis kelamin
Sumber: IHME, 2021 (https://vizhub.healthdata.org/gbd-compare/)

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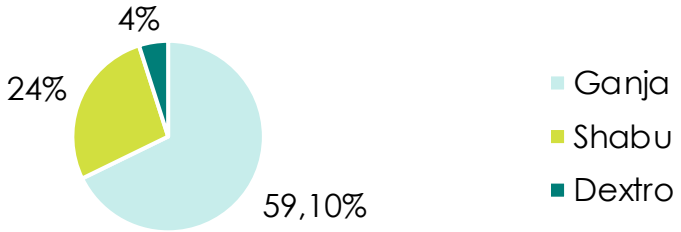
Situation of Drug Abuse in Indonesia

The prevalence rate of drug users over the past year in 2023 among those aged 15-64: 1.73% = 3.33 million people. The pravelence rate of lifetime drug use among individuals aged 15-64 in 2023: 2.20% = 4,24 million people (BNN, 2023)

Age when first used drugs:
19 years old in rural areas
20 years old in urban areas

Drug exposure among 15–24 y.o. has increased

The first three types of drugs consumed



Source : BNN, BRIN, BPS, 2023

New Psychoactive Substances (NPS)

1.261
NPS circulating in the world

The development of NPS creates opportunities for crime because many new types of narcotics are not yet regulated by law

172
NPS circulating in Indonesia

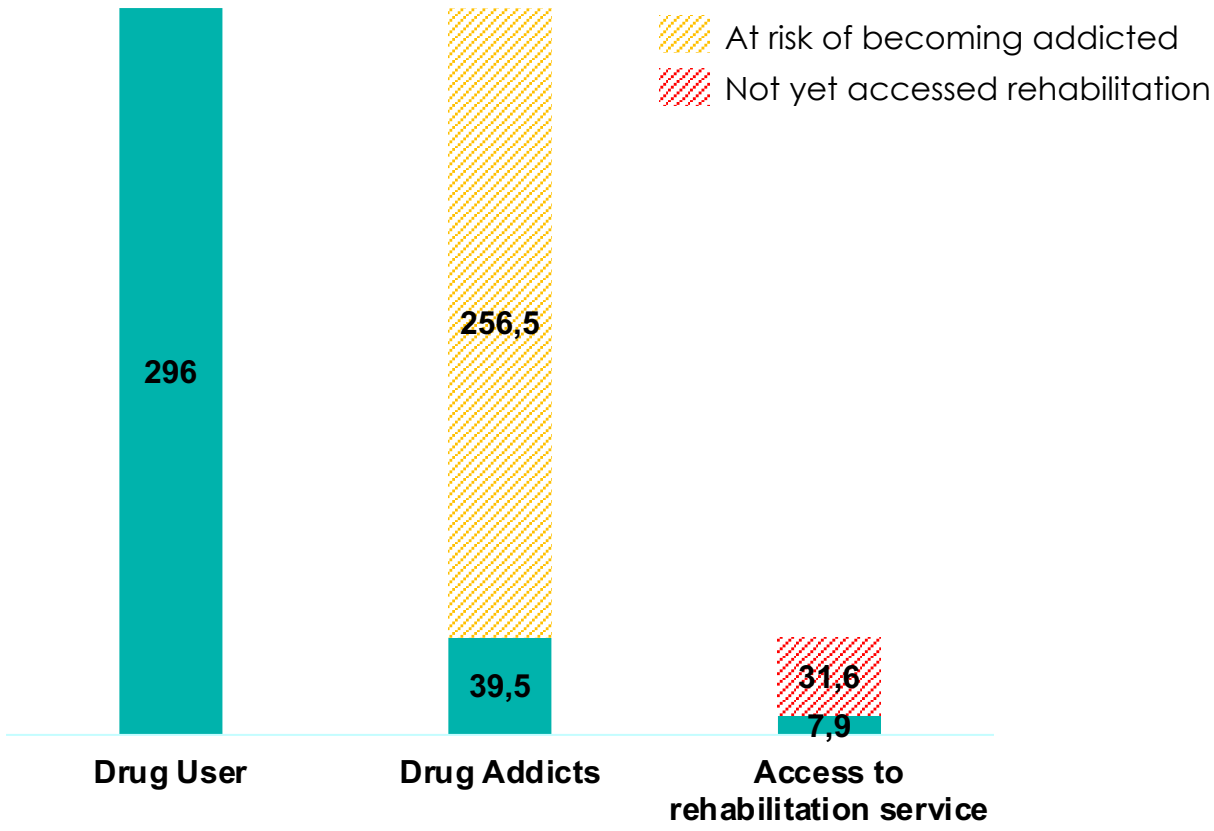
167
Already regulated in Permenkes

5
Not yet regulated in Permenkes

Minister of Health Regulation No 30 of 2023 Concerning Amendment to the Classification of Narcotics

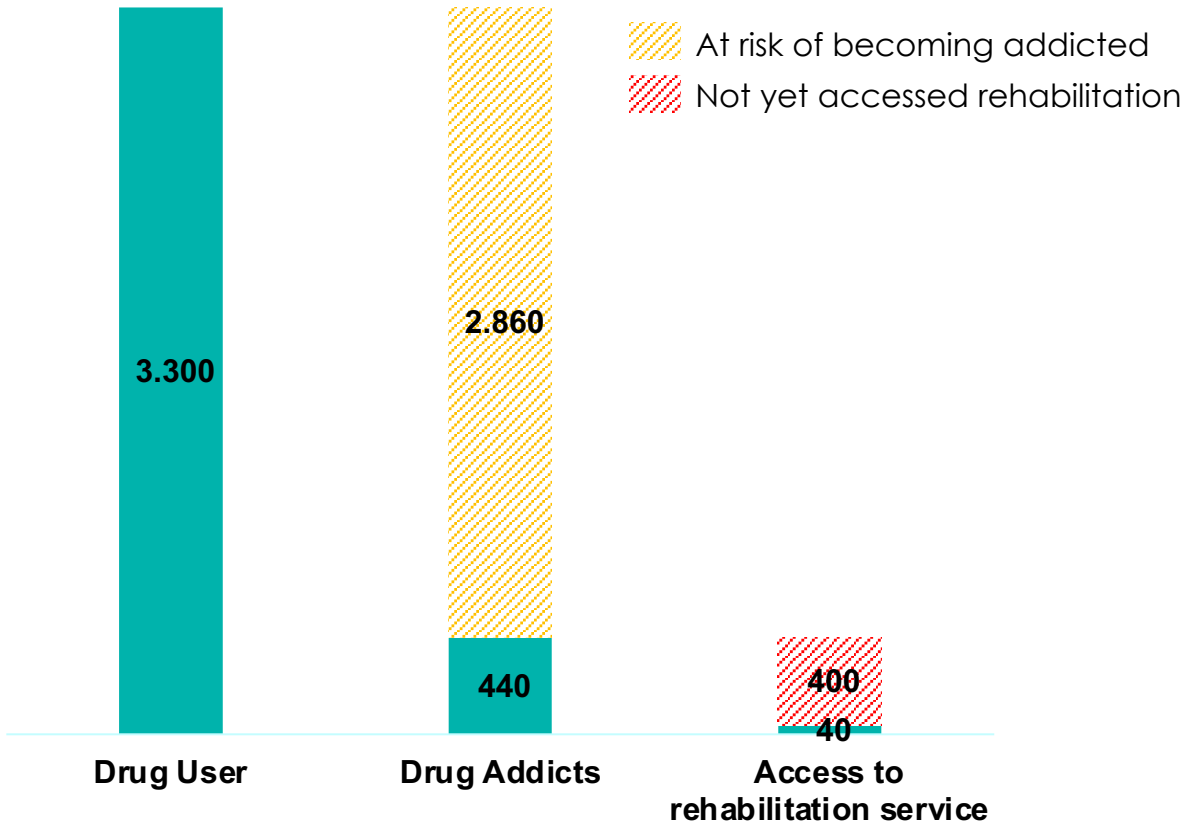
Approximately 1 in 8 drug users become addicted, but only 1 in 11 addicts in Indonesia access rehabilitation services

World data estimates *(in mio)*



Sumber: World Drug Report 2023, UNODC

Indonesia data estimates *(in thousand)*



Resource: Indonesian Drug Report 2022, BNN

**rough estimation* 1/7,5 dari total users based on the ratio of the 2023 World Drug Report

** registered as undergoing rehabilitation

Kemenkes

The Mental Health Framework Strategy is categorized by intervention approach for specific target group




Promotive	Preventive	Currative	Rehabilitative
1 Positive Parenting	3 Mental Health Screening	5 Strengthening mental health service in the primary care	7 Strengthening medical rehabilitation for substance use disorder in the primary care
2 Modified Mental Health First Aid/ Pertolongan Pertama Pada Luka Psikologis (P3LP)	4 Suicide Prevention	6 Shackling management	

Mentally Healthy → At Risk → Poor Mental Health

*Psychological First Aid/Mental Health First Aid
**Pasung

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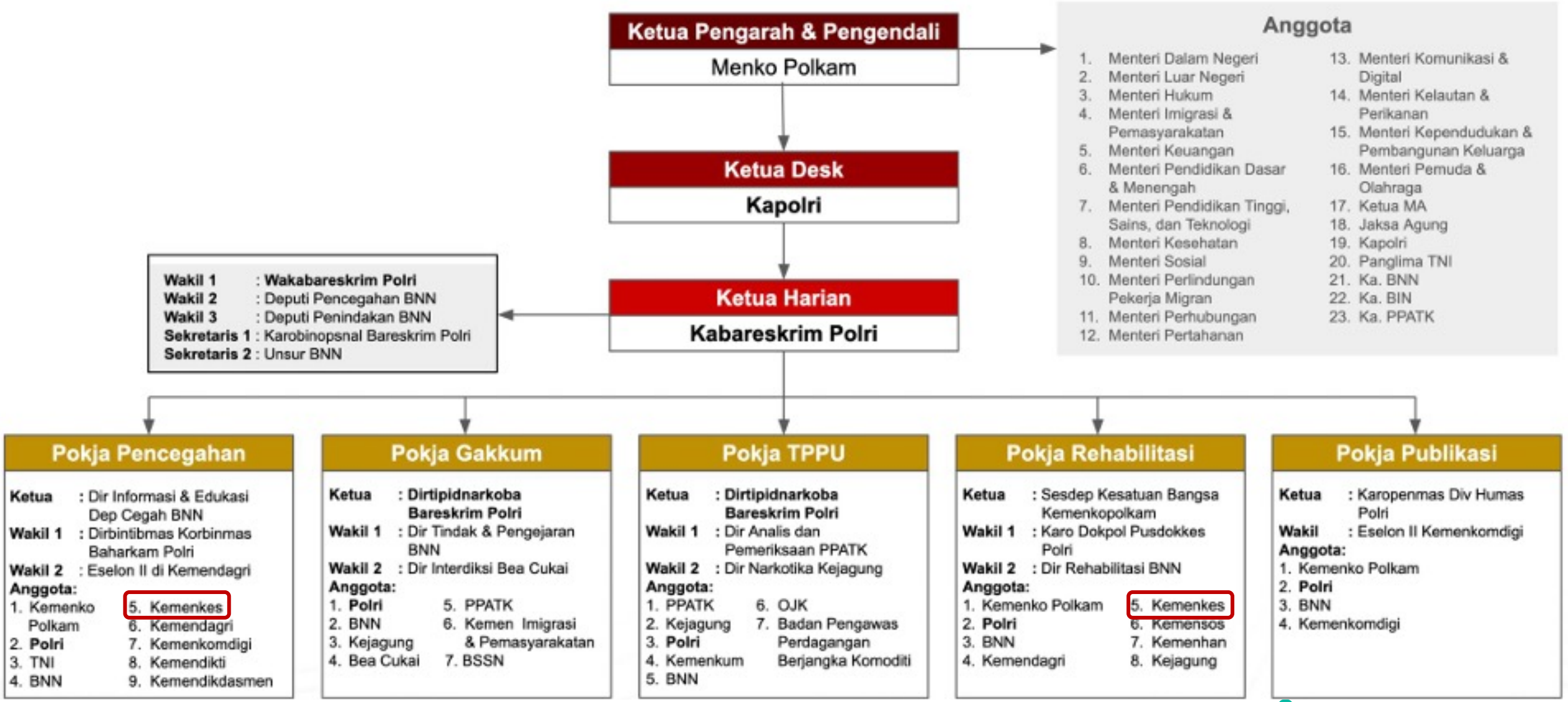
In realizing the 7th ASTA CITA President of the Republic of Indonesia, the Ministry of Health take part in the Prevention and Rehabilitation Working Group



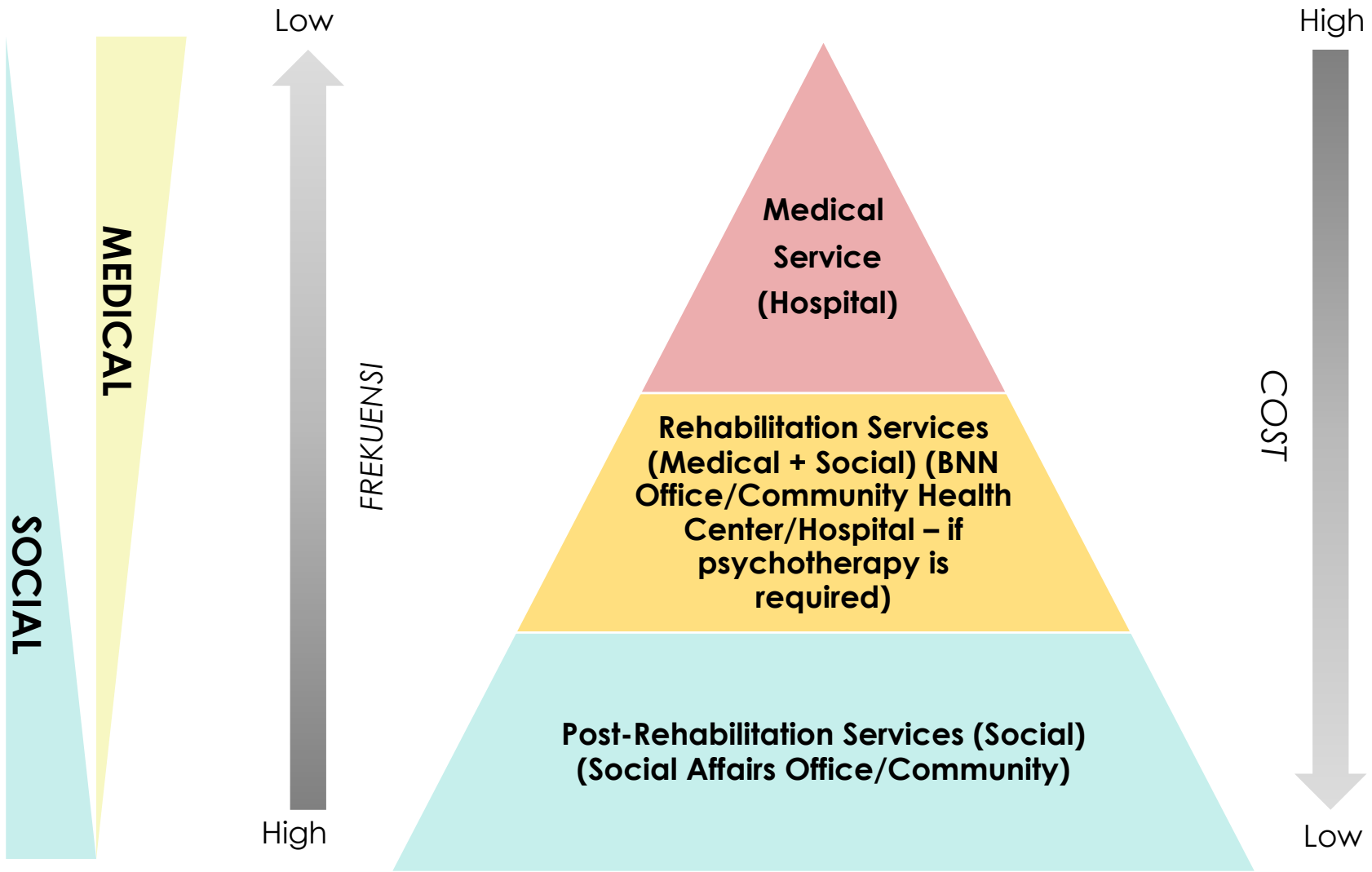
Regulations for the establishment of IPWL

- Law No. 35 of 2009 on Narcotics
- Government Regulation No. 25 of 2011 concerning Mandatory Reporting
- Regulation of the Minister of Health No. 4 of 2020 concerning the Organization of Institutions Required to Report
- Regulation of the Minister of Health No. 17 of 2023 concerning the Amendment of PMK 4 of 2020 regarding the Organization of Mandatory Reporting Receiving Institutions
- Minister of Health Decision No. HK.01.07/MENEKS/141/2025 of 2025 concerning the Determination of Mandatory Reporting Receiving Institutions and Health Service Facilities for the Methadone Maintenance Therapy Program.
- Circular Letter of the Minister of Health No. HK.02.01/Menkes/683/2020 regarding the Organization of Reporting Obligatory Recipient Institutions & Financing of Reporting Obligatory Recipient Institutions
- Decree of the Director General of Public Health Number HK.02.02/B/431/2025 concerning the Implementation Team for Medical Rehabilitation Claim Verification Activities in Mandatory Reporting Recipient Institutions for the Year 2025.

KEMENTERIAN KESEHATAN REPUBLIK INDONESIA

NAPZA Rehabilitation: the continuum between medical and social services

Community-based rehabilitation brings services closer to the community



Diadaptasi dari UNODC, 2019

Principles of community rehabilitation:

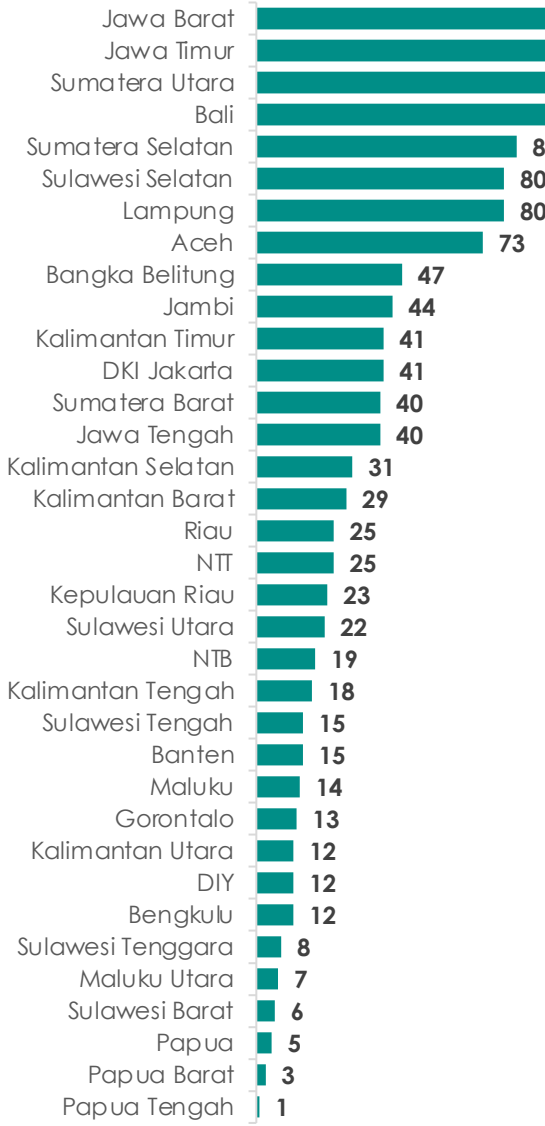
1. **Minimize hospitalization** so that patient are not away from society for too long
2. **Maximize patient involvement** in *voluntary treatment* so that patient can learn to take care of themselves
3. **Involve family and community** in caring for patient so that their environment can support their recovery and prevent relapse

There are 1494 health facilities spread across 35 Provinces in Indonesia that can be referred to access medical rehabilitation services for drug abuse

6 types of health services for substance abuse disorders can be provided at community health centers (Puskesmas)

	Type of Service	Society/ NGOs/ LSM (Community-Based Organizations)	Community Health Center	Hospitals
1.	Outreach	✓	✓	
2.	Emergency Service		✓	✓
3.	Supportive Examination (Substance Abuse Testing and other examinations as indicated)		✓	✓
4.	Outpatient Medical Rehabilitation Non-Hospitalization and/or Hospitalization		✓	✓
5.	References include referral back		✓	✓
6.	Post Medical Rehabilitation	✓	✓	✓
7.	Screening and Assessment			✓
8.	Substance Break Management			✓
9.	Psychosocial Intervention			✓
10.	Inpatient Medical Rehabilitation			✓
11.	Comorbidity/Dual Diagnosis			✓
12.	Amnesty			✓

Distribution of IPWL* health facilities in 35 provincies



1494 IPWL consist of:
326 Hospitals
908 Community Health Centers (Puskesmas)
260 Clinics / Local Institutions*

3 Provinces do not yet have IPWL:
Highland Papua
Southwest Papua
South Papua

Scan the QR code or click the link below to find the list of IPWL and how to access its services:
https://link.kemkes.go.id/PermenkesIPWL

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*) IPWL: Institusi Penerima Wajib Lapor

New drug abusers targeted with reasons and referrals originating from:

- Substance abuse users who:
  - Come voluntarily to the Mandatory Reporting Receiving Institution
  - Come out of their own awareness
  - Are referred from the ASSIST screening results
  - Are cases of probation or restorative justice
  - Are convicted cases

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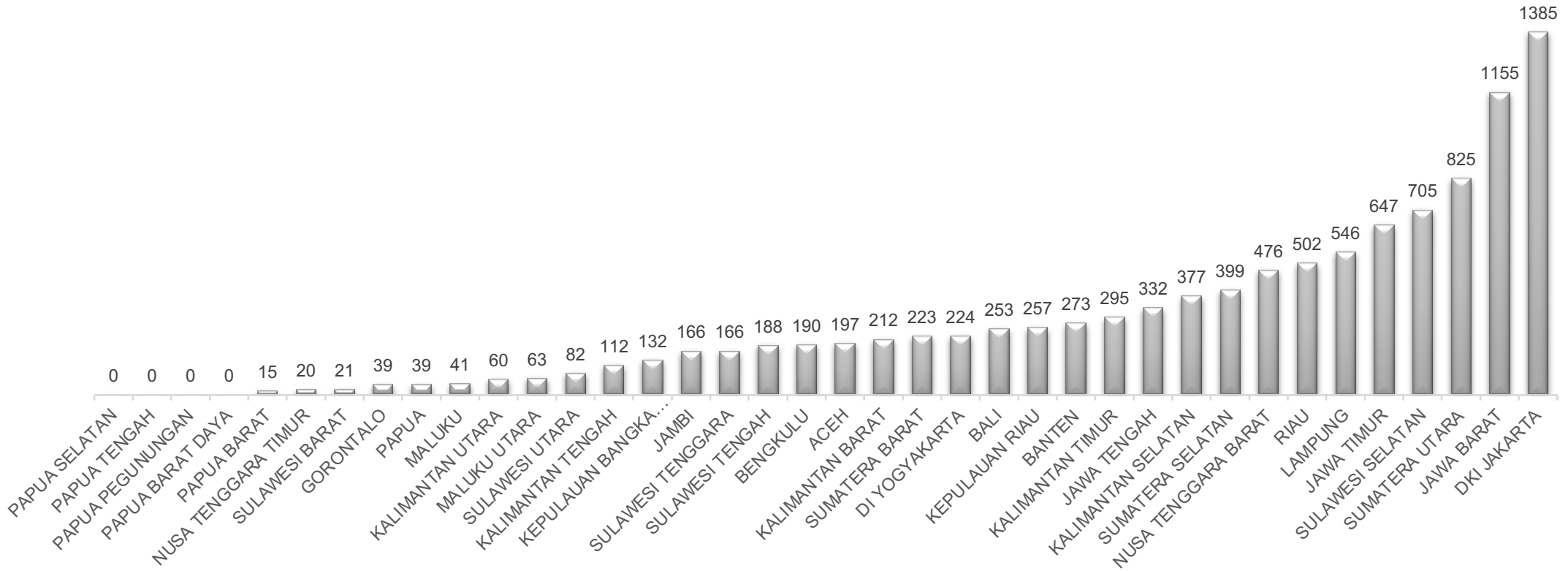
The distribution of health facilities is capable of providing medical rehabilitation services for drug abuse

No	PROVINSI	Ka/Ko	Ka/ko ada PKM IPWL	Ka/ko ada RS IPWL	Total RS	RS IPWL	Total PKM	PKM IPWL	Klinik/Balai/Loka BNN IPWL	Klinik Lapas/ Rutan IPWL	RS POLRI IPWL	Klinik Biddokes IPWL	Klinik
1	**Bali**	**9**	**7**	**6**	**79**	**10**	**120**	**90**	**7**	**1**	**1**	**1**	**0**
2	**Jawa Barat**	**27**	**26**	**14**	**418**	**14**	**1100**	**231**	**16**	**1**	**5**	**1**	**1**
3	**Sulawesi Selatan**	**24**	**11**	**20**	**123**	**27**	**474**	**44**	**5**	**2**	**1**	**1**	**0**
4	**Kepulauan Riau**	**7**	**3**	**4**	**36**	**4**	**94**	**13**	**5**	**0**	**1**	**0**	**0**
5	**Sumatera Utara**	**33**	**19**	**11**	**211**	**16**	**616**	**75**	**17**	**0**	**2**	**1**	**0**
6	**Riau**	**12**	**4**	**3**	**81**	**4**	**238**	**12**	**5**	**1**	**2**	**1**	**0**
7	**Kalimantan Barat**	**14**	**7**	**3**	**58**	**4**	**249**	**14**	**8**	**0**	**1**	**1**	**1**
8	**Jawa Timur**	**38**	**20**	**24**	**432**	**27**	**972**	**63**	**18**	**0**	**10**	**1**	**0**
9	**Kalimantan Timur**	**10**	**7**	**9**	**60**	**13**	**188**	**21**	**5**	**0**	**1**	**1**	**0**
10	**DKI Jakarta**	**6**	**6**	**4**	**188**	**7**	**315**	**19**	**5**	**6**	**2**	**2**	**0**
11	Bangka Belitung	7	7	7	28	7	64	34	5	0	0	1	0
12	DIY	5	2	2	81	3	121	3	4	0	1	1	0
13	Sumatera Selatan	17	17	2	88	3	348	69	9	1	1	1	0
14	Lampung	15	15	14	82	17	319	55	7	0	1	0	0
15	Aceh	23	15	11	79	12	365	48	11	0	1	1	0
16	Jambi	11	8	8	42	12	208	26	4	0	1	1	0
17	Sumatera Barat	19	17	5	77	6	280	27	5	0	1	1	0
18	Sulawesi Utara	15	8	5	59	5	199	9	6	0	1	1	0
19	Maluku	11	7	3	34	1	228	9	2	0	1	1	0
20	Gorontalo	6	1	3	20	4	95	2	6	0	0	1	0
21	Banten	8	3	2	130	5	251	5	4	0	0	1	0
22	Kalimantan Selatan	13	4	8	51	10	241	11	8	0	1	1	0
23	Kalimantan Utara	5	3	2	17	2	58	7	3	0	0	0	0
24	Nusa Tenggara Timur	22	3	11	63	14	433	5	4	0	1	1	0
25	Jawa Tengah	35	7	12	353	18	880	8	9	0	2	1	2
26	Kalimantan Tengah	14	2	10	33	11	204	1	4	0	1	1	0
27	Sulawesi Tengah	13	1	2	41	4	218	1	7	0	1	1	1
28	Bengkulu	10	0	5	26	7	179	0	3	0	1	1	0
29	Sulawesi Barat	6	0	2	16	3	98	0	3	0	0	0	0
30	Sulawesi Tenggara	17	0	1	39	1	306	0	5	0	1	1	0
31	Nusa Tenggara Barat	10	2	5	46	6	176	6	5	0	1	1	0
32	Maluku Utara	10	0	1	23	1	149	0	4	0	1	1	0
33	Papua	9	0	1	18	1	119	0	2	0	1	1	0
34	Papua Barat	7	0	2	12	2	76	0	1	0	0	0	0
35	Papua Pegunungan	8	0	0	9	0	148	0	0	0	0	0	0
36	Papua Selatan	4	0	0	8	0	79	0	0	0	0	0	0
37	Papua Tengah	8	0	0	14	0	117	0	1	0	0	0	0
38	Papua Barat Daya	6	0	0	13	0	91	0	0	0	0	0	0
	Total	**514**	**232**	**222**	**3188**	**281**	**10416**	**908**	**213**	**12**	**45**	**30**	**5**
	Grand Total IPWL								**1494**				

During 2024, the Ministry of Health provided medical rehabilitation for 5,087 people with drug use disorders in 34 provinces*.

This number represents an increase of ~48% from 2,646 people in 2023.



*) Data berdasarkan laporan klaim rehabilitasi medis di Institusi Penerima Wajib Lapor (IPWL)
Sumber: Sistem Elektronik Pencatatan & Pelaporan Rehabilitasi Medis, Kemenkes 2024

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Conclusion

1

The problem of drug abuser is part of mental health issues and is a global and national health burden that can be prevented and treated.

2

The Ministry of Health has implemented **Health Service Transformation**, including through the strengthening of primary services and integrated **mental health services**, which are carried out comprehensively throughout the entire life cycle, from promotive, preventive, curative, and rehabilitative efforts.

3

The NAPZA medical rehabilitation program is one of the priority programs and is part of the elected **President's Asta cita (eight goals)** program. A Narcotics Rehabilitation Desk has been established and the Ministry of Health is involved in two working groups on prevention and rehabilitation. **The existence of PKM and RS IPWL indicators in every district/city** is an effort to improve access to NAPZA rehabilitation services for the community

4

Strengthening and collaboration across programs and sectors is needed to **support mental health and drug abuse services.**


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