



Designing a Women's Participation Model to Support a Drug-Free Indonesia

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Abstract

This study aims to develop a model for women's participation in supporting Drug-Free Indonesia (Bersinar), incorporating an intersectional approach and gender-responsive policies. Given the complexity and multidimensional nature of the drug problem, this study positions women not merely as policy objects but as social actors with a crucial role in prevention, eradication, and rehabilitation. The research employed a qualitative approach grounded in library research, supported by field interviews with the Gorontalo National Narcotics Agency (BNNP) and local women's communities. The results indicate that women's participation remains symbolic, with limited involvement in social activities and in implementing the P4GN program, and no strategic role in policy formulation. This research yields a conceptual model of women's participation with three transformative stages: awareness, empowerment, and governance. This model is rooted in the Ladder of Citizen Participation theory, the Gender-Responsive Policy Framework, and Intersectional Feminism. This model offers a new direction for narcotics policy in Indonesia that is more inclusive, participatory, and humanistic, by positioning women as subjects of social change and strategic partners of the state in realizing a "Indonesia Bersinar."

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Introduction

The proliferation of narcotics in Indonesia is a serious problem, as its impact is multidimensional (Thom, 2022). Therefore, the formulation of the nation's development goals, as outlined in the second Asta Cita (Association of National Development Plans), focuses on strengthening defense and security (BNN RI, 2024, 2025). In this effort, community participation plays a crucial role in addressing the narcotics problem in Indonesia. This is clearly outlined in Law Number 35 2009 concerning Narcotics, which describes the vital role of community participation and its scope in addressing the narcotics problem. The narcotics problem in Indonesia can be seen in its abuse and illicit trafficking, which have affected nearly all elements of society and all employment sectors (Golose, 2023; Polri, 2022). In the BNN (2024) report, the implementation of the P4GN (Narcotics Prevention and Eradication) policy has shown suboptimal results. Furthermore, the implementation of the P4GN policy and the Shining Village program have not yet achieved optimal results (Djaba et al., 2023).

Women are currently a serious concern, with a 1.1% increase in the risk of women being exposed to narcotics in the 2019-2021 period (BNN RI, 2022). In fact, over the last five years (2020-2024), the number of female suspects in narcotics cases reached 16,433, particularly in 2023, which saw a significant increase compared to the previous few years, accounting for 8.53% (4,731). (BNN RI, 2020, 2021, 2023, 2024b). Women in the context of narcotics issues face different challenges than men. These gender-based issues can be identified, such as: a distinct level of vulnerability to narcotics policy and its implementation; women have unique characteristics in the use and illicit trafficking of narcotics; and women often experience gender-based violence (COPOLAD, n.d.; Giacomello, 2020; Ginting & Maidina, 2022; Septi & Misero, 2020; Sutrisno et al., 2024).

The disparities experienced by women require special attention, as they face different implications of narcotics issues than men. Therefore, addressing narcotics issues for women requires a special approach (UNW, 2020; UNODC, 2018). This is because women play a significant role, demonstrated by their remarkable influence in the production, transaction, and abuse of narcotics. This is influenced by patterns of abuse, sales, and trafficking, which are strongly influenced by gender. (Fleetwood & Leban, 2022; Kensy et al., 2012). Given the significant role of women in narcotics issues, a special study is needed to address women's participation in supporting narcotics policy. Moreover, women in narcotics policy have an unequal position, because the mindset of policymakers tends to be patriarchal, and there has been no further development of studies related to psychosocial problems and social reintegration for women (Ghosh et al., 2023; Sempruch & Rychkova, 2015; Sutrisno et al., 2024).

Therefore, it is necessary to formulate a model for women's participation in supporting a Drug-Free Indonesia (Bersinar), incorporating a more gender-responsive framework and an intersectional approach that accounts for women's social roles in prevention, eradication, and rehabilitation. This research is expected to support national development goals, as articulated in the President's Asta Cita (Asta Cita), particularly in defense and security, as well as in gender equality and the strengthening of women's roles. (Coppel & Perrin, 2024; Khajedaluee et al., 2015; Thomas & Bull, 2015). Therefore, the researcher proposes a Basic Research Scheme for Beginning Lecturers to formulate a model for women's participation in supporting a drug-free Indonesia, with a focus on the Social Humanities field, with a research theme of strengthening social capital, as well as research topics on women's social capital in family, community, and societal resilience, with an emphasis on gender justice, child protection, social inclusion, and sustainability. Based on the description of the research background, this study formulates three main research problems. First, it examines the current forms of women's participation in drug programmes and policies in Indonesia. Second, it analyses the factors that influence women's

participation in these programmes and policies. Third, it seeks to design an effective model of women's participation in supporting the realisation of a drug-free Indonesia.

Methods

This research employs an exploratory qualitative design to examine women's participation in drug programmes and policies in Indonesia, particularly in the context of the P4GN policy and the *Desa Bersinar* programme. This approach was selected because it enables an in-depth exploration of women's roles, experiences, and social positioning in drug prevention, rehabilitation, and community-based policy implementation, as recommended in qualitative social research (Bungin, 2015). The research was conducted in Gorontalo, involving the Gorontalo National Narcotics Agency (BNNP) and the Gorontalo Women's Community as the main research setting. The subjects of the research consisted of informants from BNNP Gorontalo and women's community actors who were considered relevant to the implementation of drug prevention and community empowerment programmes.

The research procedure was carried out through three main stages. First, the study identified the existing forms of women's participation in drug-related programmes, including prevention, advocacy, rehabilitation support, and community-based initiatives. Second, it analysed the factors influencing women's participation using a gender-responsive framework (Thomas & Bull, 2015). Third, it formulated a model of women's participation by adapting the participatory ladder framework to the Indonesian social and institutional context (Arnstein, 2019). Data were collected through interviews, library research, and document study. The instruments used included interview guidelines, document review sheets, and literature classification matrices. The data sources consisted of interview results, annual reports of the National Narcotics Agency of the Republic of Indonesia from 2020 to 2024, academic literature on drug policy and gender (Fleetwood & Leban, 2022; Coppel & Perrin, 2024), and relevant national legal and policy documents, particularly Law Number 35 of 2009 concerning Narcotics.

The collected data were analysed qualitatively using the interactive model of Miles and Huberman, which consists of data condensation, data display, and conclusion drawing. Data condensation was conducted by selecting and simplifying information relevant to women's participation in drug policy and programmes. Data display was carried out by organising the findings into thematic categories, including forms of participation, influencing factors, and institutional support. Finally, conclusions were drawn by interpreting the relationship between women's participation, gender-responsive policy, and the development of an effective participatory model to support the realisation of a drug-free Indonesia.

Results and Discussions

1. Empirical State of Women's Participation in P4GN

Interviews with the Gorontalo Provincial National Narcotics Agency (BNNP) and local women's communities revealed that P4GN policies in the region remain universal and top-down, failing to accommodate women's specific perspectives and needs fully. A representative from the Gorontalo BNNP explained that the agency "has not fully focused on women's participation in every P4GN program," as the BNNP's primary strategy remains focused on a broadly inclusive approach aimed at "embracing all parties without gender differentiation." This finding suggests that despite the BNNP's efforts to build cross-sector collaboration, gender-responsive participatory policies have not yet become an operational priority. Meanwhile, interviews with women's communities revealed a more critical

situation. They stated that they "have never received an invitation or invitation to participate in regional drug policy," either in the planning or implementation stages. Thus, women's participation remains passive and structurally excluded, with women's communities positioned as recipients of information, rather than strategic partners in policymaking.

These field findings support the Indonesian Drug Report (BNN, 2023), which states that women's involvement in P4GN activities in various provinces remains below 25%. However, national data shows a significant increase in women affected by drug cases: from around 3,000 cases in 2019 to over 4,700 cases in 2023. Furthermore, these field findings reinforce Thomas & Bull (2015) the argument that drug policy governance often fails to facilitate gendered participation due to weak participatory policy infrastructure. From Arnstein's (2019) perspective, this situation indicates that women remain at the "informing" and "consultation" levels of participation, not yet reaching the "partnership" or "delegated power" stage. From the perspective of intersectional feminism (Ghosh et al., 2023), this exclusion is not solely due to a lack of women's initiative but rather the result of overlapping social factors such as limited access, moral stigma, and institutional biases that view drug issues as a masculine domain.

However, this situation opens up space for transformation. Women's communities in Gorontalo demonstrated a high level of social readiness to contribute to community rehabilitation and education programs, provided they were given institutional space and recognition. This reinforces Kasmel's (2011) view that community empowerment requires structural legitimacy for women's social capital to be effectively mobilized. Therefore, the interview findings strengthen the need for a gender-responsive and intersectional model of women's participation in drug policy. This model requires several strategic steps, including the normative revision of the P4GN policy to incorporate indicators of women's participation at every level of implementation, the establishment of a women's consultative forum by BNNP within regional P4GN programme planning as a space for advocacy, communication, and community representation, and the institutionalisation of partnerships between BNNP and women's communities through formal collaborative agreements rather than incidental involvement. Through these measures, BNNP can move beyond a universal policy approach towards gender-responsive governance, in which women's voices are not treated as supplementary input but as a strategic dimension in the formulation and implementation of drug policy at both local and national levels.

2. Women's Participation Patterns

Literature analysis shows that women's participation in drug policy can be categorized into three primary forms (Arnstein, 2019; Kasmel, 2011).

Table 1. Women's Participation Patterns

Participation Dimensions	Forms of Involvement	Limitations Found
Social-Community	Women's involvement in community-based counseling and rehabilitation activities	Participation is incidental and unsustainable
Economy	Post-rehabilitation empowerment	Minimal access to capital and institutional support
Policy	Role in regional anti-drug organizations	Lack of capacity or influence in policy formulation

Source: Data processed by Researchers

These findings confirm the Ladder of Participation theory (Arnstein, 2019), which states that women in Gorontalo remain at the level of "consultation" and "informing," not yet achieving "partnership" or "delegated power." In the context of drug policy, this means women are only involved in ceremonial or implementation activities, not in the policy design and evaluation phases. From a social perspective, this limited participation is also reinforced by patriarchal norms and moral stereotypes that continue to position women as guardians of family morality rather than as policy actors (Giacomello, 2020; Sempruch & Rychkova, 2015).

3. Structural and Cultural Analysis

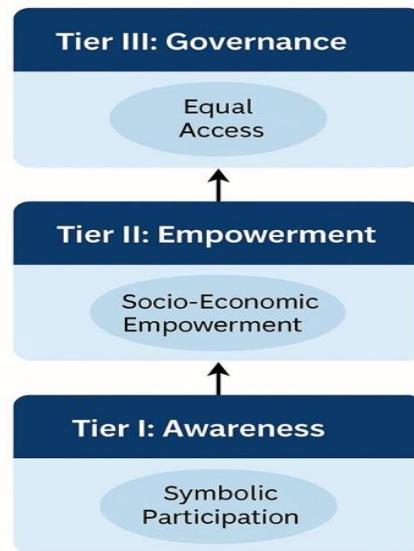
Field interviews revealed that cultural dynamics significantly influence women's participation in drug policy and programmes. In Gorontalo society, drug issues are often associated with morality and family honour, causing women involved in drug-related cases, whether as survivors or as family members of drug users, to experience stronger social stigma than men. This finding is consistent with Fleetwood and Leban (2022), who argue that women who use drugs often face double punishment, both socially and legally.

In addition, institutional dynamics also limit women's participation. The organisational structure of the National Narcotics Agency at the provincial level has not yet provided a gender focal point or a specific unit responsible for addressing women's participation in drug policy. As a result, women's involvement has not become an evaluative indicator in the implementation of the P4GN programme. These cultural and institutional barriers strengthen the argument of intersectional feminism, which emphasises that women's experiences in drug policy cannot be separated from the social, economic, and cultural contexts that shape their vulnerability (Ghosh et al., 2023).

4. Model of Women's Participation in Narcotics Policy

Drug policy in Indonesia still operates within a state-centric framework, where social and legal control are the primary focus. However, as Thomas and Bull (2015) emphasize, the success of drug policy is measured not only by the number of cases handled but also by the extent to which the policy fosters a gender-equitable social response. Three forms of structural resistance constrain women's participation in this context. First, institutional resistance, namely, the limited representation of women in decision-making structures within anti-narcotics institutions. Second, cultural resistance, in the form of patriarchal social norms that position women solely as moral objects. Third, policy resistance is evident in repressive legal approaches that fail to distinguish between female victims and perpetrators (Sempruch & Rychkova, 2015).

However, studies by Giacomello (2020) and Fleetwood & Leban (2022) demonstrate that women have significant social potential in creating a rehabilitative ecosystem grounded in empathy and solidarity. This is where the importance of social capital (Kasnel, 2011) social networks, mutual trust, and collective norms which are prerequisites for a humanistic and inclusive drug policy, lies.

Figure 1. Model of Women's Participation in Drug Policy (Gender Intersectional Framework)

Source: Data processed by Researchers

The model of women's participation developed in this study is constructed as a progressive pathway that moves from symbolic involvement to substantive policy influence. At the initial level, women's participation begins with awareness, where they are involved in campaigns, socialisation activities, and community-based education to strengthen drug literacy and legal understanding. However, at this stage, their role is still largely symbolic because they have not yet gained meaningful influence over decision-making, reflecting the tokenism stage in the participation ladder (Amstein, 2019). Participation becomes more substantive at the empowerment level, where women are no longer positioned merely as participants in anti-drug campaigns, but as community actors involved in training, focus group discussions, advocacy, and the planning and implementation of local P4GN programmes.

This level strengthens women's social capital, socioeconomic capacity, and collective agency as the foundation for more effective participation (Kasmel, 2011). The highest level is governance, where women are integrated into policy structures and take part in the formulation, implementation, and evaluation of drug policies at regional and national levels. At this stage, women's participation becomes a strategic element of gender-responsive governance, because women are recognised not only as beneficiaries of drug policy but also as decision-makers and policy actors whose experiences, needs, and voices are essential to building a more inclusive and effective anti-narcotics policy (Thomas & Bull, 2015; UNODC, 2018). These three levels are rooted in the principle of intersectionality (Ghosh et al., 2023), whereby women's experiences are understood as the product of complex interactions among gender, social class, and cultural context. This approach rejects the homogenization of women and instead recognizes their diverse social positions within drug policy.

Furthermore, implementing this model could strengthen the legitimacy of the Bersinar program (BNN, 2023), which to date has focused on a legal approach and has not addressed the social dimension. Integrating the women's participation model into the Bersinar can broaden the meaning of drug cleanliness not only freedom from substances, but also freedom from social inequality and gender

stigma. From a theoretical perspective, this model offers two important contributions. First, it encourages epistemological reform in drug policy by shifting the dominant paradigm from control, surveillance, and punishment towards social empowerment, prevention, and community resilience. Second, it reconstructs public policy by positioning women not merely as passive beneficiaries of anti-drug programmes, but as policy co-creators who actively participate in identifying problems, formulating strategies, implementing programmes, and evaluating policy outcomes. Finally, the formulation of this women's participation model confirms that the success of the national "Indonesia Bersinar" program is determined not only by regulations or resources, but by the political will and moral courage to listen to women's voices as drivers of social change.

Conclusion

This research confirms that the success of the Prevention and Eradication of Drug Abuse and Illicit Trafficking (P4GN) policy is determined not only by the effectiveness of the law or the extent of resources, but also by the quality of gender-equitable social participation. The research findings indicate that women in Gorontalo, as part of the nation's social and moral community, still occupy a symbolic role and lack strategic space in drug policy decision-making. Interviews with the Gorontalo National Narcotics Agency (BNNP) revealed that the P4GN policy continues to employ a universal approach that does not account for gender-based needs. Meanwhile, the women's community emphasized that they have never been formally involved in the planning, implementation, or evaluation of regional drug policy. These two findings reinforce the argument that drug policy in Indonesia still operates within a gender-blind framework and has not yet adopted the principles of inclusive governance.

In this context, the women's participation model developed in this study offers a conceptual solution that is both transformative and operational. The model is built on three interconnected pillars: awareness, empowerment, and governance. Awareness focuses on strengthening women's drug literacy and social consciousness through community-based education, enabling them to understand drug-related risks, legal issues, and prevention strategies. Empowerment seeks to enhance women's capacity to design, implement, and monitor P4GN programmes through social capital, collective solidarity, and community mobilisation. Governance ensures women's representation in anti-narcotics institutional structures at both regional and national levels, so that their voices influence policy formulation, implementation, and evaluation. This model is aligned with the ladder of citizen participation and is reinforced by gender-responsive policy and an intersectional approach. Epistemologically, it shifts drug policy from a control-oriented paradigm towards a social empowerment paradigm that recognises women as strategic actors in building a drug-free society.

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