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PATTERNS OF DRUG ABUSE AND PREVALENCE OF DEPENDENCE IN SURABAYA CITY

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Abstract

The negative effects of improper use of drugs have also been increasingly reported. Physical effects experienced by drug users include heart problems, disturbances in the brain's work, disorders of the nervous system, infection with dangerous infectious diseases such as HIV / AIDS and others. Meanwhile, the psychological or mental effects that will be experienced by abusers are attitude and mental changes. The purpose of this study was to obtain a percentage of grouping individual characteristics, patterns of abuse and prevalence of drug dependence. The type of research used is descriptive method with quantitative data collection and presentation. The research design used was an ex-post facto research design. In the ex-post facto study there were no control groups or pre-test activities. The sampling technique that will be used in this study is purposive sampling technique. Data collection methods used are questionnaire and interview methods. This study was dominated by men (83.78%), the highest age range was at the age of 16 25 years (37.84%), the latest education was dominated by high school graduates / equivalent (54.05%), dominated by entrepreneurs (51.35%), with part time work time (43.24%), living together with the nuclear family (86.49%). Environmental factors are the most factors which cause respondents to use drugs (86.50%). The methadone maintenance program is only known to heroin users.

Keywords: Abuse, Dependency Drugs, Pattern, Prevalence

Introduction

In 2009, it was estimated that between 149 million and 272 million individuals around the world consumed narcotics, psychotropics, and addictive substances (NAPZA) (United Nations Office on Drugs and Crime [UNODC], 2009) as quoted by the National Narcotics Board of Indonesia [1]. This statistic demonstrates that drug abuse is globally widespread and millions of people are affected in all regions. The number of users suggests the enormous challenge presented to governments and international bodies in regulating the supply and use of drugs and in administering successful rehabilitation efforts.

Based on a report by BNN RI in 2017 [2], drug abuser in Indonesia estimated to be between 3.8 million to 4.1 million individuals (approximately 2.10% - 2.25% of the total Indonesian population exposed to risks of drugs) in 2014. This data indicates that drug abuse continues to be a long-standing issue in the country demanding multifaceted approaches to prevention and treatment in addition to measure for the enforcement of laws. However, one such factor is drug abuse that has become an epidemic in Indonesia and has increased as reported by neighbors. Thus, counter measures are necessary for the government and health institutions and society to be cooperatively involved to minimize the impact of the drugs and the number of drug users in the population.

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Based on the report of the National Narcotics Board and POLRI (2013) through the NAPZA Bulletin [3], the most commonly abused types of NAPZA were drug shabu (methamphetamine) nearly all of the time in 2008-2012. Methamphetamine was typically the top spot in prevalence every year. Marijuana (Ganja) was the second most abused substance after methamphetamine. Miras (Alcoholic beverages) also were high on abuse during this phase. Also among the substances with the highest abuse rates was ecstasy. Heroin was also reported as one of the most frequently abused drugs in Indonesia during those years [4].

According to the World Health Organization (WHO, 1982), narcotics, psychotropics, and NAPZA is substances other than food, water and/or oxygen which can induce physiological and bodily functions when enter the body Physical and psychological effects can result in dependence and addiction. Physically, they can change brain chemistry, influencing neurotransmitter function and leading to withdrawal symptoms when use is discontinued. Psychologically, they may elicit changes in mood, perception and behavior, which may also result in compulsive usage (Camí & Farré, 2003). Drugs (such as opioids, stimulants, and hallucinogens) (Kumar et al, 2013) are examples of the most common (health) risks. Overall, NAPZA abuse has significant negative consequences on both individuals and society, underscoring the need for prevention and treatment (Nestler, 2004).

Heroin is obtained through the acetylation of both morphine and hydroxyl groups [5]. Long-term use of heroin can lead to severe consequences such as fatal overdose, collapsed veins, infectious diseases, and a high risk of HIV/AIDS and hepatitis [4]. The primary active compounds in cannabis are volatile oils, consisting of 103 types of terpene compounds (cannabinoids), including cannabidiol, cannabinol, and tetrahydrocannabinol (THC). Cannabis acts as a central nervous system depressant, inducing dream-like states, relaxation, and a sense of well-being [6].

Ecstasy is a semi-synthetic derivative of phenylisopropylamine with both hallucinogenic and stimulant properties due to the release of serotonin (5-HT). The use of ecstasy induces a state of "ecstasy," in which users experience intense euphoria and a sensation of detachment from their problems [6]. The dextro isomer of amphetamine exhibits greater central nervous system stimulation compared to its racemic form [5]. The effects of amphetamine use include increased heart rate and blood pressure. The euphoria experienced is primarily due to an increase in free dopamine levels, followed by fatigue and depression, which may persist for several weeks [6].

Surabaya, a city with a variety of cultures and also has wide access to information. Its demographic complexity associates with composition its population diversity making the place becoming an attractive location for economic and social activities. Indeed, a woman has broken a variety of forms of commercial advantage in sale of narcotics prosecutors said. The easy access to information does not mean auto prevent the abuse of drugs, so it became a threat in Surabaya.

Thus, these factors make Surabaya the research location for study. Being a popular metropolis, there are various underlying causes that contribute to the nature of drug abuse population in the city, such as lifestyle, economy, and accessibility of drugs. The derivation of a pattern of drug use and the rates of dependence on them in this urban area should, therefore, assist in guiding application of effective interventions. However, what will be focus on the research : the characteristics of individuals, on age, gender, and socioeconomic statuses.

With this background, thus, the main research question formulated was: “What is the individual characteristics, patterns of use and prevalence of dependence in drug abuse case in Surabaya? This question is at the basis of the research paper "Patterns of Drug Abuse and Problems of Drug Dependence in The City of Surabaya" the research aims to answer this question in order to offer useful insights into drug abuse dynamics that should prove useful for policymaker’s professionals to develop targeted prevention or rehabilitation programs.

Method

This study employs instruments in the form of questionnaires, interview questions, and documentation in the form of subjects' medical records. The questionnaire consists of questions related to the subjects' personal and socio-demographic data, including name, address, gender, age, highest level of education, occupation, marital status, residential status, and information on substances currently or previously consumed. The interview questions were designed and developed by the researcher to explore the factors influencing the sample's drug abuse behavior, as well as their patterns of substance use. These interviews assess the subjects' situations and conditions, evaluate the risks associated with drug abuse, examine the timing and location of substance use, and explore both the positive and negative experiences perceived by the subjects while using drugs. Documentation in the form of subjects' medical records is utilized to determine their dependency status on specific substances. This data supports the researcher in assessing the prevalence of drug dependence.

This study uses a descriptive quantitative method to analyze the pattern of drug abuse and the degree of dependence on the subject. Data collection will be obtained through demographic data questionnaires, interview transcripts and medical records. Participants for this study were selected using purposeful sampling, which consisted of participants meeting specific criteria that would contribute to the understanding of the research purpose. Through this, the study hopes to achieve a well-tempered, systematic audit of vigil of scopes of abuse within the subject quantiles.

The primary statistical technique adopted for processing the collected data is percentage analysis. Because the findings are quantifiable, it is possible to identify meaningful trends and patterns in relation to drug dependence using this methodology. The findings are in numerical form, making it easier to read and an objective view of information. What the study will accomplish in this analytical method is provide some much-needed insight into the prevalence of substance reliance, which can guide future clinical practices and policies to mitigate drug abuse.

The data analysis technique in this study involves systematically organizing and categorizing data obtained from questionnaires, interviews, field notes, and documentation. The collected data is grouped into categories, converted into percentages, and presented in tables for clarity. This study employs descriptive statistical analysis, which is used to describe and illustrate the collected data without making general conclusions, testing hypotheses, or establishing causal relationships. The analysis focuses on summarizing and interpreting the findings rather than predicting outcomes. The data analyzed includes demographic information from short questionnaires, drug usage data from surveys, and patterns of drug abuse assessed through interviews. The percentage-based analysis provides a quantitative overview of drug abuse patterns and the prevalence of dependence among the subjects.

Results

1. Demographic Data

Table 1. Gender

	Number	Percentage (%)
Male	31	83,78
Female	6	17,22

Source: SPSS Processed Data, 2025

According to the demographic data presented in Table 1, the distribution of participants by gender reveals a significant imbalance. The majority of respondents are male, totaling 31 individuals, which constitutes 83.78% of the sample. Meanwhile, only 6 participants are female, representing just 17.22% of the total. This data indicates a strong male dominance among the respondents involved in

the study. Such a disparity might influence the findings, particularly if gender perspectives are relevant to the research topic. It is important to acknowledge this imbalance as it may limit the generalizability of the results to a more gender-diverse population. Therefore, future studies may benefit from a more proportionate gender distribution to ensure balanced insights.

Table 2. Age

Age	Number	Percentage (%)
<15	0	0
16 – 25	14	37,84
26 – 35	7	18,92
36 – 45	10	27,03
46 – 55	6	16,22
56 – 65	0	0
>65	0	0

Source: SPSS Processed Data, 2025

According to the demographic data presented in Table 2, the age distribution of respondents is concentrated within the productive age range. The largest group of respondents is aged 16–25 years, accounting for 37.84% of the total sample. This is followed by those aged 36–45 years, who make up 27.03% of the respondents. The 26–35 age group comprises 18.92%, while those aged 46–55 represent 16.22%. Notably, there are no respondents under the age of 15 or over the age of 55, indicating that the sample does not include children or elderly individuals. This suggests that the research primarily targets working-age individuals who are likely more active and relevant to the study's context. The data implies a youthful and middle-aged participant profile, which may influence the perspectives and experiences captured in the research findings.

Table 3. Highest Education Level

Level Education	Number	Percentage (%)
Elementary School	1	2,70
Junior High School	13	35,14
Senior High School	20	54,05
Diploma	0	0
Bachelor’s Degree (S1)	3	8,11
Master’s Degree (S2)	0	0

Source: SPSS Processed Data, 2025

According to the demographic data presented in Table 3, the majority of respondents (54.05%) have completed Senior High School, indicating that most individuals have at least a basic level of secondary education. This is followed by 35.14% of respondents who reported their highest education level as Junior High School, suggesting a considerable portion of the population has not advanced beyond lower secondary education. A smaller segment, only 8.11%, has achieved a Bachelor’s degree, reflecting limited access to or participation in higher education. Notably, no respondents reported holding a Diploma or a Master’s degree, highlighting the absence of advanced academic qualifications among the sample. Furthermore, only one respondent (2.70%) had completed only Elementary School, representing a very small minority. These findings suggest that educational attainment among respondents is generally limited to basic and intermediate levels. The overall pattern may imply potential barriers to higher education or reflect the socio-economic background of the surveyed population.

Table 4. Occupation

Occupation	Number	Percentage (%)
Never Worked	0	0
Currently Unemployed	13	35,14
Government Employee	0	0
Entrepreneur	19	51,35
Student	1	2,70
Housewife	2	5,41
Others	2	5,41

Source: SPSS Processed Data, 2025

According to Table 4, the majority of respondents work as entrepreneurs, accounting for 51.35% of the total sample. This is followed by those who are currently unemployed, representing 35.14% of respondents, indicating a relatively high level of joblessness among the participants. A smaller portion of the respondents consists of housewives and individuals with other unspecified occupations, each making up 5.41%. Additionally, students represent only 2.70% of the sample, suggesting limited participation from the younger, school-aged demographic. Notably, there are no respondents who have never worked or are employed as government employees, which may reflect the specific demographic focus or limitations of the survey sample.

2. Patterns of Abuse

Table 5. Time of Drug Use

Time of Drug Use	Number	Percentage (%)
During Stress	4	10.81
During Fatigue	4	10.81
Normal Condition	25	67.57
Others	5	13.51

Source: SPSS Processed Data, 2025

According to the data in Table 5, most respondents (67.57%) reported using drugs during normal conditions, indicating that drug use is not necessarily triggered by external stressors or fatigue. Only 10.81% of respondents used drugs during periods of stress, and the same percentage reported usage during fatigue. Additionally, 13.51% mentioned other unspecified conditions as the time of drug use. These findings suggest that drug consumption among respondents may be habitual or recreational rather than solely situational or stress-induced.

Table 6. Duration of Drug Use

Duration of Drug Use (Months)	Number	Percentage (%)
1 – 2	4	10.81
3 – 4	4	10.81
6 – 11	5	13.51
Others	24	64.86

Source: SPSS Processed Data, 2025

According to the patterns of abuse shown in Table 6, the majority of participants (64.86%) are categorized under "Others," suggesting varied and possibly longer durations of drug use beyond the listed intervals. Only a small percentage reported using drugs for shorter periods, such as 1–2 months (10.81%), 3–4 months (10.81%), and 6–11 months (13.51%). This distribution indicates that drug use among participants is not confined to a uniform timeframe and may involve prolonged or inconsistent

consumption patterns. The dominance of the "Others" category highlights the need for more detailed categorization to better understand the duration of abuse.

Table 7. When Drug Use is Reduced or Temporarily Stopped (Days)

Duration (Days)	Number	Percentage (%)
2 – 4	9	24.32
5 – 7	1	2.7
7 – 9	0	0
10 – 12	2	5.41
Others	25	67.57

Source: SPSS Processed Data, 2025

Table 7 reveals that most respondents (67.57%) reduced or temporarily stopped drug use for durations classified as "Others," indicating highly varied or irregular patterns. A significant portion (24.32%) reported abstaining for 2 to 4 days, suggesting a brief but intentional pause in use. Meanwhile, only a few respondents paused for 5 to 7 days (2.7%) and 10 to 12 days (5.41%), reflecting limited longer-term efforts to reduce use. Notably, no respondents reported a pause between 7 to 9 days, highlighting an absence of consistency in intermediate durations.

Table 8. Risk Behaviors and Substance Use

Risk Behavior	Number	Percentage (%)
Sharing Needles	11	29.73
Driving Under the Influence	27	72.97
History of Overdose	10	27.03
History of Withdrawal Attacks	8	21.62

Source: SPSS Processed Data, 2025

According to the data in Table 8, the most prevalent risk behavior among individuals is driving under the influence, reported by 72.97%, indicating a significant threat to public safety. Sharing needles, a behavior associated with the transmission of infectious diseases, is reported by 29.73% of individuals. Furthermore, 27.03% have experienced an overdose, while 21.62% have a history of withdrawal attacks, reflecting severe patterns of substance dependence. These findings highlight the urgent need for targeted interventions to reduce high-risk behaviors and support addiction recovery.

Table 9. Factors Influencing Drug Use

Factor	Number	Percentage (%)
Individual Factors	8	21.62
Environmental Factors	32	86.5
Economic Factors	2	5.41
Others	3	8.11

Source: SPSS Processed Data, 2025

According to Table 9, environmental factors are the dominant influence on drug use, cited by 86.5% of respondents. This suggests that a person’s surroundings such as peer pressure, community norms, or family dynamics play a critical role in shaping drug-related behavior. In comparison, individual factors contribute 21.62%, while economic and other factors play a much smaller role, at 5.41% and 8.11% respectively. These findings highlight the importance of addressing environmental conditions in efforts to prevent and reduce drug abuse.

Table 10. Assessing Substance Use Patterns

Trigger	NUMBER	PERCENTAGE (%)
Triggered by Certain Individuals	30	81.1
Triggered by Certain Thoughts	25	67.57
Triggered by Certain Emotions	17	45.95

Source: SPSS Processed Data, 2025

According to Table 10 on substance use patterns, the majority of respondents (81.1%) reported being triggered by certain individuals, making social influence the most significant factor. Cognitive triggers, such as specific thoughts, followed closely at 67.57%, while emotional triggers were reported by 45.95% of respondents. These findings suggest that interpersonal relationships and mental processes are critical contributors to substance use behavior. The data highlights the need for interventions that address social environments and cognitive coping mechanisms. Overall, understanding these patterns can help design more effective prevention and rehabilitation strategies.

Table 11. Currently Enrolled in the Methadone Maintenance Program

Enrollment Status	Number	Percentage (%)
YES	10	27.03
NO	27	72.97

Source: SPSS Processed Data, 2025

Based on the data from Table 11, only a small portion of individuals, 27.03%, are currently enrolled in the Methadone Maintenance Program. This indicates that less than one-third of the participants are receiving this form of treatment. Meanwhile, the majority, 72.97%, are not enrolled, suggesting a gap in access or willingness to participate in the program. This low enrollment may reflect barriers such as stigma, availability, or awareness of the program. Overall, the data highlights the need to improve outreach and support for those affected to increase participation in methadone maintenance therapy.

Table 12: Effects of Receiving or Consuming Methadone

Effect	Number	Percentage (%)
Euphoric	3	8.11

Source: SPSS Processed Data, 2025

According to the data presented in Table 12, only 8.11% of individuals who received or consumed methadone reported experiencing a euphoric effect. This suggests that methadone use rarely leads to feelings of euphoria among users. The low percentage indicates that methadone's impact is generally not associated with producing a high or intense pleasure. This finding may reflect methadone's intended use as a treatment for opioid dependence rather than a substance for recreational use. Overall, the data highlight methadone's role in managing addiction with limited euphoric effects.

Table 13: Methadone Can Suppress the Craving for Drug Use

Response	Number	Percentage (%)
YES	10	27.03
NO	27	72.97
Pain Relief	9	24.32
Stress Relief	0	0
Feeling Calm	6	16.22
Others	1	2.7

Source: SPSS Processed Data, 2025

Based on the data from Table 13, only 27.03% of respondents reported that methadone suppressed their craving for drug use, while the majority, 72.97%, did not experience this effect. Furthermore, 24.32% used methadone primarily for pain relief, showing that it has applications beyond craving suppression. A smaller portion, 16.22%, felt calm after using methadone, but none reported using it specifically for stress relief. These findings suggest that while methadone can help reduce cravings for some, its effects vary widely among users. Overall, methadone's benefits appear to be more diverse but limited in scope across the surveyed group.

Table 14. Prevalence of Drug Dependence

Drug Name	Number	Percentage (%)
Methamphetamine (Shabu-Shabu)	24	64.86
Heroin (Putaw)	10	27.03
Ecstasy	2	5.4
Koplo Pills	1	2.7
G-Class Drugs	2	5.4
Amphetamines	1	2.7
Cannabis (Marijuana)	1	2.7

Source: SPSS Processed Data, 2025

Based on the data from Table 14 on the prevalence of drug dependence, methamphetamine (shabu-shabu) is the most commonly used drug, representing 64.86% of cases with 24 individuals affected. Heroin (putaw) is the second most prevalent, accounting for 27.03% with 10 cases. Other drugs such as ecstasy, G-class drugs, koplo pills, amphetamines, and cannabis have much lower usage rates, each making up less than 6% of the total. This distribution indicates a heavy dominance of methamphetamine and heroin in drug dependence patterns. The data highlights the urgent need for targeted interventions addressing these two substances in particular.

Discussion

1. Analysis Of Respondents' Demographic Data

The respondents in this study were mainly male, with 31 males (83.78%) and only 6 females (16.22%). This finding supports the theory by Purwandari et al. (2019), which suggests that drug abuse has a gender dimension, where young males are more likely to engage in risky behaviors than females. Cultural factors in Javanese and Sundanese societies also play a role, as boys are often given more freedom to misbehave, while girls face stricter behavioral expectations at home. Boys tend to be more aggressive and easily influenced by their surroundings, increasing their vulnerability to drug use. This gender difference highlights the social and cultural dynamics influencing drug abuse patterns.The most common age group among respondents was 16–25 years old, representing 37.84% of the sample. This age range falls within the millennial generation, who are particularly susceptible to fluctuations in drug use over time. Their long-term potential for consumption makes them a stable market for drug dealers and traffickers. The findings suggest that prevention efforts should target this demographic to reduce sustained drug abuse. Overall, the study emphasizes the need to consider both gender and age factors in addressing drug abuse issues effectively.

Regarding the respondents' educational background, more than half (54.05%) had completed high school or an equivalent level of education. Most respondents were self-employed (51.35%) and worked part-time (43.24%), indicating a prevalence of flexible or non-traditional work arrangements among them. From the marital status perspective, nearly half (45.95%) were married, and a large majority (86.49%) lived with their nuclear families. This suggests that family structure and

responsibilities play a significant role in their daily lives. The data reflects a group that balances work flexibility with close family ties. Family environment has a profound influence on personality and behavior, as strict or highly controlling families can lead to internal conflicts and dissatisfaction. Authoritarian and closed family settings often foster unhappiness, irritability, and social withdrawal. Such negative family dynamics can push individuals to seek escape mechanisms, sometimes through harmful or illegal behaviors like drug abuse. This highlights the importance of a supportive family atmosphere in promoting emotional well-being. The findings suggest that family stressors may contribute to risk behaviors as coping strategies.

Based on research data from BNN [1], drug abuse in Indonesia remains predominantly a male issue, with 72% of the 1,702 respondents across 34 provinces being male. The highest rates of drug abuse were found among individuals under the age of 30, particularly aligning with this study's findings that the 16–25 age group shows the greatest proportion of users. Most respondents had completed at least a high school education, indicating that drug abuse affects a relatively educated segment of the population. Among workers, the youngest male group showed a high prevalence of freelance or daily wage employment. Meanwhile, female workers with contract positions also exhibited significant drug abuse rates, highlighting differences in employment status linked to gender and drug use patterns. This data suggests that drug abuse is closely tied to age, gender, and employment type, with young males being especially vulnerable due to unstable or informal work conditions. The predominance of drug abuse in younger groups points to potential social and economic stressors faced by youth. The finding that most respondents have some level of education challenges common stereotypes that drug abuse is limited to less educated groups. Employment instability, such as freelance or contract work, appears to increase vulnerability to drug abuse, possibly due to financial insecurity. These insights emphasize the need for targeted prevention and intervention strategies focusing on young workers in precarious employment situations.

The BNN [1] survey showed a higher proportion of drug abuse among respondents who were not married, with more than half falling into this category. In contrast, our study found that the highest prevalence of drug abuse was among married individuals. Additionally, the BNN survey highlighted that drug abusers living with friends had the greatest prevalence, whereas our research revealed that those living with their nuclear families showed the highest rates. This difference suggests that living arrangements may play a significant role in drug abuse patterns across different populations. Furthermore, the study emphasized the importance of family background and socio-economic factors as fundamental determinants of drug abuse behavior. It suggested that drug abuse is not uniform but varies according to social and demographic characteristics. These findings highlight the complex interplay between personal relationships, economic status, and drug use. Understanding these factors can help tailor more effective prevention and intervention programs. Overall, social context remains a critical element in addressing drug abuse issues.

2. Data Analysis Of Drug Abuse Patterns

The analysis of drug abuse patterns was based on interviews where researchers used checklists to record responses, which helped calculate the percentages of various drug use behaviors. Crack cocaine use was found to be similar across groups, but about one-third of crack users were dependent, and around half abused or were dependent on alcohol. Most respondents, about 67.57%, reported consuming drugs under normal conditions, while addicts often used substances despite physiological harm, especially heroin users who sought relief from severe withdrawal symptoms. The most common reason for problematic drug use fell under the category of "other reasons," reported by 64.86% of respondents. On average, respondents had been using drugs for more than four years, with most beginning drug use in junior high school and continuing through high school and into employment. The duration of drug use among participants ranged from a minimum of 3 years to as

long as 20 years. These findings highlight the chronic nature of drug abuse within this population, emphasizing the long-term patterns of dependency starting from adolescence. The high percentage of respondents attempting to reduce drug use within the last few months (67.57%) suggests a willingness or effort to change, though the persistence of use indicates challenges in overcoming addiction. The presence of external stimuli driving addicts to continue use despite physiological damage, especially in heroin users, points to the complexity of addiction beyond mere habit. Moreover, the broad category of "other reasons" as a leading cause of problematic use may indicate underlying social, psychological, or environmental factors influencing drug abuse. Understanding these patterns is crucial for developing targeted interventions to address both the behavioral and physiological aspects of addiction. Overall, the data underscores the importance of early prevention and sustained support for individuals struggling with long-term substance abuse.

As for the risk of drug use, as many as 11 people (29.73%) said they had shared syringes during injection putting them at risk for blood-borne diseases such as hepatitis, and HIV/AIDS [2] Seventy-five percent (1,702) of respondents said that they had ever used injectable drugs, with 27% reporting sharing a syringe. Among the substances injected were heroin, suboxone, methamphetamine, valium, methadone, cocaine and ecstasy. A total of 27 respondents (72.97%) reported driving under the influence (DIU), while 10 respondents (27.03%) reported that they had overwrought. In addition, 8 (21.62%) respondents had withdrawal syndrome. According to BNN [2], 17% of 1,702 respondents were in an overdose, and 29% were in a drugged traffic accident. Similarly, drug use practices were reported, with environmental factors contributing to more than 60.36% of drug abuse respondents, as shown in Table 11, with 32 (86.50%) of respondents citing their surroundings as an influencing factor. It was emphasized that family supervision and education, including knowledge of religion and drugs, should be preventive. The strong family environment and communication and parental awareness were very useful in observing children's social relationships [7]. It was also found in 2017, where it was reported by BNN that most people had tried drugs for curiosity, or due to friends and this was still the case in 2019. 1-2 times daily was the most common drug use pattern (18 respondents, 48.65%). The commonest setting of drug use was alone (56.76%), with the most prevalent place that drug use took place being at home (56.76%) that stresses the necessity of family awareness and intervention. Other things that triggered included specific people (81.10%), specific thoughts (67.57%), and emotions (45.95%).

The study also evaluated perceived benefits and side effects of drug use. Of the (n = 37) 28 respondents (75.66%) experienced energy while 27 reported pain relief. It also indicated that 75.66% had reduced stress, and 86.49% were calm. Nonetheless, these effects were temporary so that the immediate users fell back on drugs instead of looking for permanent solutions. Most frequently reported side effect was sleep disturbance (75.68%) closely followed by change in heart rate (43.24%). Severe pain was the most frequent withdrawal symptom (43.24%). BNN [2] reported data from 1,702 respondents showing that the following were observed: 15% reported nerve and joint pain; 25% reported depression; 31% reported chronic fatigue; 34% reported nausea; and 46% reported decreased appetite. A total of 10 (27.03%) respondents were on methadone maintenance therapy and 27 (72.97%) respondents reported that they were not aware of it. Among participants in psychotherapy, the large majority had been in therapy for more than two years (21.62%), and the most mentioned benefit was pain relief (24.32%). Every one of the participants receiving methadone reported that they found it helpful in managing their drug cravings.

3. Analysis Of Respondents' Drug Dependence Data

The prevalence of drug dependence in Surabaya was assessed using self-administered questionnaires, where participants identified the specific drugs causing their addiction. To ensure accuracy, these self-reported data were cross-checked with medical records maintained by the researchers. The findings revealed that methamphetamine, locally known as Shabu-shabu, was the most frequently reported drug of dependence, accounting for 64.86% of cases with 24 respondents. In contrast, marijuana dependence was reported by only 2.70% of the respondents, making it the least common in this particular sample. This localized data highlights a distinct pattern of drug use in Surabaya that differs from broader national trends. Interestingly, national statistics from the National Narcotics Agency present a different picture of drug misuse in Indonesia. Their data indicate that marijuana misuse holds the highest prevalence nationwide, with over 1.7 million users across all 34 provinces. Methamphetamine follows as the second most commonly used drug, with approximately 851,000 users countrywide. This discrepancy between local and national data suggests regional variations in drug preferences and availability, emphasizing the importance of context-specific approaches for drug prevention and intervention programs [2].

Between 2017 and 2019, the number of drug abusers in Indonesia was expected to remain relatively stable [2], indicating a persistent challenge in reducing drug abuse. This stability suggests that current efforts to control drug abuse may have reached a plateau, highlighting the need for more innovative and sustainable approaches. Effective control requires a stronger focus on prevention, treatment, and law enforcement, with clearly defined and ambitious goals. Without these enhanced measures, drug abuse is likely to remain a widespread problem in the country.

Moreover, the ongoing expansion of international drug networks into Indonesia exacerbates the situation, making it harder to curb drug abuse. Indonesia’s large population, steady economic growth, and significant proportion of productive-age individuals create a fertile environment for drug dealers to operate. Since only a small percentage of this population is involved in drug abuse, there remains a substantial vulnerable group that dealers can target, underlining the urgency for more effective intervention strategies.

The current drug abuse prevention programs have not been optimally implemented, mainly due to poor coordination among the responsible parties. Researchers point out that the lack of integration among these various initiatives results in many efforts being ineffective. As a consequence, drug users, their families, and the surrounding communities suffer from physical and psychological health problems that worsen depending on the severity of the addiction. This highlights a significant gap in the way drug abuse is addressed, emphasizing the need for a more unified and collaborative approach. Without proper coordination, the fragmented efforts fail to provide the comprehensive support needed for recovery. Adopting a health-centric approach to tackle drug addiction is considered more effective because it views drug users as victims in need of rehabilitation rather than punishment. Such an approach focuses on complete medical, psychological, and social rehabilitation, which is essential for freeing users from addiction. Successful rehabilitation enables users to reintegrate into their families and society, restoring their roles and relationships. This comprehensive care model acknowledges the complexity of drug dependency and addresses it holistically. Ultimately, total rehabilitation programs are crucial for achieving sustainable recovery and reducing the negative impacts on individuals and communities.

Conclusion

The study was predominantly composed of male respondents, totaling 31 individuals (83.78%). The most common age range among respondents was 16–25 years, with 14 individuals (37.84%). In terms of educational background, the majority had completed high school or its equivalent, accounting for 20 respondents (54.05%). Most respondents were self-employed (19 respondents, 51.35%), with 16 individuals (43.24%) working part-time. Regarding marital status, married respondents formed the largest group, with 17 individuals (45.95%), and the majority resided with their nuclear families (32 respondents, 86.49%). Environmental factors were the most significant contributors to drug use, cited by 32 respondents (86.50%). Nearly all respondents indicated that their initial drug use was driven by curiosity and peer influence. Respondents typically used drugs while in a normal state and had been using substances for more than four years. Almost all respondents reported consuming alcohol and driving while intoxicated. The use of injection drugs was relatively rare, with only 29.73% of respondents reporting such behavior. Additionally, seizures and withdrawal symptoms were predominantly experienced by heroin users.

Environmental factors played the most substantial role in drug abuse. The frequency of drug use ranged from once to twice daily within a week. The most common setting for consumption was at home and in solitude. The presence of certain individuals and specific thoughts also influenced drug use. The effects experienced while using drugs included feelings of calmness, stress relief, excitement, pain relief, and comfort. However, a frequently reported side effect was sleep disturbances. Heroin users, in particular, reported experiencing intense full-body pain when not using the drug. The methadone maintenance program was exclusively known among heroin users, as it was specifically designed to alleviate withdrawal symptoms associated with heroin discontinuation. The most commonly abused and addictive substance in Surabaya was methamphetamine (shabu-shabu), with 24 respondents (64.86%) reporting its use.

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