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Knowledge and Drug Abuse Among Prison Inmates

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ABSTRACT

Drug abuse remains a significant public health problem worldwide and is associated with increased morbidity, criminal behavior, and social burden. Knowledge regarding narcotics and psychotropic substances is considered an important determinant in preventing substance abuse; however, evidence among prison inmates remains limited. This study aimed to determine the relationship between knowledge regarding drugs and drug abuse among inmates at Trenggalek Detention Center. A quantitative correlational study with a cross-sectional approach was conducted among 15 inmates selected through purposive sampling. Data were collected using structured questionnaires assessing respondents' knowledge regarding drugs and history of drug abuse. Descriptive statistics were used to summarize respondent characteristics. The relationship between knowledge and drug abuse was analyzed using Lambda and Goodman–Kruskal Tau statistics with a significance level of 0.05. Most respondents were male (100%), had completed senior high school (53.3%), worked as self-employed individuals before imprisonment (60%), and had been incarcerated for more than two years (80%). Most respondents had good knowledge of narcotics (73.3%). Lambda analysis showed no significant relationship between knowledge and drug abuse ($p = 0.301$). Knowledge regarding narcotics was not significantly associated with drug abuse among inmates.

Keywords: Drug abuse; knowledge; inmates; narcotics; rehabilitation

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INTRODUCTION

Drug abuse remains one of the most serious public health problems worldwide because it adversely affects physical health, mental well-being, social stability, and economic productivity [1]. The United Nations Office on Drugs and Crime (UNODC) reported that approximately 296 million people worldwide used illicit drugs in 2021, demonstrating that substance abuse continues to increase globally and requires comprehensive prevention strategies [1]. Similarly, the World Health Organization (WHO) emphasized that substance use disorders contribute substantially to premature mortality, disability, mental illness, and socioeconomic burdens, making drug abuse a priority issue for public health systems [2]. In Indonesia, narcotics abuse continues to be a national concern, particularly among the productive-age population, because it contributes to criminal activities, family disruption, and

decreased productivity [3]. Furthermore, drug abuse causes both physical and psychological dependence, resulting in long-term health consequences and significant socioeconomic burdens for individuals, families, and society [4], [5].

Knowledge is recognized as one of the important determinants influencing health behavior. According to health behavior theory, adequate knowledge can improve awareness, shape positive attitudes, and encourage healthier behavioral practices [6]. Previous studies have demonstrated that individuals with better knowledge regarding narcotics tend to exhibit stronger preventive behaviors against drug abuse than those with limited knowledge [7], [8]–[9]. In addition, community-based health education programs have been shown to improve public awareness and knowledge regarding the harmful effects of narcotics, thereby supporting drug prevention efforts [10], [11], [12]. Nevertheless, drug abuse behavior is not solely determined by knowledge. Social environment, peer influence, psychological conditions, family support, and socioeconomic factors also play significant roles in influencing substance abuse behavior [13], [14], [15].

Correctional institutions represent one of the populations most vulnerable to drug-related problems because many inmates have previous histories of narcotics abuse and criminal behavior. Drug-related offenses remain one of the major causes of incarceration in Indonesia, indicating the close relationship between narcotics abuse and criminal activities [16]. During incarceration, inmates participate in rehabilitation, counseling, health education, and spiritual development programs that may substantially improve their knowledge regarding narcotics [17], [18]. Consequently, the level of knowledge measured during imprisonment may not accurately reflect the knowledge they possessed before engaging in drug abuse. Previous studies have investigated factors associated with drug abuse prevention among adolescents, including knowledge and preventive behaviors [7][9] evidence regarding prison inmates remains limited. This gap highlights the need to evaluate whether knowledge is independently associated with drug abuse among correctional populations. Therefore, this study aimed to analyze the relationship between knowledge regarding narcotics and drug abuse among inmates at Trenggalek Detention Center. The findings may contribute empirical information for the development of rehabilitation programs that address not only health education but also psychosocial and social-support dimensions [5][16]. Spiritual considerations may also be incorporated into rehabilitation approaches, given the documented relevance of spirituality to health and mental well-being[19]. These findings may serve as a basis for further development and evaluation of integrated interventions aimed at supporting recovery and social reintegration among individuals with a history of drug-related offenses.

METHODS

This study employed a quantitative analytical observational design using a cross-sectional approach to examine the relationship between inmates' knowledge regarding narcotics and drug abuse behavior at Trenggalek Detention Center. The cross-sectional design was selected because it allowed the

independent and dependent variables to be measured simultaneously during a single period of data collection. The study was conducted at Trenggalek Detention Center, East Java, Indonesia, from May to June 2024. The study population consisted of inmates incarcerated for narcotics-related offenses during the study period. Participants were selected based on predetermined inclusion criteria, namely inmates who were currently serving sentences for narcotics-related offenses, were able to communicate effectively, and were willing to participate in the study. During the study period, 15 inmates met all eligibility criteria and were included as study participants. Thus, the 15 respondents represented the total number of eligible inmates available during the study period rather than a subset selected from a larger eligible population. Therefore, all eligible inmates who met the inclusion criteria during the study period were included in the study. Data were collected using a structured questionnaire consisting of two sections. The first section assessed respondents' demographic characteristics, including age, educational level, occupation before incarceration, and duration of imprisonment. The second section measured respondents' knowledge regarding narcotics using a structured questionnaire developed based on national drug prevention guidelines. Knowledge scores were categorized into good, moderate, and poor according to predetermined scoring criteria. After obtaining permission from the detention center authorities and informed consent from respondents, questionnaires were administered directly to eligible participants. Respondents completed the questionnaires independently under researcher supervision to ensure completeness and accuracy. Descriptive statistics were used to summarize respondents' demographic characteristics and knowledge levels using frequencies and percentages. The relationship between knowledge regarding narcotics and drug abuse was analyzed using Lambda and Goodman and Kruskal Tau statistics because both variables were measured on a nominal scale. Statistical significance was determined at a 95% confidence level ($p < 0.05$). Data analysis was performed using IBM SPSS Statistics version 25. This study complied with research ethics principles, including respect for autonomy, confidentiality, anonymity, beneficence, and justice. Participation was voluntary, and respondents provided informed consent before data collection. All personal information was kept confidential and used exclusively for research purposes.

RESULT

Table 1. Characteristics of Respondents (n = 15)

Variable	Category	n	%
Gender	Male	15	100.0
	Female	0	0.0
Education	Elementary School	2	13.3
	Junior High School	4	26.7
	Senior High School	8	53.3
	College	1	6.7
Occupation	Self-employed	9	60.0
	Farmer	3	20.0
	Employee	2	13.3
	Unemployed	1	6.7
Duration of imprisonment	≤ 2 years	3	20.0
	> 2 years	12	80.0

Table 1 presents the characteristics of respondents a total of 15 inmates participated in this study. All respondents were male (100%). Most respondents had completed senior high school (53.3%), while the remaining respondents had elementary, junior high school, or college educational backgrounds. Before incarceration, most respondents worked as self-employed individuals (60.0%). Regarding the duration of imprisonment, 80.0% had been incarcerated for more than two years. The study included 15 respondents. The distribution of respondents across several categorical variables was uneven. Educational level, for example, was distributed across four categories, resulting in relatively small frequencies within some categories. In addition, all respondents were male, resulting in no variability in the gender variable. These characteristics should be considered when interpreting the results of the categorical association analyses because sparse cells and limited variability may produce unstable estimates and reduce the ability to detect statistically meaningful associations.

Table 2. Distribution of Respondents Based on Knowledge Level

Knowledge Level	n	%
Good	11	73.3
Moderate	3	20.0
Poor	1	6.7
Total	15	100.0

The assessment of respondents' knowledge showed that most inmates had good knowledge regarding narcotics. Given the relatively small number of eligible respondents, the study should be considered a small-sample quantitative correlational study. The categorical variables were analyzed using Lambda/Goodman–Kruskal Tau as appropriate for assessing associations between categorical variables. However, because the sample consisted of only 15 respondents, the resulting estimates should be interpreted as exploratory. Particular caution was applied when interpreting cross-tabulations with sparse cells and variables with limited or no variability. The study was likely underpowered to detect anything other than a relatively strong association. Therefore, a non-significant statistical result was not interpreted as definitive evidence of no association.

Table 3. Lambda Test Results

Statistical Test	Value
Lambda	0.500
Approximate Significance (p-value)	0.301
Decision	Not Significant
Statistical Test	Value

The relationship between knowledge regarding narcotics and drug abuse was analyzed using the Lambda and Goodman and Kruskal Tau tests. The Lambda analysis produced a p-value of 0.301, indicating that the observed association was not statistically significant at the 0.05 level. The Lambda coefficient of 0.500 suggested a moderate association; however, this coefficient should be interpreted cautiously

because of the very small sample size and sparse categorical distribution. Similarly, the Goodman and Kruskal Tau analysis did not provide evidence of a statistically significant association. Given the limited sample size, the non-significant finding may reflect insufficient statistical power rather than definitive evidence that no association exists.

DISCUSSION

The findings of this study suggest that knowledge regarding narcotics alone may not be sufficient to explain drug abuse behavior among inmates at Trenggalek Detention Center. Although respondents demonstrated an adequate understanding of the definition, types, legal consequences, and health risks associated with narcotics, this cognitive understanding did not necessarily correspond to their previous involvement in narcotics abuse. This finding may indicate that drug-related behavior is influenced by multiple factors beyond cognitive knowledge, including individual, social, and environmental factors [7][9].

An important consideration is the temporal difference between the measurement of knowledge and the occurrence of drug abuse. The knowledge assessed in this study represents respondents' current cognitive status, whereas their involvement in narcotics abuse occurred before or during an earlier period of their lives. Therefore, the current level of knowledge may not accurately represent their knowledge before initiating drug use. This issue is particularly relevant because most respondents had been incarcerated for more than two years. During a prolonged period of incarceration, respondents may have been exposed to educational activities, counseling, religious guidance, and other rehabilitation services. Previous literature has described the importance of rehabilitation and resilience-building among individuals serving sentences for narcotics-related offenses [16]. However, because exposure to these activities was not directly measured in the present study, their specific contribution to respondents' current knowledge cannot be established. The possibility that knowledge may have changed during the incarceration period is also consistent with findings from preventive education studies. Fadaei et al, reported that a structured health education intervention based on the Health Belief Model was associated with the promotion of drug abuse preventive behaviors among adolescent students [7]. Similarly, peer counseling and educational approaches have been discussed as strategies for increasing knowledge and motivation related to drug abuse prevention [13]. These findings suggest that knowledge is potentially modifiable through educational interventions, which may partly explain why current knowledge among inmates does not necessarily reflect their knowledge at the time when drug abuse behavior initially occurred. Consequently, the non-significant relationship observed in this study should be interpreted cautiously. The temporal discrepancy between current knowledge measurement and previous drug abuse behavior, together with the small sample size, may have limited the ability to detect an association. Future studies involving larger samples and longitudinal designs are needed to assess changes in knowledge over time and to determine whether knowledge acquired during rehabilitation is associated with subsequent preventive behavior and reduced risk of relapse. Therefore, the present findings should

not be interpreted as evidence that knowledge is unimportant, but rather that knowledge measured after rehabilitation may not adequately represent the knowledge possessed before drug abuse occurred.

From a theoretical perspective, these findings are consistent with Green's PRECEDE behavioral model, which classifies knowledge as a predisposing factor rather than a direct determinant of behavior. According to Notoatmodjo, health behavior develops through interactions among predisposing factors, including knowledge, beliefs, and attitudes; enabling factors, such as the availability of health services, educational opportunities, and rehabilitation programs; and reinforcing factors, including family support, peer influence, social norms, and community acceptance [6]. Consequently, knowledge alone may not be sufficient to produce behavioral change, as cognitive understanding may interact with individual, social, environmental, and psychosocial factors. Previous research on drug abuse prevention has indicated that preventive behavior is influenced by factors beyond knowledge, including perceptions, social influences, and contextual conditions [7] [9]. This may help explain why individuals can continue to engage in narcotics-related behavior despite understanding its harmful consequences. Among individuals involved in drug-related offenses, psychosocial factors and the capacity to cope with challenges may also be relevant to recovery and behavioral change [16]. In addition, family and broader social environments may influence the consequences and prevention of drug abuse [5]. Therefore, understanding drug abuse behavior requires consideration of multiple interacting factors rather than focusing exclusively on cognitive knowledge. Substance abuse should be understood as a multifactorial problem involving individual, psychological, social, and environmental dimensions rather than as a problem that can be addressed through knowledge or health education alone. Previous research on drug abuse prevention has emphasized the importance of behavioral, social, and contextual factors in preventing drug abuse [7] [9]. In the context of individuals involved in narcotics-related offenses, psychosocial factors and resilience are also relevant to the process of recovery and behavioral change [16]. Therefore, adequate knowledge may coexist with persistent drug-related behavior when other individual and psychosocial factors remain present.

The observed pattern may also be explained by the potential influence of social and environmental determinants that existed before incarceration. Previous studies have emphasized that drug abuse prevention and drug-related behavior are influenced by factors beyond individual knowledge, including social and contextual factors among adolescents and young people [7][9]. Therefore, respondents' previous involvement in narcotics abuse may have been shaped by social environments and other contextual conditions that were not captured by the current measurement of knowledge. Individuals who are repeatedly exposed to peers who use narcotics may experience greater opportunities to access drugs and may perceive drug use as more normalized within their social environment. This social context may reduce the practical impact of knowledge about the harmful consequences of narcotics use. The Indonesia

Drugs Report 2024, based on the National Survey on Drug Abuse 2023, reported that friends or romantic partners were the main source of obtaining narcotics for the first time, accounting for 84.5% of respondents. The report also identified the peer environment as an important setting in the initial acquisition of narcotics, both in urban and rural areas [4]. These findings highlight the potential importance of interpersonal and social environments in the initiation and continuation of drug-related behavior. Therefore, adequate knowledge may not be sufficient to prevent drug abuse when individuals remain exposed to social environments that facilitate access to or normalize drug-related behavior. Similarly, the UNODC World Drug Report highlighted poverty, unemployment, social exclusion, low educational attainment, and weak family support as structural factors associated with persistent substance abuse [1]. These findings suggest that respondents may have possessed sufficient knowledge before incarceration, while environmental pressures, social conformity, emotional distress, and economic hardship may have exerted stronger influences on drug-use behavior. This interpretation is also consistent with social learning theory, which proposes that individuals acquire behaviors through observation, imitation, and reinforcement within their social environment. Behavioral patterns established through prolonged exposure to drug-using networks may consequently become resistant to change, even when knowledge subsequently improves.

Another important explanation concerns the characteristics of the study population. Unlike previous investigations involving adolescents or university students [7],[9], the respondents in this study had already experienced substance dependence and criminal justice involvement. Addiction can affect neurological pathways associated with reward processing, executive function, emotional regulation, and impulse control. Another important explanation concerns the characteristics of the study population. Unlike previous studies involving adolescents and students, the respondents in the present study were individuals with a history of narcotics-related offenses who were undergoing correctional processes. This distinction is important because drug-related behavior in correctional populations may be influenced by a combination of cognitive, behavioral, psychosocial, and environmental factors. Studies involving adolescents have demonstrated that drug-abuse prevention is associated with multiple behavioral and social factors rather than knowledge alone [7][9][13]. In contrast, individuals involved in narcotics-related offenses may face additional psychosocial challenges during the correctional and rehabilitation process, including the need to develop resilience and adapt to the correctional environment [16]. Therefore, the relationship between knowledge and drug-related behavior observed in adolescent or student populations should not automatically be assumed to be equivalent to that in correctional populations. The different characteristics and contexts of these populations may contribute to differences in the factors underlying health-related behavior. In the present study, the absence of a significant relationship between knowledge and previous narcotics-related behavior may therefore reflect the multifactorial nature of drug-related behavior and the specific characteristics of the study population. These findings indicate that evidence derived from community, adolescent, or student populations

should be interpreted cautiously when applied to individuals with a history of narcotics-related offenses in correctional settings. An important limitation of this study concerns the small sample size. The study involved only 15 respondents, which limits the statistical power and reliability of the categorical association analysis. The limitation is particularly relevant because the respondents were distributed unevenly across several categories. Educational level was divided into four categories, with some categories containing very few respondents, while gender showed no variability because all respondents were male. Such a distribution can result in sparse or empty cells in cross-tabulations and may make Lambda and Goodman–Kruskal Tau estimates less stable. Therefore, the non-significant finding should be interpreted cautiously and should not be regarded as definitive evidence that an association does not exist. The study was likely underpowered to detect anything other than a relatively strong association, and the possibility that the observed finding reflects limited statistical power should be acknowledged.

A further limitation relates to the timing of knowledge measurement. Knowledge was assessed during incarceration, after respondents had been exposed to rehabilitation, counseling, educational, and spiritual activities. Therefore, the measured knowledge may not accurately represent the level of knowledge respondents possessed before their drug abuse occurred. This temporal limitation makes it difficult to determine whether knowledge preceded or followed the development of drug-abuse behavior. The cross-sectional design further limits the ability to establish temporal relationships between knowledge and previous drug-abuse behavior. Future studies should therefore consider longitudinal approaches that assess knowledge and related behavioral factors before rehabilitation, during incarceration, and following release. From a nursing and correctional health perspective, the findings indicate the importance of considering rehabilitation beyond health education alone. Educational interventions remain important because they can increase knowledge and awareness related to drug abuse prevention [7][13][15]. However, behavioral change may also be influenced by psychosocial, interpersonal, and environmental factors [5][8][9]. Therefore, rehabilitation in correctional settings may benefit from a comprehensive and person-centered approach that considers the individual circumstances and social environment of inmates.

For nurses working in correctional settings, comprehensive assessment can help identify factors that may influence drug-related behavior and the rehabilitation process. These factors may include psychosocial difficulties, family and social relationships, coping capacity, and environmental challenges [5][16]. In particular, Sipahutar and Muhammad highlighted the importance of resilience-building among inmates involved in narcotics-related offenses, indicating that rehabilitation should also consider individuals' capacity to cope with challenges and adapt during the correctional process [16]. Accordingly, nursing interventions may include health education combined with counseling, supportive interpersonal interventions, peer-support activities, and referral to appropriate multidisciplinary services according to individual needs. Spiritual considerations may also be incorporated into a holistic nursing approach when consistent with the individual's values and preferences. Previous literature has described

associations between religion, spirituality, health, and mental well-being, suggesting that spiritual resources may contribute to coping and psychological adjustment [19]. However, spiritual interventions should be implemented as complementary components of care rather than as substitutes for evidence-based medical, psychological, and social interventions. Thus, the findings support a broader biopsychosocial-spiritual perspective in correctional rehabilitation. Rather than assuming that increased knowledge alone will automatically produce behavioral change, nurses and other health professionals should consider the interaction of cognitive, psychosocial, interpersonal, and environmental factors when planning individualized rehabilitation and health-promotion strategies. The present study provides a contribution to correctional nursing research by highlighting that knowledge should not be considered the sole indicator of behavioral change among inmates with a history of drug abuse. Evaluating rehabilitation success solely through knowledge assessment may overestimate the effectiveness of correctional programs. Rehabilitation outcomes should also include psychological readiness, behavioral change, relapse prevention, treatment adherence, social functioning, and successful reintegration into society. Given the limitations of the current study, future research should involve larger samples and longitudinal designs while examining additional factors such as addiction severity, mental health status, family support, resilience, spirituality, peer influence, and participation in rehabilitation programs. Such research would provide a more comprehensive understanding of factors associated with recovery and relapse prevention. Overall, drug abuse among correctional populations should be understood as a multidimensional biopsychosocial phenomenon in which knowledge represents only one component of a broader behavioral system. This perspective supports the development of integrated correctional rehabilitation policies that prioritize holistic nursing care and multidisciplinary collaboration.

CONCLUSION

This study concludes that knowledge regarding narcotics was not sufficient to explain drug abuse behavior among inmates at Trenggalek Detention Center. Although most respondents demonstrated a good level of knowledge regarding narcotics, their knowledge did not appear to be the sole determinant of drug abuse behavior. These findings highlight that substance abuse among correctional populations is influenced by multiple interacting factors, including addiction history, peer influence, family support, psychosocial conditions, environmental factors, and individual spiritual dimensions. Therefore, rehabilitation programs in correctional institutions should adopt a comprehensive biopsychosocial and spiritual approach rather than relying solely on health education to improve knowledge. Future studies should involve larger populations and examine additional factors, such as family support, mental health, peer influence, participation in rehabilitation programs, and spirituality, to provide a more comprehensive understanding of drug abuse and relapse and to support more effective rehabilitation and successful reintegration into society.

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