JURISPRUDENSI
Jurnal Ilmu Syari'ah, Perundang-undangan dan Ekonomi Islam
https://doi.org/10.32505/jurisprudensi.v17i2.12339
Vol. 17 No. 2 (July-December 2025): 290-303

Implementation of Supervision on the Sale of Hard Drugs in Dumai City: Normative Analysis and Preventive Strategies Based on Law No. 17 of 2023

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Submission	Accepted	Published
Jul 30, 2025	Sep 26, 2025	Okt 5, 2025

Abstract

Ideally, the sale of prescription-only medicines should be strictly regulated by requiring a doctor's prescription to ensure patient safety and prevent drug misuse. However, the reality in Dumai City shows that the sale of prescription-only medicines without prescriptions remains prevalent, reflecting weak supervisory functions and low legal awareness within society. This study aims to analyze the implementation of supervision over the sale of prescription-only medicines in Dumai City from a normative perspective based on Law Number 17 of 2023 on Health, while also identifying the factors influencing weak supervision and formulating effective preventive strategies. This article falls under the category of sociological legal research with a qualitative approach. The research method applied is empirical legal study, combining statutory analysis with field data obtained through observations and interviews with pharmacists, BPOM (Food and Drug Supervisory Agency), and the community. The findings conclude that weak supervision is caused by limited supervisory resources, low legal awareness, and lack of inter-agency coordination. Therefore, the necessary preventive strategies include strengthening the role of pharmacists, optimizing the functions of supervisory institutions, increasing

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community participation, and ensuring consistent law enforcement to achieve public health protection.

Keywords: *Supervision, Prescription Drugs, Doctor's Prescription*

Abstrak

Idealnya, penjualan obat keras diatur secara ketat dengan mewajibkan adanya resep dokter demi menjamin keselamatan pasien serta mencegah penyalahgunaan obat. Namun, realitas yang terjadi di Kota Dumai menunjukkan masih maraknya praktik penjualan obat keras tanpa resep, yang mencerminkan lemahnya fungsi pengawasan dan kesadaran hukum di masyarakat. Penelitian ini bertujuan untuk menganalisis pelaksanaan pengawasan penjualan obat keras di Kota Dumai dalam perspektif normatif berdasarkan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan, sekaligus mengidentifikasi faktor-faktor yang memengaruhi lemahnya pengawasan serta merumuskan strategi preventif yang efektif. Artikel ini tergolong ke dalam penelitian hukum sosiologis dengan pendekatan kualitatif. Metode penelitian yang digunakan adalah studi hukum empiris, yang menggabungkan analisis peraturan perundang-undangan dengan data lapangan melalui observasi dan wawancara terhadap apoteker, BPOM, serta masyarakat. Hasil penelitian menyimpulkan bahwa lemahnya pengawasan disebabkan oleh keterbatasan sumber daya pengawas, rendahnya kesadaran hukum, dan kurangnya koordinasi antarinstansi. Oleh karena itu, strategi preventif yang diperlukan meliputi penguatan peran apoteker, optimalisasi fungsi lembaga pengawas, partisipasi masyarakat, serta penegakan hukum yang konsisten agar perlindungan kesehatan masyarakat dapat diwujudkan.

Kata Kunci: Pengawasan, Obat Keras, Resep Dokter

Introduction

In the framework of national development, health cannot be regarded merely as a medical matter, but rather as an integral part of the state's objectives as emphasized in the Preamble of the 1945 Constitution, namely to protect all the people of Indonesia and the entire homeland of Indonesia, and to promote the general welfare (Sadiq et al., 2024). The conception of the welfare state positions health as one of the fundamental rights that must be guaranteed and fulfilled by the state, in line with the view that health development is a long-term investment to improve the quality of competitive human resources, while also serving as an instrument for achieving social justice. In the global context, health issues have even become one of the strategic indicators determining a nation's competitiveness and national resilience. Therefore, the state, through its legal apparatus, bears a constitutional obligation to establish regulations that ensure every citizen has access to quality, equitable, and just health services (Atmawijaya et al., 2025). One of its manifestations is the enactment of Law No. 17 of 2023 on

Health, which emerged as a regulatory reform in the health sector with the spirit of addressing complex challenges in service delivery, financing, and supervision.

In its implementation, the Health Law emphasizes the importance of strengthening regulations on the distribution of medicines, medical devices, and community protection from illegal practices that could endanger lives. Medicines, as vital instruments of health, hold a strategic position, since their use is intended for diagnosis, prevention, treatment, and recovery of patients' health conditions. However, the distribution and sale of medicines may only be carried out with official circulation permits (Tresnadi et al., 2025). Normatively, medicines are classified into several categories, such as over-the-counter drugs, limited over-the-counter drugs, and prescription-only drugs. Over-the-counter drugs may be obtained without a doctor's prescription as they are considered relatively safe, while limited over-the-counter drugs must be dispensed with adequate information and education provided by pharmacists. Meanwhile, prescription-only drugs carry high risks of side effects and therefore may only be dispensed to patients with a doctor's prescription. Although there exists the category of Mandatory Pharmacy Drugs (OWA) that can be provided without prescription, this must also comply with service standards as regulated in Article 2 of Minister of Health Regulation No. 919/MENKES/PER/X/1993. Unfortunately, practices in the field, including in Dumai City, reveal the widespread sale of non-OWA prescription-only drugs without a doctor's prescription.

Ideally, the distribution and use of prescription-only drugs should be strictly regulated to avoid harmful side effects or misuse. Pharmacies, as pharmaceutical practice facilities, are obliged to comply with service standards and uphold the pharmacist's professional oath (Dwipayana et al., 2024). However, the reality in Dumai City still shows the prevalence of prescription-only drug sales without a doctor's prescription, whether due to patient habits, economic profit considerations, or weak legal awareness among pharmaceutical business actors. A concrete case can be seen in Decision No. 58/Pid.Sus/2023/PN Dum, where the defendant Muhamad Zaki engaged in illegal distribution of prescription-only drugs and was charged under Article 436 paragraphs (1) and (2) of the Health Law with the threat of imprisonment and fines of up to IDR 200,000,000.00 (Fiqri, 2022). Another case, Decision No. 202/Pid.Sus/2024/PN Dum, involved an abortion practice using prescription-only drugs illegally supplied by a pharmacy owner with the initials DM. These cases illustrate weak supervision and law enforcement, as well as a serious gap between legal norms and field implementation.

Based on the above, this study aims to analyze the implementation of supervision over the sale of prescription-only drugs in Dumai City from the normative perspective of Law No. 17 of 2023 on Health, while also identifying factors that contribute to weak supervision in the field. Furthermore, this study examines preventive strategies that may be adopted to enhance the effectiveness of supervision, including the role of pharmacists, supervisory agencies such as BPOM (National Agency of Drug and Food Control), as well as community participation in fostering legal and health awareness. The contribution of this study is expected to provide a comprehensive understanding of the effectiveness of regulations in the context of prescription-only drug sales practices in border areas such as Dumai City, while also offering concrete recommendations for the

government, pharmaceutical professionals, and society to strengthen legal culture and reduce the misuse of prescription-only drugs. Thus, this research not only enriches academic scholarship in the field of health law but also serves as a practical reference in the formulation of more effective public policies that prioritize community protection.

Literature Review

Studies related to the implementation of supervision over the circulation and sale of prescription-only drugs are not new; various researchers have already discussed and even published them. Firdaus Thantawi et al., in an article entitled; *"Kajian Pengawasan Peredaran Obat Keras di Sumatera Barat oleh BBPOM di Padang,"* conducted an empirical study on the supervisory mechanisms carried out by BBPOM Padang. Broadly speaking, this study describes the supervision process starting from registration, distribution, to enforcement actions against violations, using field data and documentation of BBPOM activities. The main findings reveal technical obstacles such as limited supervisory human resources, barriers to cross-agency coordination, and challenges in monitoring wide coverage areas (Thantawi et al., 2021). The similarity between this work and the author's study lies in its focus on supervisory practices and identifying implementation barriers at the regional level. The difference is that Firdaus et al. concentrated on evaluating BBPOM's institutional performance in West Sumatra, whereas the author's study combines a normative analysis of Law No. 17/2023 with preventive strategies emphasizing the role of pharmacists, local BPOM, and community participation in the context of Dumai City (a 3T and border region).

Pramudita Antasia and Dwi Desi Yayi Tarina, in their work entitled; *"Legal Protection for Consumers Related to the Circulation of Hard Drugs by Unlicensed Drug Stores in Indonesia,"* discuss consumer legal protection against the circulation of prescription-only drugs by unlicensed facilities. The core of this study is a positive legal analysis of criminal and administrative sanctions as well as compensation mechanisms for victims, using a statutory approach and several illustrative cases. The findings highlight gaps in law enforcement and the need to strengthen consumer reporting mechanisms (Antasia & Tarina, 2024). The similarity with the author's study lies in the strong concern for consumer protection and law enforcement. The difference is that Antasia & Tarina focus more on legal protection and litigation/case handling at the national level, while the author's study adds the dimension of operational preventive strategies (education, pharmaceutical literacy, strengthening professional ethics) as well as a normative analysis specifically of Law No. 17/2023 within the local context of Dumai City.

Redyanto Sidi and Andika Putra, in their work entitled; *"Pertanggungjawaban Peredaran Obat Keras Tanpa Resep Dokter Dan Peran Pendidikan Islam,"* present a unique perspective by linking the legal responsibility of prescription-only drug distribution with the dimension of religious education—particularly the role of Islamic education in shaping professional ethics and public awareness. This work broadly combines normative-theological studies and legal analysis to recommend value-based education as an instrument to prevent drug

abuse. The main findings emphasize that the cultivation of morals and religious literacy can complement formal legal approaches in reducing risky practices (Sidi & Putra, 2022). The similarity with the author's study is the recognition of the need for non-legal (educational/ethical) approaches to strengthen supervision. The difference is that Sidi & Putra emphasize Islamic education as the main solution, while the author's study formulates a comprehensive preventive strategy—integrating regulatory strengthening (Law No. 17/2023), the role of professional pharmacists, communication-information-education (KIE) programs by BPOM, and health service policies that improve access.

Although previous literature has discussed the supervision of prescription-only drugs (institutional BBPOM), consumer legal protection, and the role of values/education in prevention, there remain several important gaps. First, no study has specifically integrated a normative analysis of Law No. 17/2023 (as the latest regulation) with empirical field data in the context of border/3T regions such as Dumai City. Most previous studies tended to focus on a single dimension—whether law enforcement, institutional evaluation, or educational approaches—without presenting multidimensional preventive strategies that integrate regulatory, educational, technical supervisory, and health service policy aspects. Second, very few studies examine the synergistic role among pharmacists, local BPOM, regional governments, and community participation in the implementation of the new Law. Therefore, this study fills that gap with a socio-legal approach that combines statutory review, case studies, and field data to formulate preventive recommendations that are both operational and contextual for Dumai City and similar regions.

Research Methodology

This research focuses on legal phenomena in society and examines how legal provisions apply and function in everyday social practice. The research method used is empirical legal research, conducted through a combination of the statutory approach and the case approach (Benuf & Azhar, 2020). The statutory approach is employed to examine the conformity of regulations—particularly Law Number 17 of 2023 on Health—with the practice of selling prescription-only drugs without a doctor's prescription, while the case approach is used to analyze court decisions related to violations of these provisions as a reflection of the application of legal norms. Primary data sources were obtained through field observations and interviews with pharmacists, PAFI administrators, and BPOM officials in Dumai City, while secondary data sources came from legal literature, scientific journals, and official documents relevant to the research theme.

To maintain data validity, this study employed source triangulation, namely by comparing and testing the consistency of information obtained from interviews, observations, and legal documents. Validity testing was conducted through cross-checking among respondents to ensure the objectivity of the findings. The data analysis technique used was qualitative analysis with a descriptive-analytical pattern, which involved elaborating field data, interpreting them within a legal theoretical framework, and relating them to applicable regulations. The process of writing the manuscript was carried out systematically through the stages of data

reduction, data presentation, and conclusion drawing, thereby producing a structured scientific description capable of providing comprehensive answers to the research problems.

Supervision of the Sale of Prescription-Only Medicines Without a Doctor's Prescription: Analysis of Law Number 17 of 2023 on Health

The supervision of the sale of prescription-only medicines without a doctor's prescription is an important issue in the field of public health, as it directly concerns community safety. Prescription-only drugs are a category of medicines with high potential risks if used without medical supervision, whether due to incorrect dosage, interactions with other drugs, or harmful side effects. For this reason, the distribution of such medicines is strictly regulated by the government through various legal instruments, including Law of the Republic of Indonesia Number 17 of 2023 on Health (Wibowo, 2024). This law, particularly Articles 138 (2), (3), and (4), as well as Article 143 (1), explicitly prohibits all forms of procurement, production, storage, promotion, and distribution of pharmaceutical products that do not meet safety, efficacy, and quality standards. Furthermore, Article 435 of the same law stipulates criminal sanctions for perpetrators of illegal pharmaceutical distribution.

These regulations demonstrate the government's effort to protect the public from the harmful effects of drug misuse while emphasizing the importance of compliance by pharmaceutical businesses with applicable legal standards. Beyond normative arrangements, post-marketing surveillance, also known as pharmacovigilance, serves as a crucial strategy to ensure drug safety in society. Through the pharmacovigilance system, reports related to adverse drug reactions can be collected, analyzed, and followed up to prevent greater risks to patients (Fadhilah et al., 2023). This system functions not only as a monitoring tool but also as an educational instrument for medical professionals and the public regarding the importance of using medicines according to proper procedures.

Pharmacovigilance plays a critical role in clinical practice because it enables early detection of adverse drug reactions. With early detection, risks can be minimized or even prevented, thereby safeguarding patient safety. For example, if a patient has previously experienced negative reactions to a particular drug, competent health professionals can evaluate and direct therapy toward safer alternatives. All of these processes remain grounded in regulations, such as Law No. 17 of 2023 on Health, Minister of Health Decree No. 02396 of 1986, and Minister of Health Regulation No. 919 of 1993 on drugs that may be dispensed without a prescription. In practice, the government has issued additional regulations to strengthen consumer protection in the pharmaceutical sector, such as Minister of Health Regulation No. 1010/MENKES/PER/XI/2008 on Drug Registration, Presidential Regulation No. 80 of 2017 on BPOM, and BPOM Regulation No. 24 of 2021 on drug circulation management (Fadhillah et al., 2025). These regulations complement each other to ensure that all pharmaceutical products on the market are officially licensed, of guaranteed quality, and strictly monitored along the supply chain.

However, strict regulations are meaningless without effective enforcement.

In an interview with Apt. Azizah Daulay, M.Si, Head of the Dumai City Branch of the Indonesian Pharmacists Association (PAFI), it was emphasized that although BPOM has the primary authority in supervision, pharmacists also bear moral and professional responsibilities. Pharmacists must refuse to dispense prescription-only drugs without a doctor's prescription and are obligated to report any violations. Sanctions for pharmacies that violate the rules vary, ranging from written warnings, temporary suspension, and license revocation to imprisonment. Similarly, Ully Mandasari, S.Farm., Apt., M.H., Head of BPOM Dumai, explained that routine inspections are carried out across pharmaceutical distribution and service facilities, from pharmaceutical wholesalers (PBF) and regional warehouses to public health facilities such as hospitals, community health centers, clinics, pharmacies, drugstores, and treatment centers. The goal is to ensure compliance with the Good Distribution Practices (CDOB) standards.

Beyond offline supervision, BPOM is also actively monitoring online drug sales. This is important given the widespread distribution of prescription-only drugs through e-commerce platforms and social media, which are difficult to control. With BPOM Regulation No. 14 of 2024 on the Supervision of Drugs and Food Distributed Electronically, BPOM seeks to restrict the circulation of illegal medicines in the digital realm. This regulation is particularly relevant in the digital era, where drug sales can occur without direct oversight. Meanwhile, interviews with several pharmacists in Dumai City, such as Ds, Mr, Dk, Ly, and Tr, revealed that pharmacists have non-negotiable professional obligations. They not only refuse requests for the purchase of prescription-only medicines without a prescription but are also responsible for clarifying potential errors in prescriptions. This reflects caution in pharmaceutical practice as well as adherence to professional ethics. Pharmacists also refuse to accept or distribute hard drugs from the black market and are required to report violations to BPOM through the Consumer Complaint Service Unit (ULPK).

Thus, it is clear that supervision of the sale of prescription-only medicines without a doctor's prescription is not only the responsibility of the government through BPOM but also a legal and ethical obligation for pharmacists. This dual role is essential in building a system that reinforces the synergy between state regulations and the moral responsibility of health professionals. Nevertheless, challenges remain in practice. Many members of the public still underestimate the dangers of using prescription-only drugs without proper guidance, leading to high demand. On the other hand, some pharmacies or drugstores deliberately ignore regulations for profit. This condition underscores the need for a holistic approach to supervision, one that emphasizes not only sanctions but also continuous public education and awareness campaigns.

Factors Influencing the Implementation of Supervision on the Sale of Prescription-Only Medicines without a Doctor's Prescription in Dumai City

The implementation of supervision over the practice of selling prescription-only medicines without a doctor's prescription in Dumai City cannot be separated from regulatory factors, which are directly governed under Law Number 17 of 2023 on Health. This law, particularly Article 5, stipulates that consumers are

obliged to follow information and instructions from pharmacy managers, act in good faith in every transaction, and fulfill payment obligations in accordance with the provisions (Salangka, 2023). On the other hand, Article 6 provides legal protection to pharmacy managers as business actors, including the right to receive payment, the right to legal protection against consumers acting in bad faith, and the right to restore their reputation if found not guilty. These provisions show that supervision is not only focused on consumers but also on the responsibilities of business actors in carrying out pharmaceutical practices properly. This regulation serves as an important legal foundation because it normatively binds both consumers and pharmacy managers in an equal and responsible legal relationship.

Furthermore, the obligation of pharmacy managers to provide accurate and complete information regarding prescription-only medicines is not only guaranteed in the Health Law but also emphasized in derivative regulations. Article 11 of Minister of Health Decree Number 1332/MENKES/SK/X/2002 and Article 21 paragraph (2) of Government Regulation Number 51 of 2009 explicitly state that information on medicines must be delivered clearly, accurately, and without misleading content. This aims to ensure that consumers understand the medical risks that may arise from the use of prescription-only medicines (Septianingsih et al., 2024). In the context of supervision, authoritative authority rests with the National Agency of Drug and Food Control (BPOM) as stipulated in the Joint Decree of the Minister of Health and Minister of Administrative and Bureaucratic Reform Number 264A/MENKES/SKB/VII/2023 and Number 02/SKB/M.PA/7/2023. Meanwhile, Article 58 of Government Regulation Number 51 of 2009 emphasizes that pharmaceutical supervision is carried out in stages by the Ministry of Health, local governments, and professional organizations. This highlights the importance of cross-institutional coordination in controlling the distribution of prescription-only medicines without prescriptions.

However, in practice, these regulatory factors often weaken due to inconsistencies in implementation. Weak coordination among government institutions, limited supervisory resources, and the lack of regular evaluations result in regulations remaining merely normative. Coordination between BPOM and local governments should be the main key in ensuring safe drug distribution. Yet, the weak role of local governments in supporting BPOM's duties—such as limited field supervision—creates loopholes that business actors can exploit to continue selling prescription-only medicines without prescriptions. This indicates that even strict regulations will not be effective if field supervision is not carried out optimally (Ismaniar, 2024). Apart from regulatory aspects, social factors also have a significant influence on the prevalence of prescription-only medicine sales without prescriptions. Many people in Dumai City still perceive the use of such medicines as common and harmless, despite their potential for serious side effects.

Habits and consumption culture are among the main triggers. As revealed in an interview with Apt. Azizah Daulay, M.Si, Head of PAFI Dumai, the habit of consuming prescription-only medicines based on personal experience or advice from relatives has become a behavioral pattern that is difficult to change. This habit is worsened by the low public awareness of the legal requirement for a doctor's prescription when purchasing these medicines. This condition shows a misalignment between the prevailing legal norms and social practices in the

community. From the perspective of consumer protection, Articles 4 and 8 paragraph (3) of Law Number 8 of 1999 on Consumer Protection emphasize that consumers have the right to complete and accurate information regarding pharmaceutical products, while business actors are prohibited from selling medicines without adequate information. However, in practice, many pharmacists do not fully explain the details of prescription-only medicine use to patients. This makes the public increasingly accustomed to buying such medicines freely without guilt. As a result, regulations intended to protect consumers lose their effectiveness because actual practices do not align with legal provisions. This phenomenon proves that social factors, particularly public habits in interacting with prescription-only medicines, have become the main obstacle to effective supervision.

In addition to social factors, economic aspects also play a significant role. The high market demand for prescription-only medicines is often driven by the economic condition of the community, many of whom cannot afford doctor consultation fees. As emphasized by the Head of BPOM Dumai, Ully Mandasari, S.Farm., Apt., M.H., many consumers choose to buy prescription-only medicines directly at pharmacies because it is cheaper and more accessible. The lower price of medicines compared to medical consultation costs leads the public to choose the shortcut, even though it violates the rules (Bachri, 2024). On the other hand, business actors or pharmacies are often tempted to fulfill consumer demand due to financial gain. This condition shows a strong interaction between community economic conditions and weak legal enforcement. The problem becomes even more complex when linked to the profit motive of pharmacies. Many pharmacy managers prioritize business profits over legal compliance. Yet, Minister of Health Regulation Number 3 of 2015 on the Distribution, Storage, Destruction, and Reporting of Narcotics, Psychotropics, and Pharmaceutical Precursors clearly stipulates in Article 22 paragraph (3) that prescription-only medicines may only be dispensed with a doctor's prescription. Likewise, Minister of Health Decree Number 1332 of 2002 limits the dispensing of such medicines without prescriptions only to certain conditions. However, driven by economic motives, these rules are often violated. This demonstrates that while regulations exist, their implementation is hindered by dominant economic interests.

Besides regulatory and economic factors, cultural aspects of the community cannot be overlooked. Interviews with several pharmacists in Dumai (Ds, Mr, Dk, Ly, and Tr) revealed that the public tends to feel that consulting a doctor is unnecessary, as they are accustomed to consuming certain prescription-only medicines. In fact, the use of such medicines is often viewed as a practical solution without considering medical risks. This cultural factor further complicates supervision, as legal enforcement will not be effective unless accompanied by changes in public awareness. In this context, educational approaches are essential to balance legal aspects with community social behavior. Moreover, low legal awareness—both among the public and business actors—further complicates supervision. The public often considers the requirement for prescriptions as mere formality, while pharmacies tend to downplay the rules due to the lack of strict sanctions. This low level of legal awareness creates a gray area in the practice of selling prescription-only medicines, where regulations exist but are not

consistently enforced (Sitompul et al., 2024). It also shows that the sanctions stipulated in regulations are insufficient to deter either business actors or consumers.

Another influencing factor is the weakness of technical supervision systems. While BPOM is the main authority, its vast responsibilities are constrained by limited human resources and the wide scope of supervisory areas, making field implementation less effective. Without full support from local governments, BPOM's role becomes imbalanced. This aligns with the note that Article 58 of Government Regulation Number 51 of 2009 mandates tiered coordination, yet its implementation in practice has not been effective. The weakness of this technical aspect further undermines supervision efforts (Wibowo, 2024). Considering the complexity of these factors, it is clear that supervision of the sale of prescription-only medicines without a doctor's prescription in Dumai City is not only a normative issue but also a social, cultural, economic, and technical problem. Existing regulations are not sufficiently effective because they clash with field realities influenced by economic interests, community consumption culture, and low legal awareness. Therefore, supervisory strategies must be carried out comprehensively, combining regulatory, educational, and participatory approaches. Educating the public about the dangers of using prescription-only medicines without a doctor's prescription, strict law enforcement against business actors, and strengthening the capacity of BPOM and local governments in supervision are imperative.

Preventive Efforts and Strategies of Supervision

The supervision of the sale of prescription-only medicines without a doctor's prescription in Dumai City represents a major challenge within the modern public health system. Although normatively Law Number 17 of 2023 on Health has provided clear guidelines regarding the obligations of both consumers and pharmaceutical business actors, field realities still show widespread violations. Article 5 of this law emphasizes consumers' obligations to follow information and instructions from pharmacy managers, act in good faith, and fulfill payment responsibilities (Salangka, 2023). However, legal awareness and compliance among the public remain low, making the need for effective supervisory strategies increasingly urgent. From a regulatory perspective, existing legal instruments are sufficiently comprehensive to regulate the distribution and sale of prescription-only medicines. In addition to Law Number 17 of 2023, derivative regulations such as Article 11 of the Minister of Health Decree Number 1332/MENKES/SK/X/2002 and Article 21 paragraph (2) of Government Regulation Number 51 of 2009 require pharmacies to provide accurate and complete information to consumers.

Supervisory authority also lies with the National Agency of Drug and Food Control (BPOM), as stated in the Joint Decree of the Minister of Health and Minister of Administrative and Bureaucratic Reform. Nevertheless, the implementation of these regulations is often hindered by limited supervisory resources, weak inter-agency coordination, and the high prevalence of violations at the local level (Khalid et al., 2022). Another factor weakening supervision is the high market demand for

prescription-only medicines, which require a doctor's prescription. The financial profit motive of business actors encourages illegal sales despite legal prohibitions. In times of economic hardship, both consumers and pharmacists often take shortcuts by buying or selling prescription-only medicines outside official procedures. The public's lack of awareness of the dangers of drug misuse, coupled with the ease of access in pharmacies, further worsens the situation. Thus, the problem is not merely normative, but deeply rooted in the social, economic, and cultural dynamics of Dumai society.

Historically, traditional medical culture has also influenced public consumption patterns of prescription-only medicines. In medical traditions such as Ayurveda, healers prescribe medicines based on individual diagnoses and monitor their use strictly, showing that both traditional and modern medicine emphasize the importance of supervision in drug use. However, practices in Dumai reveal deviations, where the community often purchases medicines based on personal experience or recommendations from relatives without considering medical risks (Kurniawan et al., 2022). This proves that weak supervision is also shaped by deep-rooted cultural factors. In an interview with Apt. Azizah Daulay, M.Si, Chairperson of PAFI Dumai, it was explained that one of the main causes of widespread illegal sales is the weak role of pharmacies in educating the public. In fact, under Article 7(c) of Law Number 8 of 1999 on Consumer Protection, business actors are obliged to provide accurate, clear, and honest information about their products. Unfortunately, many pharmacies ignore this obligation for profit, reflecting a lack of social responsibility among pharmaceutical businesses and highlighting the need for stronger professional ethics.

Educational efforts become one of the most crucial strategies to address this issue. The Head of BPOM Dumai, Ully Mandasari, S.Farm., Apt., M.H., stated that her office has carried out various Communication, Information, and Education (CIE) activities regarding drug use, including prescription-only medicines. The aim is to raise public awareness of the risks of misuse and remind pharmaceutical personnel of the dangers of antimicrobial resistance (AMR) that may arise from antibiotic use without prescriptions (Bachri, 2024). Thus, supervision is conducted not only through repressive measures but also by providing adequate public understanding. However, field data shows significant challenges. Interviews with several pharmacists in Dumai revealed that although they understand the applicable rules, they continue to serve public requests for prescription-only medicines without prescriptions.

The reasons vary, from economic needs, public reluctance to consult doctors, to the lack of immediate adverse effects after drug use. Such practices demonstrate compromises between legal compliance and business interests, weakening the effectiveness of supervisory systems already well-established at the regulatory level. Therefore, systematic efforts involving all stakeholders are required. Local governments must strengthen coordination with BPOM, while professional organizations such as the Indonesian Pharmacists Association (IAI) and PAFI should encourage their members to be more disciplined in adhering to professional ethics (Ismaniar, 2024). Without strong collaboration, supervisory efforts risk becoming mere formalities, unable to address the root problems. Moreover, pharmaceutical business actors must be guided to realize that

compliance with regulations is not only a legal obligation but also a moral responsibility to protect public health.

Another step that can be taken is strengthening public health literacy. The public's limited knowledge about drug classifications and the risks of misuse is a major factor driving demand for prescription-only medicines without prescriptions. Through public education programs, communities should be informed about the differences between over-the-counter medicines, limited over-the-counter medicines, and prescription-only medicines, as well as the risks of improper use (Juliana & Kurniawan, 2023). In this regard, mass media and social media can serve as effective channels for disseminating health information widely. Beyond education, preventive strategies must also be reinforced through innovations in healthcare services. For instance, expanding access to affordable medical services would reduce the tendency to purchase prescription-only medicines without prescriptions.

The government can encourage telemedicine programs that allow patients to consult doctors quickly and cheaply. This way, the public's need for prescription-only medicines can be met through official mechanisms without compromising safety. At the same time, consistent law enforcement must remain an integral part of the supervisory strategy. Strict sanctions against pharmacies or pharmaceutical personnel proven to sell prescription-only medicines without prescriptions will create a deterrent effect and emphasize that such violations are intolerable. However, law enforcement should not only be repressive; it must also be accompanied by guidance mechanisms to give business actors opportunities to improve their practices. Such an approach will be more effective in building a culture of legal compliance.

Conclusion

The implementation of supervision over the sale of prescription-only drugs in Dumai City has not yet fully aligned with the normative provisions of Law Number 17 of 2023 on Health. The weakness of supervisory functions is caused by several factors, including the limited number of supervisory human resources, the low level of legal awareness among pharmacists and the public, as well as insufficient coordination between related institutions. This situation has led to the widespread practice of selling prescription-only drugs without a doctor's prescription, which has the potential to create negative impacts on public health and undermine the function of law as a protective instrument. This study recommends preventive strategies such as strengthening the role of pharmacists as the frontline of pharmaceutical services, optimizing the function of supervisory institutions such as BPOM, and increasing public participation in reporting violations and fostering legal awareness. In addition, the government needs to formulate more operational public policies, including consistent law enforcement and continuous educational programs.

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