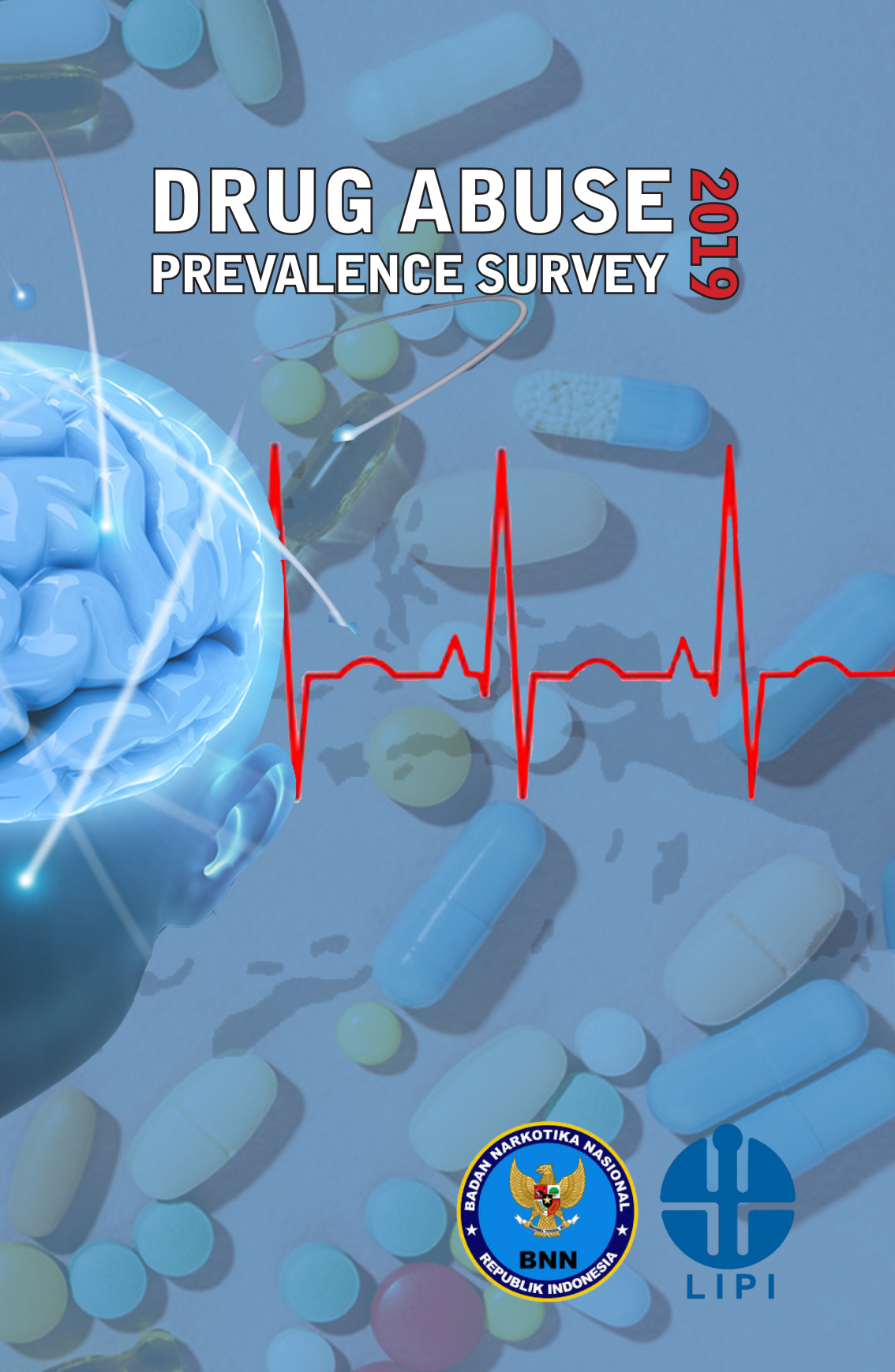
DRUG ABUSE PREVALENCE SURVEY 2019



DRUG ABUSE
PREVALENCE SURVEY
2019

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Drug Abuse Prevalence Survey 2019

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Assalamu'alaikum Warahmatullahi Wabarakatuh.
May peace be upon us.

The development of drug abuse handling in Indonesia currently has been illustrated in drug abuse prevalence rate which is measured periodically. The handling of drug abuse requires an evident based-policy through the Prevention and Eradication of Drug Abuse and Illicit Trafficking (P4GN) program. One of the elements to formulate this program is an accurate research data which can describe the current complex and dynamic drug issue. One of the data is the prevalence rate as the result of the survey carried out by National Narcotics Board and Research Institute.

In 2019, National Narcotics Board in cooperation with Culture and Society Research Center of Indonesian Institute of Sciences (LIPI) has carried out a National Survey on Drug Abuse in 34 Provinces in 2019. For the publication of this research, the book of **Drug Abuse Prevalence Survey 2019** is written.

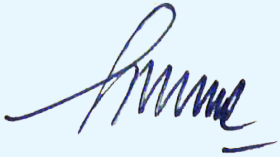
The essence of this book is the situation and condition of drug abuse in Indonesia in 2019 including the drug abuse prevalence rate (ever used and current use) in national and provincial level. Furthermore, the book also contains information on drug abuse such as the influencing factors, risky behaviors, drug related knowledge, and the Prevention and Eradication of Drug Abuse and Illicit Trafficking program intervention.

Through this book, I have the expectation that all stakeholders both the Ministries/Institutions and society would understand the latest situation of drug abuse in Indonesia and could utilize the survey data to support the Prevention and Eradication of Drug Abuse and Illicit Trafficking program. Therefore, the policy framework in the Prevention and Eradication of Drug Abuse and Illicit Trafficking implementation will have the impact in reducing drug abuse prevalence rate.

In this opportunity, I would like to convey our gratitude to Indonesian Institute of Sciences as the supervisor of research functions and all related stakeholders taking the role in formulating this survey book for all the efforts that enable us to publish the book on time.

Thank You.
Wassalamu'alaikum Warahmatullahi Wabarakatuh.

Jakarta, February 2020
Head of National Narcotics Board



Drs. Heru Winarko, S.H

Praise be to God the Almighty for his grace and guidance to us for completing the **Book Drug Abuse Prevalence Survey 2019**. This book is written based on the National Survey of Drug Abuse in 34 provinces in 2019. The survey is the cooperation between Center of Research, Data and Information of National Narcotics Board and Culture and Society Research Center of Indonesian Institute of Sciences (LIPI).

The book contains a complete result of **Drug Abuse National Survey in 34 Provinces in 2019**. The survey involves regional government and related institution, university, school and community. We would like to convey our gratitude to all related parties for the contribution in the research. We would like to deliver our gratitude as well to Head of Provincial Narcotics Board (BNNP) and Head of Regency/City Narcotics Board (BNNK) in all regions in Indonesia for the support in the survey.

We do hope that this book would contribute to stakeholders in improving the Prevention and Eradication of Drug Abuse and Illicit Trafficking (P4GN) program in Indonesia.

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Jakarta, February 2020

Editorial Board

Table of Contents

List of Tables

List of Tables

List of Tables

List of Graphics

I

INTRODUCTION

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Gadang House, West Sumatra Province

source : stockphoto

Gadang House, West Sumatra Province

I

INTRODUCTION

1.1. Background

As a heterogeneous society, Indonesian people have different lifestyles. In addition to being influenced by the social environment, the lifestyle of the community is also influenced by the family environment. However, social norms tend to be more relaxed. Thus, social control is less viable. In such conditions, society is easily trapped in certain lifestyles, which sometimes are in the contrary to the existing social norms

One of the lifestyles which influences people is drug abuse which has become a serious issue to Indonesia. Despites of various efforts to eradicate it, drug abuse is always a scourge to Indonesia currently. Drug abuse also threatens the life of the nation in the future due to its negative impact to the next generation.

Drug distribution occurs in various regions in indonesia. Drug distribution does not only occur in urban areas, but also in rural areas. Given the massive drug distribution, drugs have become a serious threat in several areas in indonesia. No region in indonesia in which the society is not exposed to drugs. Hence, drug abuse needs to be an attention to all parties.

An increasing drug trafficking can be seen on the existence of kr villages indicated as drug villages (National Narcotics Board and Culture and Society Research Center of Indonesian Institute of Sciences, 2018). They are called drug villages as people are free to do a drug deal. Drug villages are found in Jakarta, such as: Kampung ambon (Permata Komplek) in West Jakarta, Kampung Berlan in East Jakarta, Johar Baru in Central Jakarta, Kampung Boncos in Palmerah, Central Jakarta, Kampung Bahari in North Jakarta, Kampung Peninggaran in South Jakarta, and so on. Besides in Jakarta, drug villages are also spread in other areas, such as Kampung Beting in Pontianak; Kampung Aceh, Muka Kuning, Tanjung Piayu and Simpang Jam in Batam, and so on.

Raids have often been carried out by drug enforcement officials in drug villages, but they never seem to be deterred. Ironically, in every raid conducted by the authorities, they seemed to know in advance. Thus, it is often that the officers failed to make arrests of the perpetrators. Such conditions have led to strong suspicions among the public that there is a game or intrigue between certain law enforcement officials and drug lords, who always leak information on any arrest operations. In several cases, drug lords seem to be challenging law enforcement officials in drug transaction.

The growing drug villages in various areas is inline with the increasing drug abuse. In accordance with law on market, increasing demand will lead to increasing supply. This is what happens with drugs. The drug market never seems to recede since more people are using drugs for various reasons. The reason for trial is often someone's main reason in taking drugs. The reason is maybe cliché, but this is the fact in the field (National Narcotics Board and Culture and Society Research Center of Indonesian Institute of Sciences, 2018). What they did not realize is that the behavior to initially try drugs is used by the dealers to serve them. They then become addicts. In such conditions, drugs becomes a need that is difficult to be neglected. Not to mention those who have other reasons, such as to increase stamina. In this case, drugs are used as substitute for vitamins and other stimulant substances. All of these are factors that increase the demand for drugs, which are responded well by drug dealers. All of these are factors that increase the demand for drugs which are responded well by drug lords.

At present, drug abuse in Indonesia tends to increase. In 2013, the number of drug users in Indonesia was estimated at around 4 million (Satibi 2013). Then, the Head of the National Narcotics Board (2015-2018), Budi Waseso said that the number of drug users in June 2015 has reached 4.2 million. In fact, the number in November 2015 has increased to 5.9 million people (Rahmawati 2016).

This condition is certainly inseparable from the trend of drug abuse internationally. In 2014, UNODC noted that one out of twenty adults consumed one type of drug and resulted in 201,400 fatalities (UNODC 2016). In 2016, UNODC noted that around 13.8 million (5.6%) of the population aged between 15-16 used cannabis (UNODC 2018).

This trend shows that Indonesia has become a target market for drug producers and dealers. Indonesia is very likely to have become the largest market in Southeast Asia. As a result, drug abuse has penetrated all levels of society, both pupils and students, artists, traders, public transportation drivers, street children, officials and so forth.

It is more alarming since the target of drug dealers is mainly young people in the age range of 11 to 24 years old. Therefore, it is not surprising that drug abuse is mostly carried out by younger generation or those in the school age range between Junior High School to University/College. Common reasons in using drugs are for trial, being persuaded by friends, to follow the lifestyle of young people and to forget the problems. The implications are that young generation will be weaker since drugs destroy their health, mental, and critical power. For example, when a meth user does not consume it, he will feel restless, unable to think rationally, lazy to work, get tired quickly, depressed that he is easily angry and tend to act on his own will. He can even act irrationally. If this condition affects the younger generation as the next generation, it will in turn threaten the life of the nation in the future.

Various efforts have been made to overcome the problem of drugs, both through anti-drug campaigns, information sharing session, empowerment, and law enforcement against drug offenders. Law Number 35 of 2009 concerning Narcotics also provides a threat of severe criminal sanctions against narcotics users. However, various efforts to prevent

the spread of drug trafficking are still ineffective because in reality the use and distribution of drug trafficking continues. Furthermore, drug crime is now at emergency stage.

The increasing drug cases can be seen in the number of drug cases that have been successfully revealed by National Narcotics Board along 2017 with 46,537 drug cases in Indonesia and 58,365 suspects, including 34 money laundering suspects. During 2017, National Narcotics Board also seized hundred tons of drugs from the perpetrators known as drug lords to drug syndicates in Indonesia, namely 4.71 tons of methamphetamine, 151.22 tons of marijuana, 2,940,748 of ecstasy pills and 627.84 kilogram of liquid ecstasy. National Narcotics Board has also secured money laundering evidence from drug crimes such as motor vehicles, property, land, jewelry, cash and money in accounts with a total of 105 billion rupiah.[1]

In 2018, National Narcotics Board has also succeeded in revealing 914 narcotics/narcotics precursors cases with 1,355 suspects and 53 money laundering cases with 70 suspects with total assets of Rp 229 billion. Meanwhile, the National Police succeeded in revealing 33,060 narcotics/narcotics precursor cases with 43.320 suspects and 7 money laundering cases with 8 suspects.

Among these cases, at least 20 types of narcotics were successfully confiscated by National Narcotics Board. Along 2018, National Narcotics Board and National Police have confiscated 8,231,252.42 grams of methamphetamine, 41,266,746.86 grams of marijuana, 59.5 hectares of cannabis plantation, 1,047,915 stems of cannabis trees, 1,594,083.8 ecstasy pills, 2,314.29 grams of ecstasy powder, 65,461.88 grams amphetamines, and 8,385.5 grams cocaine (Indonesia Drugs Report, 2019).

The large number of drug cases can also be seen in the number of drug case inmates in various correctional facilities in Indonesia. Based on the explanation from the Minister of Law and Human Rights,

[1] https://news.idntimes.com/indonesia/fitang-adhitia/sepanjang-tahun-2017-bnn-ungkap-46537-kasus-narkoba/full

in 2018, among the drug case inmates, 1,296 inmates were producers; 18,579 inmates were drug lords; 68,669 inmates were drug dealers; 3,790 inmates were collectors and 21,313 inmates were drug users (Indonesia Drugs Report, 2019). From these data, it can be seen most inmates are drug users.

Despite that the data above shows the critical danger of drugs, the prevalence is quite pleasing because since 2011, the level of drug abuse in Indonesia tends to decrease. Although the prevalence rate increased significantly from 2008 to 2011 of around 0.24% or 911,805 abusers, the prevalence rate decreased in 2011 to 2014 by 0.05% or around 251,555 abusers. This decline continues until 2017 where the prevalence rate has decreased by 0.14% per year. (Health Research Center of the University of Indonesia and National Narcotics Board, 2017).

The results of the National Narcotics Board in collaboration with the Culture and Society Research Center of Indonesian Institute of Sciences in 2018 showed that the trend of drug abuse prevalence in Indonesia among pupils and university students as a whole in the past year was 3.2%, or equivalent to 2,297,492 people. The prevalence rate among Senior High School students who have ever used drugs is the highest compared to Junior High School students and university students. At the level of Senior High School students, the prevalence rate of Senior High School students who ever used and used drugs in the past year is 6.4% (for ever used respondents) and 3.5% (for current user respondents). The prevalence rate of Senior High School students ranks the highest compared to Junior High School students and university students.

The prevalence rate of ever used-university students is below the prevalence rate of Senior High School students of 5.0%. The next rank is Junior High School students at 4.8%. Meanwhile, the sequence after the Senior High School students, the prevalence rate of current users is Junior High School students at 3.3%. The prevalence rate of drug use among university students in the past year is 2.6%. (National Narcotics Board and Culture and Society Research Center of Indonesian Institute of Sciences, 2018).

Almost all of the prevalence rate of drug abuse in the past year is smaller than the ever used-prevalence rate. This means that many pupils and university students are no longer consuming drugs. However, among the three groups of respondents, the decrease in drug abuse prevalence of Junior High School students is very small compared to Senior High School and university students. This indicates that ever used-Junior High School students have not decreased significantly in the past year.

From the use of drugs and other addictive substances in the past year in 13 cities of the surveyed provinces, the cities like Surabaya, Jogyakarta, Bandung, Medan and Samarinda have the highest prevalence of drug abuse and non-drug addictive substances among Junior High School students compared to other regions. In sequence, the prevalence rate is 7.6%, 6.9%, 6.9%, 5.0%, and 5.0%. The prevalence rate for Senior High School students is 9.4% in Surabaya, 6.3% in Jakarta, 5.2% in Samarinda, 4.7% in Yogyakarta and 3.4% in Palembang. Meanwhile, the prevalence of drug abuse and non-drug addictive substances among university students is 5.5% in Surabaya, 5.4% in Samarinda, 5.4% in Makassar, 4.0% in Bandung, and 3.6% in Batam.

The national prevalence rate among workers shows that the number of workers who have ever used drugs is 248 people or 4.80% of the total surveyed workers. Among them, 6.50% is male and 2.30% is female. From the prevalence of drug use in the past year, the number of workers who have used drugs was 108 people or 2.10%. In other words, the prevalence rate of the tendency to use drugs among workers in the past year is relatively high. According to gender, more men use drugs than women with a ratio of 2.70% for men and 1.10% for women. (National Narcotics Board and Culture and Society Research Center of Indonesian Institute of Sciences, 2018).

As for the provincial prevalence rate, it can be seen that the total prevalence rate among workers who have used drugs in 13 cities of the surveyed province is relatively high, amounting to 4.80%. These 13 provincial cities are Banda Aceh (Aceh), Medan (North Sumatra), Palembang (South Sumatra), Batam (Riau Islands), Jakarta (DKI Jakarta), Bandung (West Java), Yogyakarta (Special Region of Yogyakarta), Surabaya (East Java), Denpasar (Bali), Samarinda (East Kalimantan),

Pontianak (West Kalimantan), Makassar (South Sulawesi), and Jayapura (Papua).

The highest prevalence rate (8.30%) among 13 provincial cities for workers who have used drugs is West Java, followed by South Sumatra (7.50%), South Sulawesi (6.50%), East Java and DKI Jakarta (5.50%). Meanwhile, the highest prevalence rate of current user-workers is in West Java with 5.50% followed by South Sumatra with 3.50%, East Java with 2.80%, and South Sulawesi with 2.50%. The highest prevalence rate for current user-workers in the past year is in West Java. It is similar to the highest prevalence rate for workers who have used drugs which is also found in West Java. This linear condition also occurs in current user-workers where South Sumatra is in first and second position.

The lowest prevalence rate for ever used-workers among the 13 cities of the surveyed provinces is in Bali and Papua with 1.50%. However, this position is not linear with the prevalence rate for current user-workers which occurs in West Kalimantan with 1.00%. Despite that it is not significantly different from the lowest position, Bali and Papua, Riau Islands, and D.I. Yogyakarta are in the second lowest position after West Kalimantan.

The declining prevalence rate is one of government's efforts to reduce drug trafficking. In this case, National Narcotics Board carries out the effort through the Prevention and Eradication of Illicit Drug and Drug Precursor Abuse and Trafficking (P4GN) program. To run the program effectively, it needs comprehensive data on drug abuse in Indonesia.

1.2. Issues

Drug abuse is very dangerous because it gives negative effect on physical and mental damage to anyone who consumes it other than for medical needs and dosage. The negative impact is that the user's family also suffers socially, such as feeling ashamed in their social environment. Psychologically, the family will have such disappointment, anger or despair. Economically, the impact is losing money and property because they are sold either by drug abusers or for the sake of taking

care of the healing and legal problems. Another impact occurs in a wider social environment since the social environment will be vulnerable to iillicit drug abuse and trafficking, crime and violence (Culture and Society Research Center of Indonesian Institute of Sciences 2018, Poltekkes 2017).

Given the magnitude of the danger of drugs, it is necessary to have strategic efforts and programs to eradicate drug abuse. In order to design and implement strategies program efficiently and effectively, data is needed as a basis for policy making by Bappenas in developing the main targets for the development of the Defense and Security Sector, specifically related to drug abuse prevalence rate. The survey results can also be used as material in making international reports, such as in the CND Assembly, ASOD Assembly, Global Smart and forms filled out in Dainap, ARQ and so on.

Considering the importance of utilizing the results of the survey, a comprehensive survey of drug abuse is needed in all provinces in Indonesia. In connection with this, the research questions in this study are:

1. How is drug abuse in Indonesia?
2. How high is the prevalence of drug abuse in Indonesia?
3. What types of drugs are consumed?
4. What are people's attitudes and perceptions about drug abuse?
5. What is the influence of risky behavior and social environment to drug abuse?
6. How is the implementation of P4GN Program?

1.3. Objective

In general, this study aims to carry out drug abuse mapping at the national and provincial levels in Indonesia. Specifically, some of the objectives of this study are

1. Analyzing drug abuse, including:
   a) National and provincial level prevalence rate,
   b) Types of drugs consumed

2. Analyzing people's attitudes and perceptions about drug abuse.
3. Analyzing the impact of risky behaviors and social environment on drug abuse
4. Analyzing the implementation of P4GN Program

1.4. Theoritical Framework

NARCOTICS terminology (narcotics, psychotropic substances and other addictive substances) is a term commonly used by law enforcement officials such as the police (including the National Narcotics Board), prosecutors, judges and correctional officers. Meanwhile, health practitioners often use the term NAPZA (Narcotics, Psychotropics and Addictive Substances). The term narcotics or drug is not found in the legislation. Law Number 35 of 2009 concerning Narcotics only states about Narcotics, as substances or drugs derived from plants or non-plants, both synthetic and semi-synthetic, which can cause a decrease or change of consciousness, loss of taste, reduce to eliminate pain and can cause dependency.

Synthetic narcotics is a type of narcotics that requires synthetic processes for medical and research purposes as painkillers/analgesics. The examples are amphetamine, methadone, dextropropakasifene, dexamphetamine and so on. The semi-synthetic narcotics are substances/drugs that are produced by means of isolation, extraction and others such as heroin, morphine, codeine and others. Outside that category are called natural narcotics, which are substances and drugs that can directly be used as narcotics without the need for fermentation, isolation and other processes first because they can be directly used with a few simple processes. The examples of natural narcotics are cannabis and coca leaves.

Based on Article 6 Paragraph 1 of Law on Narcotics, narcotics are classified into three categories, namely narcotics category I (narcotics which are allowed to be used for the benefit of science development and cannot be used in theraphy, having very high potential of causing dependency), narcotics category II (narcotics that are beneficial

for medication as the final option and can be used in theraphy and/or for the development of science, having high potential of causing dependency), and narcotics category III (narcotics which are purposed for medication and used a alot in theraphy and/or for the development of science, having low potential of causing dependency).

Unlike narcotics, psychotropic is regulated in Law No.5 of 1997 on Psychotropic. Article 1 of the Law on Psychotropic states that psychotropic is substance or drug, both non drugs-natural and synthetic, with psychoactive benefit through selective influence in central nerves system which causes typical change in mental and behaviour activity.

Psychotropic is grouped into 4 categories, namely psychotropic category I (psychotropic which can only be used for the purpose of science and can not be used in theraphy, but it has very strong potential to cause dependency syndrome), psychotropic category II (psychotropic which is used for medication and can be used in therapy and/or for the purpose of science, having strong potential to cause dependency syndrome), psychotropic category III (psychotropic wich is used for medication and is used alot in theraphy and/or for the purpose of science, having moderate potential to cause dependency syndrome), and psychotropic category IV (psychotropic which is used for medication and widely used in theraphy and/or for the purpose of science, having light potential to cause dependency syndrome). Based on the effect, it can be divided into three psychotropic categories namely: stimulants, depressants (sedatives), and hallucinogens (causing hallucinations).[2]

The addictive substances are all chemicals that can cause addiction to the user. Since narcotics and psychotropic substances are substances that cause addiction to users, both of them are included in the category of addictive substances. Besides narcotics, addictive substances include: inhalasin (derived from volatile solutions such as

[2] The difference between narcotics and psychotropic substances is the main ingredients used. Narcotics are made from *Papaper Somniferum* (opium plant), *Erythroxyion coca* (cocaine plant), and *cannabis sativa* (cannabis leaf), which are used individually or combined. While the main ingredients used in the manufacture of psychotropics are artificial chemicals. Psychotropic products are usually in the form of finished products either pills, powders or capsules, such as ecstasy, Demerol, speed, shabu, megatons, and others.

spray paint, hairspray, glue, air freshener, nitrous oxide gas (laughing gas) and anesthetics (tranquilizers), alcohol, nicotine and caffeine .

Based on the narcotics and psychotropic categories above, drug abuse can be defined as drug use other than for the treatment based on doctor's recommendation and the purpose of scientific development. Drug abuse can be categorized into three, namely new initiation/experiment, regular use, and dependency. Ritter & Anthony in PPKUI (2017) defines experiment (new initiation) as the frequency of 6 times usage or less per year. Whereas Todorov et al. (PPKUI, 2017) defines regular users if they use drugs every day for at least 2 weeks. Meanwhile, Meyer (PPKUI, 2017) defines dependency as drug use of more than once a day in a period of 10 to 14 days or more. SAMHSA (PPKUI, 2017) divides drug use behavior into three categories, namely: 1) at least once using drugs in a lifetime (ever used), 2) having used it in a past year (past year use), and 3) ever using drugs in the past one month (past month use).

Prevalence concept is used to find out the number of drug abusers as stated by Shiel Jr.: *"the proportion of individuals in a population having a disease or characteristic. Prevalence is a statistical concept referring to the number of cases of a disease that is present in a particular population at a given time"*. In this context, drug abuse prevalence can be said as the number or percentage of drug users in a certain time associated with the population.

The phenomenon of drug abuse in this study will be analyzed with social control and risk behavior theory. Social control theory is a concept which states that social factors have an influence and as a control of the emergence of deviant behavior, including narcotics abuse behavior. According to Hagan (in Paulus Hadisuprapto, 2004), this theory departs from the assumption that individuals in the society have the same tendency, being 'good' or 'bad'. The tendency to be good or bad completely depends on the society. Someone becomes good if the community shapes it so. On the contrary, someone becomes bad when the community shapes it so.

Hirschi (in Kusumatuti and Hadjam 2004) also states the same thing that drug abuse by a person can be influenced by the lack of social control of the person's environment. Social control has the potential to influence one's behavior in accordance with social norms in the environment. Therefore, someone who has a strong social control will not make deviations that violate the norm. From the perspective of this theory, drug abuse is more like a deviant behavior that is more directed at the issue of obedience or adherence to social norms. Individuals who have low self-control are not stimulated by the environment to act impulsively, to take risks, and to easily shape one's personality. Some are losing emotional control because they are easily frustrated. Someone who is losing social ties with the environment will have no social control that he/she is "free" to conduct deviations.

The understanding on drug abuse behavior can be traced from the explanation of why a person is not obedient to social norms. Furhmann (1990) states that the process of individual involvement in using drugs is through several stages, namely: a) getting acquainted with drugs, b) trying to use drugs, c) using drugs regularly because they are in the user environment, d) using drugs for pleasure, and e) using drugs regularly, because of the element of dependency, both physical and mental dependence. Therefore, drug abuse is a high-risk behavior. This risky behavior is very dependent on the interaction of a person with his social environment.

Family and peer groups or peers are factors that can explain the occurrence of drug abuse (Espelage, D. et al .: 2003). Family is the most important social unit in community. Family as the smallest unit in social life has a very important role in shaping one's defense against social disease attacks from an early age. Parents who are busy with their own activities and give no attention to their children is the beginning of the fragility of the child's defense against social disease. Thus, the function of family is very important in educating children, starting from the beginning until the period where the child's personality is shaped. Children must obtain information from their parents about the values and prohibition, what is good and bad, what is appropriate or inappropriate, and so on.

Peer groups will allow individuals to interact with each other, get along and give spirit and motivation to other peers emotionally. Thus, the presence of peer groups can have an influence on youth growth, including:

- Giving positive and negative influences on youth growth.
- Body image (self display).
- Consumptive behaviour.
- Social development (friendship and romantic relationships).

According to Erikson (in Gunarsa 2004), youth is a period of finding self-identity, where self-identity is shaped from youth psychosocial relationships with other individuals such as friends and best friends. The psycho-social relationships among teenagers in identifying themselves and feeling comfortable are referred to as peer groups (Larson & Richard in Papalia 2005). The emotional bonds within peer groups bring major influences on individuals in the group. Compared to teenagers who do not have peer group relationships or negative peer group relationships, teenagers who have positive peer group relationships are able to cope with stress because of the support of their peers.

The character of someone that influence the decision to make a friend with will greatly affect the growth of the teenagers. Positive peer group relationships will result in academic achievement and involvement in school activities. This aspect of cognitive development is seen from the point of view of the social construction approach. Vygotsky (in Santrock 2011) emphasizes on the social context of learning and that knowledge is built together. Engagement with others opens opportunities for young people to obtain information, evaluate, and improve their understanding when meeting other people's thoughts and when they participate in groups.

In addition to social control, drug abuse is also one of the high-risk behaviors. Risk behavior is highly dependent on one's interaction with others and the behavior, including motivation to take drugs. Individual or community members' motivation to take drugs also varies. Cornwel and Cornwel's (1987) study based on the results of a survey of Americans aged 16 to 65 years old states that people's motivation to take drugs: about 55% of respondents who take drugs one and two times are those who are just curious, whereas respondents who use

drugs with a frequency of once a week or a month with a percentage of about 40% are those who experience boredom or due to pressure, spiritual search, peer influence, and social isolation. As the rest 5% are those who use drugs every day are due to psychological isolation, lack of self-identity, and apathetic people.

Tim Rodes (1997) in his various readings concluded that on the one hand, risky behavior is conceptualized as a product of individual cognition, decisions and related actions. On the other hand, risky behavior is considered a product of mutual influence between individuals, the actions of other individuals, their communities, and social environment. In other words, the risky actions do not arise only from individuals but are also influenced by the environment that shapes them, including the various communities that they follow. Mutual influence between individuals and social is the factor that can produce risky behavior. If the community that is followed is a community of good individuals, then the main tendency is that someone will behave well. Conversely, if the individual becomes part of a community where the members behave badly, there is a great tendency that the individual will behave badly too.

Socially, one community wants the social status of the community it participates to be higher than that of other people's communities. Therefore, solidarity among community members needs to be maintained so that social cohesion or attachment of one member to another member is higher. An example is the community of drug users. The use of the same syringe interchangeably between drug users is a behavior that symbolizes the way users to maintain social relations between them (Tim Rodes 1997). In other words, competition between communities also influences related to drug consumption. In fact, the use of the same syringe can alternately spread the HIV virus between them. In addition to maintaining solidarity among community members, it is also possible that risky behavior is intended to show the identity of individuals or groups of the community itself.

Identity as stated by Erikson (1968 cited by Verkooijen 2006) is "as 'a sustained sense of self - a subjective perception of who we are in the eyes of other people'" (as "a feeling of self-sustainability - a subjective perception of who we are in the eyes of others "). Individual

or community identity is shown through risky behavior, because individuals or communities are not sure of their existence in the midst of society. The level of confidence in themselves and their communities is low so that there is a desire to increase self-confidence through risky behavior, by taking drugs. Erikson calls such feelings that individuals or communities have with an identity crisis.

According to Erikson, building self-identity in youth (i.e. the transition from children to adulthood) is important because youth wants an identity that reduces their dependence on parents and reflects more on themselves as a stronger person. By Verkooijen (2006), identity is seen as a product of past behavior rather than as an actual (ongoing) case. The process of building self-identity is facilitated by the members of the community that it follows, so that the role of community members (friends) that drive the development of individual identity becomes important. The decision of a youth (individual) to take risky behavior depends on the importance of that behavior to build or shape the identity of a group or community. If the behavior is relevant to the individual or community and the identity of the individual or community becomes prominent, a teenager is expected to adopt the behavior. When teenagers engage in risky behavior, teenagers know the consequences of these risks. It means that teenagers actually know the negative consequences of risky behavior, but they take that risk since they want to have more positive results (Romer 2003 cited by Savi-Çakar, Tagay, and Ikiz 2015).

Teenagers who are members of one community can be a peer group that replaces the role of parents as social references. The time given to peers and the friendships, including their form of alienation become very strong. Peers and friendships with peers are key who play an important role in making an individual (teenager) behave risky (Verkooijen (2006: 8). Meanwhile, Carson-DeWitt (2002) states that scientists often identify the cause of injury as a combination of risky behavior and dangerous environment. Risky behavior and injury often occur in teenager and young adulthood. Drug use contributes to injury because it has a negative effect on perception, judgment, and reaction time. A young person under the influence of drugs also lack of respect to oneself and others.

Related to the concept of risk, Trimpop (1994) defines "Risk taking is any consciously, or non-consciously controlled behavior with a perceived uncertainty about its outcome, and/or about its possible benefits or costs for the physical, economic, or psycho-social well-being of oneself or others". Trimpop added that by that definition, what is referred is conscious and unconscious behavior; outcomes and consequences of uncertainty; benefits and losses; rewards (wages) received both intrinsically and extrinsically; individual and social risks; and subjective experience of risk. The impact of risky behavior, both on physical health, economic, and social. According to Green and Kreuter (2005 cited by Lestary and Sugiharti 2011), there are three factors that cause or influence risky behavior, in this case among teenagers. First, predisposing factors or factors that are inherent or motivating, which originate from within a teenager who motivates him to do a behavior. Included in this factor are knowledge, beliefs, values, attitudes, beliefs, capacity, age, gender, and education. Second, factors that enable a behavior to be carried out. These factors include the availability and affordability of health resources, priorities, and community/government commitment to health, health-related skills, residence, economic status, and access to information media. Third, reinforcing factors or factors that can strengthen behavior, determined by third parties or other people including family, peers, teachers, health workers, community leaders and decision makers.

Subhandi (2015) mentions three ways to prevent crime, including drug abuse, namely: pre-emptive, preventive and repressive. Pre-emptive crime prevention is the initial efforts made to prevent the occurrence of criminal acts, by instilling good values/norms so that the norm is internalized in a person. With pre-emptive efforts, the intention factor is lost even though there is an opportunity. Preventive action is intended to eliminate opportunities for committing crimes, by minimizing opportunities. The repressive prevention in the form of law enforcement is carried out when a criminal act/crime occurs.

1.5. Methodology

1.5.1. Research Approach

This research uses a quantitative and qualitative approach with a

cross sectional design in the form of a survey. The survey was conducted to obtain the prevalence rate and estimated number of drug abusers in Indonesia. The quantitative approach is carried out at the individual level. Meanwhile, a qualitative approach is taken to support information related to drug abusers, abuser parents and related stakeholders.

1.5.2. Population

The population of this study is the population aged 15 to 64 years, with households as the sample unit. The household is the smallest unit in the community, where a group of people live together and eat from the same kitchen, whether the members have family ties or not. Meanwhile, the observation and research analysis unit are household members aged 15 to 64 years (individuals) who live in the sample household.

1.5.3. Survey Location

The survey was conducted in 34 provinces of Indonesia. The survey is conducted in one city and one regency to represent urban and rural communities in each province. The selection of cities and regencies in each province is carried out randomly.

1.5.4. Sampling Technique

In general, the sampling method in this study is Stratified Three Stage Sampling. Initial stratification is done by differentiating between urban and rural areas. Urban areas are represented by cities, while rural areas are represented by regencies. The sample unit of this study is household members representing residents in each regency and city. Household sampling is taken in a cluster with three stages. Cluster as Primary sampling unit is a village/ urban village randomly selected, based on the number of population aged 15-64 years in each village/ urban village. The number of clusters in each regency/city is adjusted to the proportion of population aged 15-64 years in urban and rural areas in each province. Thus, many clusters in each survey location are not the same. Cluster selection process (first stage) is carried out at the central level using C-Survey software. The number of clusters in each survey location can be seen in Table 1.1.

Table 1.1. Survey Location, Number of Cluster and Sample Size in 34 Provinces

Code	Province	Code	City	Total		Code	District	Number household		Total
				House-hold	Sam-ple			Vil-lage	Sample	
11	ACEH	71	Banda Aceh	12	480	8	Aceh Besar	8	320	800
12	NORTH SUMATERA	75	Medan	15	600	12	Deli Serdang	10	400	1000
13	WEST SUMATERA	71	Padang	12	480	6	Padang Pariaman	8	320	800
14	RIAU	71	Pekanbaru	12	480	6	Kampar	8	320	800
15	JAMBI	71	Jambi	12	480	4	Batanghari	8	320	800
16	SOUTH SUMATERA	74	Palembang	9	360	5	Musi Banyuasin	6	240	600
17	BENGKULU	71	Bengkulu	12	480	6	Seluma	8	320	800
18	LAMPUNG	72	Metro	12	480	3	Lampung Selatan	8	320	800
19	BANGKA BELITUNG	71	Pangkal Pinang	12	480	3	Bangka	8	320	800
21	RIAU ISLANDS	71	Batam	12	480	2	Bintan	8	320	800
31	DKI JAKARTA	74	West Jakarta	15	600					600
		75	North Jakarta	15	600					600
32	WEST JAVA	73	Bandung	19	760	14	Purwakarta	12	480	1,240
33	CENTRAL JAVA	74	Semarang	18	720	26	Pekalongan	12	480	1,200
34	DIY	71	Yogyakarta	12	480	1	Kulon Progo	8	320	800
35	EAST JAVA	71	Surabaya	18	720	11	Malang	12	480	1,200
36	BANTEN	73	Serang	18	720	2	Tangerang	12	480	1,200
51	BALI	71	Denpasar	12	480	4	Gianyar	8	320	800
52	NTB	71	Mataram	12	480	1	Lombok Barat	8	320	800
53	NTT	71	Kupang	12	480	13	Timur Tengah Selatan	8	320	800
61	WEST KALIMANTAN	71	Pontianak	12	480	4	Kuburaya	8	320	800
62	CENTRAL KALIMANTAN	71	Palangkaraya	18	720	4	Barito Selatan	12	480	1,200

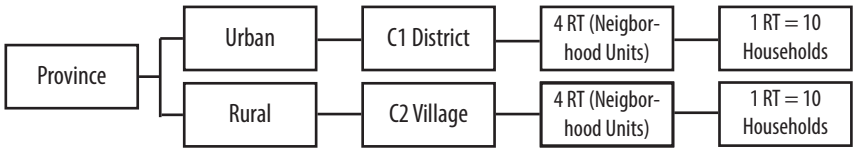
Code	Province	Code	City	Total		Code	District	Number household		Total
				House-hold	Sam-ple			Vil-lage	Sample	
63	SOUTH KALIMANTAN	71	Banjarmasin	18	720	3	Banjar	12	480	1,200
64	EAST KALIMANTAN	71	Samarinda	12	480	3	Kutai Kar-tanegera	8	320	800
65	NORTH KALIMANTAN	71	Tarakan	9	360	2	Bulungan	6	240	600
71	NORTH SULAWESI	71	Manado	12	480	2	Minahasa	8	320	800
72	CENTRAL SULAWESI	71	Palu	12	480	10	Sigi	8	320	800
73	SOUTH SULAWESI	71	Makkasar	12	480	6	Gowa	8	320	800
74	SOUTHEAST SULAWESI	71	Kendari	12	480	5	Konawe Selatan	8	320	800
75	GORONTALO	71	Gorontalo	9	360	4	Bone Bolango	6	240	600
76	WEST SULAWESI	4	Mamuju	9	360	1	Majene	6	240	600
81	MALUKU	71	Ambon	9	360	3	Maluku Tengah	6	240	600
82	NORTH MALUKU	71	Ternate	9	360	1	Halmahera Barat	6	240	600
94	WEST PAPUA	71	Sorong	9	360	7	Sorong	6	240	600
91	PAPUA	71	Jayapura	9	360	4	Jayapura	6	240	600
				442	17,680			274	10,960	28,640

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

In the second stage, each cluster (village/urban village) selects 4 (four) neighborhood units (RT) or the smallest administrative unit in a simple random manner. In the last stage, in each neighborhood, 10 households were chosen systematically at random. For this purpose, a mapping of the number of households in each RT was defined as (N). The amount of interval is calculated in each RT, which is the value of N is divided by 10 with rounding up. The determination of the first number of households is done randomly based on a random table between the

number 1 and the interval number. In the next step, households are chosen with the interval. The selected households are households that have the members aged 15 to 64 years. The sample size in each cluster is 3 to 4 RT multiplied by 10 households equal to 40 households. In each household selected as a sample, 1 (one) person was chosen randomly using the Kish Table. Thus, in each cluster, 40 individuals was selected. Graphic 1.1. below is the stages of research sampling technique

Graphic 1.1 Stages of Research Sampling Technique



By using the sampling technique above, the sampling calculation is done using the MICS (Multiple Indicator Cluster Surveys) formula. Since the 90s, MICS has been used by UNICEF to assist countries in collecting and analyzing data to address gaps in data on the condition of children and women through household surveys. This method successfully estimates valid statistics from various indicators in the fields of health, education, child protection and HIV/AIDS as a basis for policy making and program interventions. The following is the MICS formula version 5:

$$n = \frac{4r\,(1-r)(deff)(ANR)}{(ME\ \times\ r)^2\, p\, \bar{n}}$$

Note :

ME (Margin of error)	= 0.08
ANR (Antisipasi Non respon/Non response anticipation)	= 1.1
Deff	= 2
r (drug prevalence)	= 1.77 %
p (population aged 15 to 64 years proportion)	= 0.683
(the average number of household members)	= 3.9

that n $\approx$ 28.640

1.5.5. Data Collection

There are two types of collected data, namely quantitative and qualitative data. Quantitative data collection is done through structured interviews using questionnaires. Each sample of the house choose one respondent randomly using the Kish Grid table. Respondents are household heads or household members aged 15 to 64 years chosen randomly. Qualitative data collection uses in-depth interviews in 34 provinces. The key informants as the resources in-depth interviews at each study location were abusers, non abusers, abuser households, non-abusers households, community/religious leaders, village/urban village heads, police, Provincial Narcotics Board and City/Regency Narcotics Board.

1.5.6. Data Analysis

The quantitative data was analyzed descriptively. The descriptive analysis is aimed to obtain the prevalence rate of drug abuse in Indonesia and in provincial level. Meanwhile, the qualitative data was analyzed thematic descriptively (Vaismoradi Turenen & Bondas, 2013). The information obtained is selected and grouped based on themes arranged with the research findings.

II

RESPONDENT CHARACTERISTICS

source : indonesia.go.id

Limas House, South Sumatra Province

Limas House, South Sumatra Province

II

RESPONDENT CHARACTERISTICS

2.1. Status of Respondents

Gender

As a whole, there are differences in the proportion of gender between male and female respondents. The proportion of female respondents reached 53.1%, while male respondents were only 46.9%. Thus, the representation of female respondents is slightly greater than male respondents.

The same thing happened in urban and rural areas where the number of female respondents is higher than men respondents. In urban areas, the proportion of female respondents was 53.7% and male respondents were only 46.3%. In rural areas, it also showed the same characteristics as urban areas with the proportion of 52.2% female and 47.8% male (Table 2.1).

Table 2.1. Respondents Acoording to Gender

Gender	Urban	Rural	Total
Male	46.30	47.80	46.90
Female	53.70	52.20	53.10
Total	100.00	100.00	100.00
N	17,356	11,196	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Age

The age group is one of the very significant variables in each research. This is because all community activities are very dependent on their age. The younger age groups are certainly more energetic than the older ones. In the demographic age structure, there are three age groups namely young population (less than 15 years old), productive population group (15-64 years old), and elderly population group (over 65 years old).

Respondents in the research are residents aged 15 to 64 years old. This is considering that at that age, the population can be categorized as productive residents that they are can understand various social economic conditions. Besides, they also understand various questions in the questionnaire asked by the interviewer. Overall, the results of the study show that the majority of respondents is in the age of 25 to 59 years, with a total of 74.8%. The same proportion of age is also found among respondents in urban and rural areas of 74.7% and 75% (Table 2.2).

The large proportion of respondents aged between 25 to 59 years indicates that the majority of respondents are in a productive age and are employed. Meanwhile, some respondents under the age of 25 years are mostly pupils and university students. The group of students is a group that is very vulnerable to drug exposure. Respondents of productive age (25-59 years) may not always have less risk to be exposed to drugs since drug addiction does not depend on age. Usually, respondents of productive age tend being exposed to drugs as well, especially due to tight work demands.

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Table 2.2. Respondents According to Age

Age Group	Urban	Rural	Total
< 25	18.30	18.20	18.30
25 – 59	74.70	75.00	74.80
60+	7.00	6.70	6.90
Total	100.00	100.00	100.00
N	17,356	11,196	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Marital Status

Most respondents are married (70.9%). Respondents with not married status are only 21.9%. The large proportion of respondents with married status is related to the research methodology where respondents aged between 15-64 years are selected. With that age range, most of them may be married.

There is no difference in terms of marital status between respondents who live in urban areas or those in rural areas. However, the proportion of married respondents in rural areas is greater than in urban areas (73% vs. 69.5%) (Table 2.3). The number of married respondents in rural areas is likely as a result of the marriage process at a young age. It is common in rural areas where children who have entered adulthood (over 15 years) are immediately married with a view to alleviating the burden on parents. The process of early marriage occurs because the level of community education in rural areas is relatively lower than in urban areas. Thus, there is no need to postpone the marriage until completing the higher education level

Table 2.3. Respondents' Marital Status

Marital Status	Urban	Rural	Total
Not married	23.10	20.00	21.90
Married	69.50	73.00	70.90
Divorced	7.40	7.00	7.30
Total	100.00	100.00	100.00
N	17,356	11,196	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Respondent Status in the Household

The results of this study indicate that 39% of respondents are the heads of the household. Respondents with the status of the head of the household are similar in urban and rural areas, respectively 38.1% and 40.4%. (Table 2.4).

Apart from being the head of the household, the proportion of respondents as husband/wife status is also quite large (35.4%). Furthermore, according to urban and rural areas, there were no significant differences, namely 35.1% in urban areas and 36% in rural areas. The number of respondents with husband/wife status with the head of the household can be understood because the respondents in this study targeted household members aged 15-65 years. Thus, the probability of respondents in married status is quite large. The proportion of respondents as children or son/daughter-in-law in relation to the head of the household is also quite large, of 22.3%. Among them are students or married household members who are still living in the parents' house.

Table 2.4. Respondents According to Their Status in the Household

Status in Household	Urban	Rural	Total
Head of household	38.10	40.40	39.00
Wife/husband	35.10	36.00	35.40
Child or son/daughter in law	22.90	21.40	22.30
Grand children	0.60	0.50	0.60
Parents/parents in law	0.90	0.70	0.80
Other siblings	1.70	0.70	1.30
Others	0.70	0.30	0.50
Total	100.00	100.00	100.00
N	17,356	11,196	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Education

Education is a barometer for measuring the quality of human resources in an area. If the level of education is high, it can be concluded that the quality of human resources in the area is also high. Overall, the education level of respondents in this study is mostly grouped at the level of Senior High School/Vocational School amounting to 39.2%. It is expected that with this level of education, respondents' knowledge

about drug abuse is also high. There is a significant difference in the education level of Senior High School/Vocational School respondents in urban and rural areas. The proportion of Senior High School/Vocational School graduate respondents in urban areas is 44.5%, while those rural areas is only 31% (Table 2.5). The high proportion of Senior High School/Vocational School graduate respondents in urban areas does make sense in relation to educational infrastructure. In urban areas, facilities and infrastructure are more complete than in rural areas.

The second largest proportion of respondent education is at the level of Junior High School/MTs or equivalent, with a total of 21.4%. As it is known, students at Junior High School/MTs are the most vulnerable groups to drug exposure. The results also show that the proportion of respondents with Junior High School/MTs graduate is higher in rural areas than in urban areas of about 24.6% and 19.4%, respectively.

Table 2.5. Level of Education Completed by Respondents

Completed Education Level (506)	Urban	Rural	Total
No education	1.70	3.20	2.30
Not/not yet graduated from Elementary School	3.40	6.80	4.70
Elementary School/MI	13.30	27.20	18.70
Junior High School/MTs	19.40	24.60	21.40
Senior High School/MA	44.50	31.00	39.20
Academy/University	17.80	7.10	13.60
Total	100.00	100.00	100.00
N	17,356	11,196	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Main Activity

The status of the main activities referred to in this study were the respondents' activities of in the past week, whether they were working, looking for work, managing the household, going to school or others.

The results of this study indicate that in the past week before the survey was conducted, more than half (57.4%) of respondents were working. Respondents who were taking care of households reached 27.5% and respondents who were going to school were relatively only 9.9% (Table 2.6).

There is no significant difference between respondents whose main activities is working, both those who live in urban and rural areas. Respondents whose main activity are working in urban areas are amounting to 56.7%, while those in rural areas are 58.5%. Similarly, respondents with the main activity of managing households also are not significantly different both those who live in urban and rural areas, namely 27.2% and 28% respectively. Whereas respondents with the main activity of going to school in urban areas are slightly higher than those in rural areas, namely 10.7% and 8.6% respectively.

The large proportion of respondents are those who work because most of them are heads of households. As heads of households, they are required to have jobs in order to support their household members. The respondents who work also have a high level of education. It is expected that with a high level of education, they have broader knowledge about the danger of drugs. Meanwhile, with the status of working, respondents are expected not to be easily tempted to get involved in the drug business network.

Table 2.6. Respondents' Main Activity

Main Activity	Urban	Rural	Total
Working	56.70	58.50	57.40
Going to school	10.70	8.60	9.90
Managing household	27.20	28.00	27.50
Others	5.40	4.90	5.20
Total	100.00	100.00	100.00
N	17,356	11,196	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

2.2. Respondent's Residence

Residence Pattern

The pattern of residence shows whether the respondent lives alone or lives together with others. The results show that almost three-quarters (67.9%) of respondents live with parents/family, and there were no significant differences between respondents in urban and rural areas who live with parents/families, namely 68.4% and 67.1% respectively (Table 2.7). The large proportion of respondents who still live with their parents or family indicates the possibility that they are pupils and students or respondents who are not married.

The number of respondents living alone is only 29.3%. The number of respondents who live alone in rural areas is slightly greater than in urban areas, namely 31% in rural areas and 28.2% in urban areas.

Table 2.7. Respondents' Residence Pattern

Current residence pattern	Urban	Rural	Total
Living alone	28.20	31.00	29.30
Living with parents/family	68.40	67.10	67.90
Living with siblings/relatives	2.90	1.70	2.40
Living with other people	0.50	0.20	0.40
Total	100.00	100.00	100.00
N	17,356	11,196	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Current Residence

The current residence refers to the house occupied by the respondent, whether the respondent lives in his own house or another place. The results show that overall respondents in this study mostly live in their house (80.2%). Based on residence, more respondents in rural areas live in their house than respondents in urban areas, namely 87.5% and 75.2% respectively (Table 2.8). This phenomenon is easily

understood because the chances of respondents to have a house in rural areas are higher than in urban areas since the price of houses or land in rural areas is relatively cheap or affordable.

The number of respondents living in boarding house or rented house is small of 7.90%. However, in urban areas, the number is five times that of those living in rural areas. It is 10.6% in urban areas and 2.1% in rural areas. This can be understood because housing prices in urban areas are relatively expensive. Therefore, those who have not been able to have their house rent a house or boarding house. Those who rent a house are generally married, while pupils and university students live in boarding house.

Table 2.8. Respondents Residence

Current residence	Urban	Rural	Total
Own house	75.2	87.5	80.2
Relative's house	9.40	5.70	7.90
Boarding house/rented house	10.60	2.10	7.20
Others	4.80	4.70	4.70
Total	100.00	100.00	100.00
N	17.,56	11,196	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

The Distance of Residence and Market/Bus Terminal

Market and bus terminal are the centers of the crowd where many people gather. The large number of people who gather in a place causes the place to be less controlled which leads to high potential crime. The distance between the residence and the market or bus terminal also shows the level of interaction between the community and its environment.

The results show that more than half of respondents (53.6%) live far from markets and bus terminals, while the rest (46.4%) lives close to the market or bus terminal (Table 2.9). Respondents who live far from

markets and bus terminals are larger in rural areas of 70.8% compared to those in urban areas of 42.5%. On the other hand, the number of respondents in urban areas near the market or bus terminal is greater than in rural areas, namely 57.5% and 29.2% respectively.

Table 2.9. Proximity of Respondents' Residence to the Market or Bus Terminal

Distance of Respondents' Residence and Centers of Activity	Urban	Rural	Total
Yes	57.50	29.20	46.40
No	42.50	70.80	53.60
Total	100.00	100.00	100.00
N	17,356	11,196	28,556

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

In addition to the proximity of the residence to the market or bus terminal, the proximity of the workplace to the market or bus terminal also shows the level of community interaction with the environment. In this regard, the results of this study indicate that most respondents' workplaces (63.8%) are not close to markets or bus terminals. Nevertheless, there are 36.2% respondents whose workplace is close to the market or bus terminal. Respondents whose workplace is not close to the market or bus terminal are 44.8% in urban areas and 76.8% in rural areas.

Table 2.10. Proximity of the Workplace to the Market or Bus Terminal

Workplace to the Market or Bus Terminal	Urban	Rural	Total
Yes	44.8	23.2	36.2
No	55.2	76.8	63.8
Total	100.0	100.0	100.0
N	9,819	6,533	16,352

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

2.3. Parents' Background

Parents' Status

Regarding parental status, the discussion is focused on the question of whether the respondent's parents are still alive or passed away. The question is very important to find out the respondents' emotional relationship with their parents. Psychologically, someone who still has parents is assumed to have a different character from those who do not have parents. That's because people who still have parents will have a place to ask questions and to share problems. This is certainly different from those who do not have parents. Such differences are expected to affect the way they respond if they have life problems, especially if they face the temptation of drug abuse.

As a whole, the results of the study show that the number of respondents whose fathers are still alive was smaller than those who had died, of 48.50%. Respondents whose mothers are still alive are greater of 61.30%. In this case, there is no significant difference between respondents who live in urban and rural areas related to parental status (Table 2.11).

Psychologically, those who do not have a father means that they have no place to depend on. A father is not only the head of the household, but also plays an important role in eraning the living in the family. As the head of the family, a father definitely plays a role in directing family members to avoid undesirable things. Whereas for respondents who do not have mothers, it certainly influences the affection for their family members. A mother is certainly very influential in creating the warmth of a household, so that household members feel comfortable staying at home. If someone feels comfortable staying at home, he/she will most likely avoid the influence of drug abuse.

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Table 2.11. Parental Status

Alive father/ mother	Alive father			Alive mother		
	Urban	Rural	Total	Urban	Rural	Total
Yes	47.80	49.70	48.50	61.30	61.30	61.30
No	52.20	50.30	51.50	38.70	38.70	38.70
Total	100.00	100.00	100.00	100.00	100.00	100.00
N	17,356	11,196	28,552	17,356	11,196	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Parents Educational Level

Parents' educational level is very influential in shaping the character of household members. Educated parents are expected to become role models for their family members. Besides, parents also play a role in directing family members in addressing changing environmental conditions.

The results show that the education of the respondents' parents from the father's side with the Senior High School/MAN level and higher is dominant than the mother's education in the same level (33.4% vs. 25.6%) (Table 2.12). The proportion of father's education is higher than mother's education due to a gender bias in education despite that currently the opportunity for education is equal between male and female. The high education of the respondent's father certainly plays a role in shaping the character in a family.

Table 2.12. Parents' Educational Level

Father/mother educational level	Father			Mother		
	Urban	Rural	Total	Urban	Rural	Total
No education	5.30	10.50	7.30	8.30	14.10	10.50
Not/Have not graduated from Elementary School	7.10	11.00	8.60	8.60	13.00	10.30
Ekementary School/MI	30.40	45.10	36.10	34.00	46.70	38.90
Junior High School/MTs	15.00	14.00	14.60	16.00	12.60	14.70
Senior High School/MA	31.60	16.10	25.60	26.30	11.00	20.40
Academy/ Unversity	10.70	3.30	7.80	6.90	2.60	5.20
Total	100.00	100.00	100.00	100.00	100.00	100.00
N	8,889	5,634	14,532	10,948	6,851	17,799

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Parents' Employment

Indirectly, parents' employment shows the extent of their involvement in economic activities, especially the number of those who work. The results show that most of the respondents' mothers are not working. It reaches 65.2%. The respondents' fathers who are not working are only 20.4% (Table 2.13). The data shows a common phenomenon in Indonesia since the economic responsibilities of a household are handed to fathers than mothers. However, mothers have an important role in educating their children because they stay at home more. The touch of a mother's hand is a fortress for a household to prevent her children from being involved in drug abuse. A household with busy parents will be lack of attention to the education and coaching of their children. Usually, children who receive no supervision tend to be have

free social interaction and are easily influenced to do bad things, such as drug abuse.

The respondents' parents, especially working fathers, are mostly in the agricultural sector reaching 35.9%. Meanwhile, the respondents' mothers who work in the agricultural sector are only 16.2%. Other occupations of the respondents' parents are in community, social, and personal service sectors consisting of 15.85% of respondents' fathers and 6.5% of respondents' mothers (Table 2.13). Both fathers and mothers working in the agricultural sector are residing in rural areas. This can be understood because the agricultural sector is indeed the dominant sector in rural areas. As for the parents working in the field of social, social, and individual services are mostly those who live in urban areas.

Emotional Relationship with Parents

The parents' various economic activities will not only influence the attention in taking care of the household, but also the emotional relationships in the family. This means that parents who stay more often at home have a closer emotional relationship with their children than parents who are seldom at home. The closeness of the emotional connection is very necessary for children who are just experiencing a transition phase especially those who are still in Junior High School and Senior High School. This group of household members should receive special attention from parents because they are very vulnerable to negative influences from other groups, such as fighting, drinking and conducting drug abuse.

Table 2.13. Parents' Employment

Father/mother employment	Father			Mother		
	Urban	Rural	Total	Urban	Rural	Total
Agriculture	21.60	58.30	35.90	9.50	27.10	16.20
Mining	0.80	0.80	0.80	0.10	0.30	0.20
Processing industry	2.60	1.70	2.30	0.70	0.90	0.80
Electricity, Gas and Water	0.70	0.40	0.60	0.10	0.00	0.10
Building	6.70	4.50	5.90	0.20	0.20	0.20
Trade, Restaurant and Hotel	15.20	7.20	12.10	11.40	7.60	9.90
Transportation, warehousing, and communication	4.60	2.00	3.60	0.20	0.10	0.20
Finance, Insurance, Rental services and company services	3.80	1.20	2.80	1.00	0.30	0.70
Community, social and individual services	20.30	8.60	15.80	8.10	4.00	6.50
Unemployed	23.60	15.20	20.40	68.70	59.60	65.20
Total	100.00	100.00	100.00	100.00	100.00	100.00
N	8,759	5,575	14,334	10,932	6,859	17,791

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

The results of this study indicate that only 29.30% of respondents claim to have closer emotional relations with their parents (father and mother). This close emotional relationship generally occurs in small families with less tha five family members compared to households with large number of members. The closeness of emotional relationships in the family is important to be taken into account in this study because families with a close emotional relationship is predicted to give positive impact in fostering household members as each family member cares for each other. The number of respondents who claim to have a closer

emotional relationship with mother is greater than with father, namely 25.2% and 6.7% (Table 2.14). This can be understood because mothers are generally taking care of the household rather than working outside.

The number of respondents who have the closest emotional relationship with people outside the household is also quite large, of 25%. This shows that many respondents do not have close relationship with other family members. These respondents are easily affected by negative influences by their social environment.

Table 2.14. Emotional Relationships with Others

The closest person with emotional relationship	Urban	Rural	Total
Father and mother	29.10	29.70	29.30
Only father	6.40	7.00	6.70
Only mother	26.00	23.90	25.20
Sibling	11.60	12.30	11.90
Friend	2.00	1.90	2.00
Others	24.90	25.20	25.00
Total	100.00	100.00	100.00
N	17,356	11,196	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Besides having an emotional connection, the social communication among family members also needs to be built in a household. The closeness of the child with both parents is realized in the form of intensive communication between them. Thus, when facing any problems, their parents will be able to know immediately. The communication within the household will create a harmonious household and all family members will receive proper attention from their parents.

The results show that the number of respondents who frequently communicate with their parents or siblings are quite high, reaching 85.7% (Table 2.15). Thus, in terms of communication, the respondent's relationship with parents or siblings runs smoothly. This is the expected communication where each family member in a household can share

the problem and find a solution with other family members. With good communication, it is hoped that it will be able to prevent household members from drug abuse.

Respondents who only occasionally communicate with parents or siblings are relatively small (10.9%). The number of those who rarely communicate is very small at 3.4% (Table 2.15). Respondents who sometimes or rarely communicate with their parents or siblings do not mean that they have problems in the household, but it is likely that many parents or siblings work outside the city that the family members rarely meet.

Table 2.15. Communication with Parents or Siblings

Communication frequency	Urban	Rural	Total
Often	86.00	85.30	85.70
Sometimes	10.70	11.20	10.90
Rarely	3.30	3.50	3.40
Total	100.00	100.00	100.00
N	17,356	11,196	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

III

SOCIAL ENVIRONMENTAL VULNERABILITY OF THE DANGER OF DRUGS

Source : pesona.travel

Badui House, Banten Province

Source : pinterest

Badui House, Banten Province

III

SOCIAL ENVIRONMENTAL VULNERABILITY OF THE DANGER OF DRUGS

Social vulnerability is a condition that endanger a group and influences the group's ability to respond (Cutter et al., 2003). According to Tunstall et al. (Lee, 2014), social vulnerability includes social, economic, political and institutional factors, which represent a state that cannot be separated from the state before an event.

Wisner in Dunning and Durden (2013) explains that social vulnerability refers to the characteristics of a person or group and their conditions that affect their capacity to anticipate, overcome, reject or recover from the impact of danger. Thus, social vulnerability shows the potential for loss of special risk elements that refer to the human condition, along with accompanying conditions such as age, gender, educational background, economic background or other factors that can cause them to be in a vulnerable condition.

3.1. Drug Prone Neighborhood

Amsyari (1986) states that the social environment are people in the surrounding environment, such as neighbors, friends, and strangers

who can give an influence to that person. Or according to Stroz (1987), the social environment is all conditions that affect a person's behavior, including growth and development which can also be seen as preparing the environment for other generations.

The social environment has a big influence on a person's life. Hagan (2013) for example, describes how the community maintains social control and failures that occur in the form of deviations. Therefore, an individual who grows up in a permissive social environment will behave differently from those who are raised in a social environment with strict social control. In order to explain the public's exposure to the danger of drugs, the social problems in the neighbourhood need to be known first.

As we know, there are several social problems that exist in the community, such as liquor/alcoholic drink, brawl, gambling, prostitution, drugs, theft and others. The survey results show that the social problems around the respondent's residence that are considered the most dominant are theft and liquor, with 30.60% and 29.50% respectively. It is followed by the problem of drugs (15.50%) and gambling (12.80%). The dominanation of social problems is similar both in rural and urban areas. The difference is that in urban areas the problem of alcoholism is ranked the second (29.40%) after theft (33.50%), while in the village the problem of liquor is the most dominant problem (29.50%). Another difference is that if in urban areas the problem of drugs is more dominant (17.50%) than the problem of gambling (12.70%). In rural areas, the problem of gambling (13%) is greater than drugs (12.30%) with slight difference.

Table 3.1. Social Problems Around The Residence

Social Problems	Urban	Rural	Total	N
a) Alcoholic drink	29.40	29.50	29.50	8,412
b) Brawl	8.30	5.50	7.20	2,051
c) Gambling	12.70	13.00	12.80	3,653
d) Prostitution	2.70	1.50	2.20	626
e) Drugs	17.50	12.30	15.50	4,416
f) Theft	33.50	26.10	30.60	8,746
g) Others	2.20	1.10	1.80	506

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

There is a tendency that a social problem wil be correlated with other social problems. In relation to this, it is necessary to know whether the existing social problems have the potential of drug abuse. The results show that more than half of the respondents (54.3%) stated that the existing social problems had the potential of drug abuse. However, there are differences between those who live in urban and rural areas. In urban areas, those who have such a greater perception is 57.2%, whereas in rural areas those who have such perception is smaller of 49.8%.

It is interesting to know why more people in urban areas have the view that the existing social problems have the potential of drug abuse, while in rural areas those who hold such views are fewer. This is related to the problem of social control in the urban environment which is less strict than in rural areas. Because social control is more loose, the community will be more easily influenced by the social environment around it. The loosening social control occurs because life in the city, especially in big cities tends to be individualistic. Thus, people are ignorant about other people's business. This is different from in villages where social controls are relatively more stringent.

Table 3.2. Drug Abuse Potential Due To Social Problems In The Environment

Drug Abuse Potential Due To Social Problems	Urban	Rural	Total
Yes	57.2	49.8	54.3
No	42.8	50.2	45.7
Total	100.0	100.0	100.0
N	17,356	11,196	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Drug problems in the neighborhood are not only related to drug abuse, but also related to the presence of dealers, couriers and people who have dealt with the law because of drugs. If many people stated that there are drug problems in social environment, it is assumed that the social environment is vulnerable to the danger of drugs.

The influence of the social environment on drug abuse can be seen from the confession of one of the residents of Narcotics Correctional Institution in Yogyakarta who said that he was involved in drug use after seeing many students living in his parents' boarding house using drugs. It was almost every day that he saw such a scene that his curiosity to try drugs arose. He was initially given drugs by children who lived in his parents' boarding house. Starting from experiment, he eventually became addictive. That also happened to his brother, whom he discovered to use drugs when they were using drugs together with other boarding house residents.

To find out whether any respondents in the neighborhood abuse drugs is not easy because drug abuse is a prohibited act and it is generally carried out secretly. This is different from smoking, for example, which can be clearly seen when people smoke a cigarette. It often happens that a drug addict is not known by his family, and they realize that there is a family member who abuses drugs after being arrested by the police.

Based on these reasons, it is not surprising that the majority of respondents (63.4%) states that there are no drug users in their neighborhood. Such perceptions occurr both in rural and urban areas despite that the number of respondents in rural areas is higher of 69.6%, while respondents who lived in urban areas are only 59.5% (Table 3.3). The large proportion of respondents in rural areas who say that there are no drug users in their neighborhoods may be because the main target of drug dealers and drug lords tends to be in urban areas.

Table 3.3. The Existence of Community Members Around The Residence Who Use Drugs

Family Members Who Use Drugs	Urban	Rural	Total
Exist	17.0	12.5	15.2
Not Existed	59.5	69.6	63.4
Do Not Know	23.5	17.9	21.3
Total	100.0	100.0	100.0
N	17,356	11,196	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

The respondents in rural areas confess that in their neighborhoods there are residents who use drugs. This shows that currently the distribution of drugs occur not only in urban areas, but also in rural areas. The existence of drug users in rural areas is also strengthened by observations which show that some of the residents of rehabilitation center and Narcotics Correctional facility are from villages. At first they claim to consume drugs as a shortcut to forget the burden of life, but in the end they become addicts.

The existence of drug users in rural areas occurs because generally young people in rural areas are no longer interested in working in the agricultural sector, while at the same time there are no other alternative jobs. Finally, many young people are unemployed and hanging out on the roadside with their peers. Such conditions are used by dealers as their target.

Similar to drug abuse, drug trafficking is also very difficult to be revealed by the public because the network system is very closed. This can be understood because drugs are related to legal issues. For example, there is a village in a certain city known as a drug trafficking center. But when the survey was conducted, people generally did not know that their village had become a center for drug trafficking. It is not because people in the area have been threatened. It is because the drug distribution system is very closed. When being asked about the problem of drug distribution, community leaders always answered with the words “don’t

know". They perhaps know about it, but they keep silent as there may be family members involved in drug abuse.

In line with the description above, the results of the study show the same phenomenon. Nearly three-quarters of respondents (68%) said that no one in the neighborhood lived as a drug dealer. Only a small proportion of respondents know that there are drug dealers in their neighborhoods (5.9%). If respondents who know the existence of drug dealers are asked further, they will not tell the mentioned drug dealers as they are worried with the safety of their family.

There are more respondents in rural areas who know the existence of drug dealers in their neighborhoods (73.1%) than respondents in urban areas (64.7%) (Table 3.4). This can be understood because of the close relations in the village community where any deviations will be quickly recognized by other community members.

Table 3.4. The Existence of Community Members Who Become Drug Dealers In The Neighborhood

Community Members Who Become Drug Dealers	Urban	Rural	Total
Yes	6.60	4.60	5.90
No	64.70	73.10	68.00
Don't Know	28.70	22.20	26.20
Total	100.00	100.00	100.00
N	17,356	11,196	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Besides dealers, the existence of drug couriers is also a problem in the community. Drug courier is someone who is told to deliver narcotics by dealers or lords to other people. The interview with several informants reveals that many drug couriers actually come from users. They become couriers because they run out of money to buy drugs, while they have become addicts. Therefore, the only way to continue using drugs is to become a drug courier. By becoming a courier, a double benefit will be gained. Besides being able to get money from drug sales, at the same time they can also enjoy the drugs that they sell.

Similar to drug dealers, the existence of couriers is also very rarely known by the public. Therefore, the respondent's knowledge on drug couriers is apparently not much different from the knowledge on the existence of drug dealers. As shown in table 3.5, the majority of respondents (68.5%) did not know at all that there was a drug courier in their neighborhood. Only 4.1% said that there were drug couriers in their neighborhood and 27.4% said that they did not know whether there was a drug courier in their neighborhood or not.

The same pattern also occurs when respondents are distinguished by the residence. Both respondents in urban and rural areas know that there are few drug couriers around their residence, namely 4.9% in urban areas and 2.80% in rural areas. The number of respondents in urban and rural areas who stated that there were no drug couriers around their residence was 64.90% in urban areas and 74% in rural areas.

There are differences in the number of respondents in urban and rural areas stating that more respondents who live in rural areas do not know the existence of drug couriers in their neighborhoods than in urban communities (64.9% vs 74%) (Table 3.5).

Compared to drug dealers, the respondents' knowledge about drug couriers is slightly smaller, at only 4.1%. This shows that it is very difficult to know the existence of drug couriers because the network is closed and the numbers are relatively small. Meanwhile, respondents who live in urban areas know more about the existence of drug couriers than in rural areas (4.9% vs. 2.8%). That is because there are many drugs in urban areas that people gradually learn little by little about the actions of drug offenders, such as drug lords and couriers.

Table 3.5. The Existence of Drug Couriers In The Neighborhood

The Existence of Drug Couriers	Urban	Rural	Total
Existed	4.9	2.8	4.1
Not Existed	64.9	74.0	68.5
Don't know	30.2	23.1	27.4
Total	100.0	100.0	100.0
N	17,356	11,196	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Considering the increasing use of drugs both in urban and rural areas, the efforts to eradicate drug abuse are greatly encouraged by law enforcement officials. Therefore, the existence of community members who deal with the law due to drug problems can be used as an indicator of social vulnerability in the neighborhood. In this regard, the results of the study show that almost three-quarters (71%) of respondents said there were no members of the community in their neighborhood who were dealing with law enforcement related to drug cases. However, on the other hand, there are around 11.5% of respondents who know that there are among community members who use drugs and deal with law enforcement. Respondents who live in urban areas (13.4%) said there were among groups of people who deal with law enforcement mainly because they were involved in drug use, while respondents who live in rural areas were only 8.6% (Table 3.6).

Table 3.6. The Existence of Community Members In The Neighborhood Who are Dealing with Law Enforcement Officer Due to Drug Problems

Community Members Dealing With Law Enforcement Officer Due to Drug Problems	Urban	Rural	Total
Yes	13.40	8.60	11.50
No	67.00	77.10	71.00
Don't Know	19.60	14.30	17.50
Total	100.00	100.00	100.00
N	17,356	11,196	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

In addition to the environment around the neighborhood, friendship is also very influential on one's behavior. Therefore, the presence of friends who are involved in drug problems in someone's life should be watched. The research shows that more than three-quarters of respondents (82.5%) said that they did not have friends who use drugs. However, this does not mean that they have no friends who are drug users. It is likely that they have friends who use drugs, but it is not known because drug users will hide their identity as users. More respondents in rural areas (85.50%) stated that they did not have friends who were drug users compared to respondents in urban areas (80.60%) (Table 3.7). Conversely, respondents

in urban areas who have friends as drug users are slightly larger (6.60%) than respondents in rural areas (3.80%).

Table 3.7. The Existence of Friends Who Become Drug Users

Friends Who Become Drug Users	Urban	Rural	Total
Yes	6.60	3.80	5.50
No	80.60	85.50	82.50
Don't Know	12.80	10.70	12.00
Total	100.00	100.00	100.00
N	17,356	11,192	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

An individual's vulnerability in relation to drugs is not only having friends who are drug abusers but also having friends who are drug dealers. Correspondingly, the results of the study show that more than three quarters of respondents (86%) stated that they had no friends who were drug dealers. There are two possibilities related to their confession, whether they really do not know that their friends are drug dealers or there are friends as drug dealers but they do not dare to tell the truth. Nevertheless, some respondents admitted that there were friends who became drug dealers, but the number of these respondents is few of only 1.5% (Table 3.8). This confession is said more by respondents in urban areas (1.80%) than respondents in rural areas (1%).

Table 3.8. The Existence of Friends Who Become Drug Dealers

Friend Who Become Drug Dealers	Urban	Rural	Total
Yes	1.80	1.00	1.50
No	84.80	87.70	86.00
Don't Know	13.40	11.30	12.60
Total	100.00	100.00	100.00
N	17,356	11,196	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

An individual's vulnerability to drugs is also related to the presence of friends who become drug couriers. Similar to friends involved in drug trafficking, most respondents also stated that none of their friends became couriers. The number reaches 86.2%. There is no significant difference in the number of respondents in urban and rural areas, reaching 85% in urban areas and 87.90% in rural areas respectively. The respondents with such statement is high in number because they do not want to take the risk if they have tell the truth that there are friends who become drug couriers. However, even though the number is small, some respondents said that there were friends who became drug couriers of 1.10%.

Table 3.9. The Existence of Friends Who Become Drug Couriers

Friends who become drug couriers	Urban	Rural	Total
Yes	1.40	0.70	1.10
No	85.00	87.90	86.20
Don't know	13.60	11.30	12.70
Total	100.00	100.00	100.00
N	17,356	11,196	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Concerning the existence of friends who deal with law enforcement officer because of drug problems, more than three fourth (85.4%) respondents said that they did not have friends who deal with law enforcement officer because of drug cases. Their number is the majority, both in urban and rural areas. That is certainly very encouraging because it is expected that respondents or members of community groups do not have friends or relatives who are involved in legal problems due to drugs. However, the results of this study also show that there were respondents who stated that they had friends who were dealing with law enforcement officer because they were involved in drug cases. The number of these respondents is very small of only 3% (Table 3.10).

Table 3.10. The Existence of Friends Who Deal with Law Enforcement Officer Because of Drug Problems

Friends Who Deal With Law Enforcement Officer Due to Drug Problem	Urban	Rural	Total
Yes	3.80	1.90	3.00
No	83.70	87.90	85.40
Don't Know	12.50	10.20	11.60
Total	100.00	100.00	100.00
N	17,356	11,196	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

The existence of friends who become drug users, couriers or dealers will give negative impacts to the individual, especially if the individual likes to hanging out with friends. It is because the individual's behavior is greatly influenced by the social environment. Related to this, the results of the study show that the majority of respondents (92.3%) confessed to have no habit of hanging out with peers. Only 7.7% of respondents stated to have the habit of hanging out with peers. The same condition occurrs both in rural and urban respondents, although the percentage is different. In rural areas, the number of respondents who have the habit of hanging out with peers is smaller than in urban areas. It is 6.50% in rural areas and 8.5% in urban areas..

Table 3.11. Hang Out With Peers

Hang out habit	Urban	Rural	Total
Yes	8.50	6.50	7.70
No	91.50	93.50	92.30
Total	100.00	100.00	100.00
N	17,356	11,196	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

In the neighborhood someone is faced with socialization with peers, while in the work place someone has the habit of hanging out with his friends outside working hours. Such habits are also predicted to affect drug abuse if friends are drug abusers. In this regard, the results of the study show that more than half of the respondents (51.70%) stated that they had the habit of hanging out with friends outside working hours. Respondents in urban areas who have the habit of hanging out with friends outside working hours are even greater of 52.80%. Whereas in rural areas, the number of respondents who have a habit of hanging out with friends outside the working hours and who do not have the habit of hanging out with friends outside the working hours is equal, 50% each.

Table 3.12. The Habit of Hanging Out with Friends Outside Working Hours

Hanging Out Outside Working Hours	Urban	Rural	Total
Yes	52.8	50.0	51.7
No	47.2	50.0	48.3
Total	100.0	100.0	100.0
N	9,854	6,546	16,400

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

3.2. Drug Prone Location and Occupation

Drug-prone location and occupation are places that are perceived to be often used as locations for drug use. The drug-prone occupations are jobs which have the potential to lead the employed people to be exposed to drugs. The survey shows that there are 5 (five) prominent drug-prone locations, namely entertainment places (discotheques, bars, pubs, karaoke, billyard and cafe) (90.50%), then followed consecutively by hotel/inn/apartment/flat (78.20%), boarding house/dormitory (66.90%), quiet street/alley (60.90%), and internet/game café (40.80%). There is no significant difference between urban and rural respondents in viewing drug-prone areas.

In urban areas, the order of drug prone locations is: entertainment places (discotheque, bar, pub, karaoke, billyard and cafe) in the first place

with 93.20%, followed by hotel/inn/ apartment/flat with 81.30 %, boarding house/dormitory with 71.10%, quiet street/alley with 64.90%, and internet/game café with 45.10%. The sequence is the same as perceived by respondents in rural areas but the percentage is different, namely entertainment places (discotheque, bar, pub, karaoke, billyard and cafe) in the first place with 86.10%, followed by hotel/inn/apartment/flat with 73.40%, boarding house/dormitory with 60.50%, quiet streets/alleys with 54.70%, and internet/game café with 34.20%.

Table 3.13. Places Considered to be Drug Prone Use Based on Respondent Residence

Drug Prone Places	Urban	Rural	Total	N
a) Night entertainment places (disco-theque, bar, pub, karaoke, billyard and cafe)	93.20	86.10	90.50	25,826
b) beauty shop, sauna/SPA, massage	38.70	29.00	34.90	9,956
c) Herbal stall/angkringan/burjo	30.30	25.00	28.20	8,057
d) internet/game cafe	45.10	34.20	40.80	11,658
e) Hotel/inn/apartment/flat	81.30	73.40	78.20	22,327
f) Boarding house/dormitory	71.10	60.50	66.90	19,112
g) School/campus	36.30	30.60	34.00	9,719
h) Working place	28.60	25.00	27.20	7,775
i) Quiet street/alley	64.90	54.70	60.90	17,388
j) Others	4.10	3.20	3.70	1,065

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

The existence of boarding house as a drug prone place makes sense because boarding house residents are generally pupils and university students from out of town or workers from other places who are far from the monitoring of parents and family. In such conditions, there is no control over their behavior. In addition, the boarding house conditions also give impact. Boarding house residents who stay in the same house with the owner get more attention on their behavior. Thus, there is social control. While in the boarding house which is separated from the owner's house, the residents will be free to do whatever they want as noone prohibit and social control is not implemented.

If we take a look at current boarding houses, most of them are separated from the owner. The boarding house has become a business where many people build houses as boarding houses. In the boarding house, there are workers who take care of the cleanliness of the boarding house, but they do not care about the behavior of the occupants. This causes boarding house as drug prone place.

In Yogyakarta, for example, the condition is different from the 1980s. At that time, the owner rented the boarding house not solely for business orientation. The boarding house owner also functions as a landlady who has been given responsibility by parents to supervise and guide the occupants. If there is a problem with the occupants, the landlady will be happy to help. In this way, the occupants' behavior can be monitored.

In addition to certain drug-prone locations, there are also certain types of work that, if people work there, are considered to have the potential to be exposed to drugs. The order of the top five jobs whose workers are considered to have the most potential exposure to drugs are bar waiter/bartenders with 73.30%, followed by song guide with 69.50%, billyard guide with 57.90%, drivers with 55% and artist with 54.60%. The top five drug-prone occupations are the same in urban and rural areas. However there are differences in order according to urban and rural areas.

If the total number of respondents who stated that working as a driver is in the fourth place to have the potential to be exposed to drugs, then the order is slightly different when viewed according to the respondent's residence. The order of the top five drug prone jobs according to respondents living in urban areas are: bartenders with a percentage of 77.10%, followed by a song guide with a percentage of 73.70%, a billyard guide of 62.50%, artist with a percentage of 58.70%, and driver with 57.50%. The order is different from the choice of respondents living in rural areas. In urban areas, driver is the fifth place, while in rural areas it is in the third place. Thus, the top five drug prone occupation according to respondents in rural areas are: bar stewards (bartenders) with 67.40%, song guides with 63.10%, drivers with 51.10%, billyard guides with 50, 80%, and artist with 48.20%.

Table 3.14. Occupations That Are Considered Prone to Drug Use and Distribution Based on Respondents' Residence

Drug Use and Distribution-Prone Occupations	Urban	Rural	Total	N
a) Song Guide	73.70	63.10	69.50	19,850
b) Bar Waiter/Bartender	77.10	67.40	73.30	20,934
c) Masseur	36.30	25.70	32.10	9,174
d) Artist	58.70	48.20	54.60	15,584
e) Beauty Shop Worker	30.90	22.70	27.70	7,910
f) Driver	57.50	51.10	55.00	15,711
g) Pilot	37.20	25.80	32.70	9,336
h) Billyard Guide	62.50	50.80	57.90	16,538
i) Night Shift Worker	55.80	45.90	51.90	14,816
j) Ship Crew/Fisherman	32.70	27.40	30.60	8,741
k) Plantation Worker	19.40	15.00	17.70	5,053
l) Mining Worker	29.80	23.80	27.40	7,836
m) Porter	30.10	22.20	27.00	7,705
n) Parking Officer	34.20	23.60	30.10	8,583

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

IV

THE PERCEPTION OF DRUGS AND ATTITUDES TOWARD DRUG ABUSE AND DISTRIBUTION

Source : tmii

Kebaya House, Special Capital Region of Jakarta Province

Source : romade.decade

Kebaya House, Special Capital Region of Jakarta Province

IV

THE PERCEPTION OF DRUGS AND ATTITUDES TOWARD DRUG ABUSE AND DISTRIBUTION

4.1. Perception of Drugs

Public perceptions about drugs will affect their way and attitudes towards drugs. If people have a perception of drugs are dangerous substances, they will stay away. Conversely, if they see those drugs are beneficial, then they will not hesitate to use drugs.

In general, people have the correct knowledge and understanding of drugs. It can be seen from the results of a survey on respondents' perceptions of drugs as shown in table 4.1. The majority of respondents consider drugs as illicit/illegal drugs (97.30%). Drugs are also considered as addictive drugs (93.20%). The results of this survey reflect that the majority of people understand that drugs are goods/substances that should not be consumed and can cause dependence. Meanwhile, the types of drugs that are widely known are marijuana, ecstasy and meth, that is as seen in the survey results that 90.8% of respondents know that drugs are a type of marijuana, ecstasy, meth and others as the third most common answer. This possibility is influenced by the number of arrest, both the cases of use and distribution of marijuana, ecstasy, and meth. The

understanding of drugs as devil/poison powder, pills that makes drunk, psychotropic substances and other addictive substances is answered by 88% of respondents.

The same trend also occurs in urban and rural areas. In urban areas, respondents who answer drugs as illicit drugs reach 97.90%, followed by respondents who perceive drugs as addictive substances with 95.30%. Marijuana, ecstasy, methamphetamine and other narcotics and drugs as pills that cause drunk/fly become the answer by a lot of respondents, namely 93.2% and 91.00% respectively. The perception of drugs as narcotics, psychotropic substances and other additive substances, and drugs as devil/toxic powder is the answer of respondents with 89.90% and 87.60%. In rural areas, people's perception of drugs as illicit drugs is 96.30%. Perceptions of drugs as devil/toxic powder, and drugs as narcotics, psychotropic substances and other addictive substances are answered by about 80% of respondents or smaller than in cities (Table 4.1).

The survey results above show that in general the community, both in rural and urban area, considers that drugs are substances that must not be consumed and prohibited by religion. The fact that drugs cause addiction/dependence is also known by the majority of the community. However, drugs with negative impact with drunk/fly effect or as poison are more widely known by urban society. Similarly, drugs as narcotics, psychotropic and addictive substances are more widely known by urban society. This possibility is caused by information and the number of drug cases in urban areas.

Table 4.1 Community Perceptions of Drugs Based on Residence

Perceptions of Drugs	Urban	Rural	Total	N
Illicit Drugs	97.90	96.30	97.30	27,718
Drugs That Cause Addiction/Dependence	95.30	90.10	93.20	26,557
Devil/Toxic Powder	87.60	80.50	84.80	24,150
Pill That Can Make Drunk/Fly	91.00	85.40	88.80	25,262
A Type of Marijuana, Ecstasy, Meth and Others	93.20	87.10	90.80	25,860
Narcotics, Psicotropics, and Other Addictive Substances	89.80	80.80	86.20	24,547
Others	10.30	9.20	9.90	2,632

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Based on gender, in general, there are no significant differences between male and female in terms of perception of drugs. Drugs as illegal/illicit drugs were answered by the majority of male and female respondents, namely 97.3% each, followed by drugs as drugs that cause dependence of around 93.6% male and 92.9% female (Table 4.2). Male know more about the types of drugs than female. Narcotics as a type of marijuana, ecstasy, methamphetamine and others, Narcotics as a pill that causes drunk/fly, and Narcotics, psychotropic substances and other addictive substances are answered more by male than female, despite that the difference in percentage is not too large. Meanwhile, drugs as devil/poison powder were answered by few male and female.

Table 4.2. Community Perceptions of Drugs Based on Gender

Perceptions of Drugs	Male	Female	Total	N
Illicit/illegal drugs	97.30	97.30	97.30	27,718
Drugs That Cause Addiction/Dependence	93.60	92.90	93.20	26,557
Devil/Toxic Powder	84.50	85.10	84.80	24,150
Pill That Can Make Drunk/Fly	89.40	88.20	88.80	25,262
A Type of Marijuana, Ecstasy, Meth and Others	92.00	89.80	90.80	25,860
Narcotics, Psicotropics, and Other Addictive Substances	87.40	85.20	86.20	24,547
Others	10.10	9.70	9.90	2,632

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

The understanding of drugs varies depending on several things. One of them is the background of education. The survey results in table 4.3 show that most respondents in all educational backgrounds, from those who did not go to school to those who were graduated from academy/university, understand that drugs are illicit/illegal drugs. Drugs as substances that can cause addiction/dependence and drugs as types of marijuana, ecstasy, meth are the second and third largest answer. The higher the level of education shows the greater of percentage of those who answered these three perceptions. Narcotics as illicit drugs is perceived by 90% of respondents who do not go to school, 95.2% of respondents who are not/have not graduated from elementary school, 95.1% of Elementary school graduates, 97.8% of Junior High School/MTS graduates, 98.3 % of Senior High School/MA graduates and 97.6% of Academy/University graduates (Table 4.3)

Drugs as narcotics, psychotropic and addictive substances are less known by respondents with low education. They are 0.9% by those who are not going to school, 74.6% by those who have not graduated from Elementary School, and 77.3% by Elementary School/MI graduates. Respondents with low education are possibly parents who stay more at home that they feel of hearing the term psychotropic or addictive substances.

The results of this survey indicate that the higher the level of education, the understanding of drugs is better. It can be seen from the large percentage of respondents who answered each perception. This can be understood because with higher level of education, knowledge and access to information related to drugs is more open. In addition, relationships with friends at school such as Senior High School or college increasingly open the access to information about drugs and many of them are tempted to use drugs. BNN-LIPI research results in 13 Provinces in 2018 show that drug use among students is quite high. The prevalence rate of ever used among Senior High School students is 6.4% and university student is 6%.

Table 4.3. Community Perceptions of Drugs Based on Education Level

Perceptions of Drug	Not Going to School	Not/ Have'nt Graduated From Elementay	Elementary/MI Graduate	Junior High/ MTs Graduate	Senior High/ MA Graduate	Academy/ University	Total	N
Illicit/illegal Drugs	90.00	95.20	95.10	97.80	98.30	98.60	97.30	27,718
Drugs that Can Cause Addiction/Dependence	81.00	85.90	87.20	93.90	95.80	97.80	93.20	26,557
Devil's/Poison Powder	75.90	76.80	78.70	84.70	87.20	90.80	84.80	24,150
Pills that Can Cause Drunk/Fly	76.80	80.40	82.80	89.10	91.40	94.20	88.80	25,262
Types of marijuana, ecstasy, meth and others	77.50	82.20	83.60	91.40	93.60	96.90	90.80	25,860
Narcotics, Psicotropics, and Other Addictive Substances	70.90	74.60	77.30	86.30	89.60	95.40	86.20	24,547
Others	9.70	7.00	7.90	9.00	10.80	12.20	9.90	2,632

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Even though most respondents have negative perceptions about drugs, what is more alarming is when a drug user who was undergoing rehabilitation in Yogyakarta stated that he used drugs in front of his mother, but it was ignored because his mother did not know about the danger of drugs. This child frankly told his mother that the item he consumed was methamphetamine. This incident is only a small example to give an illustration that there are still people who do not know about drugs and the danger of drugs.

4.2. Attitudes Toward Drug Abuse

4.2.1. Attitudes Toward Drug Offer

Attitude is an illustration of what someone will do when being faced with a situation related to drug abuse. Respondents show different attitudes when someone offers them drugs. The respondents' attitude is closely related to their socio-economic background, such as education and employment, both directly and indirectly. The results of this study indicate that the majority of respondents or 73.8% refused if someone offer them drugs, 13.6% respondents reported to the authorities if being offered to drugs, and 12.5% respondents avoided (Table 4.4).

There is no significant difference between the attitudes of respondents who live in urban and rural areas. Most of them refuse to be offered drugs. This shows that the community, both in rural and urban areas, understand the danger of drugs that they do not want to be involved or consume them. The rejection of most people if offered drugs is a positive thing for the eradication of drugs in the country. This means that when more people reject the offer, limited drug trafficking will be limited and reduced in the community. Some people also have the attitude to report to the authorities if someone offers them drugs. This attitude may indicate that respondents may not dare to refuse openly and are encouraged to report it to the authorities.

Table 4.4. Attitude If Offered to Use Drug Based on Urban-Rural Area

Attitude If Offered to Use Drugs	Urban	Rural	Total
Refusing	74.00	73.50	73.80
Avoiding	12.20	13.10	12.50
Reporting to The Authorities	13.70	13.40	13.60
Buying/Accepting/Delivering/Selling	0.20	0.10	0.20
Total	100.00	100.00	100.00
N	17,319	11,179	28,498

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Each community group seems to have different attitudes in dealing with the increasing widespread drug trafficking in the country. This attitude appears differently, not only by residence, but also by gender. By gender, female respondents were more likely to be resistant if someone offered drugs than male respondents, namely 74.5% women and 72.9% men (Table 4.5).

The large proportion of female respondents who dare to refuse someone's offer to use drugs is based on maturity in thinking. Female respondents are more calm in making decisions than male respondents. Conversely, male respondents were more daring to avoid than female respondents if someone came to offer drugs, namely 14.2% of men and 11.1% of women. The data can be understood because male respondents are more mobile than female respondents when there is pressure. Meanwhile, female respondents who are mostly in the house tend to be passive, but they are more willing to openly refuse if someone comes to offer drugs. Female respondents with all their calmness report more to the authorities if someone offers drugs than male respondents (14.4% compared to 12.7%).

Table 4.5. Attitude When Offered to Use Drugs According to Gender

Attitude When Offered to Use Drugs	Male	Female	Total
Refusing	72.90	74.50	73.80
Avoiding	14.20	11.10	12.50
Reporting to The Authorities	12.70	14.40	13.60
Buying/Accepting/Delivering/Selling	0.30	0.00	0.20
Total	100.00	100.00	100.00
N	13,370	15,128	28,498

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

It has been explained that the level of education is very influential on a person's attitude in relation to drug abuse. The data shows that overall respondents (73.8%) refused if someone came to offer drugs. Respondents who did not go to school (75.4%) and Academy/University graduate respondents (74.8%) were more courageous to refuse if someone came to offer drugs (Table 4.6). The number of respondents who reported to the authorities was slightly higher than respondents who avoided offering drugs (13.6% vs. 12.5%). It appears that respondents with higher education (Academy/University graduates) are more willing to report to the authorities (14.3%.) if someone comes to offer drugs. The level of education is definitely very influential on their knowledge of law related to drug abuse. It is expected that respondents with such education can become a driving force in rejecting drug abuse in the community.

Table 4.6. The Attitude If Offered to Use Drugs According to Education Level

Attitude When Offered to Use Drugs	Not going to school	Not/ Haven't Graduated From Elementay	Elementary/MI Graduate	Junior High/ MTs Graduate	Senior High/MA Graduate	Academy/University	Total
Refusing	75.40	72.70	73.50	73.90	73.50	74.80	73.80
Avoiding	11.70	13.10	12.70	12.80	12.80	10.80	12.50
Reporting to The Authorities	12.80	14.00	13.60	13.00	13.60	14.30	13.60
Buying/Accepting/ Delivering/Selling	0.20	0.30	0.10	0.20	0.10	0.20	0.20
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00
N	650	1,347	5,341	6,111	11,168	3,881	28,498

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Demographically, age determines a person's attitude. The older groups certainly have more extensive knowledge than the younger groups, especially those related to attitudes towards drug trafficking which have been increasing lately. As it is known, the concept of respondents in this research is individual aged between 15-65 years. Respondents in this group are in productive age. These productive age groups usually have extensive knowledge in responding wisely to be able to avoid drug abuse.

The research shows that the proportion of respondents who refuses if offered drugs is almost the same in all age groups (Table 4.7). This shows that respondents have understood the negative effects of drug abuse. Reporting to the authorities is responded more by respondents aged over 65 years (16.2%) compared to respondents aged less than 25 years (12.3%) and above 65 years (13.6%). This phenomenon shows that respondents aged over 60 years have a lot of life experience and the courage to report to the authorities. Besides that, it is impossible for them to sacrifice their family members only for a drug problem. One of the ways to refuse reject drugs is by reporting it to the authorities.

Table 4.7. Attitude If Offered to Use Drugs According to Age

Attitude When Offered to Use Drugs	< 25	25 – 59	60+	Total
Refusing	73.50	73.90	72.50	73.80
Avoiding	13.90	12.30	11.20	12.50
Reporting to The Authorities	12.30	13.60	16.20	13.60
Buying/Accepting/Delivering/Selling	0.20	0.20	0.10	0.20
Total	100.00	100.00	100.00	100.00
N	5,209	21,323	1,966	28,498

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Various methods are used by drug lords and dealers in distributing drugs. One of them is by giving drugs for free. As explained earlier, the majority of respondents firmly refuse if offered to buy drugs. The results also show that the majority of respondents (73%) refuses if offered or given free of charge. There is no significant difference between respondents who live in urban and rural areas who refuse if offered drugs for free, namely 73.8% in urban areas and 73.2% in rural areas.

This shows that the public's knowledge about the impact of drug abuse is already good. Many respondents firmly refuse though being offered drugs for free and they would not even buying it. The respondent's attitude could be used as a fortress to be disseminated to the public so that they are always careful and refuse firmly if there is an offer to use drug for free. Meanwhile, many respondents report to the authorities if offered drugs for free. This attitude is almost similar in urban and rural areas with the percentage of 13.6% for respondents living in urban areas and 13.2% for respondents living in rural areas. The respondent's attitude needs to be appreciated because at least they consistently and firmly reject the offer even though they are offered for free.

Table 4.8. Attitude If Offered Drugs For Free According to Residence

Attitude When Offered to Use Drugs For Free	Urban	Rural	Total
Refusing	73.80	73.20	73.60
Avoiding	12.40	13.50	12.80
Reporting to The Authorities	13.60	13.20	13.40
Buying/Accepting/Delivering/Selling	0.20	0.10	0.20
Total	100.00	100.00	100.00
N	17,322	11,178	28,500

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Female are more resistant (74.6%) than male (72.5%) if offered for free. Free giving is one of the strategies carried out by dealers in selling drugs. At first they were given drugs for free, after being addicted they would become permanent buyers. Free drug deals are usually done when gathering or hanging out with peers. One example occurs in Padang with a culture of smoking marijuana in “a circle” where one rolled marijuana is inhaled alternately. Those who take part in “a circle” are those who join the hanging out without any force. Those who had not smoked marijuana before but joined the hangout began to get trapped because they were given free and considered members. They gradually become addicted and dependent. Female respondents who report to the authorities if there is someone who offers drugs for free is larger than male respondents (14.1% vs. 12.7%). However, respondents who avoid being offered free drugs are larger in male than female respondents (14.5% vs. 11.3%).

Table 4.9. Attitude If Offered Drugs For Free According to Gender

Attitude When Offered To Use Drugs For Free	Male	Female	Total
Refusing	72.50	74.60	73.60
Avoiding	14.50	11.30	12.80
Reporting to The Authorities	12.70	14.10	13.40
Buying/Accepting/Delivering/Selling	0.30	0.10	0.20
Total	100.00	100.00	100.00
N	13,371	15,129	28,500

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Based on the level of education, the results of the study shows that the majority of respondents refuse to be given drugs for free, but the proportion of respondents who refuse with relatively high education (Junior High School and above) is greater than respondents with elementary school education and below. Nearly three-fourth (74.8%) of respondents who are Academy/University graduates dared to refuse if offer drugs for free, while respondents who are Elementary School/MI graduates are 72.9%. In relation to drug abuse, those with high education have more extensive knowledge in rejecting illicit goods than those with low education. They understand and know better the negative impact of drug abuse on themselves and their families. Similarly, respondents who felt the need to report to the authorities if offered drugs for free were more likely to be addressed by respondents who had an Academy/University education (14.2%). Respondents who are highly educated has knowledge on the negative impact of drug abuse to the society that encourage them to immediately report it to the authorities. Meanwhile, the proportion of respondents with elementary school education or equivalent who report to the authorities is around 13%

Table 4.10. Attitude If Offered Drugs for Free According to Education

Attitude when offered to use drugs for free	Not going to school	Not/ have not	Elementary/MI graduate	Junior High/ MTs graduate	Senior High/MA graduate	Academy/ University	Total
Refusing	72.90	73.50	72.90	74.20	73.30	74.80	73.60
Avoiding	13.50	12.30	13.10	13.30	13.10	10.80	12.80
Reporting to The Authorities	13.40	13.90	13.90	12.30	13.50	14.20	13.40
Buying/ Accepting/ Delivering/Selling	0.20	0.30	0.10	0.30	0.20	0.20	0.20
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00
N	650	1,349	5,341	6,110	11,169	3,881	28,500

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

The results of this study indicate that the proportion of respondents who refuse if someone offers free drugs is almost the same, namely 73.8% in the age group 25-59 years, 73.4% in the age of less than 25 years, and 71.9% in the age group above 60 years (Table 4.11). The large proportion of respondents aged 25-59 years who refuse offers of drugs for free may be related because it is likely that most of them are highly educated. Thus, they refuse the offer of drugs for free because they understand the negative impact of drug abuse.

Meanwhile, respondents who avoid being offered drugs for free are dominated by the age group below 25 years with 14.3%. Respondents who report to the authorities are mostly aged over 60 years. Respondents in this age group do not want to take the risk. They choose to report it to the authorities if there is someone who offers drugs for free rather than to refuse or avoid.

Table 4.11. Attitude If Offered Drugs For Free According to Age

Attitude When Offered To Use Drugs For Free	< 25	25 - 59	60+	Total
Refusing	73.40	73.80	71.90	73.60
Avoiding	14.30	12.50	11.90	12.80
Reporting to The Authorities	12.00	13.50	16.20	13.40
Buying/Accepting/Delivering/ Selling	0.30	0.20	0.10	0.20
Total	100.00	100.00	100.0	100.00
N	5,210	21,324	1,966	28,500

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

4.2.2. Attitudes Towards Friends Who Use Drugs

Friendship is one of the factors that can influence drug use. This section looks at the attitude if there are friends who use drugs. There are four (4) answers, namely: Prohibiting, advising, reporting to the authorities and participating in/circulating/becoming a courier. The results of the study in table 4.12 show that advising is the attitude most respondents take if there are friends who use drugs, which is equal to 54.8%. The percentage of respondents who gives advice in urban areas is slightly higher than in rural areas, namely 55% in urban areas and 54% in rural areas. Furthermore, prohibiting is the second highest answer after advising with 34.7%. Prohibiting friends who use drugs in the rural areas is slightly higher than in the urban areas, namley 35.1% in the rural areas and 34.4% in the urban areas. The percentage of reporting to the authorities is 10.4%. Those who participated were almost non existent, only in the city of 0.1%.

Table 4.12. Attitude If There Are Friends Using Drugs According to Residence

Attitude If There Are Friends Using Drugs	Urban	Rural	Total
Refusing	34.40	35.10	34.70
Avoiding	55.00	54.60	54.80
Reporting to the authorities	10.50	10.20	10.40
Participating in/circulating/becoming a courier	0.10	0.00	0.10
Total	100.00	100.00	100.00
N	17,303	11,180	28,483

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

According to gender, the percentage of respondents who gives advice to friends who are using drugs is higher in male respondents than female respondents, namely 56.60% male and 53.30% female. It is likely that most respondents are young people who often gather with peers. By advising, the friendships can be more protected. On the other hand, prohibiting is answered more by female than male with 35.7% and 33.5% each. Similarly, reporting to the authorities is answered more by female respondents with 11.00% and male respondents with 9.8%.

Table 4.13. Attitude If There are Friends Using Drugs According to Gender

Attitude If There Are Friends Using Drugs	Male	Female	Total
Refusing	33.50	35.70	34.70
Avoiding	56.60	53.30	54.80
Reporting to The Authorities	9.80	11.00	10.40
Participating in/Circulating/Becoming A Courier	0.20	0.00	0.10
Total	100.00	100.00	100.0
N	13,369	15,114	28,483

The factor of age affects a person's attitude. The results show that respondents aged 25-59 years are more likely to advise friends who use drugs or equal to 55.5%, while respondents aged less than 25 years and 60 years and older who give advise are 54.3% and 48.2% (Table 4.14). The large proportion of the group aged 35-59 years who gives advise are possibly to have high education so that they have careful consideration to advise friends who use drugs. Prohibiting drug use is more responded by respondents aged over 60 years with 39%, respondents aged less than 25 years with 35.5% and aged 25-59 years with 34.1%. Respondents aged 60 years and over are mostly parents who are more assertive in responding, including prohibiting friends who use drugs. Attitude to report to the authorities is still low by aged less than 25 years with 10%, aged 25 to 59 years with 10.30% and above 60 years with 12.80%. Older people tend to have a better attitude than young people because they already have a lot of knowledge and experience both through trial and error and from the example of community leaders. Thus, the older's are usually more willing to prohibit, advise and report drug users to the authorities.

Table 4.14. Attitude If There Are Friends Using Drugs According to Age

Attitude If Friends Using Drugs	< 25	25 - 59	60+	Total
Refusing	35.50	34.10	39.00	34.70
Avoiding	54.30	55.50	48.20	54.80
Reporting to The Authorities	10.00	10.30	12.80	10.40
Participating in/Circulating/ Becoming A Courier	0.20	0.10	0.10	0.10
Total	100.00	100.00	100.00	100.00
N	5,203	21,314	1,966	28,483

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

4.2.3. Attitudes Towards Parents/Sibling /Relatives Who Use Drugs

The following is the attitude of the respondent if parents/relatives/ relatives use drugs. The results show that in general the majority of respondents forbid parents/relatives relatives from using drugs, with a percentage of 49.7%, while 4.5% respondents give advise. The number of

respondents who report to the authorities is relatively small of 8.7% (Table 4.15). This can be understood because by reporting to the authorities, the parents/family will be subject to legal sanctions. The tendency of the same answer occurs based on the residence where the majority of respondents in urban area of 50% will prohibit parents/siblings/relatives from using drugs, while 49.2% respondents in rural area will prohibit parents/siblings/relatives from using drugs. Respondents who advise are 41.3% in urban area and 41.9% in rural area. Respondents who answered would report to the authorities were 8.7% in rural cities and 8.8% in villages. No respondents answer using/circulating/becoming a courier both in urban and rural areas. This shows that urban and rural communities whose closest persons are using drugs will not follow the behavior.

Table 4.15. Attitude If Parents/Siblings/Relatives Use Drugs According to Respondents' Residence

Attitude If Parents/Siblings/ Relatives Use Drugs	Urban	Rural	Total
Refusing	50.00	49.20	49.70
Avoiding	41.30	41.90	41.50
Reporting to The Authorities	8.70	8.80	8.70
Participating in/Circulating/Becoming A Courier	0.00	0.00	0.00
Total	100.00	100.00	100.00
N	17,322	11,181	28,503

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Based on gender, prohibiting is the attitude chosen by the majority of male and female respondents with almost the same percentage, namely 50.4% male and 49.0% female. Followed by the second largest answer is advising with a percentage of 41% male and 42% female (Table 4.16). The answer of reporting to the authorities is the third highest answer with the percentage of 8.90% female and 8.50% male. Participating/circulating/becoming a courier is not chosen by both male and female respondents. This shows that both male and female do not like if their closest persons become drug users.

Table 4.16. Attitude If There Are Parents/Siblings/Relatives Who Use Drugs According to Gender

Attitude If Parents/Siblings/ Relatives Use Drugs	Male	Female	Total
Refusing	50.40	49.00	49.70
Avoiding	41.00	42.00	41.50
Reporting to The Authorities	8.50	8.90	8.70
Participating in/Circulating/Becoming A Courier	0.10	0.00	0.00
Total	100.00	100.00	100.00
N	13,373	15,130	28,503

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Furthermore, according to the educational background, the total respondents are 28,503 people consisting of not going to school (650 respondents), not/have not graduated from elementary school (1,349 respondents), Elementary/MI graduates (5,341 respondents), Junior High School/MTs graduates (6.110 respondents), Senior High School/ MA graduates (11,172 respondents), and Academy/University (3,881 respondents). The majority of respondents answer that they prohibit parents and families to be involved in drug abuse. The survey results show that "prohibiting" is the most answer by the group of respondents who "are not/have not graduated from elementary school" with a percentage of 52%, then followed by the group of respondents "not going to school" by 51.40%, the group of Senior High School/MTs respondents by 50.10%, Senior High School/MA graduates by 50%, Academy/university graduates by 50%, Elementary school/MI group by 47.50%. Advising is answered mostly by elementary/MI respondents group with 43.40%, followed by Academy/University group with 41.30%, Junior High School/MTs with 41.30%, Senior High School/MA with 41.20%, not going to school with 39.40% and finally respondents who are not/have not graduated from elementary school with 39.10%. Respondents who report to the authorities are in small proportion of less than 10%. No respondents answer joining/circulating/becoming a courier, except those who are not completed elementary school and academy by 0.1%.

Table 4.17. Attitude If There are Parents/Siblings/Relatives Who Use Drugs According to Education Level

Attitude if Parents/ Siblings/ Relatives Use Drugs	Not Going to School	Not/ Haven't Graduated From Elementay	Elementary/MI Graduate	Junior High/ MTs Graduate	Senior High/MA Graduate	Academy/ University	Total
Refusing	51.40	52.00	47.50	50.00	50.10	50.00	49.70
Avoiding	39.40	39.10	43.40	41.30	41.20	41.30	41.50
Reporting to the Authorities	9.20	8.80	9.00	8.70	8.60	8.70	8.70
Participating in/Circulating/ Becoming A Courier	0.00	0.10	0.10	0.00	0.00	0.10	0.00
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00
N	650	1,349	5,341	6,110	11,172	3,881	28,503

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Based on age group, the answer of prohibiting is answered more by young age group respondents (<25 years old) with 51.5%. The percentage is getting smaller for the older age group ie 49.4% in aged 25-59 years old and 47.8% in age 60 years and above. It seems that young respondents know well about the danger of drugs that prohibiting parents or relatives is the attitude taken by most of them. Advising is the attitude most taken by respondents aged 25-59 years old, i.e. 42.1% followed by the percentage of respondents aged 60 years old and over and those under 25 years with 9.20%. Reporting to the authorities is answered most by respondents aged over 60 years old with 11.10%, followed by the age group under 25 years old with 9.20%, respondents between the ages of 24-59 years old with 8.40%.

Table 4.18. Attitude If There are Parents/Siblings/Relatives Using Drugs According to Age

Attitude If Parents/Siblings/ Relatives Use Drugs	< 25	25 - 59	60+	Total
Refusing	35.50	34.10	39.00	34.70
Avoiding	54.30	55.50	48.20	54.80
Reporting to The Authorities	10.00	10.30	12.80	10.40
Participating in/Circulating/ Becoming A Courier	0.20	0.10	0.10	0.10
Total	100.00	100.00	100.00	100.00
N	5,203	21,314	1,966	28,483

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

4.2.4. Attitudes towards Spouse or Lover Who Use Drugs

Spouses are couples who have a bond based on a marriage, while lover (boyfriend/girlfriend) is a very close friend before binding in a marriage. The bond in spouses or lovers seems to be similar to the bond of kinship. Prohibiting is a prominent attitude by respondents if one of their spouses uses drugs, followed by an attitude of advising and reporting to the authorities. The tendency of urban and rural respondents' attitudes towards drug abuse remains the same as shown in Table 4.19 below.

Tabel 4.19.Attitude If Spouse/Lover Uses Drugs According to Urban/Rural Area

Attitude If Spouse/Lover Uses Drugs	Urban	Rural	Total
Refusing	55.80	55.40	55.70
Avoiding	34.00	35.20	34.50
Reporting to The Authorities	10.20	9.40	9.80
Participating in/Circulating/Becoming A Courier	0.00	0.00	0.00
Total	100.00	100.00	100.00
N	17,315	11,172	28,487

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Table 4.20 shows that there is no significant difference between attitudes towards drug abuse by spouses/lovers in female and male respondents.

Table 4.20. Attitude if Spouse/Lover Uses Drugs According to Gender

Attitude if Spouse/Lover Uses Drugs	Male	Female	Total
Refusing	56.10	55.30	55.70
Avoiding	34.60	34.30	34.50
Reporting to The Authorities	9.20	10.40	9.80
Participating in/Circulating/Becoming A Courier	0.00	0.00	0.00
Total	100.00	100.00	100.00
N	13,364	15,123	28,487

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

The respondent's age has no relationship with the attitude of the respondent if their partner uses drugs. The table below shows the attitude of prohibiting, advising, and reporting to the authorities in each age category is relatively the same, namely the attitude of prohibiting at the age of less than 25 years with 55.70%; at the age of 25-59 years with 55.90%, over 60 years with 55.60%. In the attitude of advising, respondents aged less than 25 years reach 32.30%; at the age of 25-59 years reach 34.80% and over 60 years reach 36.70%. Meanwhile the attitude to report to the authorities is responded by respondents aged less than 25 years by 12.00%; at the age of 25-59 years by 9.20% and above 60 years by 10.80%.

Table 4.21. Attitude if Spouse/Lover Uses Drugs According to Age

Attitude if Spouse/Lover Uses Drugs	< 25	25 - 59	60+	Total
Refusing	55.70	55.90	52.60	55.70
Avoiding	32.30	34.80	36.70	34.50
Reporting to The Authorities	12.00	9.20	10.60	9.80
Participating in/Circulating/Becoming A Courier	0.00	0.00	0.10	0.00
Total	100.00	100.00	100.00	100.00
N	5,205	21,319	1,963	28,487

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

4.3. Attitudes Toward Drug Illicit Trafficking

In-Law No. 35 concerning Narcotics, Narcotics and Narcotics Precursors Criminal Acts cover every activity or series of activities in the context of trade, non-trade or transfer other than for the interest of health services and scientific development. The narcotics trafficking includes distribution or delivery. Meanwhile, the definition of illicit trafficking of narcotics and narcotics precursors is any activity or series of activities carried out without rights or against the law that are determined as narcotic and precursor narcotics crime. According to Law No. 35 of 2009, narcotics in the form of finished drugs can be circulated after obtaining a marketing authorization from the minister, where further provisions regarding the terms and procedures for licensing the distribution of narcotics in finished drugs are regulated by a Ministerial Regulation. Besides marketing authorization from the Minister, a distribution permit for narcotics in the form of finished drugs must be registered in the Drug and Food Control Board (BPOM). Further provisions regarding the procedure for registration of narcotics in the form of finished drugs are also regulated by Regulation of the Head of Drug and Food Control Board. Whereas narcotics class II and III in the form of raw materials, both natural and synthetic, which are used for drug productions are regulated by Ministerial Regulation. Activities related to narcotics transactions are offering to sell, submit, receive, become intermediaries in buying and selling or exchanging. The pharmaceutical industry, pharmaceutical wholesalers, and government pharmaceutical inventory storage facilities that can carry out narcotics distribution activities must have a special permit first. Outside the provisions, trafficking and distribution of narcotics are illegal including the couriers.

This section explains about attitudes towards illicit drug trafficking, namely delivery, sales, and courier. The respondent's attitude will be seen based on differences in the actors who carry out illegal trade, namely friends, parents/family/relatives themselves.

4.3.1. Attitudes Towards Drug Delivery

In the previous description, most respondents refuse the offer of drugs either by buying or being offered for free. Similarly, from the

attitude of respondents if offered to deliver drugs to someone, almost one third of respondents refuse to do it, amounting to 72.4%. There is no significant difference related to the attitude of respondents who live in urban areas (72%) and rural areas (72.4%) in refusing offers to deliver drugs to someone (Table 4.22).

Respondents who live in urban areas apparently have less courage to report to the authorities if there is someone who asks to offer drugs than those who live in rural areas (16.7% compared to 15.3%). The data is likely related to legal understanding which is usually higher in people who live in urban areas than those who live in rural areas. Meanwhile, the flow of information available in urban areas makes the community have extensive knowledge related to law enforcement issues of drug abuse.

Table 4.22 Attitudes When Requested to Deliver Drugs to Others According to Urban and Rural Area

Attitudes When Requested to Deliver Drugs	Urban	Rural	Total
Refusing	72.00	72.40	72.10
Avoiding	11.20	12.20	11.60
Reporting to The Authorities	16.70	15.30	16.20
Participating in/Circulating/Becoming A Courier	0.10	0.10	0.10
Total	100.00	100.00	100.00
N	17,322	11,180	28,502

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Committing drug crimes carries a large risk, especially related to legal issues. On average those who are involved with drug abuse sooner or later can certainly be arrested by the Law Enforcement Officials (APH), both the police and National Narcotics Board. The phenomenon that occurs a lot today is that there is no significant gender-related difference in those involved in drug abuse. This is supported by a recent drug abuse case in Banda Aceh City, where the local police made an arrest at a hotel in a drug party. All those involved in the drug party were university students (Serambi Indonesia 2019).

In connection with the above data, female also have high resistance to fight against drug abuse. This can be seen from the large proportion of female who refuse to become drug couriers amounting to 72.8%, while male respondents amounting to 71.4% (Table 4.23). The large proportion of female who refuse to become drug couriers is because respondents feel the world of drugs is a strange thing to them. If there are female who are involved in drug crimes, it is usually because they are trapped by drug mafias.

Meanwhile, respondents who avoid of becoming drug couriers and respondents who report if being asked to become drug couriers are relatively similar in number between male and female. Male respondents who avoid of becoming drug couriers are 12.8%, while female respondents are 10.5%. Male respondents relatively have the ability to avoid being offered to become drug courier because they have the courage to move. Whereas female respondents have greater courage than male respondents in reporting to the authorities if there is an offer to become a drug courier (16.7% compare to 15.6%). The data above shows that female respondents tend not to want to be involved in activities related to drug abuse with the risk of dealing with law enforcement officers.

Table 4.23. Attitude If Asked to Deliver Drugs to Others According To Gender

Attitudes If Asked to Deliver Drugs	Male	Female	Total
Refusing	71.40	72.80	72.10
Avoiding	12.80	10.50	11.60
Reporting to The Authorities	15.60	16.70	16.20
Participating in/Circulating/Becoming A Courier	0.10	0.00	0.10
Total	100.00	100.00	100.00
N	13,372	15,130	28,502

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Education might increase one's knowledge to understand the social, economic and environmental conditions of people in certain areas. The sensitivity of a community group to observe environmental changes that occur whether due to social changes within the community or because of external influences. The increasing drug abuse currently can not be separated from external influences. Thus, the community fortress to fight against drug abuse must be through knowledge from education.

The results of this study indicate that the majority of respondents refuses if they are asked to become drug couriers (above 70%) and there is no difference in terms of education level. However, the proportion of respondents with a Senior High School/MAN degree and academy/ university degree reports more to the authorities if there is someone who asks to become a drug courier with 16.7% and 17.8% respectively (Table 4.24). With higher education, many respondents are aware of the high risk of trafficking drugs especially when dealing with law enforcement officials, especially when police agencies and the Army have declared war on drugs and provide strict sanctions in the form of dismissal if their members are caught in drug abuse.

Table 4.24. Attitude If Asked To Deliver Drugs to Others According to Level of Education

Attitudes If Asked to Deliver Drugs	Not Going to School	Not/ haven't Graduated From Elementay	Elementary/MI Graduate	Junior High/ MTs Graduate	Senior High/MA Graduate	Academy/ University	Total
Refusing	71.50	72.70	72.50	72.50	71.80	71.90	72.10
Avoiding	12.30	10.70	12.00	12.30	11.50	10.30	11.60
Reporting to The Authorities	16.20	16.30	15.30	15.00	16.70	17.80	16.20
Buying/ Accepting/ Delivering/ Selling	0.00	0.20	0.10	0.10	0.10	0.10	0.10
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00
N	650	1,349	5,341	6,109	11,171	3,882	28,502

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Age is a demographic variable that is very important in someone's decision making process. As people grow older, they will usually be more mature in taking actions or decisions. As explained earlier, almost three-quarters (72.1%) of respondents based on all variables refuse to become drug couriers. The data shows that the respondents' resistance is very high in refusing someone's invitation to be involved as a drug courier.

The results of this study indicate that there is no significant age difference between respondents who refuse to become drug couriers. However, respondents who refuse to be drug couriers in the group of under 25 years and between 25-59 years are slightly namely 72.4% and 72.3% respectively (Table 4.25). The large proportion of respondents in the two age groups (under 25 years and 25-59 years) is because they understand better that the goods offered are dangerous goods and the risk is very large when it comes to dealing with law enforcement officials.

On the other hand, respondents aged over 60 years old report more if someone offers to become a drug courier with 18.5%, while respondents aged under 25 years and between 25-59 years the proportions are 14.8% and 18.5%. Group of respondents aged over 60 years old are residents in the category of individuals who have a mature thought in deciding something. Their maturity is very important in reporting to the authorities if there are people who try to offer to be a drug courier not only to themselves, but also to residents in their neighborhood.

Table 4.25. Attitude If Asked To Deliver Drugs to Others According to Age group

Attitudes if Asked To Deliver Drugs	< 25	25 - 59	60+	Total
Refusing	72.40	72.30	70.40	72.10
Avoiding	12.70	11.40	10.90	11.60
Reporting to The Authorities	14.80	16.30	18.50	16.20
Buying/ Accepting/Delivering/ Selling	0.10	0.10	0.20	0.10
Total	100.00	100.00	100.00	100.00
N	5,211	21,325	1,966	28,502

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

4.3.2. Attitudes Towards Drug Sales

The results of previous surveys show that the public's knowledge and understanding of drugs as illicit and prohibited goods is already good. Therefore, refusing is the attitude taken if asked to sell drugs of which 72.4% respondents refuse when asked to sell drugs. In addition to refusing, 16.5% of respondents report to the authorities. This shows the respondents' awareness that drug sales cases need to be reported to the authorities to prevent greater drug distribution in the neighborhood. Reporting to the authorities is the second biggest answer after refusing. Avoidance is the attitude taken by 11% of respondents when asked to sell drugs.

In this section, the respondent's attitude will be known if offered to become a drug seller. As has been explained, drug business is an attractive business and can easily make large amounts of money without working hard. Large profits are always the main attraction for someone to be involved in drug trafficking, either as a courier or a seller.

Table 4.26 shows that there is no significant difference between respondents who live in urban and rural areas who refuse to be asked as drug sellers, amounting to 72% and 72.8% respectively. Like the previous data, respondents who refuse to be intermediaries or drug couriers turned out to be those who refused to become drug dealers mostly know that drug business is a dangerous business and againsts the law. They are fully aware that it is better to refuse to be involved in the drug business network than to deal with law enforcement officials.

While respondents who immediately report to the authorities if offered as drug traffickers were greater in urban areas than in rural areas (17.1% compared to 15.6%). The large proportion of respondents in urban areas shows that they tend to have more extensive knowledge and law relating to drug abuse.

Table 4.26 Attitude If Asked to Sell Drugs to Others According to Urban and Rural Areas

Attitude If Asked to Sell Drugs	Urban	Rural	Total
Refusing	72.00	72.80	72.40
Avoiding	10.70	11.50	11.00
Reporting to The Authorities	17.10	15.60	16.50
Buying/ Accepting/Delivering/ Selling	0.10	0.10	0.10
Total	100.00	100.00	100.00
N	17,311	11,177	28,488

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Almost all community groups are targeted by drug lords in carrying out their actions. They do not look at their residence, age, occupation, education or gender. The phenomenon today is a lot of children are recruited to become drug dealers or sellers. Children in a housing complex in Sumatra are not reluctant and do not have a fear to offer drugs to guests who come to visit the complex. Many women are used as drug couriers. Some of drug arrest cases are mostly women regardless of whether they are trapped or not to be used as drug couriers.

The results of this study indicate that there is no significant difference between male and female respondents who are resistant when asked as drug traffickers with 71.8% and 72.8% (Table 4.27). The female respondents are slightly higher to refuse because usually they tend not to be able to easily accept invitations from strangers. Thus, the resistance of female respondents is greater than male respondents. The results of this study are also supported by data that female respondents report to the authorities if there is someone who offers them to be a drug dealer (17.1% compared to 15.9%). Male respondents are more likely to avoid if someone offers them to be sellers (12.2% and 10%). Usually men have high mobility, so they easily avoid the drug lord trap.

Tabel 4.27. Attitude If Asked to Sell Drugs to Others According to Gender

Attitude If Asked to Sell Drugs	Male	Female	Total
Refusing	71.80	72.80	72.40
Avoiding	12.20	10.00	11.00
Reporting to The Authorities	15.90	17.10	16.50
Buying/ Accepting/Delivering/ Selling	0.20	0.10	0.10
Total	100.00	100.00	100.00
N	13,365	15,123	28,488

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

As has been explained, victims of drug abuse do not look at the level. Community resilience to drug abuse is highly dependent not only on community resilience, but also on family resilience. Family as the smallest unit of the community plays an important role in fostering family members to avoid drug abuse.

Public knowledge about the danger of drugs is almost evenly distributed among community groups. This is supported by the research which shows that the majority (above 70%) of respondents rejects if there is someone who ask them to be drug seller. There is no significant difference according to the education of respondents in the attitude of always refusing if there are those who invite as drug traffickers with an average proportion of 72.5%. Even the proportion of respondents who did not go to school refused to act if there was an offer to become a drug seller, with 72.6%.

The large proportion of educated respondents who refuse an invitation to become a drug seller is presumably related to their extensive knowledge related to the negative impacts of drug abuse. With this knowledge, they easily prevent parties who try to offer drugs in various ways. While respondents who report to the authorities if there is an offer to become a drug seller are dominated by those who are educated at the high school and university level with 17% and 18.4% respectively. The high level of education, of course, is very influential in increasing their knowledge about the spread of drugs and their impact on the socio-economic life of the community. However, respondents who are not/have not finished

elementary school and do not attend school are quite large in refusing when other community groups invite them as drug dealers amounting to 16.4% and 16.2% respectively. The data indirectly shows that information about the negative effects of drug abuse has been widely spread in the community, both through printed and electronic media.

Table 4.28. Attitude If Asked to Sell Drugs to Others According to Level of Education

Respondents' Attitudes	Not Going to School	Not/Have not Graduated from Elementay	Elementary/MI Graduate	Junior High/ MTs Graduate	Senior High/MA graduate	Academy/ University	Total
Refusing	72.60	73.00	72.60	72.90	72.10	71.80	72.40
Avoiding	10.90	10.40	11.70	11.70	10.80	9.80	11.00
Reporting to the authorities	16.20	16.40	15.50	15.40	17.00	18.40	16.50
Buying/ Accepting/ Delivering/ Selling	0.30	0.20	0.10	0.10	0.10	0.10	0.10
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00
N	649	1,347	5,339	6,108	11,165	3,880	28,488

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

A person's life experience is very influential in decision making. This means that older people certainly have more knowledge and experience than younger people. Therefore, based on this life experience, many of the community groups learn to live a life with challenges, especially in getting a job. For those who are not strong enough to fight against temptation, it may be possible to fall into actions that are against the law, such as being involved in drug abuse, both as a user, courier or dealer.

In this regard, the results of the study show that there is no striking difference between respondents according to age group if viewed from their attitude of refusing to be asked as drug traffickers. Respondents aged less than 25 years who refuse to be drug traffickers are 72.9%, respondents aged between 25-59 years are 72.4%, while those aged 60 years and older are 70.4% (Table 4.29). The equal distribution of

respondents' attitude in rejecting the offers to become drug traffickers shows that information about the danger and handling of drugs has touched various levels of society, both in urban and rural areas.

Meanhile, respondents aged 60 years and over who refuse to be drug traffickers are 19%. Respondents aged less than 25 years are 15.3% and respondents aged 25-59 years are 16.6%. The large proportion of respondents aged 60 years and over who refuse as drug traffickers is understandable because they live longer so that their experience and knowledge is broader than younger respondents.

Table 4.29. Attitude If Asked to Sell Drugs to Others According to Age Group

Attitude If Asked to Sell Drugs	< 25	25 - 59	60+	Total
Refusing	72.90	72.40	70.40	72.40
Avoiding	11.70	10.90	10.40	11.00
Reporting to The Authorities	15.30	16.60	19.00	16.50
Buying/ Accepting/Delivering/ Selling	0.10	0.10	0.20	0.10
Total	100.00	100.00	100.00	100.00
N	5,207	21,316	1,965	28,488

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

4.3.3. Attitudes Towards Friends Who Become Drug Dealers

National Narcotics Board and Provincial Narcotics Board always carry out information sharing session on drug eradication every year to reduce the number of drug users in Indonesia. However, this is not enough because the number of National Narcotics Board and Provincial Narcotics Board employees in Indonesia is very small compared to the number of drug abusers in Indonesia. That is one of the causes that drug eradication is less optimal in Indonesia. Another obstacle faced by National Narcotics Board is the lack of public attention to report to the authorities if there are drug abusers in the environment. This is confirmed by the results of the study from the table above. Table 4.30 shows that the reporting obligations to the authorities are still low, around 17% in male respondents and 19% in female respondents. This might be because the drug problem is a disgrace in the family so

that if they are arrested by the authorities it will certainly dishonor the good name of the family. In contrast to the proportion of reporting, the number of giving advice is higher. A number of 49% male respondents advises drug dealers, while 46.20% female respondents advice also. Respondents who have the courage to prohibit are 33% male and 34.70% female.

Table 4.30. Attitude If There Are Friends Who Become Drug Dealers According To Gender

Attitude If There Are Friends Who Become Drug Dealers	Male	Female	Total
Prohibiting	33.00	34.70	33.90
Advising	49.90	46.20	48.00
Reporting to The Authorities	17.00	19.00	18.10
Participating/Circulating/Becoming A Courier	0.10	0.00	0.10
Total	100.00	100.00	100.00
N	13,370	15,114	28,484

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Based on the level of education, advising is the attitude taken by the majority of respondents at all levels of education. With higher level of education, the percentage of respondents who are advising is getting bigger, namely Not Going to School by 43.50%, Junior Hig School by 44.00%, Elementary School by 47%, Junior High School by 48%, Senior High School by 49% and University by 48%. (Table 4.31). The education side also shows that the obligation to report to the authorities is still minimal, namely not attending school by 16.80%, not completing or not completing school by 17.50%, elementary school or Madrasah Ibtidaiyah by 18%, Junior High School/MTs by 18.30%, Senior High School by 17.90% and Academy/ University by 18.80%. Ironically, respondents with a proportion of 0.10% are participating in/ distributing drugs at the level of elementary, Junior High School and University. Education is defined as a conscious and planned effort to create an atmosphere of learning so that students actively develop their potential, personality, intelligence, noble character, and skills needed by themselves, society, nation and country and to have spiritual strength and self-control. Meanwhile, the purpose of education is to develop the

potential of students to become human beings who believe in and fear God, have noble, healthy, knowledgeable, capable, creative, independent, and become democratic and responsible citizens. The responsibility here includes the courage to report to the authorities if there are acts of drug abuse and trafficking in the environment.

Table 4.31. Attitude If There Are Friends Who Become Drug Dealers According To Education Level

Attitude If There Are Friends Who Become Drug Dealers	Not Going to School	Not/ Haven't Graduated From Elementay	Elementary/MI Graduate	Junior High/ MTs Graduate	Senior High/MA Graduate	Academy/University	Total
Prohibiting	39.80	38.30	35.00	33.60	33.10	32.80	33.90
Advising	43.50	44.00	47.00	48.10	49.00	48.20	48.00
Reporting to the Authorities	16.80	17.50	18.00	18.30	17.90	18.80	18.10
Participating/ Circulating/ Becoming A Courier	0.00	0.10	0.00	0.10	0.00	0.10	0.10
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00
N	649	1,346	5,335	6,108	11,167	3,879	28,484

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Older respondents tend to have the attitude of prohibiting friends to become drug dealer. It can be seen from the proportion of respondents aged over 60 years that is greater than other age groups (Table 4.32). The attitude of advising not to become a drug dealer is mostly done by respondents between the age range of 25-59 years by 48.80%, while the age of 60 years is only 43.10% and at the age of less than 25 years is 46.30%. Attitudes to report to the authorities are still low, namely in less than 25 years at 18.90%, in aged 25 to 59 years at 17.80% and in aged over 60 years is 18.50%. Older people tend to have a better attitude than someone with a younger age because they already have a lot of knowledge and experience both through trial and error and from the example of community leaders. Thus, older people tend to be more willing to prohibit, advise and even report drug dealers to the authorities.

Table 4.32. Attitude to Friends Who Become Drug Dealers According To Age Groups

Attitude To Friends Who Become Drug Dealers	< 25	25 - 59	60+	Total
Prohibiting	34.70	33.30	38.30	33.90
Advising	46.30	48.80	43.10	48.00
Reporting to The Authorities	18.90	17.80	18.50	18.10
Participating/Circulating/Becoming A Courier	0.10	0.00	0.10	0.10
Total	100.00	100.00	100.00	100.00
N	5,204	21,314	1,966	28,484

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

4.3.4. Attitudes Towards Friends Who Become Drug Couriers

Currently, drug trafficking is increasing. It can be seen from the increasing number of arrests from drug boss/big dealers, dealers to couriers. Couriers are the spearhead of drug sales because they are the direct delivery man of drug orders to buyers. Therefore, couriers often become victims of arrest by the authorities during a raid. Most couriers are also drug abusers as well as small-scale drug dealers. Drug courier is increasing and they come from various groups, such as workers, students and unemployed. This study also looks at the respondent's attitude if their friends became drug couriers. In Table 4.33, it can be seen that the majority of respondents (47%) advises their friends to stop being a courier, about 34.1% prohibits and 18.7% reporst to the authorities. The same trend occurs in respondents who live in urban and rural areas with the majority of giving advice. The attitude of prohibiting if friends become drug courier in urban areas is 33.90% or higher than in rural areas at 34.30%. While the attitude to report to the authorities in urban areas has a percentage of 19.00% and in rural areas is 18.20%.

Table 4.33. Attitude If There Are Friends Who Become Drug Couriers According To Residence

Attitude If There Are Friends Who Become Drug Couriers	Urban	Rural	Total
Prohibiting	33.90	34.30	34.10
Advising	47.00	47.40	47.10
Reporting to The Authorities	19.00	18.20	18.70
Participating/Circulating/Becoming A Courier	0.10	0.00	0.10
Total	100.00	100.00	100.0
N	17,301	11,180	28,481

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Female respondents have a tendency to be more assertive in prohibiting if there are friends who become drug couriers at 34.90% while male at 33.20%. But in terms of advising, the percentage of male is higher at 49.10%, while female is at 45.40%. Female are more concerned in reporting to authorities, namely 19.70% while male are 17.60% (Table 4.34).

Table 4.34. Attitude If There Are Friends Who Become Drug Couriers According To Gender

Attitude If There Are Friends Who Become Drug Couriers	Male	Female	Total
Prohibiting	33.20	34.90	34.10
Advising	49.10	45.40	47.10
Reporting to The Authorities	17.60	19.70	18.70
Participating/Circulating/Becoming A Courier	0.10	0.00	0.10
Total	100.00	100.00	100.00
N	13,368	15,113	28,481

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Based on the level of education, the attitude of prohibiting is mostly done on those who have secondary education and above. More than 47% respondents with secondary education and above will advise friends who become drug couriers. Respondents with lower

level of education show lower percentage in giving advise. This can be understood because repondents with higher level of education have better knowledge of narcotics and the impact so it is easier to give advice to friends involved in drug couriers.

Most of the prohibited attitudes were carried out by respondents with low education, namely 40.2% by not attending school graduates and 38% by of those who are not/have not graduated from elementary school. The lowest proportion for prohibiting attitudes is respondents with Academy/ university degree by 32.9%. After advising and prohibiting, reporting to the authorities is the attitude chosen by the respondent. Respondents with an Academy/university degree have the highest percentage to report to the authorities amounting to 19.60%, then followed by the Secondary/ MTs gradutaes amounting to 19%. Participating/circulating/being a courier is the answer least chosen by the respondent with a percentage of only 0.10% of all answers. It was chosen by the group not graduated from elementary school by 0.20%, followed by Junior High School/MTs, Senior High School/MA, and Academy/University by 0.10% each. No "Participating/circulating/being a courier" answer in group of not going to school and elementary/MI.

Table 4.35. Attitude If There Are Friends Who Become Drug Couriers According To Level of Education

Attitude If There Are Friends Who Become Drug Couriers	Not Going to School	Not/ Haven't Graduated From Elementary	Elementary/MI Graduate	Junior High/ MTs Graduate	Senior High/MA Graduate	Academy/ University	Total
Prohibiting	40.20	38.00	35.10	33.70	33.30	32.90	34.10
Advising	42.50	43.80	46.40	47.20	48.10	47.40	47.10
Reporting to the Authorities	17.30	18.10	18.50	19.00	18.50	19.60	18.70
Participating/ Circulating/ Becoming a courier	0.00	0.20	0.00	0.10	0.10	0.10	0.10
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00
N	649	1,346	5,335	6,107	11,165	3,879	28,481

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Based on age group, advising friends who become drug couriers is the attitude chosen by most respondents and the largest is in the age group of 25-59 years by 48%. Whereas the prohibition attitude is chosen mostly by respondents aged 60 years and over, of about 38.5%. Older people tend to be more assertive in behaving towards something that is not allowed by prohibiting. The concern is that there are respondents who answer taking part in becoming a drug courier by 0.10%, even though the number is very small.

Table 4.36. Attitude If There Are Friends Who Become Drug Couriers According to the Age Group

Attitude If There Are Friends Who Become Drug Couriers	< 25	25 – 59	60+	Total
Prohibiting	34.90	33.50	38.50	34.10
Advising	45.40	48.00	42.10	47.10
Reporting to The Authorities	19.60	18.40	19.40	18.70
Participating/Circulating/Becoming A Courier	0.10	0.10	0.10	0.10
Total	100.00	100.00	100.00	100.00
N	5,204	21,311	1,966	28,481

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

4.3.5. Attitudes Towards Parents/Siblings/Relatives Who Become Drug Dealers

Parents/siblings/relatives are the closest people to us in life both emotionally and kinship. Prohibiting is the majority attitude chosen by the respondent if parents/siblings/relatives become drug dealers. It is shown in the survey results in Table 4.38 that the majority or 48% of respondents answer forbidding, followed by 37.9% advising. Both of these attitudes are chosen because basically they did not want the family to be involved in drug trafficking. Respondents who chose to report to the authorities were quite large at 13.7%. This answer was chosen possibly because of the assumption that drug abuse can only be stopped if the perpetrators are kept away from accessing narcotics goods, one of which is by reporting it to the authorities, even though the risk is that their loved ones are arrested by the police. The survey results also show that in general public understand the danger of

drug trafficking cases, as evidenced by the absence of respondents participating in parents/family/relatives in distributing drugs.

There was no significant difference in attitude between respondents living in urban and rural areas. Prohibiting is the attitude most chosen by respondents in urban and rural area with a percentage of 48.3% and 48.4% respectively. Urban and rural communities understand the importance of prohibiting a person, especially parents/ siblings/relatives, from engaging in drug abuse. Advising is the second largest answer with a very small difference between in urban and rural area, which is 38.10% in urban and 37.60% in rural. Reporting to the authorities is the third highest answer, both in urban and rural area with the smallest difference, namely 13.60% in urban and 13.90% in rural area. People in rural area are a little more courageous to report to the authorities if there are parents/siblings/relatives who become drug dealers. Communities in urban and rural area are already aware of the negative effects of drug trafficking. There were no respondents who answered to participate/distribute/become drug dealers.

Table 4.37. Attitude If Parents/Siblings/Relatives Become Drug Dealers According to Residence

Attitude If Parents/Siblings/Relatives Become Drug Dealers	Urban	Rural	Total
Prohibiting	48.30	48.40	48.30
Advising	38.10	37.60	37.90
Reporting to The Authorities	13.60	13.90	13.70
Participating/Circulating/Becoming A Courier	0.00	0.00	0.00
Total	100.00	100.00	100.00
N	17,323	11,180	28,503

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Based on gender, the total respondents are 28,503 consisting of male respondents (13,372 respondents) and female (15,131 respondents). The survey results show that the percentage of male forbid parents/ family/ relatives in the distribution of drugs that is equal to 49.20%, greater than female (47.60%). In this case, it appears that male are more courageous to

directly prohibit if there are parents/siblings/relatives who become drug dealers. Conversely, advising parents/siblings/relatives who become drug dealers is done more by female (38.20%) than male (37.60%). Likewise, reporting to the authorities is more chosen by female respondents if the parents/siblings/relatives become drug dealers with a percentage of 14.20%, while men of 13.7%. This can be seen that there is a difference in the courage of the community in reporting to the authorities if parents/siblings/relatives become drug dealers in terms of gender. Female are generally more willing to report to the authorities because they think the act is wrong.

Table 4.38. Attitude If Parents/Siblings/Relatives Become Drug Dealers According to Gender

Attitude If Parents/Siblings/Relatives Become Drug Dealers	Male	Female	Total
Prohibiting	49.20	47.60	48.30
Advising	37.60	38.20	37.90
Reporting to The Authorities	13.20	14.20	13.70
Participating/Circulating/Becoming A Courier	0.00	0.00	0.00
Total	100.00	100.00	100.00
N	13,372	15,131	28,503

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Based on the educational background of the respondents, the total respondents are 28,503 people consisting of not going to school (650 respondents), not graduated from elementary school (1,349 respondents), Elementary/MI graduates (5,340 respondents), junior high school/MTS graduates (6,110 respondents), Senior high school/MA graduates (11,172 respondents), and Academy/University graduate (3,882 respondents). Prohibiting is the answer with the highest percentage with a total answer from all respondents of 48.30%. Based on the level of education, prohibiting is chosen by respondents with low education, namely not yet graduated from elementary school by 51.1% and not going to school by 50.60%, followed by respondents who have an Elementary school/MI graduate by 46.50%, Junior High School/MTS by 48.6%, and Senior High School/MA and Academy/university

graduate respectively 48.50%. It is likely that respondents with primary education and below are mostly parents who are classified as old. The protective attitude towards the family is more prominent by prohibiting family members from being involved in the distribution of drugs.

Advising is the answer with the second highest percentage, amounting to 37.90% of all respondents. Advising is answered more by respondents with elementary/MI degree amounting to 39.80%, and the lowest is by respondents who are not/have not graduated from elementary school amounting to 35.70%. Respondents with other education respond almost the same percentage of more than 37%. Respondents who report to the authorities is the lowest in the group of who are not/have not graduated from elementary school with a percentage of 13.10%. With higher level of education, the percentage is slightly greater.

Table 4.39. Attitude If Parents/Siblings/Relatives Become Drug Dealers According to Level of Education

Attitude If There Are Parents/ Siblings/ Relatives Who Become Drug Couriers	Not going to school	Not/ have not graduated from	Elementary/MI graduate	Junior High/ MTs graduate	Senior High/MA graduate	Academy/ University	Total
Prohibiting	50.60	51.10	46.50	48.60	48.50	48.50	48.30
Advising	37.50	35.70	39.80	37.60	37.60	37.70	37.90
Reporting to The Authorities	11.80	13.10	13.70	13.70	13.90	13.80	13.70
Participating/ Circulating/ Becoming A Courier	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00
N	650	1,349	5,340	6,110	11,172	3,882	28,503

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Based on age group, prohibiting is the answer most chosen by the group of respondents under the age of 25 years with a percentage of 50%, then followed by the group of respondents aged 25-59 years which is 48%, and the group of respondents aged over 60 years by 47.50%. Advising is chosen more by the age group at 25-59 years by 38.40%, then followed by the age group over 60 years by 38.20%, and under 25 years by 35.90%. While the answers to report to the authorities are chosen more by the age group of respondents above 60 years which is at 14.20%, then followed by the age group under 25 years at 14.10%, and the age group of respondents aged 25-59 years at 13, 60%.

Table 4.40 Attitudes If Parents/Siblings/Relatives Become Drug Dealers According to Age

Attitude If There Are Parents/ Siblings/Relatives Who Become Drug Couriers	< 25	25 – 59	60+	Total
Prohibiting	50.00	48.00	47.50	48.30
Advising	35.90	38.40	38.20	37.90
Reporting to The Authorities	14.10	13.60	14.20	13.70
Participating/Circulating/Becoming A Courier	0.00	0.00	0.10	0.00
Total	100.00	100.00	100.00	100.00
N	5,210	21,327	1,966	28,503

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

4.3.6. Attitudes towards Parents/Siblings/Relatives Who Become Drug Couriers

Kinship are social units consisting of several families who have blood relations or marital relations. Kinship consists of father, mother, child, son-in-law, grandson, brother, sister, uncle, aunt, grandfather, grandmother and so on. Social solidarity formed by kinship is stronger than non-kinship ties as social groups based on economics, sports hobbies, and so on. Therefore, kinship-based social groups should be able to provide awareness to its members, especially children, to adapt to the rules or values in society to prevent violations of values or norms such as drug abuse.

Drug couriers are part of the drug trafficking network. Couriers are messengers who are often given service fees to deliver these prohibited goods. The problem is how big is the tolerance of social groups based on kinship ties in addressing their members who become drug couriers. Being a drug courier is an act that violates social values. National Narcotics Board 2019 survey's shows that prohibition is the most prominent attitude when a family member becomes a drug courier, followed by an attitude of advising and an attitude to report to the authorities. The last attitude is not prominent when compared to the two attitudes. This attitude is rarely chosen due to the perception that reporting to the authorities means sending his relatives to be punished or imprisoned. In reality, family members who are affected by drugs are required to report to the authorities to be treated or rehabilitated as mentioned in Narcotics Act.

The attitude mostly chosen by respondent if the parents/siblings/ relatives become drug courier is prohibiting, followed by advising and reporting to the authorities. The percentages in urban areas are 48.30%, 37.30%, 14.30% and in rural areas are 48.70%, 36.90%, and 14.30% (Table 4.41).

Table 4.41 Attitude If There are Parents/Siblings/Relatives Who Become Drug Couriers According to the Urban or Rural Area

Attitude If There Are Parents/Siblings/ Relatives Who Become Drug Couriers	Urban	Rural	Total
Prohibiting	48.30	48.70	48.50
Advising	37.30	36.90	37.20
Reporting to The Authorities	14.30	14.30	14.30
Participating/Circulating/Becoming A Courier	0.00	0.00	0.00
Total	100.00	100.00	100.00
N	17,321	11,176	28,497

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

The respondents' age is not related to attitudes towards the existence of drug dealers. The results show the percentage of respondents who would prohibit if there are drug couriers in their environment, namely respondents under 25 years by 53.10%, 25-59 years by 54.10%, and over 60 years by 51.70%. Likewise, the group of

respondents who wants to give advice ranked second in the number of percentages and shows no contrasting differences when compared with other response attitudes, namely for respondents under 25 years of 29.60%, 25-59 years of 31.80%, and over 60 years of 33.90%.

Table 4.42 Attitude If There are Parents/Siblings/Relatives Who Become Drug Couriers According to Age

Attitude If There Are Parents/ Siblings/Relatives Who Become Drug Couriers	< 25	25 - 59	60+	Total
Prohibiting	53.10	54.10	51.70	53.70
Advising	29.60	31.80	33.90	31.60
Reporting to The Authorities	17.30	14.10	14.30	14.70
Participating/Circulating/Becoming A Courier	0.00	0.00	0.10	0.00
Total	100.00	100.00	100.00	100.00
N	5,205	21,314	1,963	28,482

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Based on the description above, it can be concluded that the prominent responses of respondents is prohibiting, followed by giving advice, and very few reporting to authorities, i.e. 17.20% for respondents under 25 years, 14.10% for respondents 25 to 59 years, and 14.30% for respondents over 60 years. If the two acts are against the law, the respondent's attitude to the residents in their neighborhood who use drugs is also a question. This is because drug users can be categorized as not violating the law if no evidence is found as a courier or possessing goods. On the other hand, drug user can be reported to the authorities for requesting a rehabilitation as stated in the Narcotics Act.

4.3.7. Attitudes Toward Spouse or Lover Who Become Drug Dealer

The bond between spouses or close friends seems not much different from the bond of kinship. In the context of respondents' attitudes toward spouses who become drug couriers, it is also similar. Prohibiting and advising remains a prominent attitude both in urban and rural areas, namely 53.50%; 31.20% in urban areas and 54.20%;

32.10% in rural areas. Reporting to the authorities is the attitude of the least choice of respondents (urban, 15.30%; rural 13.80%).

Table 4.43. Attitude If Spouse/Lover Becomes a Drug Dealer According to Urban-Rural Area

Attitude If Spouse/Lovers Becomes Drug Dealer	Urban	Rural	Total
Prohibiting	53.50	54.20	53.70
Advising	31.20	32.10	31.60
Reporting to The Authorities	15.30	13.80	14.70
Participating/Circulating/Becoming a courier	0.00	0.00	0.00
Total	100.00	100.00	100.00
N	17,313	11,169	28,482

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

The same thing happens when respondents are grouped by gender. Reporting to the authorities remains the final choice (male 13.30%; female 15.50%). This means that drug abuse can not be seen as a crime. In various cases, there are wives who deliberately let their husbands use drugs to increase working stamina. Prohibiting and advising remains a prominent attitude, both for male and female respondents, namely (54.50%; 31.60%) and (53.00%; 31.20%).

Table 4.44. Attitude if Spouse/Lover Becomes a Drug Dealer According to Gender

Attitude If Spouse/Lovers Becomes Drug Dealer	Male	Female	Total
Prohibiting	54.50	53.00	53.75
Advising	31.60	31.20	31.40
Reporting to The Authorities	13.30	15.50	14.40
Participating/Circulating/Becoming a courier	0.60	0.30	0.45
Total	100,00	100,00	100.00
N	13,363	15,119	28,482

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

V

DRUG ABUSE AND RISKY BEHAVIOUR

Source : 99.co

Betang House, Central Kalimantan Province

Source : republika

Betang House, Central Kalimantan Province

V

DRUG ABUSE AND RISKY BEHAVIOUR

This chapter explains about drug abuse at the national and provincial level and the factors that influence it. Drug use at the national and provincial levels includes a description of the prevalence of drug abuse consisting of ever used and current users, age of first use, frequency of use, type of drug used, reasons for using drugs and participation in rehabilitation programs and so on. Furthermore, the factors that influence drug abuse are explained from the relationship of risky behaviors (such as smoking, drinking alcohol, hanging out at night, going to nightclubs and so on) with drug use in the past year. This section also explains the sources of drug acquisition.

5.1. Drug Abuse Prevalence

Prevalence is the number of people using drugs at a certain time period and is associated with a large population of cases from which it originates. Drug abuse prevalence rates can be measured in two time terms, that is ever used and current use. Ever used are those who have used drugs in their lifetime, without referring to their use time references. While the current use are those who have used drugs in the past year. The prevalence rate here refers to society nationally.

Prevalence calculation in this study uses weighting to obtain results that are close to real conditions in the field. Weighting is carried out based on the sampling scheme created at the time of determining the number of samples for 34 provinces throughout Indonesia. The sampling schemes used in this survey are as follows:

Unit	Total Unit In		Sample Technique	Chance	Sampling Fraction
	Population	Sample			
(1)	(2)	(3)	(4)	(5)	(6)
Regency/City	N_h	1	SRS-WR	$1/N_h$	$1/N_h$
Village/District	M_{hi}	m_{hi}	Systematic	$1/M_{hi}$	m_{hi}/M_{hi}
Neigborhood Unit	L_{hij}	2 - 4	Systematic	$1/L_{hij}$	$2 - 4/L_{hij}$
Households	O_{hijk}	10 - 14	Systematic	$1/O_{hijk}$	$10 - 14/O_{hijk}$

Based on the sampling scheme, the weighting for prevalence is based on the formula below

$$w_h = 1/f = N_h \times M_{hi} \times L_{hij} \times O_{hijk} / 40\, m_{hi}$$

In this research, the weighting is carried out up to the provincial level so that the weighting formula becomes

$$W_h = N/2 \times M_{hi} \times L_{hij} \times O_{hijk} / 40\, m_{hi}$$

Note :

w_h = weighting province to h
N_h = number of regencies/cities in the province h
M_{hi} = number of urban village in province h, regency/city i
m_{hi} = number of sample regency/city to i, in province h
L_{hij} = number of neighborhood in urban village to j, in regency i, and in province h
L_{hij} = number of neighborhood in urban village to j, regency/city to i, and province to h
O_{hijk} = number of households in neighborhood to k, urban village to j, regency/city to i and province to h

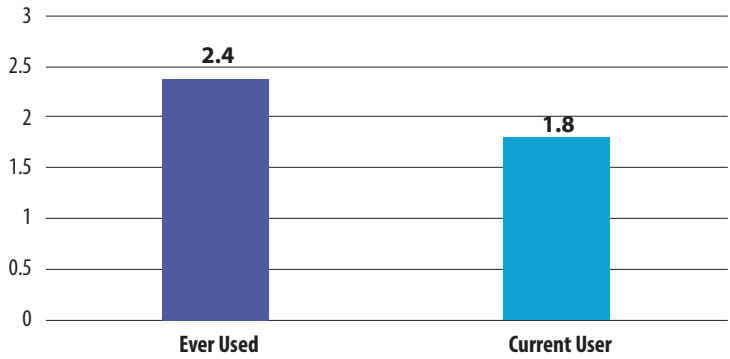
Before weighting, the number of respondents collected from this national survey, after deducting the number of respondents who answered incompletely, was 28,552 respondents (N). In calculating the prevalence after weighting for each province, the N number will be 186,616,874. This number will then be the divider in calculating the prevalence at the national level.

5.1.1. National Prevalence Rate

Drug Abuser Prevalence Rate

Based on the above calculation, the survey results show that the number of current user respondents are 342 respondents. After weighing, it is 3,419,188. Thus the national drug abuse prevalence rate for current user is 3,419,188 / 186,616,874x 100 percent = 1.8 percent.

Graphic 5.1.Drug Abuse Prevelance Rate of Ever Used Drugs and Current Users



Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

The prevalence rate of ever used drug abuser (lifetime prevalence), is those who have used drugs at least once in their lifetime, is 2.40% or around 240 out of 10,000 population. This figure is equivalent to 4,534,744 Indonesian population aged 15-64 years. The prevalence rate in current user is 1.80% or 180 out of 10,000 population aged 15-64 years. This number is equivalent to 3,419,188 Indonesians aged 15-64 (Graphic 5.1). The prevalence rate in the current user is smaller than the prevalence rate of ever used, indicating that many people aged 15-64 years who have used drugs are no longer use it in the past year. When compared with the national prevalence rate of current user in 2017 of 1.77%, an increase in prevalence rate is 0.03%. That means the number of drug users has increased. According to the Head of National Narcotics Board, the increase in the number of drug users is due to the high level of drug trafficking at the international level. It was triggered

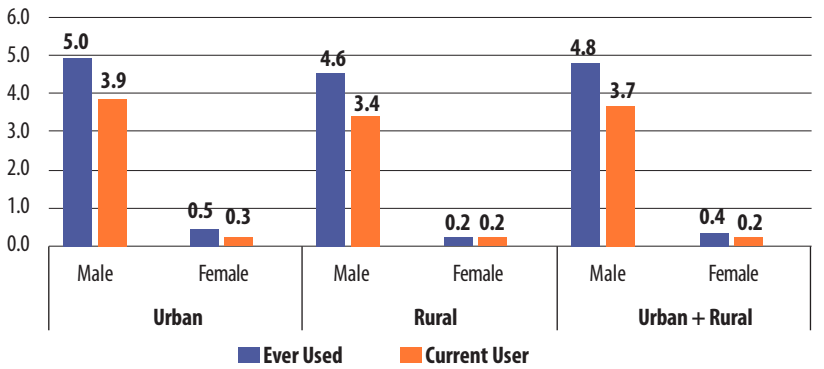
by the drug business which was very profitable, because it was not taxable and there was no inflation.[3]

Indonesia is one of the countries targeted for international drug business circulation because of its large population, so that it is potential for drug marketing. The entry of drugs in to Indonesia through many entrances namely through land, sea and air. Most drugs circulating in Indonesia come from Malaysia. The types of drugs that enter are meth and ecstasy. From Malaysia, drugs are smuggled through Sumatra and Kalimantan. From Port Klang, Malaysia, drugs are imported into North Sumatra via Tanjung Balai Karimun by sea, and from Penang into Aceh. Furthermore, from Aceh and North Sumatra, methamphetamine and ecstasy were smuggled by road to provincial cities in Sumatra, even crossing to Java. Drugs imported into Kalimantan through Nunukan to cities in Kalimantan. Then from Nunukan also entered by sea to Makassar and Mamuju, then circulated to other cities in Sulawesi, Maluku and Papua.

Drug Abuser Profile

This section sees the background and characteristics of drug abusers from gender, residence, level of education, marital status and activities undertaken. The discussion is focused on the current use because it better describes the current condition of drug abuse.

Graphic 5.2: Drug Abuse Prevalence by Gender (Rural-Urban)



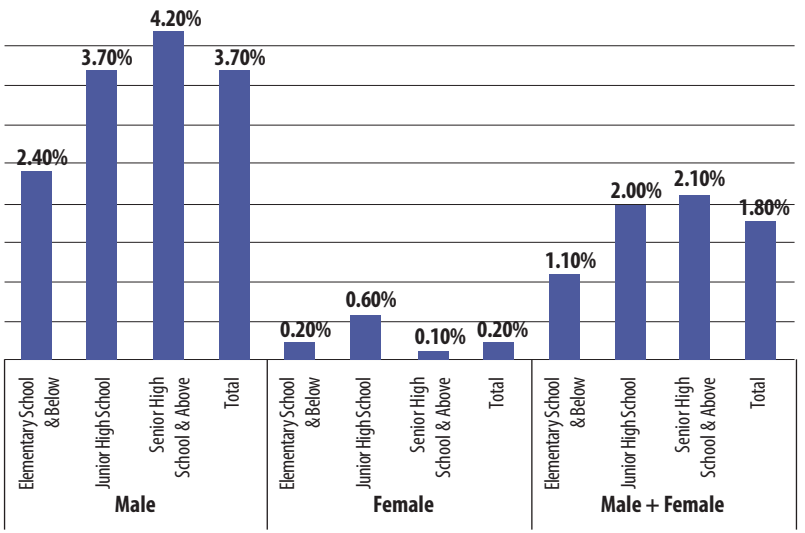
Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

[3] https://news.detik.com/berita/d-4811183/temui-mahfud-md-bnn-laporkan-progres-pemberantasan-narkoba-di-indonesia

From the gender, male who use drugs are greater than female, both in ever used and in current use. The prevalence of male in ever used is 4.8%, while female is 0.4%. As for the prevalence of the current use, male is 3.7% and female is 0.2% (Graphic 5.2).

From the residence, the prevalence rate of male in urban area is greater than in rural area. In urban area, the prevalence of male in ever used group is 5.0%, while in rural area it is 4.6%. Likewise the prevalence of current use male in urban area is 3.9% and in rural area is 3.4%. This trend also occurs in female, namely the prevalence rate of female in urban area is slightly higher than in rural area. The survey results show that residents aged 15-64 years who live in urban area are more exposed to drugs than in rural area. Male are more exposed to drugs than female, both in urban and rural area. Social/friendship environmental factors greatly influence drug abuse. The social environment of male is broader than that of female and association with drug users contributes to being affected by drug use. Male prefer to hang out or gather with fellow friends than female.

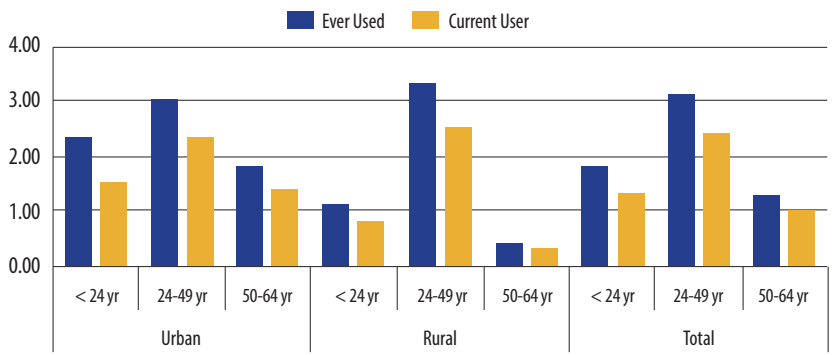
Graphic 5.3: Drug Abusers by Education Level (Rural-Urban)



Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Based on the background of the education level, the prevalence rate of drug abusers who have a high school education or above is 2.1%, slightly higher than the junior high school education level, which is 2%. This data shows that drug users are almost evenly distributed to all populations at all levels of education, even drug users with an elementary education are quite large at 1.1%. The prevalence of male abusers is much higher for all levels of education compared to women. The prevalence rate of men at the high school level and above is highest at 4.2%, followed by 3.7% for junior high schools and 2.4% for elementary schools. Female prevalence rates are much smaller at all levels of education. The highest female prevalence rate at the junior secondary level is 0.6%. The environment and relationships are very influential on drug use, especially men. At first they only tried together with school friends or social friends in the neighborhood, but after a long time they were addicted to becoming drug users.

Graphic 5.4: Drug Abusers Prevalence by Age Group (Rural - Urban)



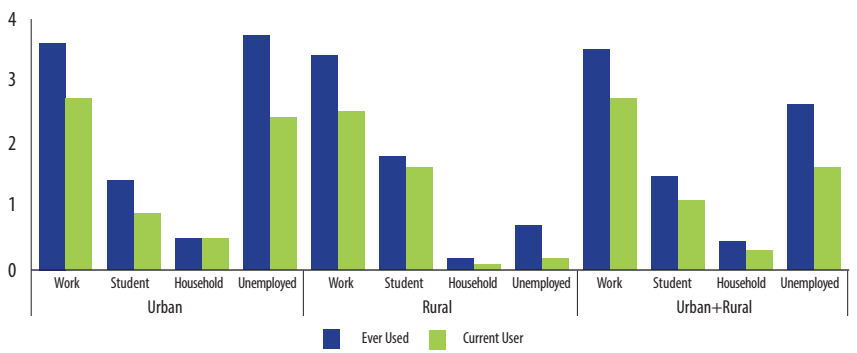
Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

If the population is grouped into productive age group (25-49 years), young age group (15-25 years) and old age group (50-64 years), then the population classified as productive (age 25-49) is more exposed drug abuse, compared to young population (24 years and under) and old age groups (50-64 years) (Graphic 5.4). In urban areas, the prevalence of drug abuse in the last year of the population is very productive above 2%, the age group of young and old the prevalence of drug abuse in the past year is almost the same around 1.5%. The figures above show that drug use in all age groups is quite high. While in rural areas, drug use is

very prominent in the population of very productive age (25-49 years) with a prevalence of the last year of use above 2.5%. The prevalence of young people and old people is relatively small, under 1%.

People in urban areas have easier access to drugs, because there are more drug networks and dealers in urban areas. The existence of places that are commonly used as places for drug transactions are mostly found in urban areas, such as discotheque /karaoke places that are visited by many men. However, recently there is a tendency for drug trafficking to rural areas to increase. Drug dealers spread their wings trying to find prey to rural areas, because drugs can bring huge profits. Smooth transportation and communication in rural areas making it easier for villagers to interact with others, also makes it easier for drug mafias to reach rural areas. Advances in internet technology open up greater opportunities for people to access information through internet media.

Graphic 5.5: Drug Abuse Prevalence by Main Activities (Rural-Urban)



Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Productive age population who are highly exposed to drugs are likely those who work in jobs that are vulnerable to drugs, such as trafficking, informal, and those who are unemployed, who have access to drugs from relationships and friendships. Graphic 5.5 shows that those who are working are more exposed to drugs, both in rural and urban areas. This is understandable because those who work are better able to buy drugs from their own income. Based on qualitative data, drug use is mostly done by fishermen, porters, drivers and other jobs that require strong energy and stamina. For some workers, there

are several occupations that use drugs to support the work they do. A worker working on transporting garbage in one of the housing complexes in Makassar admitted using meth with the aim to increase energy. According to his testimony, smoking meth before working enables him to take garbage up to 3 neighborhoods, but if not he can only take garbage in 1-2 neighborhood. Another job that also many drug users is a driver. For example in West Sumatra, travel transportation is one of the most important means of transportation for people in West Sumatra from and to the airport. Most of the travel drivers use drugs to have the courage and concentration in carrying travel cars with a high enough speed, to arrive on time.

Strengthening stamina is not the sole purpose of a worker taking drugs. A worker who is a head of household in Yogyakarta, for example, claims to take drugs to forget the problem. At, he was drinking coffee, smoking, to drinking alcohol. However, the relaxed atmosphere to forget the problem was not obtained, until one day was offered a friend to try to use marijuana. From the narrative, after smoking marijuana, the feeling is very calm that he becomes addicted.

In urban areas, drug users among those who do not work (unemployed) are quite high with a prevalence of over 2%, followed by those who are in school and take care of the household. While in rural areas, besides those who work, drug abuse among school children is also quite high. It seems that drug trafficking in rural areas is targeting many school children. Inhaling glue mostly done by junior high school students because the price is cheap and easy to get. They inhale glue together outside of school time in their neighborhood, as is the case in Padang Pariaman Regency. In Medan, many elementary school children in Belawan use meth. Based on information from Medan Plus NGO, school children buy meth like buying peanuts because it's so easy to get it. Methamphetamine was obtained from his friend who was a user and seller. Methamphetamine is the current trend of drug use because the price of methamphetamine is more affordable considering there is a small package priced at Rp.50,000. With this price, many school children can afford it.

In table 5.1, it can be seen students who have used drugs starting from Junior High School/MTs, Senior High School/MA, and Academy/ university. Meanwhile, elementary school students in this survey have not been found to have used drugs because the age of respondents surveyed starting from the age of 15 years was the lowest and the highest age was 64 years, while elementary school students were under that age. The table also shows that there are already students at the Junior High School/MTs who have been exposed to drug abuse. The high level of student exposure is in line with the results of the prevalence of students in 13 Indonesian Cities in 2018 conducted by National Narcotics Board in collaboration with Indonesian Institute or Science.

Table 5.1. Education Level of Ever Used and Current User Students

Education Level	Ever Used		Current User	
	N	%	N	%
1) Elementary School/MI	0	0.00%	0	0.00%
2) Junior High School/MTs	12,193	4.90%	12,193	6.80%
3) Senior High School/MA	118,922	47.70%	102,700	57.40%
4) Academy/University	118,334	47.40%	64,021	35.80%

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

The estimated number of ever used-junior high school/MTs students reaches 12,193 people or around 4.90%. From this number, around 12,193 students are current users. Meanwhile, in the the level of Senior High School/MA, the number of ever used-students was around 118,922 people or around 47.70%. From this number, around 102,700 people are still using drugs in the past year. The number is around 57.40% of all students at the Senior High School/MA. At the academy/university level, around 118,334 students or about 47.40% of the total number of students have used drugs. Around 64,021 university students who have used drugs are current users.

Although in the table above, respondents who have an elementary school education do not use drugs but the results of an interview with an informant stated that drug users at the student level are not only at the

high school level but are already widespread in elementary school children. This shows how vulnerable the community is to the threat of drugs.

One that affects the high number of students who have used drugs, both ever used and current user, is the amount of pocket money. The average amount of pocket money for drug abuser student ranges from Rp.10,000 to Rp. 20,000. Greater pocket money means that more money can be set aside to buy drugs because the price of drugs such as meth is relatively expensive. Inhaling glue becomes a type of drug abuse which is quite common among middle school students. It is easy to obtain Aibon glue. Thus, several schools impose a prohibition on selling Aibon glue in the canteen or school cooperative.

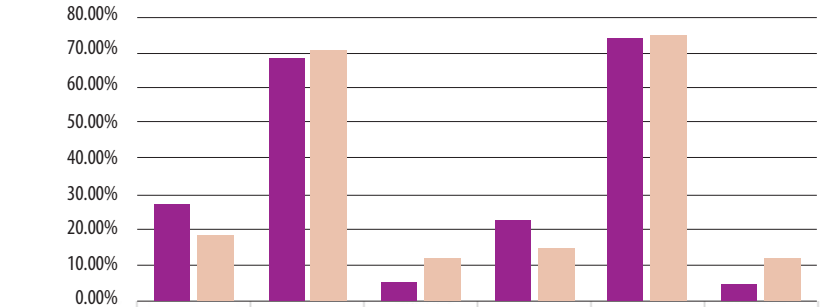
Table 5.2. The Amount of Pocket Money of Ever Used and Current Use Students

Drug Use	Mean	Median	Minimum	Maximum
Ever used	20,472.38	20,000	10,000	50,000
Current user	16,972.47	10,000	10,000	50,000

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Table 5.2 shows that the average pocket money of ever used-students is more than twenty thousand rupiah. The amount of pocket money is higher than of current user students. Meanwhile, the lowest pocket money, both those ever used and current user students, is the same amounting to ten thousand rupiah. Likewise, the largest amount of pocket money for the two categories of drug users is also in the same, which is fifty thousand rupiah. The results of the Drug Abuse Survey among Pupils and University Students in 2016 in Sari (2019: 127) show that the pocket money is used as the main source for buying drugs for 39% respondents.

Graphic 5.6: Drug Users According to Marital Status (Rural - Urban)



	Urban			Rural		
	Single/Not Married	Married	Divorced dead/alive	Single/Not Married	Married	Divorced dead/alive
Male	26.70%	68.50%	4.80%	22.10%	73.70%	4.20%
Female	18.30%	70.40%	11.30%	14.20%	74.40%	11.40%

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

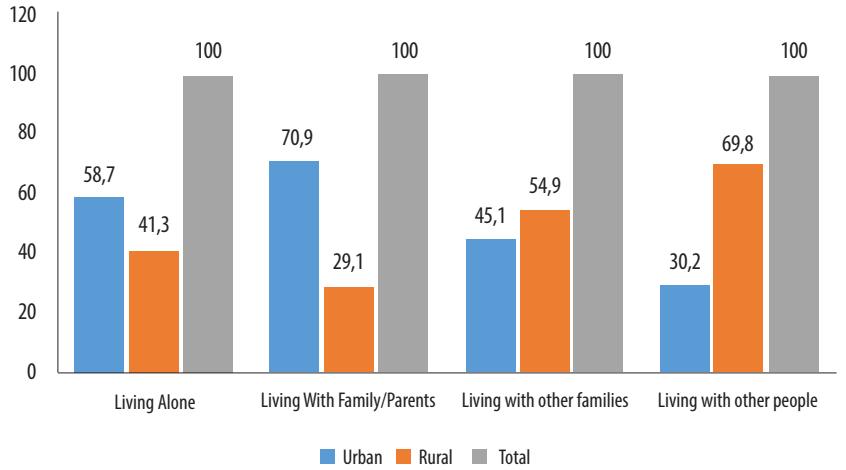
Drug abuse is mostly carried out by those who are married, both male and female (Graphic 5.6). This tendency occurs both in rural and urban areas. About 70% of drug users are married. The second proportion is single where male are slightly larger than female both in rural and urban areas. It may be because they are still in school and unemployed. Male students use drugs more than female.

Residence Pattern of Drug Users

This section looks at the patterns of residence of drug users, whether they live alone or with other families, and whether their residence is close to the market/bus terminal. In graphic 5.7, it can be seen that in urban areas, most drug users live with parents/family of 70.9%. The high number of drug users who still live with their parents/ family shows that living together with their family does not mean that they are not affected by drug abuse. Drug users living alone in cities are quite large, at 58.7%. That is because in the city, many boarding houses or apartments are rented out for workers or those who are still students, while those who live alone are far from the supervision of parents. Furthermore, in rural areas, there were more drug users living

with other people, namely 69.8%, followed by living with relatives at 54.9%. Meanwhile, drug users living alone and living with parents were relatively small of 41.3% and 29% respectively.

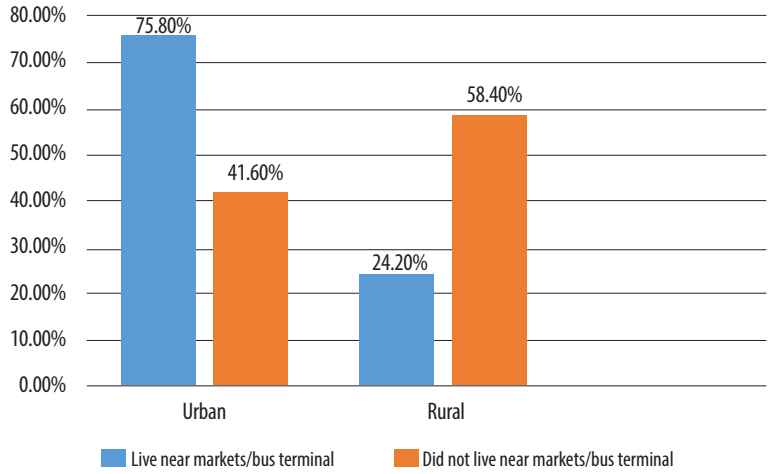
Graphic 5.7. Drug Users by Residence (Rural - Urban)



Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Drug use can be influenced by access and ease of obtaining drugs. Public places such as markets and bus terminals are often used as places for drug transaction and using drugs. Those who live close to markets and bus terminals are considered to have greater access to drugs. The survey results show that 75% of drug users in the city live near markets and bus terminals. Conversely, in rural area, the majority (58.4%) of drug users did not live near markets or far from markets and bus terminals (Graphic 5.8). In urban areas, there are many types of markets ranging from large markets that have malls, modern and traditional shopping centers, and temporary markets that exist at certain hours. These markets have a crowd and a variety of buying and selling activities, one of them is the sale and purchase of drugs that are carried out in secret.

Graphic 5.8. Drug Users According to Proximity of Residence to Market/ Bus Terminal (Rural-Urban)



Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

5.1.2. Provincial Prevalence Rate

This survey describes the prevalence rate of ever used (life time prevalence) and current user in the past year in five provinces with the highest prevalence rate and four provinces with the lowest prevalence rate. The five provinces with the highest prevalence rates are: North Sumatra, South Sumatra, DKI Jakarta, Central Sulawesi and DI Yogyakarta, while the four provinces that have the lowest prevalence rates are: East Nusa Tenggara, East Kalimantan, Maluku and North Maluku. The prevalence rates of the five provinces with the highest prevalence rates and the four provinces with the lowest prevalence rates, both ever used and current user can be seen in table 5.3.

Table 5.3 Prevalence Rate According to Province, 2019

Province	Ever used		Current use	
	Estimated N	%	Estimated N	%
1. ACEH	82,415	2.80%	56,192	1.90%
2. NORTH SUMATRA	1,707,936	7.00%	1,585,941	6.50%
3. WEST SUMATERA	85,204	1.50%	63,903	1.10%
4. RIAU	96,452	0.90%	55,115	0.50%
5. JAMBI	7,271	0.50%	5,453	0.40%
6. SOUTH SUMATRA	359,363	5.50%	326,694	5.00%
7. BENGKULU	19,698	1.30%	13,789	0.90%
8. LAMPUNG	31,811	0.90%	31,811	0.90%
9. BANGKA BELITUNG	4,145	0.90%	2,961	0.60%
10. RIAU ISLANDS	4,620	0.40%	3,080	0.30%
11. DKI JAKARTA	195,367	4.90%	132,452	3.30%
12. WEST JAVA	95,259	0.60%	68,042	0.40%
13. CENTRAL JAVA	341,392	2.30%	195,081	1.30%
14. DI YOGYAKARTA	29,132	3.60%	18,082	2.30%
15. EAST JAVA	1,038,953	2.50%	554,108	1.30%
16. BANTEN	48,664	1.40%	31,489	0.90%
17. BALI	10,779	0.60%	4,312	0.30%
18. NTB	9,426	0.50%	4,713	0.30%
19. NTT	4,875	0.10%	4,875	0.10%
20. WEST KALIMANTAN	33,550	0.80%	16,775	0.40%
21. CENTRAL KALIMANTAN	10,108	0.70%	6,317	0.40%
22. SOUTH KALIMANTAN	79,370	1.80%	57,723	1.30%
23. EAST KALIMANTAN	16,963	0.50%	4,241	0.10%
24. NORTH KALIMANTAN	5,959	1.70%	4,172	1.20%
25. NORTH SULAWESI	17,239	0.80%	14,366	0.70%
26. CENTRAL SULAWESI	61,857	3.30%	52,341	2.80%
27. SOUTH SULAWESI	77,469	0.90%	55,335	0.60%
28. SOUTH EAST SULAWESI	30,570	1.00%	22,927	0.80%
29. GORONTALO	4,307	1.00%	2,871	0.70%
30. WEST SULAWESI	2,810	0.80%	2,248	0.70%

Province	Ever used		Current use	
	Estimated N	%	Estimated N	%
31. MALUKU	4,989	0.20%	4,989	0.20%
32. NORTH MALUKU	691	0.20%	691	0.20%
33. PAPUA BARAT	4,998	0.30%	4,998	0.30%
34. PAPUA	11,102	0.30%	11,102	0.30%
INDONESIA	**4,534,744**	**2.40%**	**3,419,188**	**1.80%**

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

The results of this survey indicate that the highest prevalence of drug abuse in 34 provinces throughout Indonesia is occupied by the Province of North Sumatra. The highest prevalence rate is calculated, both the prevalence rate of ever used or current user. The prevalence rate of ever used is at 7.00% or equivalent to a population of around 1,707,936 people. The contribution of North Sumatra to the formation of the prevalence of ever used which is calculated nationally is around 37.66%. Meanwhile, the prevalence of current user decreases 0.50% from the prevalence rate of ever used, to 6.50%. In other words, among North Sumatra residents who have used drugs, there are still many who continue to use drugs in the past year, reaching 1,585,941 people. This figure is a potential market for drug trafficking in North Sumatra because there are still relatively many users. The contribution of the prevalence rate of ever used from North Sumatra to shape the prevalence of ever used nationally is around 46.38%. In other words, North Sumatra Province's contribution to the formation of the prevalence of ever used and the prevalence of current user is relatively high.

The high prevalence of drugs in North Sumatra both in the category of ever used or current user occurs because the level of drug distribution in North Sumatra is relatively high. Drug trafficking is currently targeting many suburban communities, including targeting children. Elementary school children in Belawan, for example, have been exposed to methamphetamine. That's because the price of meth is very affordable, only Rp. 50,000 per package, in small packages. With a price of that size, the children can buy meth and consume it. The area of drug trafficking in North Suamtera is very widespread, so that almost all areas in Medan are prone to drugs. Therefore, about three years ago, there was a joke in the

community, especially in Medan: *"it is easier to find meth than delicious fried bananas. It could even be behind Provincial Narcotics Board office too".* The existing joke illustrates that the circulation of drugs in the city of Medan is so massive.

The high drug trafficking in North Sumatra cannot be separated from the strategic position of the area which has a long beach facing the Malacca Strait in the east. The North Sumatra region is also not far from the Malaysian state of the Malacca Strait in the west. The Malacca Strait is often used as a pathway to get drugs from Malaysia into North Sumatra. Sea route via Port Klan, Malaysia goes to Tanjung Balai. Circulation of the route is as in the case of the arrest of 8 kg of methamphetamine in North Sumatra. In addition, North Sumatra region is also directly adjacent to Aceh, which is one of the drug supply areas in Indonesia. Until now, Aceh as a drug transit area originating from all directions, namely land, sea and air which is then circulated to other regions in Indonesia.

The prevalence of drug abuse ranked the second largest is South Sumatra Province. The prevalence rate of ever used in South Sumatra reached 5.5% and the prevalence rate of current user reached 5%. This figure is far above the national prevalence rate, with the number of ever used reaching 7.92% of the total ever used in Indonesia, and the current use reached 9.55% of the total drug users in Indonesia. With this prevalence, the estimated number of ever used reached 359,363 people, and current user reached 326,694 people. Although the prevalence rate between ever used and the prevalence rate of current user is declining, the national contribution of current user prevalence in South Sumatra is actually higher than its contribution to the national prevalence of ever used, of about 1.63%.

The emergence of South Sumatra as the second contributor in the national prevalence formation is significant to the disclosure of drug abuse cases in the regional police area (Polda) of South Sumatra in the last two years. In 2018, for example, seven drug lords were shot dead by the Narcotics Detective Directorate of South Sumatra Police and the South Sumatra Narcotics Board (BNNP). The seven drug lords shot dead would smuggle meth and ecstasy by carrying 5.1 kilograms of meth. In

addition, South Sumatra Narcotics Board also shot dead two drug lords with the initials H reciding in Barelang and Y residing in Cakung, East Jakarta. Director of Narcotics Detective (Dirresnarkoba) of South Sumatra Regional Police admitted that the distribution of drugs in the city of Palembang began to become a market by the drug lords (Kompas.com, 2018). In 2018, there were also arrests of drug dealers in the Seberang Ulu I Sub-District, Palembang, South Sumatra, with evidence of a 20 kg meth package. The disclosure of case by case in South Sumatra Regional Police area increasingly indicates that the city of Palembang has become one of the largest drug markets in Sumatra. That reality has changed the previous paradigm about the South Sumatra region. In the past it was just a crossing to smuggle meth on Sumatra Island. Now, it has become a distribution location. One of the factors is the length of the beach which is used as the entrance to drug trafficking in South Sumatra, so it is difficult to be monitored by the police or South Sumatra Narcotics Board.

DKI Jakarta is ranked third with a prevalence rate of ever used of 4.90%, and the prevalence of current user of 3.30%. In other words, around 195,367 residents are ever used. Among them are current user which declined 32.20% to 132,452 people. The contribution of DKI Jakarta to the formation of a national prevalence rate of ever used is around 4.31%. While the contribution to the national prevalence for drug abuse in the past year reached 3.87%. In contrast to South Sumatra, which contributed more to the prevalence of drug abuse in the past year, DKI Jakarta's contribution to the national prevalence in the past year was 0.44% lower than the contribution to the national prevalence of ever used.

DKI Jakarta's position as the third largest prevalence rate overlaps with DKI Jakarta's position as the capital city of the country as well as a center for business, industry, trade and entertainment. The flow of urbanization from all corners of the country entering the DKI Jakarta region with various economic, social and educational levels is also high in DKI Jakarta, so that the population density level is relatively high as well, amounting to 15,663 people/Km2 in 2018. The high density level has led to various social problems, including drug abuse. Therefore, it is not surprising that in the DKI Jakarta area there are allegedly 113 drug prone areas, including North Jakarta, South Jakarta, East Jakarta, West Jakarta, and Central Jakarta.

The province with the fourth highest prevalence rate, based on the 2019 Drug Abuse Survey, is Central Sulawesi, with a prevalence rate of ever used around 3.30% or equivalent to a population of 61,857 people. Meanwhile, the prevalence of current user in Central Sulawesi Province reached 2.8%, or equivalent to a population of around 52,341 people. Thus, the number of Central Sulawesi residents who have used drugs but stopped using them in the past year has only decreased by around 15%. Based on the prevalence rate, both those who have used it and those who have used it in the past year, their contribution to the formation of a national prevalence rate of ever using it is 0.64%, and the contribution of the prevalence of drug use in the past year nationally reaches 0.53%.

The prevalence rate is significant with the level of drug trafficking in Central Sulawesi, along with the number of cases revealed, including the large number of dealers in the region. Based on Central Sulawesi Narcotics Board data, during 2018, drug abuse cases were successfully revealed to reach 37 cases with a total of 67 suspects, and confiscated evidence of 1,162,36532 grams of meth, and 2639.7865 grams of marijuana. In 2019 until July, Central Sulawesi Narcotics Board and its staff have succeeded in revealing 27 drug cases involving 43 suspects (37 male and 6 female). One of the areas suspected to be a center for drug trafficking in Central Sulawesi is Tatanga Sub District in Palu City. It was based on various case disclosures that were successfully carried out by Central Sulawesi Narcotics Board, as stated by the Head of Central Sulawesi Narcotics Board.

"... Tatanga is central to the distribution of drug sales in Central Sulawesi. We catch it in Luwuk, originating from Tatanga; we caught it in Poso, came from Tatanga, we caught it yesterday in Parigi Moutong; also came from Tatanga ... indicating the drug business in the region was already so strong because it involved 21 drug dealers with around 400 couriers. The strong network of narcotics business actors also carried out social actions that made them gain sympathy and protection from a group of local residents ... "(Head of Central Sulawesi Narcotics Board, discussion in Tatanga District, July 26, 2019)

The province ranked fifth in drug abuse is Special Region of Yogyakarta. The area flowed by Kali (River) Code and also known as 'Student City' with many students from all parts of the country studying in Yogyakarta, apparently has a relatively large prevalence rate. The survey results show that the prevalence of drug abuse in Special Region of Yogyakarta is 3.60%, equivalent to the number of people aged 15-64 years who have used drugs ranging from 29,132 people. The prevalence rate of ever used dropped significantly compared to the prevalence of current user, at 2.60% or 18,082 people. In other words, the number of people who have used drugs and still survived using drugs in the past one year reached 37.93%. Even though the prevalence of drug abuse in Yogyakarta is the third, based on the results of interviews conducted by researchers that in Yogyakarta Regional Police area there are no major drug lords because drugs traded there are included in the "economical package". The number of evidence revealed by Special Region of Yogyakarta Narcotics Board in the last two years has also dropped dramatically. In 2017, the number of seized methamphetamine was around 4,723.65 grams. In 2018, it dropped dramatically to 1,850.05 grams.

Based on the prevalence rate, the contribution of Special Region of Yogyakarta in national prevalence rates was 0.64%. While Special Region of Yogyakarta's contribution to the prevalence of current user was 0.53%. The position of the Special Region of Yogyakarta province in the fifth place out of 34 provinces in Indonesia is caused by the number of ever used and current user. The equivalent number is relatively small, namely only 29,132 people and 18,082 people. This is different from the equivalent number of drug users in North Sumatra Province which is more than one million people so that its contribution in national prevalence is also high.

After describing the five provinces that have the highest prevalence rate, below is an explanation of the four provinces with the lowest prevalence rate in 2019 drug abuse survey. The two provinces with the lowest prevalence rates are East Nusa Tenggara and East Kalimantan. The prevalence rate of current user in the two provinces is the same, which is 0.10%. The prevalence rate of ever used in East Nusa Tenggara Province is also 0.10%, while in East Kalimantan Province is

0.50%. The prevalence is small, both those ever used and current user, so their contribution to the national-level prevalence is also small. East Nusa Tenggara's contribution to the national prevalence rate of ever used was 0.11%, and its contribution to the national prevalence rate of current user was 0.14%. The contribution of East Kalimantan in the national prevalence rate of ever used was around 0.37%. East Kalimantan's contribution to the the national prevalence rate in current user was 0.12%. The contribution is relatively smaller than the contribution made by East Nusa Tenggara, although both provinces have the same prevalence rate of 0.10%. That is because the absolute number of people who use drugs in the past year in the two provinces is different, namely 4,875 people in East Nusa Tenggara and 4,241 people in East Kalimantan, so that their contribution to the national level is also different.

The prevalence rate of East Kalimantan Province is unexpected, because the results of research conducted by the Faculty of Public Health University of Indonesia in collaboration with National Narcotics Board in 2017 showed that the prevalence rate in East Kalimantan of 2.1%, was in the third place out of 34 provinces. This difference is also seen in the results of a survey conducted by the Center for Community and Cultural Research in collaboration with National Narcotics Board in 2018, which shows that the position of East Kalimantan is ranked fifth of the 13 provinces surveyed. This difference occurs because of different methods are used.

It is no longer a secret among the people who live in the city of Samarinda and surrounding areas that one of the morning markets in the city of Samarinda is a center for drug trafficking transactions which is relatively difficult to eradicate by law enforcement officials. That is because the level of population density around the market, the number of small alleys that facilitate dealers to flee when law enforcement officers conduct operations, and settlements on the banks of the Karang Mumus River which can easily be used as access for dealers to escape through the river channel. Not only in the morning market, several other places in the city of Samarinda are also very rampant in drug trafficking. To illustrate the increasing drug trafficking in Samarinda City, East Kalimantan, the Head of the Eradication of Provincial Narcotics Board

of East Kalimantan stated that the arrest of prospective meth buyers in Samarinda City was carried out on May 9, 2019. The undercover operation was carried out by Provincial Narcotics Board officials by pretending to sell meth before 7 pm until 9 pm WITA (Central Indonesian Time). The undercover was carried out on Jl. Belatuk VII Samarinda. The number of those arrested reached 91 people. The prospective buyers were taken to the East Kalimantan Narcotics Board Office by truck. The prospective buyers were then rehabilitated and some were proceeded with legal process because ± 500 packages of evidence were found. The increasing meth trafficking on Jl. Belatuk indicated that the activity was a move from Jl. Pulau which had been raided, so for the time being the distribution of meth on Jl. Pulau is considered clean.

Drug trafficking rates are still high in East Kalimantan, correlated with the arrest of drugs carried out by the East Kalimantan Regional Police. Based on data from the East Kalimantan Regional Police, in Semester I of 2018, the number of meth seized in the East Kalimantan Regional Police area was 14,187.85 grams (14,188 kg) or increased 132.93% to 33,047.15 grams (33,047 kg) in Semester I of 2019. The increase in the number of meth indicates that demand for meth continues to increase.

The high drug trafficking in East Kalimantan cannot be separated from the development of the coal mining industry in the area. Many workers in the coal mining sector are suspected to be drug users, especially meth users, because they believe that using meth will increase stamina. The recognition of the interviewed former meth users said that after consuming meth, they felt tireless despite of having working for 24 hours. In addition to high consumers who need methamphetamine in East Kalimantan, the geographical location of East Kalimantan also makes it easier for dealers to import drugs into this region because East Kalimantan has a long coastline from north to south, land and sea borders with Malaysia, and sea border with the Philippines. The border area is the gateway to drugs in East Kalimantan.

In contrast to East Kalimantan, East Nusa Tenggara's lowest position in drug use is in accordance with the conditions of drug trafficking in the region which are not too prominent. Interviews show that East Nusa

Tenggara is not a target for drug trafficking in Indonesia. It is only a transit area or a drug trafficking crossing point. Drug prices in the East Nusa Tenggara region are relatively expensive, around Rp. 2 million to Rp. 2.5 million per gram. Therefore, the Head of the Provincial Narcotics Board of East Nusa Tenggara (Brigadier General Teguh Imam Wahyudi, SH, MM) said that those who use drugs in East Nusa Tenggara are only rich people, and they usually use them outside East Nusa Tenggara, like in Bali, Surabaya and Jakarta. These areas were chosen because drugs are easily available, people who use them feel safer, and the price is cheaper than in East Nusa Tenggara. For these reasons, the level of drug abuse in East Nusa Tenggara is relatively small. Several actions that have been taken, both by the police and the National Narcotics Board, show that the volume of evidence found in the form of meth is relatively small, usually only around zero point and not up to one gram. The drugs were bought in Surabaya, then taken to East Nusa Tenggara using ships to make it safer, because if using an airplane, the supervision at the airport is tighter.

Above East Nusa Tenggara and East Kalimantan are the provinces of Maluku and North Maluku. These two provinces before October 4, 1999, along with the issuance of Law of the Republic of Indonesia Number 46 of 1999 concerning the Establishment of North Maluku Province, Buru Regency and West Southeast Maluku Regency, were in one province namely Maluku Province. The prevalence rate, both ever used and current user is the same at 0.20%. However, the equal number in the two provinces differ according to the population in each province. With a prevalence rate ever used for Maluku of 0.20%, the equivalent figure is 4,989 people. Likewise, the prevalence rate of current user of 0.20% is equivalent to 4,989 people. In other words, the total ever used population is also current user.

It is the same case in North Maluku. The prevalence rate of ever used and current user is the same of 0.20%. However, the equivalent number of residents in ever used and current user is different from the equivalent number in Maluku Province. Because the population in North Maluku Province is relatively less than the population in Maluku Province, the equivalent number of ever used at the rate of 0.20% is 691 people. It is exactly the same as the equivalent number of the prevalence rate of current user amounting to 691 people. The same number shows

that those who have used drugs have also used drugs in the past year. Even though the prevalence rates of the two provinces which were previously divided are one province, the equivalent is different because the population is different. The contribution to the national prevalence rates is also different.

The contribution of North Maluku Province in the national prevalence rate is 0.0152%, while the contribution of Maluku Province is slightly higher at 0.11%. The contribution of North Maluku Province has shaped the prevalence of drug use in the last year at the national level of around 0.02%. The figure is relatively lower than Maluku Province's contribution to the formation of the prevalence rate of current user contributed by Maluku Province which reached 0.146%.

The prevalence rate, both ever used and current user is relatively small due to the price of drugs in the region which is relatively expensive. In Maluku Province, for example, the results of the interviews revealed that the price of 7 grams of methamphetamine was around Rp. 5 million. The high price of drugs indicates that drug users only come from the middle to upper economic class.

Based on gender, out of 4,534,744 Indonesians who have ever used drugs, around 91.40% or 4,143,380 people are male. Thus, only 8.60% female use drugs. There are fifteen provinces where the population has ever used drugs, all of them are male, namely: West Sumatra, Jambi, Bengkulu, Lampung, Bangka Belitung, Banten, West Nusa Tenggara, West Kalimantan, Central Kalimantan, North Kalimantan, Gorontalo, Maluku, Maluku North, Papua, and West Papua. This condition is different from the Province of East Nusa Tenggara (NTT). In this province, the population estimated to have used drugs was entirely female. Although the survey results show that the population who have used drugs in these provinces are all male, and in NTT all are female. It does not mean that in these provinces, no other gender consume drugs. The absence of female drug users in the fifteen provinces above and the absence of male drug users in NTT Province was caused by the absence of such cases in survey that took place in these provinces.

Table 5.4. Estimation of Ever Used and Current User Population According to Province and Gender

Province	Ever used				Current user			
	Male		Female		Male		Female	
	N Estimation	%	N Estimation	%	N Estimation	%	N Estimation	%
1. ACEH	67,430	81.80	14,985	18.20	44,954	80.00	11,238	20.00
2. NORTH SUMATRA	1,634,739	95.70	73,197	4.30	1,512,744	95.40	73,197	4.60
3. WEST SUMATRA	85,204	100.00			63,903	100.00		
4. RIAU	82,673	85.70	13,779	14.30	41,336	75.00	13,779	25.00
5. JAMBI	7,271	100.00			5,453	100.00		
6. SOUTH SUMATRA	326,694	90.90	32,669	9.10	294,025	90.00	32,669	10.00
7. BENGKULU	19,698	100.00			13,789	100.00		
8. LAMPUNG	31,811	100.00			31,811	100.00		
9. BANGKA BELITUNG	4,145	100.00			2,961	100.00		
10. RIAU ISLANDS	1,540	33.30	3,080	66.70	1,540	50.00	1,540	50.00
11. DKI JAKARTA	165,565	84.70	29,802	15.30	115,896	87.50	16,557	12.50
12. WEST JAVA	81,650	85.70	13,608	14.30	54,433	80.00	13,608	20.00
13. CENTRAL JAVA	317,007	92.90	24,385	7.10	182,888	93.80	12,193	6.30
14. DI YOGYAKARTA	28,127	96.60	1,005	3.40	17,077	94.40	1,005	5.60
15. EAST JAVA	900,426	86.70	138,527	13.30	519,477	93.80	34,632	6.30
16. BANTEN	48,664	100.00			31489	100.00		
17. BALI	8,623	80.00	2,156	20.00	2,156	50.00	2,156	50.00
18. NTB	9,426	100.00			4,713	100.00		
19. NTT			4,875	100.00	0	0.00	4,875	100.00
20. WEST KALIMANTAN	33,550	100.00			16,775	100.00		
21. CENTRAL KALIMANTAN	10,108	100.00			6,317	100.00		

Province	Ever used				Current user			
	Male		Female		Male		Female	
	N Estimation	%	N Estimation	%	N Estimation	%	N Estimation	%
22. SOUTH KALIMANTAN	72,154	90.90	7,215	9.10	50,508	87.50	7,215	12.50
23. EAST KALIMANTAN	12,722	75.00	4,241	25.00	4,241	100.00		
24. NORTH KALIMANTAN	5,959	100.00			4,172	100.00		
25. NORTH SULAWESI	14,366	83.30	2,873	16.70	11,493	80.00	2,873	20.00
26.CENTRAL SULAWESI	52,341	84.60	9,516	15.40	47,582	90.90	4,758	9.10
27. SOUTH SULAWESI	66,402	85.70	11,067	14.30	44,268	80.00	11,067	20.00
28. SOUTH EAST SULAWESI	26,749	87.50	3,821	12.50	19,106	83.30	3,821	16.70
29. GORONTALO	4,307	100.00			2,871	100.00		
30 WEST SULAWESI	2,248	80.00	562	20.00	1,686	75.00	562	25.00
31 MALUKU	4,989	100.00			4,989	100.00		
32 NORTH MALUKU	691	100.00			691	100.00		
33 WEST PAPUA	4,998	100.00			4,998	100.00		
34 PAPUA	11,102	100.00			11,102	100.00		
INDONESIA	4,143,380	91.40	391,364	8.60	3,171,443	92.80	247,746	7.20

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Table 5.4 above shows that current user by province is seen from the gender, indicating that there are 16 provinces where all users are male. The estimated number of male population in current user is 3,171,443 people (92.80%) and women around 247,746 people (7.20%). The sixteen provinces with 100% male population in current user are: West Sumatra, Jambi, Bengkulu, Lampung, Bangka Belitung Islands, Banten, West Nusa Tenggara, West Kalimantan, Central Kalimantan,

East Kalimantan, North Kalimantan, Gorontalo, Maluku, North Maluku, West Papua, and Papua. Whereas all women as drug users in current user is in East Nusa Tenggara Province. Other provinces where the percentage of current user women is relatively high, namely Riau Islands Province and Bali Province. Each region has a percentage of current user women reaching 50% of all drug users in the province. The absence of male or female current users does not mean that there are no gender difference who use drugs in these provinces, but because there were no cases in the survey.

Based on the residence in each province, the majority of respondents were drug users residing in urban areas. There are six provinces where 100% of respondents have used drugs in urban areas, namely: DKI Jakarta, Jambi, Riau Islands, East Nusa Tenggara, North Maluku, and Papua. That means that in the six provinces, drug trafficking in rural areas is relatively more limited than urban areas. Provinces with the ratio of more ever used respondents living in rural areas are: Maluku Province (100%), East Kalimantan (75%), Riau (71.40%), North Kalimantan, West Sulawesi (60%), West Papua (50%), and West Sumatra (50%). Apart from these provinces, the proportion of respondents who ever used drugs was dominated in urban areas (table 5.5).

Table 5.5. Estimation of Ever Uses and Current User by Province and Residence, 2019.

Province	Ever Used				Current User			
	Urban		Rural		Urban		Rural	
	N Estimation	%	N Estimation	%	N Estimation	%	N Estimation	%
1. ACEH	67,430	81.80	14,985	18.20	44,954	80.00	11,238	20.00
2. NORTH SUMATRA	1,024,762	60.00	683,175	40.00	951,565	60.00	634,376	40.00
3.WEST SUMATRA	42,602	50.00	42,602	50.00	28,401	44.40	35,502	56.00
4. RIAU	27,558	28.60	68,894	71.40			55,115	100.00
5. JAMBI	7,271	100.00			5,453	100.00		

Province	Ever Used				Current User			
	Urban		Rural		Urban		Rural	
	N Estimation	%	N Estimation	%	N Estimation	%	N Estimation	%
6. SOUTH SUMATRA	228,686	63.60	130,678	36.40	217,796	66.70	108,898	33.00
7. BENGKULU	17,728	90.00	1,970	10.00	11,819	85.70	1,970	14.00
8. LAMPUNG	22,722	71.40	9,089	28.60	22,722	71.40	9,089	29.00
9. BANGKA BELITUNG	3,553	85.70	592	14.30	2,369	80.00	592	20.00
10. RIAU ISLANDS	4,620	100.00			3,080	100.00		
11. DKI JAKARTA	195,367	100.00			132,452	100.00		
12. WEST JAVA	81,650	85.70	13,608	14.30	68,042	100.00		
13.CENTRAL JAVA	182,888	53.60	158,503	46.40	121,926	62.50	73,155	38.00
14. DIY	19,086	65.50	10,045	34.50	14,064	77.80	4,018	22.00
15.EAST JAVA	623,372	60.00	415,581	40.00	311,686	56.30	242,422	44.00
16. BANTEN	37,214	76.50	11,450	23.50	22,901	72.70	8,588	27.00
17. BALI	8,623	80.00	2,156	20.00	4,312	100.00		
18. NTB	7,070	75.00	2,357	25.00	4,713	100.00		
19. NTT	4,875	100.00			4,875	100.00		
20. WEST KALIMANTAN	27,959	83.30	5,592	16.70	16,775	100.00		
21. CENTRAL KALIMANTAN	7,581	75.00	2,527	25.00	3,790	60.00	2,527	40.00
22. SOUTH KALIMANTAN	72,154	90.90	7,215	9.10	50,508	87.50	7,215	13.00
23. EAST KALIMANTAN	4,241	25.00	12,722	75.00	4,241	100.00		
24. NORTH KALIMANTAN	1,788	30.00	4,172	70.00	1,788	42.90	2,384	57.00
25. NORTH SULAWESI	14,366	83.30	2,873	16.70	11,493	80.00	2,873	20.00
26.CENTRAL SULAWESI	45,203	73.10	16,654	26.90	38,066	72.70	14,275	27.00

Province	Ever used				Current user			
	Urban		Rural		Urban		Rural	
	N Estimation	%	N Estimation	%	N Estimation	%	N Estimation	%
27. SOUTH SULAWESI	55,335	71.40	22,134	28.60	44,268	80.00	11,067	20.00
28. SOUTH EAST SULAWESI	26,749	87.50	3,821	12.50	22,927	100.00		
29. GORONTALO	3,589	83.30	718	16.70	2,153	75.00	718	25.00
30 WEST SULAWESI	1,124	40.00	1,686	60.00	1,124	50.00	1,124	50.00
31. MALUKU			4,989	100.00			4,989	100.00
32. NORTH MALUKU	691	100.00			691	100.00		
33. WEST PAPUA	2,499	50.00	2,499	50.00	2,499	50.00	2499	50.00
34. PAPUA	11,102	100.00			11,102	100.00		
INDONESIA	2,881,457	63.50	1,653,287	36.50	2,184,553	63.90	1,234,635	36.00

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

In terms of drug used in the past year, the majority of respondents lives in urban areas (63.9%). Provinces whose population of current user have all lived in urban areas: Jambi, Riau Islands, DKI Jakarta, West Java, Bali, NTB, NTT, West Kalimantan, East Kalimantan, Southeast Sulawesi, North Maluku, and Papua. These findings do not mean that drug cases are not found in rural areas, but urban populations are more likely to have a greater risk of exposure than rural areas. Urban communities that tend to be heterogeneous with the complexity of the problem can be one of the factors that trigger drug abuse.

Table 5.6 shows the age of first time using drugs in each province. On average, the lowest age of using drugs was 19.2 years. Thus, the average age of the youngest to use drugs is classified as adolescents. Meanwhile, if the first age is seen by province, the youngest age for the first time using drugs is in Papua Province, namely at the age of 7 years. That is certainly very concern, because the age 7 means they are at elementary school level but they already know and even use drugs. Age

classified as children for the first time using drugs, also found in Special Region of Yogyakarta. In this province, there are those with the age of 10 years have become drug users for the first time. The next age for the first time using drugs is 11 years old in the Provinces of North Sumatra, Lampung, and DKI Jakarta. In their teens, those who first used drugs became more widespread. Those at the age 12 years who first time using drugs are in the provinces of South Sumatra, Bengkulu, Bangka Belitung Islands, East Java, Banten, and Central Sulawesi. Drug users who first use over the age of 20 years are only found in four provinces, namely: Riau, East Nusa Tenggara, Maluku, and North Maluku.

Table 5.6. The Age First Time Using Drugs by Province

Province	Mean	Median	Modus	Min	Max
1. ACEH	20.1	18	17	13	44
2. NORTH SUMATERA	18.46	17	17	11	45
3. WEST SUMATERA	19.09	20	13	13	25
4. RIAU	16.67	15	14	14	21
5. JAMBI	20.5	20.5	20	20	21
6. SOUTH SUMATERA	19.23	20	20	12	30
7. BENGKULU	16.8	16.5	15	12	21
8. LAMPUNG	17	17	17	11	20
9. BANGKA BELITUNG ISLANDS	15.86	16	16	12	20
10. RIAU ISLANDS	18.5	18.5	18	18	19
11. DKI JAKARTA	17.89	18	17	11	30
12. WEST JAVA	20	18	15	15	33
13. CENTRAL JAVA	18.33	18	15	13	29
14. SPECIAL REGION OF YOGYAKARTA	18.52	18	18	10	40
15. EAST JAVA	20.83	19.5	25	12	32
16. BANTEN	18.69	18	18	12	35
17. BALI	22.5	18.5	15	15	38
18. NTB	19.25	19	15	15	24
19. NTT	25	25	25	25	25
20. WEST KALIMANTAN	21.17	20	20	18	28
21. CENTRAL KALIMANTAN	22.88	20.5	17	17	32
22. SOUTH KALIMANTAN	21	19	17	13	35

Province	Mean	Median	Modus	Min	Max
23. EAST KALIMANTAN	15.75	16	13	13	18
24. NORTH KALIMANTAN	19.8	19	19	15	30
25. NORTH SULAWESI	20	21	22	13	27
26. CENTRAL SULAWESI	18.15	17	17	12	34
27. SOUTH SULAWESI	18.57	17	16	16	23
28. SOUTH EAST SULAWESI	19	19	20	15	25
29. GORONTALO	18.17	18.5	19	15	21
30. WEST SULAWESI	22	19	19	18	30
31. MALUKU	42	42	42	42	42
32.NORTH MALUKU	21	21	21	21	21
33. WEST PAPUA	20	20	19	19	21
34. PAPUA	11.5	11.5	7	7	16
Total	**19.2**	**18**	**17**	**7**	**45**

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Table 5.6 shows that the oldest age for drug use for the first time is in the Province of North Sumatra, which is 45 years old. The oldest age to use drugs for the first time (it is the youngest among drug users in the oldest age group) in Papua is 16 years old. In other words, the oldest age in Papua that has used drugs for the first time is 16 years. Specifically in Papua Province, the age range for the first time using drugs between 7 to 16 years indicates that drug users in the easternmost regions of Indonesia have been introduced to drugs by parties who want to damage the younger generation of Papua.

How to consume drugs can be distinguished in several ways, namely drinking, smoking, inhaling, and injecting into the body. However, in this survey, drug use was only divided into two methods, by injection and non-injection. Nationally, around 3,419,188 people are estimated to have used drugs in the past year. Around 97.10% of them use non-injection drugs. The remaining around 2.90% or equivalent to 99,591 people use drugs by injection (table 5.7).

Table 5.7. How to Use Drugs in Current User by Province, 2019

Province	Method					
	Non Injection		Injection		Total	
	N	%	N	%	N	%
1. ACEH	56,192	100.00	-	-	56,192	100.00
2. NORTH SUMATERA	1,537,143	96.90	48,798	3.10	1,585,941	100.00
3. WEST SUMATERA	63,903	100.00	-	-	63,903	100.00
4. RIAU	55,115	100.00	-	-	55,115	100.00
5. JAMBI	5,453	100.00	-	-	5,453	100.00
6. SOUTH SUMATERA	315,804	96.70	10,890	3.30	326,694	100.00
7. BENGKULU	13,789	100.00	-	-	13,789	100.00
8. LAMPUNG	27,266	85.70	4,544	14.30	31,811	100.00
9. BANGKA BELITUNG	2,961	100.00	-	-	2,961	100.00
10. RIAU ISLANDS	3,080	100.00	-	-	3,080	100.00
11. DKI JAKARTA	129,141	97.50	3,311	2.50	132,452	100.00
12. WEST JAVA	54,433	80.00	13,608	20.00	68,042	100.00
13. CENTRAL JAVA	182,888	93.80	12,193	6.30	195,081	100.00
14. SPECIAL REGION OF YOGYAKARTA	17,077	94.40	1,005	5.60	18,082	100.00
15. EAST JAVA	554,108	100.00	-	-	554,108	100.00
16. BANTEN	28,626	90.90	2,863	9.10	31,489	100.00
17. BALI	4,312	100.00	-	-	4,312	100.00
18. NTB	4,713	100.00	-	-	4,713	100.00
19. NTT	4,875	100.00	-	-	4,875	100.00
20. WEST KALIMANTAN	16,775	100.00	-	-	16,775	100.00
21. CENTRAL KALIMANTAN	6,317	100.00	-	-	6,317	100.00
22. SOUTH KALIMANTAN	57,723	100.00	-	-	57,723	100.00
23. EAST KALIMANTAN	4,241	100.00	-	-	4,241	100.00
24. NORTH KALIMANTAN	4,172	100.00	-	-	4,172	100.00
25. NORTH SULAWESI	14,366	100.00	-	-	14,366	100.00
26. CENTRAL SULAWESI	49,962	95.50	2,379	4.50	52,341	100.00
27. SOUTH SULAWESI	55,335	100.00	-	-	55,335	100.00
28. SOUTHEAST SULAWESI	22,927	100.00	-	-	22,927	100.00
29. GORONTALO	2,871	100.00	-	-	2,871	100.00
30. WEST SULAWESI	2,248	100.00	-	-	2,248	100.00

Province	Method					
	Non Injection		Injection		Total	
	N	%	N	%	N	%
31. MALUKU	4,989	100.00	-	-	4,989	100.00
32.NORTH MALUKU	691	100.00	-	-	691	100.00
33. WEST PAPUA	4,998	100.00	-	-	4,998	100.00
34. PAPUA	11,102	100.00	-	-	11,102	100.00
INDONESIA	**3,319,598**	**97.10**	**99,591**	**2.90**		**100.00**

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

In terms of syringe use, West Java Province is the province with the largest number of drug users using syringes, reaching 20% of all drug users in West Java or amounting to 13,608 people, while the remaining 80% or around 54,433 people consume drugs by non-injection. The second largest province of syringe users is Lampung Province. Of the total drug users in the last year estimated in Lampung Province, around 14.30% of them used drugs by injection. In addition to these two provinces, drug users using needles were also found in seven other provinces, namely: North Sumatra, South Sumatra, DKI Jakarta, Central Java, Special Region of Yogyakarta, Banten and Central Sulawesi. In addition to the provinces mentioned above, drug users generally do not use needles when taking drugs.

The use of syringes for drug use certainly has a greater risk compared to the use by non-injection. In Jendela Data dan Informasi Kesehatan (the Health Data and Information Window) bulletin published by the Ministry of Health in 2014, it was mentioned that among injecting drug users, HIV infection ranged from 50% to 90%. Thus, today the problem of HIV infection is not only closely related to unsafe sex intercourse but is very closely related to injecting drug use. HIV/AIDS infections among drug users can be transmitted through the use of syringes that are used together or alternately when they use drugs.

5.2. Types of Consumed Drugs

Based on the survey results, the type of drugs most consumed in the past year is marijuana (65.5%). The relatively cheaper price and

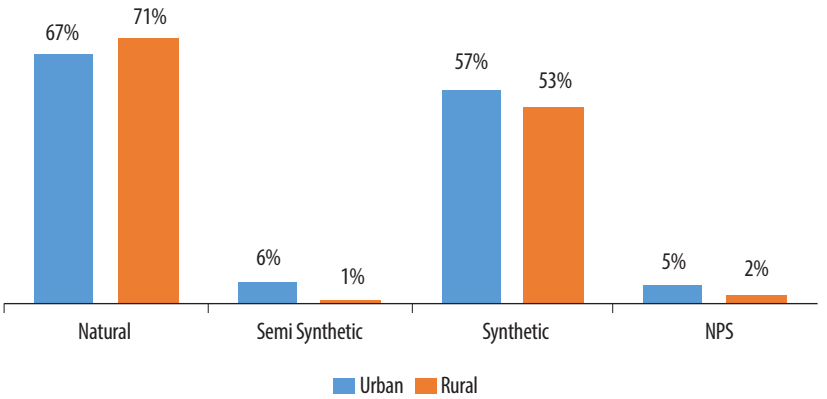
ease to get make marijuana more accessible. Information from several sources says that marijuana is usually the first type of drug consumed before trying other types of drugs. Smoking marijuana is done individually or together with peers when hanging out. A former drug user in the city of Padang said that marijuana was usually consumed together called "Circular". "Circular" culture is the habit of consuming marijuana together where one marijuana is smoked alternately. Those who previously did not smoke marijuana joined smoking marijuana for free and they gradually became addicted. At the time of hanging out, in addition to smoking, marijuana transactions are also carried out.

Besides marijuana, Benzoziadepin is the most consumed type, of 38%, followed by Meth, Yaba, SS, Tastus, and Ubas (Methamphetamines) of 33.6%. Another type of drug that is widely consumed is Ecstasy, amounting to 18.7%. Semi-synthetic types of drugs, such as putau, morphin, heroin, cocaine consumed little because the price is relatively expensive and the dependency effects are greater. Syringes that are used together often have an impact on the transmission of HIV/AIDS. The magnitude of the risk of using semi-synthetic drugs seems to affect the decline in the use of this type of drug.

In general, types of drugs can be classified into four categories, namely natural drugs, semi-synthetic drugs, synthetic drugs and NPS (New Psychoactive Substances). Based on the survey results, in general the types that are consumed by drug abuse are natural drugs, reaching 67% - 71%. The second type which is also widely consumed is synthetic drugs, reaching 53% - 57%. Both in urban and rural areas, there have been drug abusers who consume this type of NPS. This type of narcotics in the past five years began to bloom in Indonesia, even National Narcotics Board indicated 74 new types of drugs were found including in the NPS category.[4]

[4] Kompas.com 14/10/2019, https://www.kompas.com/tren/read/2019/10/14/155121965/bnn-minta-waspadai-narkoba-jenis-baru-nps-apa-bahayanya?page=all.

Graphic 5.9. Types of Drugs Consumed in The Past Year by Drug Abusers (Urban-Rural)



Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

The survey says that 43% abusers consume more than one type of drug (multiple drugs). At first, drug users began to consume alcohol or sedatives, then they used types of drugs that have higher narcotics content. For example, a narcotics user in West Java Province admitted that he began consuming alcohol because his parents also consumed alcohol. Starting from alcohol, then he consumed BK pills, marijuana, inex, heroin and crystal meth. Another informant claimed to use drugs ranging from Tramadol, Alfrazolam, Inex, and Dextro, then marijuana and gorilla tobacco.

Table 5.8. Types of Drugs Used in The Past Year

	Types of Drugs	N	%
1	Marijuana *(Gele, cimeng, marijuana, gelok)*	224	65.5
2	Hasish (marijuana sap)	11	3.2
3	Heroin (putau, etep)	14	4.1
4	Morphine	3	0.9
5	Opium/candu	1	0.3
6	Pethindin	1	0.3
7	Codein	2	0.6
8	Subuxone/Buprenofine	3	0.9
9	Methadone	4	1.2
10	*Amphetamin Dexamphetamine/Dex, Adderall*	2	0.6

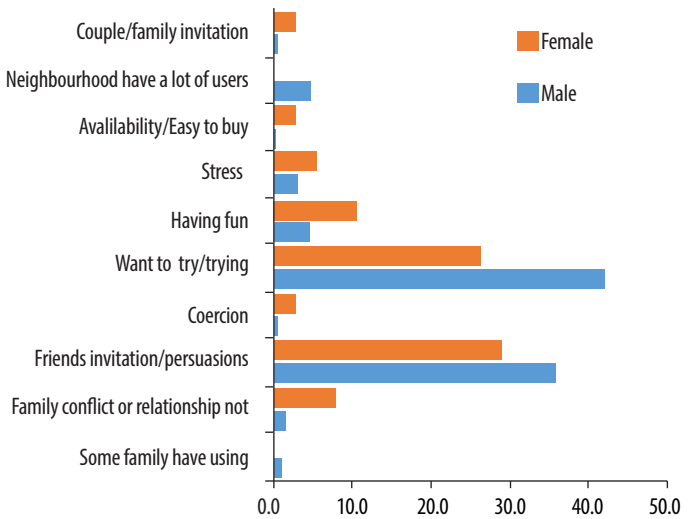
	Types of Drugs	N	%
11	Ecstasy *(inex, XTC, cece, happy five)*	64	18.7
12	Katinon, Methylkatone, methylone	3	0.9
13	Shabu, Yaba, SS, Tastus, Ubas (Methamphetamines)	115	33.6
14	Luminal, fenobarbital (barbiturat)	2	0.6
15	Benzoziadepin	130	38.0
16	Nipam	17	5.0
17	Koplo, BK, Mbiat, mboti, roda Pill	50	14.6
18	Rohypnol, mogadon	14	4.1
19	Valium	4	1.2
20	Xanax, Camlet/calmlet (alprazolam)	10	2.9
21	Lexotan	13	3.8
22	Dumolid	8	2.3
23	Rivotri	6	1.8
24	Riclona	8	2.3
25	Khat	3	0.9
26	Ritalin	1	0.3
27	Zenith/ Carnophen/ Carisoprodol/ PCC/ Pil Jin/ Soma/(Somadryl)	20	5.8
28	Trihexyphenidyl/Trihex/THP/Pil Kuning/Double L/Double Y	19	5.6
29	Coccaine	4	1.2
30	LSD (acid, black heart)	2	0.6
31	Dextro (Dextromethorpan) fro drunk/fly	22	6.4
32	Ketamine	1	0.3
33	Kecubung /anethyst (Datura)	15	4.4
34	Cactus sap (Mescalin)	1	0.3
35	PCP	1	0.3
36	Mushroom/ mushrooms in cow dung / Psyclocibin	12	3.5
37	Gorilla Tobacco	12	3.5
38	Substances which are deliberately inhaled until drunk / fly	10	2.9
39	Excessive headache medicine to get drunk / fly	14	4.1
40	Excessive headache medicine mixed with soda drink	17	5.0
41	Others	11	3.2

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

5.3. Reason for Using Drugs

Drug use often begins with a desire to try. This can be seen in Graphic 5.10 which shows that wanting to try is a reason that many respondents put forward when they used drugs for the first time. The desire to try it is used by dealers to trap them by giving drugs for free, so they become addicted. The reason for trying is mainly done by male, with a percentage of more than 40%. In addition to trying, friend invitations or persuasions are the second biggest reason put forward by male, in explaining their introduction to drugs. As for female, the invitation of friends is the most stated reason, which is around 30%. Interview results show that the reasons for trying and inviting friends to some users are done so that they can be accepted in the community of friends, both at school and in the neighborhood. The reasons for family conflict or a relationship that is not harmonious, having fun and stress are more expressed by women when they used drugs for the first time. This reflects that drugs are shortcuts taken by women when facing problems, both family and personal problems.

Graphic 5.10. The Reason in Using Drugs For The First Time According to gender



Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Based on interviews with several former drug users, the ignorance of the negative effects caused by consuming drugs is one of the factors that encourage a person to have the desire to try to use drugs. This shows that although the term drug abuse has often been published in various mass media reports, public knowledge about drugs is still very limited.

The disharmonious condition of the family is also recognized by a resident in a rehabilitation center in Yogyakarta. According to his confession, he was taking drugs because of tired of seeing the situation of his parents who always fight at home. To get rid of the fatigue in the family, he tried to consume drugs and finally he became addicted. Drug addiction was not only experienced by informants. His younger sister also experienced the same thing.

Luckily, at this time, his parents had reconciled and had visited the rehabilitation center occupied by his son. Seeing changes in the behavior of their children in rehabilitation center encourages parents to do self-introspection and builds an awareness that disharmony in the family life has become a trigger for children to be reluctant to stay home. Finally, his parents apologized and advised that this experience can be used as a lesson for the future.

Despite that the family is in harmony now, after leaving the rehabilitation center, the child still does not dare return to his parents' house due to trauma with his environment. In fact, he felt compelled to help his fellow drug victims and decided to become a counselor in a rehabilitation center. To add insight and knowledge, they are willing to spend personal money to attend training in rehabilitation centers located in the city and far from where they work as a counselor.

In addition to family disharmony, families who are not attentive to the problems faced by family members can also be a trigger for involvement in drug abuse. As told by an inmate in correctional facility, his initial introduction to drugs was triggered by a business failure. To change the family's destiny, all efforts have been made, such as selling fried catfish and becoming construction labor. The informant had also been a contractor with the money he had. But the business failed and

he has a debt because he has to pay 29 employees. The accumulated debt burden creates confusion, and a desire arises to sell the land of his parents but there is no certificate. When discussing to find solutions with parents and relatives, all of them do not give satisfying answers. In a state of confusion, the informant meets a friend who offers drugs. Without deep thinking and the aim to calm his heart, he started getting acquainted with drugs.

5.4. Sources to Obtain Drugs

There are several ways to get drugs, whether from friends, lovers, relatives, or others. Based on the survey results, the majority of drug user respondents first got drugs from their friends. These respondents in current user was 92.40%, whereas in ever used was 92.6%. In this connection, the friendship must be a joint alert.

Table 5.9 Origins of Respondents to Obtain Drugs for the First Time

Origin in Obtaining Drugs For The First Time	Ever Used		Current User	
	N	%	N	%
1. Friend	3,851,915	92.60%	2,961,313	92.40%
2. Lover	21,001	0.50%	21,001	0.70%
3. Siblings	10,723	0.30%	8,567	0.30%
4. Parents	2,379	0.10%	2,379	0.10%
5. Spouse	10,890	0.30%	10,890	0.30%
6. Lord/dealer	74,427	1.80%	58,257	1.80%
7. Pharmacy	9,887	0.20%	8,624	0.30%
8. Certain officers	69,921	1.70%	69,921	2.20%
9. Others	106,775	2.60%	64,653	2.00%

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Likewise, when asked about the source of drug acquisition, most current user respondents said that they obtained from friends (89.50%). Similarly, those who have used drugs, the majority (87.0%) also stated that they got drugs from their friends. Thus, in terms of drug acquisition,

friendship occurs more than drug dealer/lord. That's because dealers usually only deal with certain people who are limited in number.

One thing that needs to be a joint concern is that some users, although not many in number, claim to get drugs for the first time from a pharmacy. The results of interviews with several residents of rehabilitation center in Yogyakarta show that they obtained drugs from a pharmacy using a doctor's prescription. The mode used is that they come to the doctor and complain by pretending to be dizzy, stressed, unable to sleep, easily tired, or other complaints. Without further examination and based on the trust in patient complaints, the doctor then makes a prescription which is then redeemed at the pharmacy. Before being redeemed, the recipe is duplicated first and is used to redeem the same medicine at another pharmacy if the drug supply has run out. Another mode is the request for the drug to be repeated with the same doctor or different, with the recognition of the same complaint. The results of an interview with a doctor at a mental hospital in Yogyakarta shows that it is difficult for a doctor to not trust patient complaints. Therefore the doctor will give the medicine in accordance with what the patient complained of, without further examination, unless the patient's complaint shows symptoms of a serious illness.

Table 5.10. The Sources of Drug Acquisition

Sources of Drug Acquisition		Ever Used		Current User	
		N	%	N	%
1. Friend	1. Yes	3,945,649	87.00%	3,061,555	89.50%
	2. No	285,140	6.30%	178,681	5.20%
	Not answering	303,955	6.70%	178,953	5.20%
2. Lover	1. Yes	68,004	1.50%	46,844	1.40%
	2. No	4,162,785	91.80%	3,193,392	93.40%
	Not answering	303,955	6.70%	178,953	5.20%
3. Siblings	1. Yes	73,284	1.60%	71,128	2.10%
	2. No	4,157,505	91.70%	3,169,108	92.70%
	Not answering	303,955	6.70%	178,953	5.20%

Sources of Drug Acquisition		Ever Used		Current User	
		N	%	N	%
4. Parents	1. Yes	0	0.00%	0	0.00%
	2. No	4,230,789	93.30%	3,240,236	94.80%
	Not answering	303,955	6.70%	178,953	5.20%
5. Spouse	1. Yes	17,486	0.40%	17,486	0.50%
	2. No	4,213,303	92.90%	3,222,750	94.30%
	Not answering	303,955	6.70%	178,953	5.20%
6. Lord/dealer	1. Yes	635,071	14.00%	589,197	17.20%
	2. No	3,595,718	79.30%	2,651,038	77.50%
	Not answering	303,955	6.70%	178,953	5.20%
7. Pharmacy	1. Yes	122,862	2.70%	71,677	2.10%
	2. No	4,107,927	90.60%	3,168,558	92.70%
	Not answering	303,955	6.70%	178,953	5.20%
8. Certain officers	1. Yes	110,662	2.40%	95,849	2.80%
	2. No	4,120,127	90.90%	3,144,386	92.00%
	Not answering	303,955	6.70%	178,953	5.20%
9. Others	1. Yes	229,722	5.10%	187,600	5.50%
	2. No	4,001,067	88.20%	3,052,636	89.30%
	Not answering	303,955	6.70%	178,953	5.20%

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Drug use usually begins with a desire to try. The drug use for the first time is usually given free by friends in a drinking or smoking group. This can be seen from the survey results as shown in the table below that respondents who answered “given free to get drugs” were the most answers, which is about 63.3% compared to other ways in obtaining drugs. Getting free is a characteristic of beginner drug users, meanwhile, respondents who answered “buying from friends“ with 47.5% are the second most answers. The second group is respondents who have started to become addicted to drugs by buying drugs from a group of friends when they first used drugs.

Buying through joint payment and sharing together in a group of friends is a characteristic of lower-level users who usually buy

methamphetamine drugs at affordable prices. Cheaper package or known as "pahe" shows that methamphetamine is not luxury goods, such as ecstasy which can be consumed massively. However, there are also ways to buy drugs through face-to-face transactions. Respondents who answered this were the third largest group of respondents, amounting to 36.5%. Respondents who buy from face to face are part of the drug trafficking network, but them do not know each other. It can be assumed that this group of respondents not only needs drugs but it can be suspected that there is a motive for drug business. This group of respondents has direct contact with a larger drug lord. Thus, it can be concluded that there are three of the most prominent ways to obtain drugs, namely free of charge from friends, joint payment (sharing) and face-to-face transactions. Meanwhile, other methods as shown in the table below are not significant. The percentage is around or below 5.0%.

Table 5.11. How Respondents Obtain Drugs

How Respondents Obtain Drugs		Ever Used		Current User	
		N	%	N	%
a) Given for free	1. Yes	2,963,709	65.40%	2,370,269	69.30%
	2. No	1,267,080	27.90%	869,967	25.40%
	Not answering	303,955	6.70%	178,953	5.20%
b) Buying from face to face transaction	1. Yes	1,537,025	33.90%	1,249,699	36.50%
	2. No	2,693,763	59.40%	1,990,537	58.20%
	Not answering	303,955	6.70%	178,953	5.20%
c) Buying through telephone	1. Yes	188,080	4.10%	165,258	4.80%
	2. No	4,042,709	89.10%	3,074,977	89.90%
	Not answering	303,955	6.70%	178,953	5.20%
d) Buying through online media	1. Yes	9,931	0.20%	9.,931	0.30%
	2. No	4,220,858	93.10%	3,230,305	94.50%
	Not answering	303,955	6.70%	178,953	5.20%
e) Sharing with friends	1. Yes	1,877,644	41.40%	1,623,287	47.50%
	2. No	2,353,145	51.90%	1,616,948	47.30%
	Not answering	303,955	6.70%	178,953	5.20%

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Although the number of respondents who claim to obtain drugs by buying via telephone and online media is small (4.80% by telephone and 0.30% through online media), but this needs serious attention because it is easy for people to conduct drug transactions using this way. As it is known, currently information and telecommunications technology is no longer a luxury item, and many have to interact with other people. The survey results indicate there are 34.5% of respondents who have a computer or laptop connected to the internet. Computer facilities that are connected to the internet has the potential to be used as a tool for conducting online drug transactions.

Table 5.12. Ownership of Computer and Laptop Connected to The Internet

Ownership of Computer/Laptop Connected to The Internet	Urban	Rural	Total
Yes	42.40	22.30	34.50
No	57.60	77.70	65.50
Total	100.00	100.00	100.00
N	17,356	11,196	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

In addition to computers and laptops, communication facilities such as mobile phones that have been connected to the internet have also been spread everywhere. Almost all community groups in all level both in urban and rural areas are always seen using a mobile phone. With the emergence of communication facilities such as WhatsApp, all community groups use it anywhere and anytime. WhatsApp is not only used at home, office, but also on the streets where people are busy with the gadget. The survey results show that 82.30% of respondents owned mobile phones, namely 87.2% in urban areas and 74.7% in rural areas (Table 5.13), and almost all mobile phones owned were connected to the internet network (Table 5.14).

Table 5.13. Ownership of Mobile Phones

Ownership of Mobile Phones	Urban	Rural	Total
Yes	87.20	74.70	82.30
No	12.80	25.30	17.70
Total	100.00	100.00	100.00
N	17,356	11,196	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

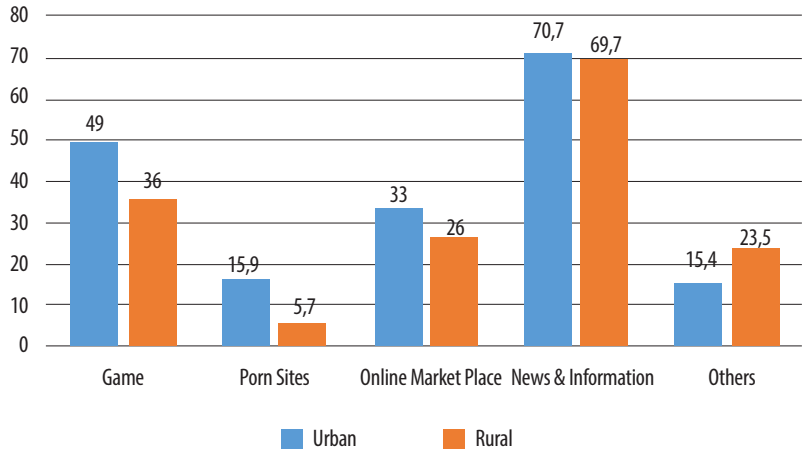
Table 5.14. Mobile Phone and WA, FB, Instagram and Internet Connection

WA, Facebook, Instagram, etc or connected to internet in Mobile Phones	Urban	Rural	Total
Yes	77.70	58.50	70.70
No	22.30	41.50	29.30
Total	100.00	100.00	100.00
N	15,834	9,052	24,886

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Applications available on mobile phones enable mobile users to do various things such as playing games, looking for news and information, making transactions, including buying and selling drugs, and so on. Based on the survey results, the majority of respondents or 86.9% of 3,4189,188 respondents owned mobile phones. Of all respondents who have mobile phones, 83.7% have mobile phones equipped with WA, Facebook, and Instagram connected to the internet. In using social media, news and information are the content most searched by respondents, which is around 70%, both in rural and in urban area. Content that is also widely used is game applications, which are 49% in urban and 36% in rural followed by buying and selling online, especially by respondents living in cities (33%) (Graphic 5.11). The use of mobile phones for online trading is sometimes used also as a means for drug transactions, both in large quantities at the drug lord level, as well as buying and selling in small packages. Several cases of narcotics that are caught are known that they carry out buying and selling transactions using mobile phones, even from inside the correctional facility.

Graphic 5.11. Content That is Often Accessed Through Mobile Phones, in Urban and Rural Area



Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

For drug users, obtaining drugs is not a difficult thing. According to the acknowledgment of several informants in Yogyakarta, only by using SMS and other social media, a person can get drugs without having to meet with the person who sold it. An informant said that by typing t*s* yo*y* on the internet, it would be easy to get one type of drug that was wanted. By purchasing online, dealers from outside the area will find it very easy to sell drugs in other areas. That is what causes the circulation of drugs is difficult to be stopped.

Delivery of drugs to the buyer is carried out in a confidential manner, ie the courier informs the buyer by placing the goods in a place, for example under a stone in front of the house, tucked in a tree trunk, sticked to a wall, sticked to a gutter wall, and so on. Buying and selling transactions are carried out using banking transactions. The money is paid in advance to the dealer, then the dealer will check the transaction using SMS banking. If the funds are in, the dealer immediately notifies the courier to deliver the goods. The courier's fee will be transferred by the dealer.

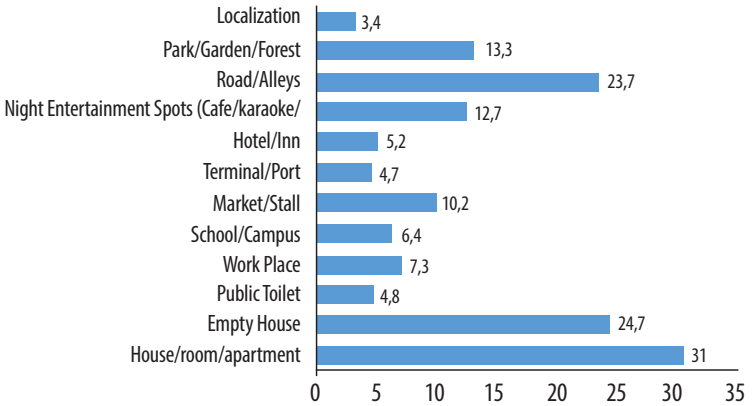
Efforts to deal with drug abuse are not easy because people are very creative in finding new substances/drugs that can be misused. A student at a college, for example, deliberately takes cough medicine

over the recommended dosage with the aim of getting drunk. Similarly, the pills for cows are deliberately taken with the intention to get drunk. According to him, if you have drunk the body will feel light. Thus, drunk is used as an intermediate goal to achieve further goals, without realizing that it can cause dependency.

5.5. Place to Use Drugs

Drug use requires a place that is relatively safe, protected and far from the crowd so that they are not disturbed or known by others. Related to that, house/room/apartment is the most preferred place for consuming drugs. The survey results show that 31% of drug users use drugs in the house/room/apartment, then 24.7% use an empty house. Roads or alleys are also widely used as places to use drugs (23.7%), especially by teenagers when they gather with their friends.

Graphic 5.12. The Place to Use Drugs.



Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

5.6. Impact of Drug Abuse

In general, there are two impacts of drug abuse that are felt directly by drug users, namely psychological and physical effects. Psychological impacts include emotional and psychological changes while physical impacts include impaired sensory function and other bodily functions.

Psychic Impact

There are three psychological symptoms most felt by respondents from the results of this survey. The most common is decreased or even excessive appetite, which is felt by around 53.9% of respondents who use drugs. After that, disturbed sleep patterns are experienced by 51.7% of respondents, and disruption of concentration or concentration is experienced by 40.5% of respondent of drug abusers. Other symptoms are anxiety (38.5%), increase or decrease in emotions (37.5%), psychotic symptoms (such as smiling alone, hallucinations, and talking to themselves) (31.45%), excessive fear (28.0%), and always feel suspicious to others (24.8%). A number of 5.7% drug users respondents even claimed to have had a desire to hurt themselves. The variety of psychic symptoms felt by drug users is highly dependent on the diversity of the types of drugs consumed. In this case, there is no difference in psychological symptoms experienced by respondents in urban and rural areas. Nevertheless, the proportion of psychological symptoms felt by urban respondents is relatively greater than that in rural areas.

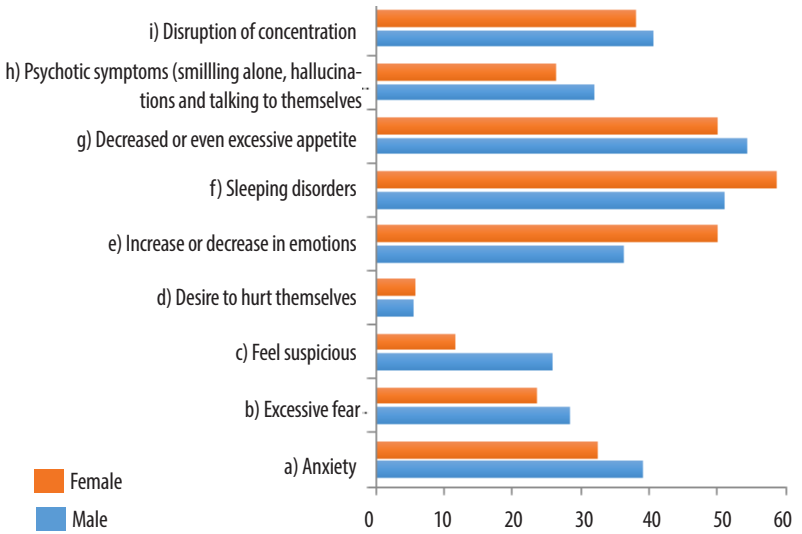
Table 5.15. Psychic Symptoms That Have Been Felt by Drug Users According to Residence

Psychic symptoms	Urban	Rural	Total	N
a) Anxiety	40.70	32.40	38.50	159
b) Excessive fear	27.90	28.20	28.00	115
c) Feel suspicious	25.90	21.60	24.80	101
d) Desire to hurt themselves	6.40	3.60	5.70	23
e) increase or decrease in emotions	39.30	32.70	37.50	153
f) Sleeping disorders	53.70	46.40	51.70	211
g) Decreased or even excessive appetite	56.00	48.20	53.90	220
h) Psychotic symptoms (smiling alone, hallucinations, and talking to themselves)	33.70	25.50	31.40	128
i) Disruption of concentration	42.40	35.50	40.50	165

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

The different patterns of psychological symptoms experienced by drug users are more visible in gender differences (table 5.13). More female drug users have sleep patterns (58.8%), symptoms of an increase/ decrease in emotions and appetite disorders, 50.0% each. Meanwhile, in male drug users, the largest proportion experienced eating disorders (56.0%), disturbed sleep patterns (53.75%) and impaired concentrations (42.4%). Based on the diversity of psychological symptoms, it can be concluded that male drug users tend to feel more diverse psychological symptoms than women. This is strongly influenced by the diversity of types of drugs consumed and the length of time they consume drugs.

Graphic 5.13. Psychic Symptoms According to Gender, 2019



Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019.

A drug user in Yogyakarta stated that another perceived impact was a change in behavior, such as becoming disorganized and lazy to work, likes to be alone, reluctant to be at home, and becomes disobedient, both in the passive sense as not obeying the commands of parents or others, or in the active sense like rebelling.

Physical Impact

The impact of other drug abuse in medicall side is a disturbance of physical symptoms in the five senses and disorders of the reproductive system. Physical symptoms experienced by former and drug users include smelling disorders (such as runny nose and sense of smell), visual disorders (red or nearsightedness), respiratory problems (coughing or lung disorder), digestive disorders (nausea, vomiting, diarrhea, difficulty in defecation), urinary disorders (urinating pain), and disorders of the reproductive system (irregular menstruation, increased libido). In general, around 17.1% of respondents claimed to experience physical disruption as the effects of drug use. The most physical disturbances felt by drug abusers respondents were visual impairment (32.4%), respiratory problems (22.2%) and digestive disorders (20.2%). The disorders that were most rarely felt by former and drug users were urinary disorders (6.6%) and reproductive system disorders (6.40%). From the residence, in general there is no difference in physical symptoms by respondents in urban or rural areas. Symptoms of physical disorders experienced by drug abusers are very dependent on the duration and intensity of drug use. The longer the period of use and intensity of drug use, it is greater for drug abuser in experiencing the effects of physical disorders.

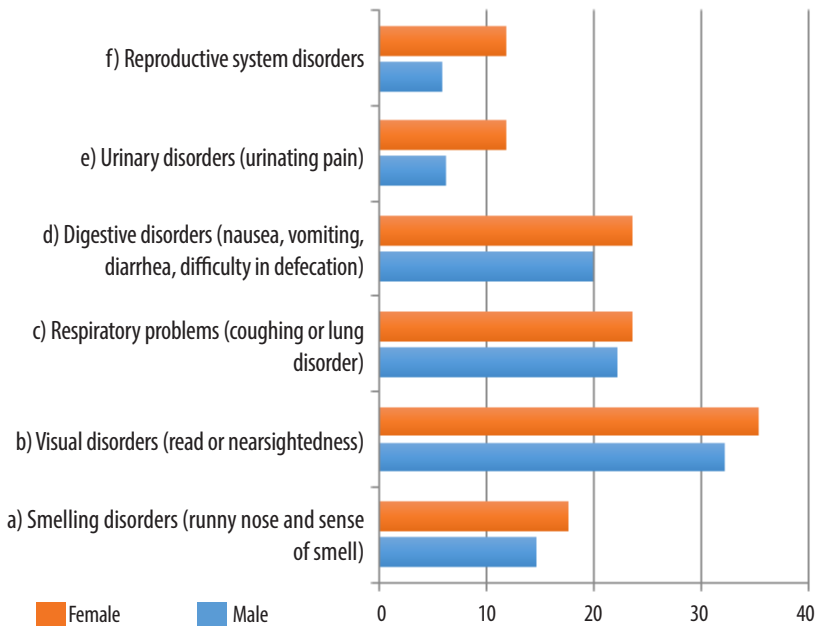
Table 5.16. Physical Symptoms by Society According to Residence

Physical Symptoms	Urban	Rural	Total	N
a) Smelling disorders (runny nose and sense of smell)	15.40	13.50	14.90	61
b) Visual disorders (red or nearsightedness)	36.10	22.50	32.40	133
c) Respiratory problems (coughing or lung disorder)	22.10	22.50	22.20	91
d) Digestive disorders (nausea, vomiting, diarrhea, difficulty in defecation)	21.10	18.00	20.20	84
e) Urinary disorders (urinating pain)	6.70	6.30	6.60	28
f) Reproductive system disorder	6.70	5.50	6.40	26

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

In terms of gender, both male and female drug users stated that visual impairment was the most widely felt physical symptom, with the proportion of female (35.3%) being relatively greater than male (32.2%). The respiratory disorders tend to be experienced by female who use drugs compared to male. In general, there is no different tendencies pattern from each physical symptom felt by male or female. However, the biggest difference in proportion is seen in urinary disorders and reproductive disorders. In general, the proportion of drug users who experience both physical symptoms is 11.8%, with a difference of about five percent between male and female. The existence of the same physical symptom pattern can be stated that there is no difference in physical symptoms felt by male or female respondents who use drugs. The difference in physical symptoms is more influenced by the diversity of types of drugs consumed.

Graphic 5.14. Physical Symptoms Ever Perceived by Society According to Gender, 2019



Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Several interviewed former users in Yogyakarta stated that there were no direct effects after using drugs. On the other hand, They felt the positive effects, such as the body feels light, strong stamina, spiritful, and so on. The positive impact is what drives a person to become an addict. The negative effects are felt after repeated use.

Economic Impact

The survey results show that the majority of respondents who use drugs will take various methods to obtain drugs when experiencing financial difficulties. Some of the methods used are selling one's own goods (25.5%), selling their parents' belongings (5.4%), and selling other people's belongings (2.5%). In addition, there are 4.2% of respondents who claim to be drug couriers to fulfill their needs to buy drugs when experiencing financial difficulties. In this case there is no difference between drug users in urban and rural areas. Selling one's own goods is the most common method used by drug users to overcome financial difficulties to buy drugs, with the proportion of drug users in urban areas (25.6%) or greater than in rural areas (21.6%).

Another way to overcome financial problems to buy drugs by drug users in urban areas is to become a drug courier, reaching 5.1%. Whereas in rural areas, those who become drug couriers to buy drugs are around 1.8%. The different patterns of how to overcome financial difficulties to buy drugs can be seen from the gender of drug users. Male drug abusers tend to overcome financial difficulties to buy drugs by selling their own goods (32.8%), parents' belongings (4.8%), or selling other people's belongings (2.7%). The same pattern is used by drug user women to overcome financial difficulties, but the percentage is different, namely selling their own goods (32.4%), parents' property (11.8%), or becoming a drug courier (8.8%). The proportion of drug user women to overcome financial problems to buy drugs by becoming a drug courier is greater than men. This fact shows that drug users have the potential to become drug couriers or dealers, in order to meet the needs of the drugs that they will use.

Table 5.17. How to Obtain Drugs When Having Financial Difficulties Based on Residence

Ways to Obtain Money	Residence		Gender		Total	N
	Urban	Rural	Male	Female		
a) Selling parents' belonging	5.4	5.4	4.8	11.8	5.4	22
b) Selling other people's belonging	2.7	1.8	2.7	-	2.5	10
c) Selling own belonging	25.6	21.6	23.8	32.4	24.5	100
d) Becoming drug courier	5.1	1.8	3.7	8.8	4.2	17

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Several methods to obtain drugs is facing the financial difficulties are also admitted by several former users in Yogyakarta. A former user claimed that along with drug addiction, he often lied to his parents, asking for money to meet school needs but was used to buy drugs. In addition, because he was also trusted by his parents to take care of oil palm plantations, not all income from palm oil is deposited to his parents, but some is used to buy drugs.

Another informant in Yogyakarta claimed to sell his own and his parents' belongings to buy drugs. Furthermore, according to the confession of an inmate in Narcotics Correctional Institution in Yogyakarta, he had the desire to sell the land of his parents, even though it was not done because the certificate was not found.

Another source said that his friend, who was originally rich, had fallen into poverty because his wealth had been sold to buy drugs. His friend who originally had a luxury car, a hotel and a boarding house (being a high official's son), because of his dependence on drugs, now lives in a boarding house after all his parents' inheritance was sold out. Even though he has fallen into poverty and are experiencing domestic economic difficulties, due to being addicted to drugs, he still does not stop taking drugs. The difference is that he now buys drug by joint payment (sharing).

Drug dependence can also trigger crime. A source stated that he had been imprisoned for stealing a motorcycle and had used the money to buy drugs. This is done when all goods have been sold while the need to buy drugs cannot be postponed. According to his testimony, he stole motorcycle several times, not only once. Based on the acknowledgment of a source, if his desire to consume drugs has arrived, the fear of the officers will no longer exist.

Drug use also triggers disharmony in the family. A confession of a source says that once his parents know that their child is taking drugs, every time he goes home his parents will lock all the cupboards as they are afraid that the child will steal money or other jewelry to buy drugs.

Social Impact

Social impact is the impact mostly felt by drug users. It is frequent that drug users are considered like a virus or disgrace that must be kept away from the community. This condition creates a feeling of insecurity and to stay away from the social environment. The survey results show that 20% of drug users or former drug users feel they are ostracized by their friends (coworkers or school friends), with a greater proportion of respondents in urban areas than in rural areas. Not just being ostracized, 10.8% of respondents who use drugs actually feel isolated in the workplace or school environment. In addition, 7.3% of drug users also feel hostile to their environment, and 7.1% have even been bullied. The more complex behavior of people in urban areas can be seen from the negative attitudes felt by drug abusers in urban areas compared to rural areas, both starting from being shunned (21.6%), being opposed (8.10%), being ostracized (11.3%) and being bullied (6.5%) of the friends in the school or workplace. While rural communities are more likely to sanction drug abusers by avoiding (15.8%), isolating (9.60%), bullying (8.80%) and 5.3% being hostile to them.

Table 5.18. Sanctions Provided by Work Friends/School or As A Result of Drug Use Based on Residence and Gender, 2019

Sanction	Residence		Gender		Total	N
	Urban	Rural	Male	Female		
a) Shunned	21.6	15.8	18.9	32.4	20	85
b) Bullied	6.5	8.8	7.0	8.1	7.1	30
c) Opposed	8.1	5.3	7.0	10.8	7.3	31
d) Ostracized	11.3	9.6	10.8	10.8	10.8	46

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

In table 5.18, it can also be seen that based on gender, social sanctions experienced by users or former drug users from work colleagues or school friends, both male and female, are mostly being shunned. In this case, the proportion of female who were shunned by their friends for using drugs was more than male, namely 32.4% female, while male 18.9%. Other social sanctions experienced by both male and female who use drugs from their friends are opposed, ostracized and bullied. Nevertheless, in almost every type of sanction received, the percentage of female who experienced sanctions from their friends for using drugs tended to be greater than male. This indicates that drug use by female is more disliked than by male.

Social sanctions from the closest person, such as from a lover or spouse are relatively less felt by drug users. Based on the survey results, 16.4% of respondents said that they get social sanctions by being shunned by their lovers or spouses because of their habit of consuming drugs. Only 6.3% are being opposed, and 4.9% are bullied and/or ostracized by their lovers or spouses. Social sanctions received from lovers or spouses are more felt by urban communities compared to rural areas. This can be seen from the percentage of social sanctions experienced by users or former drug users who are relatively bigger in urban areas than in rural areas. Shunned is the social sanction mostly felt by drug abusers both in urban and rural areas, but it is greater in urban (17.7%) than in rural areas (13.0%).

Table 5.19. Sanctions Given by Lovers or Spouses Due to Drug Use According to Residence and Gender, 2019.

Sanction	Residence		Gender		Total	N
	Urban	Rural	Male	Female		
a) Shunned	17.7	13.0	15.4	27.0	16.4	70
b) Bullied	5.5	3.5	5.4	-	4.9	21
c) Opposed	6.8	5.2	6.7	2.7	6.3	27
d) Ostracized	5.8	2.6	5.4	-	4.9	21

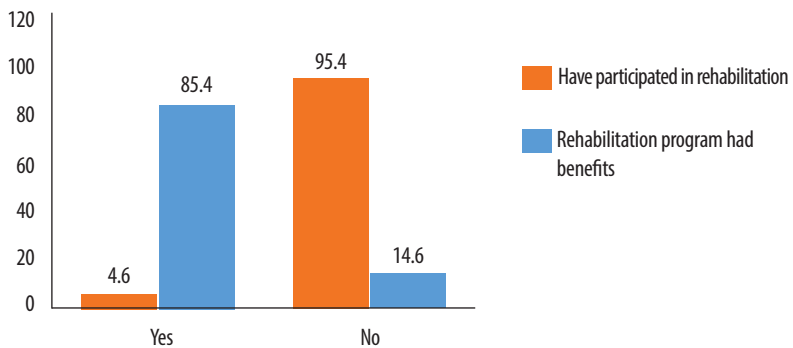
Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

In table 5.19, it can also be seen that sanctions imposed by a lover or spouse of a drug user respondent are based on gender. The table shows that 27% of female respondents who consumed drugs were shunned by their boyfriends or spouses. Other sanctions given by lovers or female drug use partners are being opposed, but the percentage is very small, at 2.7%. This is different from the sanctions received from a lover or spouse by male drug users, which is more diverse. Male respondents who used drugs who claimed to be shunned by their girlfriend or partner for using drugs were 15.4%, far lower than those stated by female respondents. This can be understood, because male are generally given more trust and freedom to behave by their girlfriend or partner. It is often that girlfriends or spouses can also be involved in the abuse.

In addition to the effects of disharmony in family relationships, drug use also leads to disharmony in relationships within the community. A family where a family member is exposed to drugs, the family feels ostracized from the community, because his neighbors forbid their children from associating with children who consume drugs. In addition, peer friends also avoid them. In other words, the impact of drug use can result in disruption of social relations both at the family level and the wider community. As a result of the exclusion, a drug user will feel safe if he associates with other users. Such conditions actually make it difficult for a user to stop using drugs, because they tend to get along with the same environment.

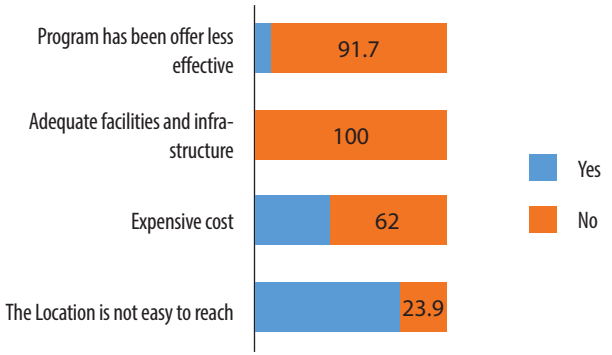
In order to be free from drug dependence, users must undergo a rehabilitation process to cut off user access to drug substances. Rehabilitation can be done in hospitals, rehabilitation centers, or in correctional institution that provide rehabilitation programs for inmates. Based on the survey results, only a small proportion of drug users who claimed to have participated in rehabilitation, which is 4.6% of the total 4,534,744 respondents who are users. Of those who participated in rehabilitation, 14.6% stated that rehabilitation that had been followed had benefits (Graphic 5.15). This shows that the participation of rehabilitation programs is still very low. The location that is not easy to reach is a reason that is often raised by 76% of respondents who did not participate in rehabilitation, followed by reasons of expensive costs (38%) and the programs offered were less effective. Adequate facilities and infrastructure (0%) were not used as an excuse by respondents as a reason for not participating in rehabilitation (Graphic 5.16).

Graphic 5.15. The Participation of Drug Abusers in The Rehabilitation Program and The Perceived Benefits



Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Graphic 5.16. The Reason That Rehabilitation Program is Not Useful According to Drug Users



Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

5.7. Risky Behavior Towards Drug Abuse

Drug abuse is the use of narcotics, psychotropic drugs, and additives outside thier function. Drug abuse can cause addiction.

Drug abuse behavior is assumed to be related to a variety of risky behaviors, such as smoking, drinking alcohol, and unsafe sexual intercourse. Behavior can be categorized as risky behavior if it has the potential to encourage drug abuse for example, sexual intercourse before marriage. This behavior is classified as risky because the results of the study show that around 61.3% of drug addicts have had sexual intercourse with their lovers (Rico Januar Sitorus, 2016: 2). Thus, risky behavior for drug abuse is a variety of behaviors that are suspected to be related to drug abuse.

The results of this survey indicate that smoking is a risky behavior towards drug abuse. In table 5.19, it can be seen that respondents who have used drugs of 73.5% have smoking habits, and 79.5% of respondents who have used drugs in the past year also have smoking habits. Although the survey results show that the majority of drug users have smoking habits, it cannot necessarily be concluded that smoking is the initial stage before people use drugs.

The relationship between risky behavior and drug abuse as shown in table 5.19 shows the similarity of patterns between smoking and consuming drugs. Both of these behaviors are carried out by inhaling. Severe smoking cigarettes and drugs causes addiction. Cigarette addiction is the mild addiction, while drug addiction is the most severe addiction. Those who are addicted to cigarettes tend to have difficulty to quit as well as drug addictions (health.detik.com/merokok-hugs drugs 191219). Thus, smoking habits that have been acute can potentially increase drug abuse in the community. Considering that the prevalence of smokers in Indonesia is quite high, reaching 23.1% (Ministry of Health, 2016), so it needs to be aware. One effort that can be done is to socialize drug abuse together with socialization about the danger of smoking.

Smoking is not the only risky behavior for drug abuse, because drug use is influenced by many factors. Based on interviews with drug user informants, it can be seen that in general drug use begins with trying or being offered a drug by a friend. This means that social environmental factors are a major factor when people want to try using drugs. Therefore, in the context of explaining risky behaviors to drug abuse, hanging out at night is a risky behavior against drug abuse which is quite important after smoking behavior. The results of this survey show that about 25.6% of ever used respondents and 26.6% of current user respondents have a habit of frequently hanging out at night. Even though the percentage is not too large, if it is combined with the percentage of respondents who answer "sometimes" hanging out at night, the percentage shows above 50% (56.6% of ever used respondents), and (58.5% of current user respondents).

Hanging out at night or often known as staying up late is hanging out with friends outside the home, without any clear purpose. It is generally done by men. In the past in rural areas, hanging out at night was part of the habits of the community during a wedding celebration or other celebration. But today, night hanging out is carried out without any particular event that accompanies it. In urban areas such as Palembang, night-time hangouts are carried out all night while listening to single organ music. Performing a single organ is used to consume drugs together, especially teenagers, both men and women. Night-time hangouts are also often accompanied by drinking alcoholic beverages made from traditional ingredients, such

as the habits of young people in North Sulawesi and Ambon, by drinking "cap tikus".

Risky behavior for other drug abuse that need to be taken into attention is playing games, which by WHO is classified as behavior that can interfere with mental health because playing games can cause addiction. So there are similarities with smoking and consuming drugs, in terms of being addictive. The results of this survey show about 21.2% of respondents who have used drugs often play games, and if added to those who sometimes play games the number becomes 37.4%. While current user respondents who claimed to frequently play games are 23.1% (often). If added to the occasional game play, the number becomes 39.7%.

Drinking alcohol does not seem to be prominent as risky behavior for drug abuse compared to smoking, hanging out at night and playing games. The group of respondents who used drugs and often drank alcoholic beverages was only around 6.3%, or 31.0% when combined with those who often and sometimes drank alcoholic beverages. Whereas the number of respondents who used drugs in one year was 8.1% of respondents who frequently drank alcoholic beverages, or 34.7% of respondents if they were combined frequently and who sometimes drank alcoholic drinks. Alcoholic drinks can not be categorized as drug use behavior, but the effects of drinking alcoholic drinks are the same as in drugs, which are harmful to body health until death, especially if alcoholic drinks are mixed, namely alcoholic beverages mixed with other ingredients such as spiritus and other medicines.

Risky behaviors for drug abuse other than those mentioned above can be said to be very small. Smoking using vapping, visiting karaoke, nightlife and prostitution can be said to be less risky for drug abuse. In table 5.20, it can be seen that ever used and current user respondents are generally under 5% who answered "often" doing these activities. Karaoke places that have become places for transactions or drinking drugs apparently are not so significant as risky behavior towards drug use. This can be understood because the type of drugs most widely consumed is methamphetamine, where the transaction or use of drugs is done not at a karaoke place. Karaoke places are usually done by those who consume ecstasy-type drugs.

Table 5.20. Risky Behavior Towards Drug Abuse in Indonesia.

Risky Behavior		Ever Used		Current User	
		N	%	N	%
a) Smoking	1. Never	923,702	20.40	542,181	15.90
	2. Sometimes	276,909	6.10	157,178	4.60
	3. Often	3,334,133	73.50	2,719,829	79.50
b) Vaping	1. Never	3,844,634	84.80	2,890,385	84.50
	2. Sometimes	494,830	10.90	402,159	11.80
	3. Often	195,280	4.30	126,644	3.70
c) Drinking alcoholic beverages	1. Never	3,129,642	69.00	2,231,597	65.30
	2. Sometimes	1,120,267	24.70	910,588	26.60
	3. Often	284,835	6.30	277,003	8.10
d) Night hangout	1. Never	1,967,446	43.40	1,385,764	40.50
	2. Sometimes	1,406,188	31.00	1,145,412	33.50
	3. Often	1,161,110	25.60	888,012	26.00
e) Visiting karaoke	1. Never	3,753,171	82.80	2,818,018	82.40
	2. Sometimes	744,757	16.40	568,679	16.60
	3. Often	36,817	0.80	32,491	1.00
f) Clubbing	1. Never	4,157,696	91.70	3,100,011	90.70
	2. Sometimes	310,686	6.90	253,533	7.40
	3. Often	66,362	1.50	65,644	1.90
g) Visiting bilyard	1. Never	3,858,120	85.10	2,907,441	85.00
	2. Sometimes	479,751	10.60	395,085	11.60
	3. Often	196,872	4.30	116,662	3.40
h) Visiting prostitution	1. Never	4,465,256	98.50	3,353,730	98.10
	2. Sometimes	47,531	1.00	43,502	1.30
	3. Often	21,957	0.50	21,957	0.60
i) Playing game	1. Never	2,840,578	62.60	2,061,957	60.30
	2. Sometimes	732,951	16.20	567,305	16.60
	3. Often	961,215	21.20	789,927	23.10

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

5.8. The Attitudes of Drug Users If Being Entangled by the Law

Drug use is an illegal act that is prohibited by law, except for the benefit of medication recommended by doctors and for the development of science. The utilization outside these purposed is included in the category of abuse, which resulted in legal process if being caught. In table 5.21, it is known that only 40% of respondents who use drugs feel deterrent and will stop using drugs if they are caught by law. This shows that criminal sanctions are not feared by drug users, especially those who are addicted to using drugs.

Basically, a drug addict does not want to stop using drug addicts. However, to stop using drugs is not easy to do, because the suggestion is very strong. A meth user admitted that he really wanted to leave, but he was physically unable to follow, so that if his desire arises he will feel nauseous and heartburn Furthermre, when he hears the name 'meth' or sees the inhaling tool, he will be affected to use meth and nausea and heartburn will appear.

Rejection by the body, despite that an addict has realized to leave meth, is justified by a resource person who works as a doctor. According to him, there are three triggers for additive methamphetamine, namely: people, place and thing, which is often abbreviated to PPT. Therefore, a person can only recover from drugs if they are kept away from the user's environment, moved to another place, and prohibited to see the object again, even if only part of the object.

The same conditions occur both in urban and rural areas, as well as those who are male or female. In rural areas, the number of respondents who said they did not stop using drugs if they were caught in a legal case was greater than in urban areas, namely 76.9% in rural areas and 53.1% in urban areas. Meanwhile, from the gender, male respondents were 61.40% who stated they would not stop using drugs even though they had been processed by the law, while 100% female respondents would stop using drugs if they were processed by the law.

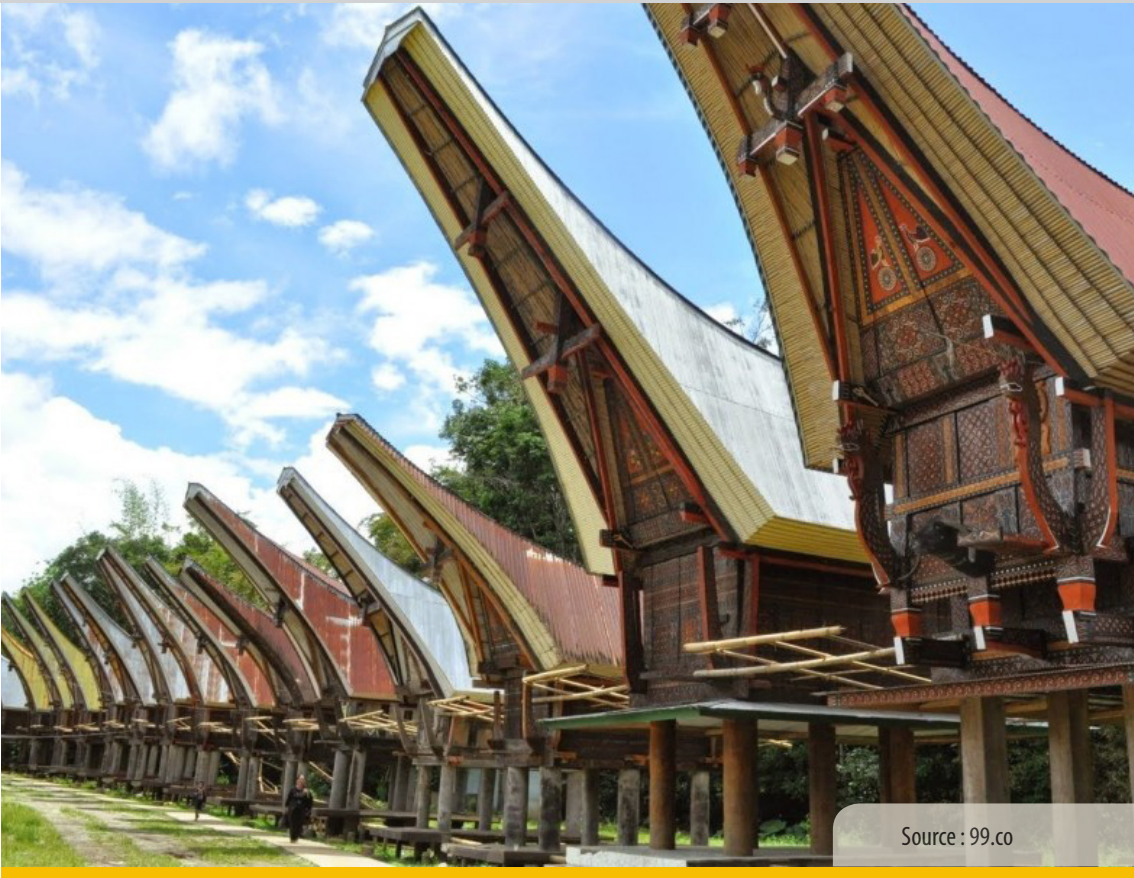
Table 5.21. Stop Using Drugs if Proceeding Legal Case According to Residence and Gender

Variable	Yes	No	N
Residence:			
Urban	46.90	53.10	41
Rural	23.10	76.90	18
Total	40.00	60.00	59
Gender:			
Male	38.60	61.40	53
Female	100.00	0.00	6
Total	40.00	60.00	59

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

VI

INTERVENTION OF DRUG ABUSE AND ILLICIT TRAFFICKING PREVENTION AND ERADICATION PROGRAM (P4GN)



Source : 99.co

Tongkonan House, Toraja, South Sulawesi Province

Source : pesona.travel

Tongkonan House, Toraja, South Sulawesi Province

VI

INTERVENTION OF DRUG ABUSE AND ILLICIT TRAFFICKING PREVENTION AND ERADICATION PROGRAM (P4GN)

The drug prevention program in Indonesia is carried out through the implementation of the Drug Abuse and Illicit Trafficking Prevention and Eradication Program (P4GN). The mandate to implement the program was given to National Narcotics Board as a vocal point. In order to run P4GN, National Narcotics Board divides it into three categories namely: 1) Primary Prevention, namely prevention for young people who have never abused drugs. Primary prevention activities are mainly carried out in the form of counseling, information sharing, and education; 2) Secondary Prevention, namely prevention for younger generation who have started trying to abuse drugs. Secondary prevention is done through education and counseling to people who have tried to use drugs to stop and follow healthier behaviors, provide services, care, recovery, encourage abusers to use services, motivate abusers to continue to follow treatment and recovery, and encourage the family to create a social environment that supports recovery efforts; and 3) Tertiary Prevention, namely prevention for drug victims or former drug victims. Tertiary prevention is an attempt to make recovery for those who have experienced addiction or who have suffered from dependency, through treatment and recovery and services to keep users from relapsing again. (P4GN Guidelines, 2007, National Narcotics Board, 2004). In this chapter the survey results are

related to the P4GN Program, covering knowledge about the P4GN Program, understanding and community involvement in the P4GN Program and the implementation of the P4GN Program.

6.1. Knowledge about P4GN Program

Knowledge about P4GN Program can be known from information that is seen/heard/followed in various media which are grouped into 4 media, namely 1) face to face media (socialization, seminars, counseling); 2) Printed media (bulletin boards/wall magazines, leaflet distribution, posters, books); 3) Electronic media (TV, radio); and 4) Online media (internet/Facebook/Instagram/Twitter). Basically all respondents already know about the danger of drugs from various sources of information by seeing/hearing/following various media. Electronic media is the most widely seen/heard source of information by respondents. Table 6.1 shows that the majority of respondents, or 75.6%, gained knowledge about drugs from electronic media (TV and radio). Electronic media is the most effective media in disseminating information about the danger of drugs. In addition to electronic media, printed media are also quite effective in conveying information about the danger of drugs. As many as 46.5% of respondents received drug information from the printed media (bulletin boards/wall magazines, leaflets, posters, books) distribution. Only about a fifth of respondents (21.20%) claimed to have seen/heard/participated in danger of drug activities because they attended face-to-face socialization activities.

Based on residence (rural/urban), urban community's knowledge about drugs and P4GN Program is higher than those in rural areas. It can be seen from the percentage of urban respondents who know drug information both from face to face media, print media, electronic media and online media, that is greater than respondents in rural areas (Table 6.1). Electronic media became the main source of information both in rural and urban areas, where the percentage in urban areas was 78.90%, higher than rural areas by 70.50%. At present television and radio are owned by almost all households in both rural and urban areas. However, programs from stations other than national television that can be enjoyed by rural communities are still limited, depending on the presence and the range of the transmitter. While in urban areas, almost all television shows and even

foreign programs can be accessed via cable television. Printed media, such as posters, brochures, and leaflets are more widely used as a source of drug information in urban communities, at 52.7%, while in rural area is 36.9%. Posters are more widely installed in strategic places in urban areas so that they are seen more by urban communities.

Socialization, counseling, and seminars are face-to-face media carried out by Provincial Narcotics Board in disseminating information about drugs. The survey results showed that only 23.5% of respondents in urban areas received drug information from face-to-face media. It is even smaller in rural area reaching 17.5%. This condition reflects that community participation in drug socialization and counseling activities is still low, especially in rural areas. Based on interviews with several informants at Provincial Narcotics Board, it is known that the socialization and counselling activities are still limited and do not reach all the community. For example in Padang City, anti-drug socialization activities are focused on drug-prone districts, namely West Padang District to be more effective. In the next stage, socialization will be carried out in other districts that have not been touched by anti-drug socialization. This is due to limited resources, both human and budget. The community in rural areas have not been touched by the socialization activities and anti-drug counseling. For example, in Padang Pariaman Regency, anti-drug socialization activities only include urban village and sub-district officials held at the district office. Other sources of information are online media (internet/Facebook/Instagram/Twitter). Internet, Facebook, Instagram and Twitter are more prominent sources of drug information for people in urban areas, which is 44.7%, while in rural areas it is only 26.6%. Online media (in the network) seems to be only effective for urban areas because internet network access in urban areas is better than in rural areas.

The description shows that the reach of information about the danger of drugs from each of these media is still not optimal. It is only seen/heard/followed by around 75% of respondents. Therefore, more intensive efforts are still needed, especially for media outside of electronic media, so that the range of information is increased and attracts more community participation. Especially for face-to-face socialization activities, it requires very serious efforts to look for more attractive mechanisms and materials in order to increase community participation.

Table 6.1. Media Seen/Heard/Followed by Respondents in the Past Year Based on Urban-Rural

Source of information	Urban	Rural	Total	N
Face to face media (socialization, seminars, counseling)	23.50	17.50	21.20	6,039
Printed media (bulletin boards/ wall magazines, leaflet distribution, posters, books)	52.70	36.90	46.50	13,277
Electronic media (TV, radio)	78.90	70.50	75.60	21,595
Online media (internet/ Facebook/Instagram/Twitter)	44.70	26.60	37.60	10,737

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Furthermore, based on gender, both male and female get information about the danger of drugs primarily from electronic media with a small percentage difference, namely 76.20% of male respondents and 75.20% of female respondents (Table 6.2). The second most viewed/heard/followed media as a source of information about the danger of drugs by both male and female respondents is the printed media, namely 49.20% male and 44.10% female. Meanwhile, online media is ranked third as a media that is widely seen/ heard followed as a source of information about the dangers of drugs. This media was followed by around one third of respondents both male and female in the past year.

The condition and distribution of data as described above shows that the percentage of male is greater than female for each information media available. This indicates that male's knowledge about drugs is better than female. Electronic media and printed media are the most effective media in disseminating information about the danger of drugs, both to men and women because they are the most seen/heard/ followed media. The implication is that P4GN needs to prioritize the use of the two media so that information about the danger of drugs is more widespread and effective, especially for female. However, the two media are may still be lacking in giving a deep understanding of the danger of drugs. Therefore, to provide a deeper understanding, the use of interactive media such as online media and face-to-face media

will certainly be more effective because it allows discussion. Therefore, P4GN must still use face-to-face and online media in providing a deeper understanding of the danger of drugs.

Table 6.2. Media Seen/Heard/Followed by Respondents in the Past Year Based on Gender

Media of Information	Male	Female	Total	N
Face to face media (socialization, seminars, counseling)	22.20	20.30	21.20	6,039
Printed media (bulletin boards/ wall magazines, leaflet distribution, posters, books)	49.20	44.10	46.50	13,277
Electronic media (TV, radio)	76.20	75.20	75.60	21,595
Online media (internet/ Facebook/Instagram/Twitter)	39.80	35.60	37.60	10,737

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

If the source of information about the danger of drugs is related to the level of education of respondents, Table 6.3 shows that the higher the level of education of respondents, the greater the percentage of respondents who see/hear/follow information about the danger of drugs from each type of information media. Conversely, the lower the education level of respondents shows smaller respondents who see/hear/follow information about the danger of drugs from each information media. This condition certainly can be interpreted that the higher a person's education, the higher the concern and need to obtain information about the danger of drugs in various media, and vice versa. The interesting thing is that although the proportion of the percentage is different, all groups of respondents in various levels of education make electronic media in the first rank of the most widely seen/heard/followed by them in finding sources of information about the danger of drugs. The next rank are printed media (bulletin boards, distribution of leaflets, posters, books) and online media. The lowest rank is face-to-face media.

What needs to be noted from the description above is that in the group of respondents who were not educated up to junior high school

level/equivalent, the proportion of respondents who had seen/heard/followed information about the danger of drugs from various media in the past year was the lowest compared to the group of respondents with higher education level. The implication is that P4GN needs to make a more serious effort to disseminate information about the danger of drugs to community groups with a junior high school education or equivalent. This is important because considering the percentage of respondents who have seen/heard/followed information about the danger of narcotics is relatively low compared to other education group. It means that the knowledge about the danger of drugs at this education level is still low. Thus more intensive prevention efforts are needed.

Table 6.3. Media Seen/Heard/Followed by Respondents in the Past Year Based on Education Level

Media of Information	Not going to school	Not/have not graduated from elementay	Elementary/ MI graduate	Junior High/ MTs graduate	Senior High/ MA graduate	Academy/ University	Total	N
Face to face media (socialization, seminars, counseling)	8.30	9.90	11.10	20.80	24.80	31.10	21.20	6,040
Printed media (bulletin boards/ wall magazines, leaflet distribution, posters, books)	19.10	25.60	29.00	43.80	54.10	64.80	46.50	13,277
Electronic media (TV, radio)	53.40	63.90	67.10	74.90	80.40	82.60	75.60	21,595
Online media (internet/ Facebook/ Instagram/ Twitter)	12.00	9.70	13.70	31.80	47.90	63.80	37.60	10,737

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Based on age groups, electronic media is the main source of drug information, both in the young age group, productive groups, and old groups. This can be understood because almost all households have a television that can be accessed by all household members ranging from young to old. Television often broadcasts information about drugs, such as drug abuse arrest and other information. The proportion of this choice is approximately the same as the choice of respondents in other categories, namely rural-urban; male or female, and level of education. A striking difference is in the age group under 25 years. Respondents in this age group choose online media as media information seen/heard/followed in the second place, while other age groups put printed media as the second ranked source of information that is widely seen/heard/followed.

The difference conditions can be understood because millennial generation is more literate in information technology, especially social media, than the older generation. Therefore, this group of respondents under the age of 25 received more information, including the danger of drugs from social media than printed media. The implication in the future is that besides electronic media, socialization about the danger of drugs for young people should be prioritized using online media because they are seen/heard/followed by them. It is hoped that socialization will be more efficient because of its wider reach and provide a more detailed understanding to the younger generation. While for those aged 25 years and over who see/hear/follow the electronic media and printed media, the socialization continues to use both media.

Interestingly, if the data in Table 6.4 is examined further, it seems that the respondents who see/hear/follow the information media are mostly in the age group of under 25 years old with the proportion of 34.80% face-to-face media, 57.00% printed media, 78.20% electronic media, and 61.10% online media. It is followed by the 25 - 59 years age group in the second rank with their proportions in each media sequentially at 18.70%; 45.40%; 76.10%; and 34.20%. From the target of socialization about the danger of drugs, the spread of knowledge of the danger of drugs is already right on target and relatively effective. It is said so because some victims of drug abuse are less than 25 years old (students and university students). They are in the age group that is generally still overwhelmed by a great curiosity for something new and relatively unlimited relationships. The implication

is that they are more likely to be exposed to drugs than other groups. This is based on a variety of research results that show that many drug abusers begin with trials conducted in adolescence. Therefore, although this age group of less than 25 years old is the most who sees/hears/follows, it is possible to understand the danger of drugs. However, prevention efforts in this group must be increased because they are very vulnerable to drug exposure. By increasing prevention activities, it is hoped that the level of exposure in this young group can be minimized. If this condition is reached, the exposure in the older group in the future will be reduced because it has been prevented since early.

Table 6.4. Media Seen/Heard/Followed by Respondents in the Past Year By Age

Media of Information	< 25	25 - 59	60+	Total	N
Face to face media (socialization, seminars, counseling)	34.80	18.70	11.70	21.20	6,040
Printed media (bulletin boards/ wall magazines, leaflet distribution, posters, books)	57.00	45.40	30.30	46.50	13,277
Electronic media (TV, radio)	78.20	76.10	64.20	75.60	21,595
Online media (internet/ Facebook/Instagram/Twitter)	61.10	34.20	12.40	37.60	10,737

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Furthermore, from the main activity categories of respondents (Table 6.5), it appears that the largest proportion of respondents have seen/ heard/participated in activities about the danger of drugs from electronic media. Then, the second rank of other media that is seen/heard/followed is printed media. Printed media is more prominent as a source of information for respondents who are still students. Middle school students (junior and senior high schools) and academy/university students are one of the targets of socialization and counselling activities conducted by Provincial Narcotics Board. Besides face to face event (socialization), anti-drug information is also done by distributing brochures and leaflets in schools. Meanwhile, online media is ranked third, while face-to-face media is in the last rank which is seen/heard/followed by respondents. Interesting data

shows that in the category of student respondents who placed online media as a medium of information about the danger of drugs ranked second after electronic media. This can be understood because internet, Facebook, Instagram, and Twitter are more widely used by young people who are mostly students. The group of respondents who work, manage the household, and others put online media in the third rank after printed media as a medium of information about the danger of drugs that are seen/heard/followed by respondents.

The condition of the difference in the choice of media (printed and online) which ranks second as described above explains that students are generally more literate to online technology than other respondent groups. Therefore, it can be understood if they make online media the second main source of information after electronic media. In fact, with the development of the digital world, it is very possible that the younger generation, in the future, will make online media ranked first as the most widely seen/heard/followed as the main source in finding information, including drugs. The implication, in the future, the use of online media must be encouraged to become the priority of the media used to disseminate information about the danger of drugs.

Table 6.5. Media Seen/Heard/Followed by Respondents in the Past Year Based on Main Activities

Media of Information	Working	Going to school	Managing household	Others	Total	N
Face to face media (socialization, seminars, counseling)	20.00	45.90	14.90	19.80	21.20	6,040
Printed media (bulletin boards/wall magazines, leaflet distribution, posters, books)	47.30	61.30	39.20	48.20	46.50	13,277
Electronic media (TV, radio)	75.90	79.20	74.20	73.70	75.60	21,595
Online media (internet/ Facebook/Instagram/Twitter)	37.30	65.30	27.90	40.10	37.60	10,737

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

From the understanding of respondents who received information about the danger of drugs, only three-quarters respondents understood the message of the danger of drugs delivered through various media, while the rest still did not catch the exact message. If the respondent's understanding of the danger of drugs is seen based on the urban and rural categories, Table 6.6 shows that more respondents from urban areas (82%) were able to catch the message of the danger of drugs delivered by various media than rural respondents (70.10%). This difference is likely to occur because of the better level and quality of education that urban communities have than those in rural areas or maybe urban communities have higher concerns about the danger of drugs that attack massively urban areas. Thus, they are more interested in understanding the danger of drugs than those in rural areas that face a relatively low drug threat.

Table 6.6. Respondents' Understanding on Information about the Danger of Drug in Various Media Based on Rural - Urban

Level of Respondents' Understanding	Urban N=17,356	Rural N=11,196	Total N=28,552
Strongly understand	27.90	17.30	23.80
Understand	54.10	52.80	53.60
Less understand	3.50	6.50	4.70
Not understand	14.50	23.50	18.00
Total	100.00	100.00	100.00

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Apart from these differences, the data in the table above shows that respondents' understanding on messages of the danger of drugs through various media is still not optimal, both in urban and rural areas. It needs better efforts to socialize the danger of drugs to the public. It may be necessary to use different ways of presenting materials about the danger of drugs in various media to urban and rural communities. In addition, the simplification of information is important so that the message conveyed through various media can be understood easily and intact by the public.

When the respondent's understanding of information about the danger of drugs is seen by gender, there is almost no difference between male and female in understanding the message of the danger of drug in various media. In Table 6.7, it can be seen that about three quarters of the number of respondents both male and female who are informed about the danger of drugs can understand the contents of the message. Although there are more groups of female respondents who do not understand the message of the danger of drugs delivered by the media. The difference is small that it is relatively insignificant. This indicates that in socializing the danger of drugs, there is no need to differentiate between male and female, both in terms of the media and the content.

Table 6.7. Respondents' Understanding on the Information of the Danger of Drug in Various Media Based on Gender

Level of Respondents' Understanding	Male N=13,394	Female N=15,158	Total N=28,552
Strongly understand	25.10	22.50	23.80
Understand	53.60	53.50	53.60
Less understand	4.00	5.30	4.70
Not understand	17.20	18.70	18.00
Total	100.00	100.00	100.00

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Data on respondents' understanding of the danger of drug information delivered by various media which are seen/heard/followed by respondents based on their level of education as shown in Table 6.8 shows that the higher the education level of respondents, the more respondents understood the message of the danger of drug delivered by the media. However, the concern is that there are still around 10% who are highly educated and 13% of respondents who have a high school/ equivalent education who cannot understand the message conveyed by the media about the danger of drugs. The percentage may seem small, but if it is related to the level of education it is quite significant. It is said so because with this level of education, logically they must have been able to capture the message about the danger of drugs. Especially in

the age range of high school/equivalent and higher education level, they have grown up and their social relations are assumed to be relatively broader. Thus, they should have understood about drugs that they are not easily exposed to drugs as a result of their wide association.

Apart from that, in the context of P4GN, the above facts indicate the need for more intensive efforts in providing information about the danger of drugs that are focused on groups of people who are not educated up to junior high school/equivalent. It is because the largest percentage of respondents who do not understand information about the danger of drugs is this group. The efforts to provide understanding to groups without education up to junior high school/equivalent are important because drug abuse is now targeting those who are not knowledgeable, children, and adolescents. By giving this group an understanding, it is hoped that they will not involve in drug abuse.

Table 6.8. Respondents' Understanding on the Information of the Danger of Drug in Various Media Based on Education Level

Level of Respondents' Understanding	Not going to school	Not/ have not graduated from elementay	Elementary/MI graduate	Junior High/ MTs graduate	Senior High/MA graduate	Academy/ University	Total
Strongly understand	12.20	10.60	14.20	19.10	27.60	39.70	23.80
Understand	38.00	49.90	50.00	56.80	56.60	48.60	53.60
Less understand	8.30	8.50	8.50	5.50	2.90	1.60	4.70
Not understand	41.50	31.00	27.40	18.60	13.00	10.10	18.00
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00
N	650	1,350	5,347	6,120	11,197	3,888	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Overall, by excluding age, the table above shows that approximately three-quarters (77.40%) of the total respondents who received information about the danger of drugs from various media which is seen/heard/followed could understand information about the danger of drugs. The same proportion also occurs in the existing group of

respondents, both in the age of less than 25 years and in the age of 25-59 years. Meanwhile, the respondent's level of understanding of the danger of the drug dropped slightly, at only around 60%, in the age group of 60 years or older (Table 6.9). The reduction is predicted due to the influence of age that is already classified as old. In this age group, the ability to digest the information obtained is no longer prime. In addition, respondents in this age group see drug problem as no longer interesting because it has passed its time.

The relatively large level of respondents' understanding in the age range of 59 years or below about the danger of drugs certainly indicates the success of the socialization of the danger of drugs organized by P4GN. Similarly, in the age group of 60 years or over, it can be said to be relatively good because the socialization of the danger of drugs through various media has succeeded in providing understanding to more than 60% of respondents in the age group of 60 years and over, whereas the ability to understand and interest in drug problems from this group has started to decrease. Apart from the success of P4GN socialization as described above, P4GN program needs to be carried out or even improved so that even if the people's understanding of the dangers of drugs cannot be improved, at least it can still be maintained.

Table 6.9. Respondents' Understanding on the Information of the Danger of Drug in Various Media Based on Age Groups

Level of Respondents' Understanding	< 25	25 - 59	60+	Total
Strongly understand	28.00	23.40	15.70	23.80
Understand	54.70	53.80	47.70	53.60
Less understand	4.20	4.60	7.00	4.70
Not understand	13.10	18.10	29.60	18.00
Total	100.00	100.00	100.00	100.00
N	5,222	21,362	1,968	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Based on activity status, it can be said that most respondents with different backgrounds (working, going to school, etc.), with approximately the same proportion, around 70% or more, have a good understanding of the danger of drugs (Table 6.10). However, the respondents who had the greatest proportion in understanding the danger of drugs were those who were going to school (85.90%), followed sequentially by respondents who worked, others (unemployed), and those managing of the household (73.70%).

The above description shows that the socialization of the danger of drugs to those who are still in school is the most successful activity because the percentage of respondents who understand it is the highest compared to other categories. Meanwhile, there are still about a quarter of the respondents from the group of taking care of the household and "others" still do not understand about the danger of drugs. Seeing the above description, in general it can be said that P4GN socialization activities through various media have been quite successful, although it has not been maximized. Therefore, P4GN activities need to be continued, in addition to broadening the understanding of community groups who do not yet understand the danger of drugs, also to maintain the achievements that have been achieved.

Table 6.10. Respondents' Understanding on the Information of the Danger of Drug in Various Media Based on Main Activities

Level of Respondents' Understanding	Working	Going to school	Managing household	Others	Total
Strongly understand	24.60	30.20	19.80	23.60	23.80
Understand	53.20	55.70	53.90	51.40	53.60
Less understand	4.30	3.40	5.80	5.10	4.70
Not understand	17.90	10.70	20.50	20.00	18.00
Total	100.00	100.00	100.00	100.00	100.00
N	16,393	2,815	7,863	1,481	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

When respondents were asked their attitude after understanding about the danger of drugs, about three-quarters of the respondents said they would avoid drugs. In Table 6.11, it can be seen that respondents in urban areas seem to understand more about the danger of drugs so that more urban respondents take a position to avoid the influence of drugs (82.80%) compared to respondents from rural areas (71.90%). It is likely that this has happened because in urban areas drugs have been penetrated for a long time and there are already many victims of drug abuse which are a negative example for urban communities. Therefore, it is not surprising that more urban communities are preparing themselves to be unaffected and become victims of drug abuse.

Meanwhile, for rural areas, the intensive attack of the danger of drugs can only be said that it just happened recently,, especially in recent years. In addition, usually drug users in rural areas consume drugs outside their rural areas. Thus, perhaps there are still not many examples of drug victims that make rural communities afraid of the danger of drugs. That explains why the number of rural respondents who take a position to avoid drugs is less than urban respondents. They may have a perception that drug abuse only occurs in urban areas so there is no need to be careful about avoiding the danger of drugs. The implication is that P4GN program needs to be more able to convince rural communities about the danger of narcotics and their negative impacts so that rural communities will strictly avoid drugs.

Table 6.11. Attitudes of Respondents After Understanding the Information about the Danger of Drugs Based on Rural and Urban Areas

Attitude of Avoiding Drugs	Urban	Rural	Total
Yes	82.80	71.90	78.50
No	17.20	28.10	21.50
Total	100.00	100.00	100.00
N	17,356	11,196	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

If the respondents' attitude of avoiding drugs after obtaining information about the danger of the drug is seen based on the gender category, then it can be said that the attitude between men and women is relatively the same. Almost 80% of respondents will avoid drugs (Table 6.12), while the rest said they would not try to avoid it. The implication for P4GN is that the planning and implementation of the program does not need to be differentiated based on the gender of the target socialization, because it does not have a different impact on male and female.

Table 6.12. Attitude of Respondents After Understanding the Information about the Danger of Drugs Based on Gender

Attitude of Avoiding Drugs	Male	Female	Total
Yes	79.10	78.00	78.50
No	20.90	22.00	21.50
Total	100.00	100.00	100.00
N	13,394	15,158	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

In terms of education level, Table 6.13 shows the largest proportion of respondents who answered that they would avoid the danger of drugs were respondents with higher education (87.20%) and were followed by respondents from the high school education group/equivalent (77.90%). The number of respondents who took the attitude of avoiding the danger of drugs reached more than three-quarters, both in the group of university and high school respondents. Meanwhile, respondents who took the attitude of avoiding the danger of drugs with the smallest proportion were respondents who were not going to school, even though the number who rejected drugs was still above 50%. An interesting condition from the table above is the presence of data trends which indicate that the higher a person's education, the more respondents will refuse drugs or who have a defense against the danger of drugs. Conversely, the lower the level of someone's education, the smaller the number of respondents who refuse drugs, so that those with less education are vulnerable to the danger of drugs. It implicates that the program launched in the context of P4GN must touch the education sector both formal and non-formal, where the intensity and quality of counseling is directed more to groups with high school education and below so that they are able to refuse if offered drugs.

Table 6.13. Attitudes of Respondents After Understanding the Information about the Danger of Drugs Based on Education Level

Attitude of Avoiding Drugs	Not Going to School	Not/ Have not graduated from elementay	Elementary/MI graduate	Junior High/MTs graduate	Senior High/MA graduate	Academy/ University	Total
Yes	54.30	64.60	68.70	77.90	83.70	87.20	78.50
No	45.70	35.40	31.30	22.10	16.30	12.80	21.50
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00
N	650	1,350	5,347	6,120	11,197	3,888	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

In the respondent's attitude in avoiding drugs after understanding about the danger of drugs, it appears that the largest percentage of respondents are those who are under the age of 25 years old (Table 6.14). Based on the age range, it can be said that respondents in the age group under 25 years old are students. This is definitely pleasing information because usually people are exposed to taking drugs when they are still students. Therefore, the data above shows that most students and university students already have the power to avoid the threat of the danger of drugs. However, this condition has not shown that young generation of students are free from the danger of drugs because there are still 16.30% of respondents under 25 years old and who have been informed about the danger of drugs still do not care and do not take the attitude to avoid drugs. This group is vulnerable to be exposed to drugs. The implication is that more intensive and systematic socialization about the dangers of drugs is needed in order to reduce the level of vulnerability of students and university students from the threat of drug abuse.

In addition to the age groups of students and university students, the attitudes of respondents in the age range of 25 - 59 can be said to be quite good where more than three-quarters of them said they would avoid drugs after knowing information about the danger of drugs. However, because there are still 21.60% who do not care about the danger of drugs, including those who are still in their productive age. Then stronger efforts are still needed to convince this group about the danger of drugs. With this effort, it is hoped that more people will refuse drugs.

The lowest proportion of respondents who avoid the danger of drugs are those aged 60 years or over. This condition can be understood because they are no longer productive and may have concentrated on the search for the good of life. Thus, they may not feel the need to avoid the danger of drugs because they already have self defense mechanisms and beliefs not be tempted by drug abuse.

Table 6.14. Attitudes of Respondents After Understanding The Information About The Danger of Drugs Based on Age Groups

Attitude of Avoiding Drugs	< 25	25 - 59	60+	Total
Yes	83.70	78.40	66.60	78.50
No	16.30	21.60	33.40	21.50
Total	100.00	100.00	100.00	100.00
N	5,222	21,362	1,968	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

In line with the review above, if the respondent's avoidance attitude towards the danger of drugs is seen from their daily activities, it appears that those who attend school activities have the highest percentage of avoidance attitudes towards drugs in their group (Table 6.15). Although these data provide a positive indication of students' resistance to the danger of drugs, prevention efforts for this group of students must still be intensified. This is important in addition to maintaining the persistent attitude of respondents who have been positive about avoiding the danger of drugs, also to convince a small proportion of student respondents whose attitudes are still permissive towards drugs. Thus, it can be expected that in the future it can reduce students' exposure to drugs

Table 6.15. Attitudes of Respondents After Understanding the Information About the Danger of Drugs Based on the Main Activities

Attitude of avoiding drugs	Working	Going to school	Managing household	Others	Total
Yes	78.60	86.60	75.80	76.80	78.50
No	21.40	13.40	24.20	23.20	21.50
Total	100.00	100.00	100.00	100.00	100.00
N	16,393	2,815	7,863	1,481	28,552

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

6.2. Involvement and Understanding of the P4GN Program

This section will look at community involvement in drug prevention activities/programs. The data in table 6.16 shows that the involvement of respondents in the activities of drug prevention programs is still relatively small. The largest community involvement was only in lecture/counseling activities, and even then the number was still below a quarter of the number of respondents, 24.70%. The reason that the involvement of respondents was more focused on lecture activities perhaps because a lot of socialization activities were carried out in schools or in urban villages that were mobilizing.

If the community involvement is differentiated between urban and rural areas, it appears that the involvement of urban communities in drug prevention programs is greater than that of rural communities. This condition shows that urban communities are more concerned about the danger of drug. Therefore, they have a greater curiosity about drug prevention than rural communities. That condition occurs, perhaps, because drug abuse is more prevalent in urban areas than in rural areas. Thus, the implementation of prevention programs is also more widely practiced in urban areas. This indicates that urban society has more access and attention to be involved in activities to prevent the danger of drugs. Another possibility is that due to the large number of circulation and the occurrence of narcotics crime in urban areas. Then urban communities, in their own awareness, feel more concerned to be involved in drug prevention activities. They certainly hope that their

involvement in drug prevention activities will protect themselves, their families and their environment from drug exposure.

Another fact shown in table 6.16 is that the least drug prevention activities participated by respondents were training programs to become members of anti-drug volunteers held in various environments, amounting 2.80% of urban respondents and 1.50% of rural respondents. Probably, this program is not attracting the interest of the community because it is voluntary without getting paid. Furthermore, the activities are time and energy consuming and risky. Another thing that might cause the low involvement of the community in training as anti-drug volunteers is the weak system in member recruitment or the program is less interesting. Therefore, a comprehensive evaluation of the low effectiveness of the program in attracting anti-drug volunteers is needed.

Table 6.16. Involvement of Respondents in Drug Prevention Activities/ Programs in the Past Year Based on Urban and Rural Areas

Activities	Urban	Rural	Total	N
Lecture / Counselling	24.70	21.80	23.50	6,722
Discussion / Interactive Dialog	8.00	5.20	6.90	1,975
Film / Entertainment stage / Anti-drug musical concert	7.20	4.30	6.10	1,730
Seminar / Workshop	7.40	3.60	5.90	1,692
Training as anti-drug volunteer at school/campus/neighbourhood/ working place	2.80	1.50	2.30	654
Anti-drug campaign	3.70	1.90	3.00	862
Others	0.60	0.60	0.60	174

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Regarding the understanding of respondents on the message delivered through Drugs Prevention Activity/Program based on urban and rural areas, the data in table 6.17 shows that all respondents in urban areas (24.70%) and and almost all respondents (21.20%)[5] in rural areas claimed to understand the message delivered in anti-drug lectures/counseling. Similarly, respondents' understanding on messages delivered through Drug Prevention Activities/Programs in other forms, such as discussions, training, campaigns, etc. can be said that all respondents who participated in the activity could understand the messages from their activities.

Although almost all respondents, both in urban and rural areas, can understand messages conveyed through Drug Prevention Activities/ Programs, respondents in urban areas have a relatively higher understanding than rural respondents, although the difference is not significant. This can be understood, because in general it can be said that urban communities are more educated and get information about the danger of drugs from various sources more than rural communities who have lower education and have more limited sources of information about the danger of drugs.

This condition certainly must be a positive value for the implementation of anti-drug programs, because this fact indicates that the program is quite effective. The problem is, because the participants of the various Drug Prevention Activities/Programs are still relatively low, the number of people in urban and rural areas who understand the message of the danger of drugs is still small. On that basis, further evaluation of the efficiency of the Drug Prevention Program/Activity program is needed, especially outside of lectures/counseling, to find various obstacles that might hinder the implementation of the program. By doing this evaluation, it is expected to be able to manage again both the design of the program material and the implementation of the program so that it can be carried out efficiently and effectively in both urban and rural areas.

[5] Look table 6.16 Involvement of Respondents in Drug Prevention Activities/Programs in the Past Year Based on Urban and Rural Areas

Table 6.17. Respondents' Understanding of the Message Delivered in Drug Prevention Activities/Programs Based on Urban/Rural Area

Activities	Urban	Rural	Total	N
Lecture / Counselling	24.70	21.20	23.30	6,662
Discussion / Interactive Dialog	8.30	5.20	7.10	2,030
Film / Entertainment stage / Anti-drug musical concert	7.50	4.30	6.20	1,781
Seminar / Workshop	7.60	3.60	6.00	1,726
Training as anti-drug volunteer at school/campus/neighbourhood/ working place	3.50	1.70	2.80	793
Anti-drug campaign	4.40	1.90	3.40	975
Others	0.80	0.60	0.70	204

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

From gender differences, Table 6.18 shows that male respondents' interest in participating in drug prevention programs appears to be greater in various activities than female. However, the difference is not significant. As for the type of program most widely followed, both male and female the proportion is not much different, namely 24.80% male and 22.40% female. Similarly, crime prevention programs with the least involvement of the community, both male and female, are anti-drug volunteers programs. This condition is certainly quite alarming because the presence of anti-drug volunteers is very important in preventing an increase in the number of drug abuse. With the existence of these volunteers, the has partners from the community who help preventing the expansion of drug abuse. Therefore, there needs to be more efficient and effective efforts in recruiting and training anti-drug volunteers.

Table 6.18. Involvement of Respondents in Drug Prevention Activities/ Programs in the Past Year Based on Gender

Activities	Male	Female	Total	N
Lecture / Counselling	24.80	22.40	23.50	6,722
Discussion / Interactive Dialog	7.90	6.10	6.90	1,975
Film / Entertainment stage / Anti-drug musical concert	6.50	5.70	6.10	1,730
Seminar / Workshop	6.50	5.40	5.90	1,692
Training as anti-drug volunteer at school/campus/ neighbourhood/working place	2.60	2.00	2.30	654
Anti-drug campaign	3.80	2.30	3.00	862
Others	0.60	0.60	0.60	174

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

If the understanding of anti-drug messages delivered through the Drug Prevention Activity/Program is distinguished by gender, the data in Table 6.19 shows that almost all respondents who participated in the Drug Prevention Activity/Program can understand the messages conveyed in the prevention program. In addition, although in general it can be said that groups of male respondents have a better understanding than female respondents, but the difference is not significant. Apart from its significance, the occurrence of differences in the level of understanding between male and female respondents is very likely due to the influence of the social environment. In this case, in general it can be said that the association of male is more free and broader than female. Thus, the possibility of male to have a contact with drugs is greater as a result of their involvement with friends, especially those who have been exposed directly to drugs. Meanwhile, because female's groups have more limited relationships, according to their nature, it is possible to be in contact with drugs further than male. Perhaps, some of them have never had information about drugs. Therefore, it is not strange if their understanding of drugs is lower than male.

Table 6.19. Respondents' Understanding of the Message Delivered in Drug Prevention Activities/Programs Based on Gender

Activities	Male	Female	Total	N
Lecture / Counselling	24.70	22.10	23.30	6,662
Discussion / Interactive Dialog	8.00	6.30	7.10	2,030
Film / Entertainment stage / Anti-drug musical concert	6.70	5.80	6.20	1,781
Seminar / Workshop	6.50	5.60	6.00	1,726
Training as anti-drug volunteer at school/campus/ neighbourhood/working place	3.00	2.50	2.80	793
Anti-drug campaign	4.30	2.70	3.40	975
Others	0.90	0.60	0.70	204

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Based on education level, the data in Table 6.20 shows that the majority of respondents (23.50%) from various level of education are involved in drug prevention programs in the form of lectures/counseling. Involvement of various education groups is focused on lecture/ counselling activities. This condition occurs, as revealed in in-depth interviews, most likely because the program is run quite intensively in schools and/or universities that it is the program that mostly involves students. Moreover, in its implementation, it is generally a mobilization in which students in the school are required to take part in drug prevention activities in the form of the lecture. Therefore, the involvement of students in anti-drug lectures becomes greater or the biggest percentage compared to anti-drug activities in other forms.

Besides the facts above, an interesting thing to note is that the higher the education level of the respondent, the greater the involvement of the respondent in the education group to participate in various drug prevention programs. Aside from that, the more educated a person is, the more respondents are interested in engaging in face-to-face and interactive drug prevention programs, such as lectures/counseling, discussions/ interactive dialogues, films/entertainment stages/anti-drug music concerts, seminars/workshops (University 62.80%; Senior High School 49.10%; Junior High School 40.30%; 23.60%, and so on).

Another thing that appears from Table 6.20 is that training as a member of anti-drug volunteers in schools/colleges/neighbourhoods/ work place is the activity with least participants among students. This condition can be understood because their status is students whose main task is studying. With the solid tasks as a student, it is certainly difficult to find enough free time to do other activities that take up relatively time and attention. In fact, to become an anti-drug volunteer requires time and focused attention. Therefore, activities to become anti-drug volunteers certainly become less attractive to students.

Based on the description above, it can be concluded that the implementation of P4GN program at the student level should be given in the form of interactive media, while for training activities to become volunteers focused on groups of students such as scouts, *mahawarman*, nature lovers, and so forth who carry out activity with heroic messages

Table 6.20. Involvement of Respondents in Drug Prevention Activities/ Programs in the Past Year Based on Education Level

Activities	Not Going to school	Not/Have not graduated from elementay	Elementary/MI graduate	Junior High/ MTs graduate	Senior High/ MA graduate	Academy/ University	Total	N
Lecture / Counselling	13.80	15.30	15.40	23.80	26.50	30.30	23.50	6,722
Discussion / Interactive Dialog	3.50	3.40	3.20	6.10	8.10	11.90	6.90	1,975
Film/Entertainment stage / Anti-drug musical concert	2.60	3.00	3.30	5.50	7.30	8.90	6.10	1,730
Seminar / Workshop	2.20	1.50	1.70	4.90	7.20	11.70	5.90	1,692
Training as anti-drug volunteer at school/campus/ neighbourhood/ working place	1.40	0.60	0.70	2.20	2.60	4.50	2.30	654
Anti-drug campaign	1.50	1.10	1.20	2.60	3.20	6.50	3.00	862
Others	1.20	0.60	0.50	0.50	0.60	0.80	0.60	174

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

If the understanding of anti-drug messages from drug prevention program activities is seen from the education of the respondents, the distribution of data in Table 6.21 shows that almost all respondents in various levels of education involved in various types of drug prevention activities/ programs understand the messages from the activities that they participate in. However, because the lecture/counseling was the activity most frequently followed by respondents at each level of education, the message through lecture/counseling was the most captured by respondents from various backgrounds of educational level. Conversely, because training activities as members of anti-drug volunteers are the activities that are the least participated by respondents, only a few people at various levels of education understand the messages conveyed through this activity.

From the reality above, there is a need of a more intensive effort so that community participation in prevention programs is more evenly distributed in various activities. Perhaps efforts should be made to revitalize the program, in addition to lecture/counseling activities. Thus, public interest is more widespread and in various drug prevention activities and the respondents' understanding of drug prevention is more varied.

Table 6.21. Respondents' Understanding of the Message Delivered in Drug Prevention Activities/ Programs Based on Education Level

Activities	Not Going to School	Not/have not graduated from elementary	Elementary/MI graduate	Junior High/ MTs graduate	Senior High/ MA graduate	Academy/ University	Total	N
Lecture / Counselling	12.30	15.80	15.20	23.30	26.30	30.50	23.30	6,662
Discussion / Interactive Dialog	3.20	3.60	3.20	6.40	8.20	12.30	7.10	2,030
Film / Entertainment stage / Anti-drug musical concert	2.30	3.10	3.40	5.80	7.40	9.30	6.20	1,781
Seminar / Workshop	2.00	1.80	1.90	5.00	7.30	11.80	6.00	1,726
Training as anti-drug volunteer at school/campus/ neignbourhood/working place	1.40	1.10	1.10	2.70	3.00	5.20	2.80	793
Anti-drug campaign	1.50	1.30	1.40	2.90	3.80	7.10	3.40	975
Others	0.80	0.60	0.60	0.70	0.70	1.00	0.70	204

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

From the category of age, the data in table 6.22 shows that respondents in the age group of less than 25 years old are the group of respondents who are most involved in various drug prevention activities, while respondents in the age group 60 years old and over are the lowest groups involved in activities drug prevention program. This condition is certainly positive information considering those who are exposed to drugs generally at a young age. With a large proportion of respondents at a young age or less than 25 years old who are involved in drug prevention program activities indicate that many young people are concerned about the danger of drugs and try to find out about drug prevention.

In addition to the younger generation, respondents in the age group of 25-59 years, although the average percentage of each activity about half of adolescent and young adult respondents, constitute the second largest group of respondents who are heavily involved in various drug prevention programs. This means that many of them are concerned about the danger of drugs so that they take part in drug prevention activities. The involvement of the 25 -59 age group in the activities of this drug prevention program is very important because they enter the age of marriage or building a family. With the involvement of this age group in drug prevention efforts, it can be expected to prevent the involvement of their children in drug abuse.

The problem that still needs to be studied further is the reason that more people participate in prevention programs in the form of lectures/ counseling. Do they feel that they are sufficient to prevent drugs? or does the activity of the drug prevention program give priority to lecture/ counseling activities compared to other types of activities? Questions like that need to be answered so that drug prevention activities are not only focused on lecture activities, but are spread on other drug prevention activities.

Table 6.22. Involvement of Respondents in Drug Prevention Activities/ Programs in the Past Year Based on Age

Activities	< 25	25 - 59	60+	Total	N
Lecture / Counselling	34.90	21.40	16.30	23.50	6,722
Discussion / Interactive Dialog	11.50	6.10	4.00	6.90	1,975
Film / Entertainment stage / Anti-drug musical concert	10.00	5.40	2.80	6.10	1,730
Seminar / Workshop	12.80	4.60	2.10	5.90	1,692
Training as anti-drug volunteer at school/campus/ neighbourhood/working place	4.50	1.90	1.10	2.30	654
Anti-drug campaign	5.10	2.70	1.40	3.00	862
Others	0.60	0.60	0.40	0.60	174

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

If the respondent's understanding of the anti-drug messages in the drug prevention activity is seen by age group, the data in Table 6.23 shows that almost all respondents who participated in the drug prevention activity/ program understood the message in the activity/program.[6] Even if there are small differences in the level of understanding between age groups, the differences can be ignored.

From the level of respondents' understanding of the message of drug prevention program activities that are relatively the same among various age groups, it indicates that the drug prevention program that has been implemented is actually effective because it can be understood by all respondents who take part in their activities. Thus, socialization efforts through anti-drug prevention activities against various age groups can be maintained. The issue that needs attention is precisely the relatively small number of participants, especially outside the lecture activities, and also the relatively uneven distribution among various drug prevention activities undertaken. Therefore, it is necessary to find a way so that the participation of each of these activities increases and is relatively evenly

[6] See table "Involvement of Respondents in Drug Prevention Activities/Programs in the Past Year Based on Age"

distributed in various activities that are massive (in addition to volunteer training activities).

Table 6.23. Respondents' Understanding of the Message Delivered in Drug Prevention Activities Based on Age Groups

Activities	< 25	25 - 59	60+	Total	N
Lecture / Counselling	34.70	21.20	16.10	23.30	6,662
Discussion / Interactive Dialog	12.10	6.20	3.80	7.10	2,030
Film / Entertainment stage / Anti-drug musical concert	10.50	5.50	3.00	6.20	1,781
Seminar / Workshop	12.90	4.70	2.40	6.00	1,726
Training as anti-drug volunteer at school/campus/ neighbourhood/working place	5.50	2.20	1.40	2.80	793
Anti-drug campaign	5.80	3.00	1.80	3.40	975
Others	1.00	0.70	0.60	0.70	204

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

When community involvement in drug prevention activities is seen from its main activities, it appears that the majority of respondents, with their various activities (22.90% of workers, 45.50% of students, 17.40% of household administrators, and 21.50% of unemployed) are involved in drug prevention programs in the form of lectures/counseling (Table 6.24). Furthermore, the lecture/counselling activities were followed by almost half the number of respondents who were in school. This data support the above explanation where the most respondents involved in lecture activities are under 25 years old who can be assumed at school age. As stated earlier, the large percentage of students who take drug prevention programs in the form of lectures is likely due to a counseling and socialization program about the danger of drugs carried out by National Narcotics Board/Provincial Narcotics Board to schools. Based on the results of interviews with the school and Provincial Narcotics Board, it is known that each new school year the high school or Academy/ University gives anti-drug socialization to students and new students in collaboration with Provincial Narcotics Board. Some of them carry out urine test.

Thus, it can be said that the participation of students in the prevention of drugs is mobile. The implication is that the involvement of these students does not necessarily lead to anti-drug behavior, because they participate not voluntarily on their own conscious basis. However, with the involvement of students in drug prevention activities through counseling, even with mobilization, it is hoped that it will still have a positive impact to avoid from the influence of drugs.

Another interesting thing is that it turns out that the percentage of students who take part in drug prevention activities is the highest in each of the existing drug prevention activities. If this is the case, there is also a possibility that there are relatively many students involved in various anti-drug program activities voluntarily, without mobilization. This of course gives a positive indication to the young generation because with the many young people who already have the knowledge and skills in drug prevention it is expected to increase their resilience from drug exposure.

Based on the description above, it indicates that P4GN has carried out preventive activities in various forms. However, community involvement is still concentrated in lecture/counseling activities. It seems that P4GN's activities are more focused on students or the younger generation, but they are only able to reach less than half. Meanwhile, the involvement of other activity groups, both those who work, manage the household and those who are unemployed is still relatively low of under 25%. The implication of this reality is that P4GN activities still need to be improved, both increasing the involvement of the community from various activity groups, as well as the equal distribution of their involvement in each drug prevention activity launched by P4GN.

Table 6.24. Involvement of Respondents in Drug Prevention Activities/ Programs in the Past Year Based on the Main Activities

Activities	Working	Going to school	Managing household	Others	Total	N
Lecture / Counselling	22.90	45.50	17.40	21.50	23.50	6,722
Discussion / Interactive Dialog	6.80	15.40	4.20	6.90	6.90	1,975
Film / Entertainment stage / Anti-drug musical concert	6.00	11.90	4.10	5.50	6.10	1,730
Seminar / Workshop	5.40	17.50	3.10	5.10	5.90	1,692
Training as anti-drug volunteer at school/ campus/neighbourhood/ working place	2.30	5.40	1.10	2.60	2.30	654
Anti-drug campaign	3.30	6.50	1.10	3.40	3.00	862
Others	0.60	0.60	0.60	0.70	0.60	174

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

From the understanding of drug prevention messages delivered through Drug Prevention Activities/Programs, it appears that almost all respondents from various activity groups can understand well the messages contained in these activities. This is clear when the data in Table 6.25 is compared to the table of "Respondents Involvement in Activities/Programs for the Prevention of Drug in the Past Year" that has been described previously. It seems clear that the percentage of those involved in drug prevention activities is almost the same as the percentage of respondents who understand the message of the activity. There is no significant difference in the data in the two tables. This similarity indicates that the implementation of Drugs Prevention Activities/Programs carried out by P4GN has been very good because it has been able to provide an understanding of drug prevention and can be understood by the participants in each type of activity they participated in, even though the background of the activities of the respondents was different. However, even though the quality of the drug prevention activity is good, the problem, as in the other categories of respondents described above, is the quantity

of participants who are too concentrated on lecture/counselling activities is not spread proportionally with other prevention activities.

When examined further, it appears that the actual drug prevention activities in interactive face-to-face communication such as lectures, discussions, and seminars are the activities most followed by respondents compared to other drug prevention activities. However, the question is why lecture/counseling activities are the most drug prevention activities followed by respondents and are not spread to other media despite that they are both interactive media. The biggest possibility is that the system of recruiting participants for this activity was carried out through a mobilization process. This is very possible because from the information obtained from in-depth interviews, this activity/counseling on drug prevention is mostly done in schools. This condition certainly has the role of the school to mobilize students to participate in these activities. In addition, many of the drug prevention lecture/counseling activities are carried out in villages or urban villages. It is also very possible that there is a role of village officials who mobilize their communities to participate in the lecture. If this is the case, it is not surprising that participants in drug prevention activities are concentrated in lecture/counseling activities.

The implications of the participant's mobilization system for drug prevention activities as described above certainly cause imbalances in the number of participants in other types of prevention activities. In fact, the proportional distribution of participant drug prevention activities is important because with the increasing spread of respondents involved in other prevention activities, it will increase the number of people who understand about drug prevention. The implication is that the condition of increasing the number of participants in drug prevention activities that are spread will certainly be conducive in an effort to prevent the increasing number of people exposed to drugs. Therefore, P4GN needs to try to increase the recruitment of participants in drug prevention activities whose participants are spread proportionally on various drug prevention activities.

Table 6.25. Respondents' Understanding of the Message Delivered in Drug Prevention Activities/Programs Based on the Status of Activities

Activities	Working	Going to school	Managing household	Others	Total	N
Lecture / Counselling	22.70	45.30	17.10	21.10	23.30	6,662
Discussion / Interactive Dialog	6.90	16.60	4.20	6.50	7.10	2,030
Film / Entertainment stage / Anti-drug musical concert	6.20	12.60	4.20	5.10	6.20	1,781
Seminar / Workshop	5.50	18.00	3.20	5.00	6.00	1,726
Training as anti-drug volunteer at school/ campus/neighbourhood/ working place	2.80	6.90	1.30	2.90	2.80	793
Anti-drug campaign	3.60	7.70	1.40	3.50	3.40	975
Others	0.70	1.20	0.50	0.80	0.70	204

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Although lecture/counselling is a drug prevention activity most widely participated by the public, but sometimes the lecture also raises its own problems. A drug user in Yogyakarta, for example, admitted that using drugs actually started after participating in a socialization about the danger of drugs. That's because in the socialization, it is stated the positive things from drug use even if only for a moment, such as not easily tired and so on. Although in this socialization the main emphasis was more on the negative effects of drug use, but because the positive benefits were stated first, the negative effects were no longer listened by him. Therefore, according to his confession, after the socialization, it encouraged him to try to use drugs. Thus, officers need to be careful in conveying information in socialization.

Based on his experience, according to a resource person, the officer does not need to mention the positive effects of drugs in the socialization, but directly to the negative impacts. Therefore, only the negative effects will inherent in the memories of participants in the socialization. For this reason, they propose that each socialization includes testimonials by former users. Although according to Provincial Narcotics Board officials the testimony is prohibited, but related to the testimony about the negative

impacts that have been experienced so that they can be aware, it should be done. Such testimonials are considered important and more useful than just counseling.

Another informant stated that the information on the danger of narcotics delivered by an instructor was sometimes not clear. So it seems that the instructor was less professional in conducting socialization. Based on his experience in the socialization, the socialization stated that drugs were banned because they were destructive. However, the interviewees did not explain the damage. That's what actually encouraged him to even want to try it.

Regarding complaints about the lack of professional instructors, this was also acknowledged by the Head of Prevention and Community Empowerment Division of Special Region of Yogyakarta Narcotics Board. That is because the number of councellors who have certification is still very limited. The small number of personnel who have councellor certification should not make uncertified officers to serve as councellors. Some officers have indeed undergone education and training, but the expertise is not for counselling purposes. Because counseling is generally done by "rote" based on the experience of other councellors, both from within their own institutions and experience obtained from other agencies. This is what causes unprofessionalism. It is therefore expected that the number of certified councellors will be increased.

In addition to the very limited number of certified councellors, the number of personnel in the prevention sector is also very lacking. The lack of personnel at Special Region of Yogyakarta Narcotics Board, which should have 32 personnel but there are only 11 and they serve 348 villages/ urban villages, is a lack of anti-drug socialization. The result is that the current socialization can only reach the sub district level. Whereas to reach urban village/village level cannot be done, especially to the level of hamlet/RW and neighborhood. Ideally, the socialization should reach the neighborhood level, because if people go to school, study or work, they will go home. With this logic, prevention efforts at the grassroots down to the Neighborhood level are important. Apart from the limited number of personnel, the lack of counselling is also due to the limited funds. According to information from the Head of Prevention and Community

Empowerment Division, Special Region of Yogyakarta Narcotics Board, the quota to conduct coordination meetings is limited to only 40 people in one meeting. And in one district area, it can only be done by two people.

Prevention efforts at the rural level are important because people in villages have experienced changes that are close to the lifestyle of urban communities. Millennials in rural areas are currently more socialized with social media. They are busy with their cell phones. This results in loosening of communication between parents and children due to differences in the level of education and social environment between the younger generation and their parents. Parents often lose authority in front of their childre, because their children feel more educated, have more relationships and broader knowledge insights than their parents. This has led to the attitude of young people in showing less respect to parents and feeling no need to listen to parental advice. Older and young generation live in a different world. This condition is different from the village community in the past, namely harmonious harmony, a strong sense of solidarity, and characterized by intimate, personal, face to face relationships, and the same sense of attachment. The condition of rural communities like that has the potential to be influenced by negative things.

The importance of socialization at the village level was also strengthened by the results of interviews with fostered residents both in correctional institution and rehabilitation centers, which stated that many cases of drug abuse occurred in the village. A student from a university in Yogyakarta even claimed to find many residents in a village that used "cow pills" as a supplement to work, which was thought to have an addictive effect, such as drugs. Under these conditions, in the future drug abuse prevention programs must target the rural community.

6.3. Prevention and Eradication of Drug Abuse and Illegal Trafficking Program Implementation

Drug abuse has become a serious problem in Indonesia because it has hit various groups of people to the rural areas. The prevention of drug abuse needs to be increased, which involves various parties both at central and regional levels. Institutionally, the implementation of the prevention function is the duties of the National Narcotics Board,

in collaboration with other institutions and institutions, such as the National Police/Indonesian Army, Local Governments (Office of Health/ social Affairs/Labor/education/sport), Non-Governmental Organizations (NGOs), Hospitals, Religious Organizations, Educational Institutions, and the business sector. In this section, we will find out the implementation of Prevention and eradication of drug abuse and illegal trafficking) by National Narcotics Board and drug abuse prevention activities involving related agencies.

Table 6.26 shows that the National Narcotics Board and the National Police are institutions that are widely known by respondents that provide drug prevention activities in their area, namely around 20.9% of National Narcotics Board and 20.8% of National Police. These percentages can reflect that few people know about drug prevention activities that have been carried out by National Narcotics Board and the National Police. This is because National Narcotics Board is an institution tasked with preventing drug abuse through prevention and eradication of drug abuse and illegal trafficking Program activities. Other institutions known to have provided drug prevention activities are hospitals with 15.30%, followed by educational institutions such as schools, colleges and boarding schools with 14.2%. Indonesian Army and religious organizations are known only by 11.3% of respondents as institutions that provide drug prevention activities. NGOs and the business sector play a small role in drug prevention. The same pattern of answers occurs when differentiated between rural and urban areas.

Table 6.26. Institutions That Have Carried Out Drug Prevention Activities According to the Rural-Urban

Name of Institutions	Urban	Rural	Total	N
National Narcotics Board	25.20	14.20	20.90	5,966
Indonesian Police	22.80	17.70	20.80	5,945
Indonesian Army	12.80	9.00	11.30	3,231
Regional government (Office of Health/ social Affairs/Labor/education/sport)	15.40	12.00	14.10	4,015
Non-Governmental Organizations (NGO)	11.20	6.90	9.50	2,716
Hospitals / Health centers	16.80	13.00	15.30	4,377
Religious Organizations (MUI, PGI, PHDI = Parisada Hindu Dharma Indonesia)	12.70	9.10	11.30	3,230
Educational Institutions (School, University, Islamic Boarding School)	16.20	11.10	14.20	4,054
Business sector (company, Kadin, SOE, etc)	7.00	3.60	5.60	1,607

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

According to gender, men know more about what institutions have provided drug prevention activities than women. In table 6.27, it can be seen that the percentage of men who know about drug prevention activities in all institutions is greater than women. This is likely due to the fact that more men are involved in each drug prevention activity program.

Table 6.27. Distribution of Drug Prevention Organizing Institutions According to Gender

Name of Institutions	Male	Female	Total	N
National Narcotics Board	22.70	19.30	20.90	5,966
Indonesian Police	22.90	19.00	20.80	5,945
Indonesian Army	12.30	10.40	11.30	3,231
Regional government (Office of Health/ social Affairs/Labor/education/sport)	15.10	13.10	14.10	4,015
Non-Governmental Organizations (NGO)	10.20	8.90	9.50	2,716
Hospitals / Health centers	15.70	15.00	15.30	4,377
Religious Organizations (MUI, PGI, PHDI = Parisada Hindu Dharma Indonesia)	11.90	10.80	11.30	3,230
Educational Institutions (School, University, Islamic Boarding School)	14.90	13.60	14.20	4,054
Business sector (company, Kadin, SOE, etc)	6.20	5.20	5.60	1,607

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

For those who are still in school, National Narcotics Board carries out the highest drug prevention activities at 41.90 followed by the National Police at 40.9% and educational institutions at 35.7% (Table 6.28). This is influenced by the involvement of National Narcotics Board and the National Police in anti-drug socialization activities in schools and universities. In several universities, a Drug Abuse Prevention Team (TPPN) has been established. For example, STMIK Padang has formed Drug Abuse Prevention Team since 2016 with a total of 30 students. Coaching and provisioning of material was provided by West Sumatra Narcotics Board. National Narcotics Board has quite effective community activities, especially to schools. School is a place for young people who are vulnerable to try something new, including drugs. Thus, prevention of drug use in schools is very important.

Table 6.28. Institutions That Have Carried Out Drug Prevention Activities According to Main Activities

Name of Institutions	Working	Going to school	Managing household	Others	Total	N
National Narcotics Board	20.30	41.90	14.90	19.20	20.90	5,966
Indonesian Police	20.40	40.40	15.00	19.40	20.80	5,945
Indonesian Army	11.20	20.60	8.30	10.30	11.30	3,231
Regional government (Office of Health/social Affairs/ Labor/education/sport)	14.30	22.70	10.70	13.00	14.10	4,015
Non-Governmental Organizations (NGO)	9.50	16.80	7.00	9.00	9.50	2,716
Hospitals / Health centers	14.90	28.20	11.90	13.90	15.30	4,377
Religious Organizations (MUI, PGI, PHDI = Parisada Hindu Dharma Indonesia)	11.40	18.60	8.80	10.00	11.30	3,230
Educational Institutions (School, Universi-ty, Islamic Boarding School)	12.70	35.70	9.80	13.20	14.20	4,054
Business sector (company, Kadin, SOE, etc)	6.00	8.30	4.00	4.50	5.60	1,607

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Broadly speaking, drug users are not familiar with the term prevention and eradication of drug abuse and illegal trafficking that they on average do not know the program and its implementation. This is possible because according to a correctional officer, they implemented the Prevention and eradication of drug abuse and illegal trafficking program not in the normative name of Prevention and eradication of drug abuse and illegal trafficking It is with with names and activities that could be readily accepted by inmates, such as sticking anti-drug stickers, putting up banners related to the danger of drug, and so on. The weaknesses of the Prevention and eradication of drug abuse and illegal trafficking program include that the term is not yet very familiar among drug users. So far, they only learned about Prevention and eradication of drug abuse and illegal trafficking when they were in correctional facility. In addition, Prevention and eradication of drug abuse and illegal trafficking program

has not been routinely carried out in correctional facility. As a result, this program has not been optimally implemented and the results are certainly not optimal. The P4GN program which actually aims to prevent drug abuse has not been able to maximize its role. According to users, effective prevention measures include reformation of officials first, where according to users it is not uncommon for authorities to still play and give back up in drug abuse. As long as this cannot be done, drug abuse cannot be prevented maximally. The most appropriate activity for prevention in both urban and rural areas is lecture/counseling. In table 6.29, it can be seen that the majority or 63.3% of respondents chose lecture/counseling as the most appropriate activity to deliver a drug prevention program. Respondents who live in rural areas have lectures/counseling with 67.6% or higher than urban areas of 60.5%. The concept of counseling itself implies an informal education process in which participants become aware, willing and able to avoid the danger of drugs.

Table 6.29. Distribution of Respondents' Perceptions About Drug Prevention Activities Most Appropriate in Rural-Urban Areas

Activities	Urban	Rural	Total
Lecture / Counselling	60.50	67.60	63.30
Discussion / Interactive Dialog	8.90	7.80	8.40
Film / Entertainment stage / Anti-drug musical concert	7.20	6.10	6.80
Seminar / Workshop	6.50	3.60	5.40
Training as anti-drug volunteer at school/ campus/neighbourhood/working place	7.00	5.90	6.60
Anti-drug campaign	8.20	7.40	7.90
Others	1.70	1.60	1.70
Total	100.00	100.00	100.00
N	17,328	11,181	28,509

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

No less important is the role of the family. The smallest unit in the social realm is the family. The family can no longer be considered as the last fortress, but become the frontliner in overcoming drug abuse. Parents must have clear knowledge about drugs in order to be able to provide knowledge and briefing to children about the devastating effects of drugs and how to avoid them. In addition, parents also do not give excessive confidence that their children are perfect and have no problems. This needs to be done to immediately carry out early detection if there are unusual changes in the child. Parents must be always sensitive to any changes in children's behavior. Parents should be able to be "good friends" for their children and at the same time also be able to act as a place to share stories and complaints, so that children do not hesitate to share their problems and feelings to those who are considered close. But the last fortress has also been broken by the entry of drug trafficking through social media. In this case, it is also important to socialize the danger of drugs through social media.

Most users are initially use drugs as trial. These users can be treated with a personal approach and family approach without having to become a permanent user. There are several paradigms that people with drug problems (addiction) are criminals. It seems that the legal approach is not very appropriate to reach people who have narcotics problems. The increasing legal approach leads more people go to prison due to drug abuse. Prevention efforts through the delivery of information is very influential on millennial children. We must provide accurate and precise information that exceeds their knowledge and use assertive communication or increase discussion. And this, it is proven that a lot of information related to Distribution of respondents' perceptions about drug prevention activities most appropriate in Rural-Urban areas is obtained from social media. For male and female, it turns out that the programs they receive are mostly in the form of Lectures, counseling, one-way lectures. What is needed is interactive discussion or dialogue, but the values in table 6.30 are very small namely 9.40% for male and 7.60% for female.

Table 6.30. Distribution of Respondents' Perceptions About Drug Prevention Activities Most Appropriate According to Gender

Activities	Male	Female	Total
Lecture / Counselling	61.60	64.70	63.30
Discussion / Interactive Dialog	9.40	7.60	8.40
Film / Entertainment stage / Anti-drug musical concert	7.10	6.50	6.80
Seminar / Workshop	5.00	5.70	5.40
Training as anti-drug volunteer at school/campus/ neighbourhood/working place	6.50	6.60	6.60
Anti-drug campaign	8.20	7.50	7.90
Others	2.10	1.40	1.70
Total	100.00	100.00	100.00
N	13,369	15,140	28,509

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

The thing that needs to be re-examined is the target in the delivery of drug prevention programs. Different levels of age will choose different methods. In Table 6.31, it can be seen that lectures or counseling are favored by the majority of all age groups, prominently chosen by the older age group aged 60 years and over by 73.20. Lectures/counseling are chosen by age 25-59 years by 64.70% and age less than 25 year by 53.70%. Through lectures they can immediately hear and understand what is conveyed. Anti-narcotics films/entertainment stages /music concerts are preferred by young groups (10.5%), as well as interactive discussions/ dialogs by 9.7%.

Table 6.31. Distribution of Respondents' Perceptions About Drug Prevention Activities Most Appropriate According to Age of Respondents

Activities	< 25	25 - 59	60+	Total
Lecture / Counselling	53.70	64.70	73.20	63.30
Discussion / Interactive Dialog	9.70	8.30	6.50	8.40
Film / Entertainment stage / Anti-drug musical concert	10.50	6.20	3.70	6.80
Seminar / Workshop	7.60	5.00	3.10	5.40
Training as anti-drug volunteer at school/ campus/neighbourhood/working place	8.60	6.30	4.40	6.60
Anti-drug campaign	8.80	7.80	6.80	7.90
Others	1.10	1.80	2.40	1.70
Total	100.00	100.00	100.00	100.00
N	5,215	21,327	1,967	28,509

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Drug prevention programs through lectures and counseling is considered the most appropriate, both those whose main activities are working, going to school, managing the household and unemployed, namely 63% by working respondents, 51.70% by respondents who are at school, 68 % by those managing the household and 63% by unemployed. But for those who attend interactive discussion/dialogue activities, it is no less interesting and remains in demand of 10.10% and activities by making films/entertainment stages/anti-drug music concerts as drug prevention programs in the amount of 10.80% (Table 6.32). It can be seen that each activity of this drug prevention program is highly adapted to the state of its community activities, because exclusive activities such as seminars and training are not always obtained by the public. As for the public, they can feel the prevention program in the form of lectures/counseling in their home environment.

Table 6.32. Distribution of Respondents' Perceptions About Drug Prevention Activities Most Appropriate According to Respondent Activities

Activities	Working	Going to school	Managing household	Others	Total
Lecture / Counselling	63.00	51.70	68.10	63.10	63.30
Discussion / Interactive Dialog	8.90	10.10	7.00	8.10	8.40
Film / Entertainment stage / Anti-drug musical concert	6.70	10.80	5.50	7.00	6.80
Seminar / Workshop	4.90	8.40	5.10	6.60	5.40
Training as anti-drug volunteerat school/campus/ neighbourhood/working place	6.60	9.10	5.60	5.70	6.60
Anti-drug campaign	7.90	9.10	7.40	7.80	7.90
Others	2.00	0.80	1.30	1.80	1.70
Total	100.00	100.00	100.00	100.00	100.00
N	16,366	2,813	7,852	1,478	28,509

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

The media used to convey drug information can vary. In Table 6.33, it can be seen that social media, such as Facebook, Twitter, Instagram, Line, WhatsApp, BBM, Website, YouTube are more chosen as the most appropriate media for delivering drug information by 36.2%, followed by television by 40%. Then based on the residence, there is a significant difference where for urban areas the media that are widely used and chosen to deliver drug prevention programs are using social media (Facebook, Twitter, Instagram, Line, WhatsApp, BBM, Website, YouTube, etc.) by 41.90%, whereas in rural areas they prefer television media to deliver drug prevention programs by 45.30%. This is influenced by the residence of the community, where social media is not too widespread in rural areas as in urban areas that are more familiar with social media. Thus, the selection of media for the delivery of prevention programs will be different and adjust the conditions of the community. This does not mean that the other delivery media are inappropriate but must adjust to the mass/target. No matter how good a media is, if it is not right, it will not function accordingly.

Table 6.33. The Media That Is Considered the Most Appropriate for Delivering Drug Prevention Programs According to Rural-Urban

Types of Media	Urban	Rural	Total
Social media (Facebook, Twitter, Instagram, Line, Whatsapp, BBM, Website, Youtube, etc)	41.90	27.50	36.20
Film/anti-drug advertisement	7.70	6.60	7.30
Banners / pamphlets / brochures / leaflets / posters	9.40	14.40	11.40
Book/ magazine/ newspaper	1.20	2.00	1.50
Radio	0.70	2.00	1.20
Television	37.20	45.30	40.40
Others	2.00	2.10	2.00
Total	100.00	100.00	100.00
N	17,333	11,189	28,522

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Furthermore, the selection of media to deliver drug prevention programs from the gender both male and female show a similar tendency. A significant difference was in television media, which was 42.9% female and 37.6% male (Table 6.34). In addition, social media is also an appropriate delivery medium in drug prevention programs. Male show a percentage of 37.60% while female is 35.00%. Books magazines/newspapers and radio are not chosen, but it does not mean that radio delivery cannot be done because prevention efforts can be done anywhere and through anything.

Table 6.34. The Media That Is Considered The Most Appropriate To Deliver Drug Prevention Programs According To Gender

Types of Media	Male	Female	Total
Social media (Facebook, Twitter, instagram, Line, Whatsapp, BBM, Website, Youtube, etc)	37.60	35.00	36.20
Film/anti-drug advertisement	7.60	6.90	7.30
Banners / pamphlets / brochures / leaflets / posters	12.30	10.50	11.40
Book/ magazine/ newspaper	1.60	1.50	1.50
Radio	1.20	1.20	1.20
Television	37.60	42.90	40.40
Others	2.00	2.00	2.00
Total	100.00	100.00	100.00
N	13,379	15,143	28,522

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

The level of education greatly affects one's view of something, as well as differences in views about drugs. People with the level education of university have more open perspective and more modern in choosing a medium for delivering information. It seems that academics nowadays prefer to use social media as a media for delivering narcotics prevention programs because they are seen as reaching out to the wider community if they use social media. The digitalization is also the reason why social media is very effective for delivering narcotics prevention programs.

It is different with people with low and middle education. They would prefer television because it is seen more generally and almost every house has a television, and it is based on the ability of people to understand social media that is also still low. Usually those who choose television are housewives with various levels of education. However from the survey data, there are more people who choose television media than social media, reaching 40.40% and those who choose to use social media reaching 36.20%. In this case, the last level of education greatly affects one's choice of delivery media. From the category of not going to school to Senior High School/MA, the majority chose to use television as their medium, while for people with higher education, they

preferred social media for the delivery of drug prevention programs. Of course those choices have relevant considerations.

Table 6.35. The Media That Is Considered The Most Appropriate To Deliver Drug Prevention Programs By Education Level

Types of Media	Not going to school	Not/have not graduated from elementay	Elementary/MI graduate	Junior High/ MTs graduate	Senior High/ MA graduate	Academy/ University	Total
Social media (Facebook, Twitter, Instagram, Line, Whatsapp, BBM, Website, Youtube, etc)	15.70	17.30	19.60	33.10	43.20	54.10	36.20
Film/anti-drug advertisement	7.10	5.40	6.10	6.60	7.70	9.40	7.30
Banners / pamphlets / brochures / leaflets / posters	10.20	11.90	13.20	12.70	10.50	9.30	11.40
Book/ magazine/ newspaper	2.00	1.60	1.50	1.60	1.50	1.20	1.50
Radio	3.50	3.00	2.30	1.00	0.60	0.60	1.20
Television	56.50	56.20	55.10	43.40	34.80	23.30	40.40
Others	5.10	4.60	2.20	1.50	1.70	2.10	2.00
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00
N	650	1,349	5,343	6,116	11,180	3,884	28,522

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Talking about the most appropriate media for drug prevention efforts cannot be separated from the choice of the people who accept it. If you look at the age category, of course the choice will vary according to age. The current millennial era certainly cannot be separated from the communication technology especially in the era of social media today.

This also encourages someone to follow the era especially young ages. Those less than 25 years of age prefer to use social media in the delivery of drug prevention programs because it is considered more practical and able to convey the message to the public and of course the users of social media itself. The percentage is 54.30%. Whereas for ages 25-59, television is preferred as a medium of delivery, amounting to 42.70%, and aged 60 years, the majority choose television. It can be noted that even though the conditions of the times are completely digital, television is still the people's choice and has never lost its interest. From the total amount, it can be seen that the percentage between social media and television is higher overall television, which is equal to 40.40% while social media is still below that which is equal to 36.20%.

Table 6.36. Media That is Considered The Most Appropriate to Deliver Drug Prevention Programs According to The Age of Respondent

Types of Media	< 25	25 - 59	60+	Total
Social media (Facebook, Twitter, Instagram, Line, Whatsapp, BBM, Website, Youtube, etc)	54.30	33.40	19.20	36.20
Film/anti-drug advertisement	8.40	7.20	5.20	7.30
Banners / pamphlets / brochures / leaflets / posters	9.40	11.90	10.50	11.40
Book/ magazine/ newspaper	1.60	1.40	2.40	1.50
Radio	0.80	1.20	2.50	1.20
Television	24.40	42.70	56.90	40.40
Others	1.10	2.10	3.30	2.00
Total	100.00	100.00	100.00	100.00
N	5,215	21,340	1,967	28,522

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

In the survey, communities are classified according to the categories of working, going to school, and managing household. Of course, the classification will produce varied data. The majority of the people whose status is employed choose television as the media for delivering narcotics prevention programs in the amount of 40.10%. The communities who are going to school prefer to use social media in the delivery of drug prevention programs. Whereas for people whose

daily activities are taking care of households, they prefer television for the delivery of drug prevention programs. In this case, television has not lost its interest. It can be seen from the total number of people in choosing delivery media. The percentage of social media and television is 36.20% and 40.40%.

Table 6.37. Media That Is Considered The Most Appropriate To Deliver Drug Prevention Programs According To Main Activities

Types of Media	Working	Going to school	Managing household	Others	Total
Social media (Facebook, Twitter, Instagram, Line, Whatsapp, BBM, Website, Youtube, etc)	35.60	58.10	29.40	38.40	36.20
Film/anti-drug advertisement	7.30	9.30	6.40	7.50	7.30
Banners / pamphlets / brochures / leaflets / posters	12.20	8.20	11.20	9.90	11.40
Book/ magazine/ newspaper	1.50	1.60	1.60	1.80	1.50
Radio	1.20	0.90	1.30	1.50	1.20
Television	40.10	21.10	48.20	38.20	40.40
Others	2.10	0.90	2.00	2.70	2.00
Total	100.00	100.00	100.00	100.00	100.00
N	16,371	2,813	7,853	1,479	28,522

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

In addition to several activities and media to promote drug prevention, it is also important to consider the danger of drugs in the curriculum, as planned by Special Region of Yogyakarta Narcotics Board. To include material about the danger of drug in the curriculum is not done by adding one separate subject, but it can be inserted in other subjects, or what is known as a plug-in system. Although the scope is limited to only learning, plug-in systems are considered more effective, because:

a) It is planned, that is the process of delivering material based on the curriculum
b) It is structured, which is part of the learning system consisting of teachers, students, material, media and others

c) It is level-based, i.e. the material presented is adjusted to the level and age of the students.

The forms of drug control activities in the plug-in system are:

a) Giving the widest information to students about the danger of drug abuse. This activity can be delivered on subjects of religion, PPKN, Indonesian language and Local Content for junior high school, senior high school and university including the delivery of a number of information either directly (face to face) or text reading about drugs to students. As for elementary school, subjects that can include religious subjects, PPKN, Indonesian Language and Local Content..
b) Guiding students to adopt healthy lifestyles, namely providing information, direct examples and appeals to students to understand healthy living by avoiding foods and drinks that endanger the health of body and soul and applying them in everyday life. This point can be inserted into sports, biology (science) and PKK subjects.

In addition, other things that need attention in the plug-in system are:

a) The material given is a number of material about drug abuse among adolescents, which is delivered by the teacher. For subjects that allow inclusion of drug material, the material is delivered like general subject matter. As for subjects not directly related to drugs, the material can be arranged in the form of reading material, discussion themes or packaged in the form of examples. The material includes material on the definition of drugs, types of drugs, drug abuse and management as well as the principles or patterns of healthy living.
b) Methods or ways and strategies used by teachers in the delivery of information about drug abuse among adolescents can be in the form of lectures, discussions, dialogue, and exercises.
c) Facilities and infrastructure that can support the form of space, equipment and the environment.[7]

In the effort to handle drug users, it is also necessary to pay attention to the most apropriate way. Based on the survey data, it is classified based on the area of residence of the community. For urban and rural

[7] http://hendrirembang.blogspot.com/2011/10/upaya-penanggulangan-narkoba.html

areas, the selection of the right method according to the community is similar, namely by being rehabilitated/treated/therapy with a percentage of 61.80% and 55.50%. In addition, those in urban and rural areas who choose drug users to other than being rehabilitated but also imprisoned, which is 23.50% for urban areas and 21.30% for rural areas. Whereas the least chosen handling effort is social work both for urban and rural areas, because it is seen as not going to create a deterrent effect for drug users themselves. Especially for urban areas that are predominantly live individually, this does not apply and does not affect users. The percentage of social work for urban areas is 0.90% and for rural areas is 1.00%.

Tabel 6.38. Actions That Are Considered The Most Appropriate To Deliver Drug Prevention Programs According To Respondents Residence (Rural - Urban)

Actions	Urban	Rural	Total
Rehabilitated/Given medica-tion/therapy	61.80	55.50	59.30
Imprisoned	11.20	19.10	14.30
Rehabilitated and imprisoned	23.50	21.30	22.60
Given social sanction (ostricized)	1.60	1.90	1.70
Social work	0.90	1.00	0.90
Others	1.10	1.30	1.20
Total	100.00	100.00	100.00
N	17,349	11,193	28,542

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

In terms of the gender, out of a total of 28,542 respondents consisting of 13,390 male respondents and 15,152 female respondents, the respondents answered rehabilitated/given medication/therapy as the most appropriate way of dealing with drug users with a percentage of 59.30% consisting of 58.80% male and 59.80% female. Same as the previous data, the next sequence is rehabilitated and imprisoned with 22,60%, then imprisoned, given social sanctions (excluded), others, and ostracized with each percentage of 14.30%; 1.70%; 1.20 %; and 0.90%. This data shows that the majority of people more agree that drug users should be rehabilitated / given medication / therapy.

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Table 6.39. Action That Is Considered The Most Appropriate To Deliver A Drug Prevention Program According To Gender

Actions	Male	Female	Total
Rehabilitated/Given medication/therapy	58.80	59.80	59.30
Imprisoned	14.00	14.50	14.30
Rehabilitated and imprisoned	22.80	22.40	22.60
Given social sanction (ostricized)	1.90	1.50	1.70
Social work	1.10	0.80	0.90
Others	1.40	1.00	1.20
Total	100.00	100.00	100.00
N	13,390	15,152	28,542

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Based on the age group, both those in the young, productive (middle) age group and the majority of the old age group chose to be rehabilitated/given medication/therapy as the most appropriate action to deal with drug users, ie 56.5% by the younger age group 25 years and under, 60.3% in the 24-59 years age group, and 56.10% in the 60 years old age group and above. This shows that respondents in all majority age groups consider that being rehabilitated/given medication/therapy is the most appropriate way to deal with drug users. The second action that was deemed appropriate was to be rehabilitated in prison, prominently chosen by the young group by 26.20%. Other actions deemed appropriate are imprisonment. This action was prominently chosen by respondents in the old age group at 19.5%. The data above shows that to be able to recover from drug dependence, users need to be kept away from access to obtain drug items, both with rehabilitation and in correctional institution.

Table 6.40. Action That Is Considered The Most Appropriate For Handling Drug Users According To The Age Group of Respondents

Actions	< 25	25 - 59	60+	Total
Rehabilitated/Given medication/therapy	56.50	60.30	56.10	59.30
Imprisoned	14.20	13.80	19.50	14.30
Rehabilitated and imprisoned	26.20	22.00	19.50	22.60
Given social sanction (ostricized)	1.60	1.70	1.90	1.70
Social work	0.60	1.00	0.80	0.90
Others	0.90	1.20	2.20	1.20
Total	100.00	100.00	100.00	100.00
N	5,221	21,354	1,967	28,542

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

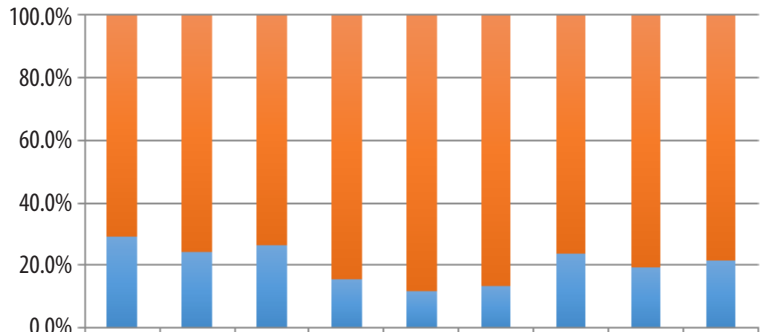
Although rehabilitation is considered the most appropriate for handling drug users, but the role of the family is massive to change a user to leave drugs. As told by an inmate in Yogyakarta, currently he has been clean from drugs and there is no intention at all to return to use them, even though he was offered right in front of him. This awareness arises from the demands of his lovely wife who lasked him to leave drugs. Especially when he was reminded that his child has begun to grow up, and can imitate him if he still consumes drugs. This awareness led him to expel his family from his native village, because that place was considered unsafe to avoid being drugs as many residents became drug users as well as dealers.

6.4. Knowledge About The Rehabilitation Center

This sub-section outlines the respondents' knowledge about the existence of drug users' rehabilitation centers in their areas. Knowledge of rehabilitation places is seen from various aspects of the respondent's social demographic background. In general, the majority of respondents aged 15-64 years, both in rural and urban areas are not aware of the existence of rehabilitation centers in their area of residence. Their number reached 78.50%. Only about 21.50% of respondents know of the existence of drug rehabilitation centers. In Graphic 6.1, it can be seen that respondents who live in urban areas tend to be more aware of the existence of rehabilitation centers (26.6%) than those who live in rural

areas (13.6%). However, more urban (73.4%) and rural (86.45) residents were unaware of the existence of rehabilitation centers in their area. As for gender, both in rural and urban areas, men tend to be more aware of the existence of rehabilitation centers in their area than female, namely 24.0% male and 19.3% female. The number of 29.5% of male who know the rehabilitation center in their area is also greater in urban areas than in rural areas, namely 29.5% in urban areas and 15.8% in rural areas.

Graphic 6.1. Knowledge of The Existence of Rehabilitation Center According to Gender and Residence



	Urban			Rural			Total		
	Male	Female	Male + Female	Male	Female	Male + Female	Male	Female	Male + Female
No	70.5%	75.9%	73.4%	84.2%	88.4%	86.4%	76.0%	80.7%	78.5%
Yes	29.5%	24.1%	26.6%	15.8%	11.6%	13.6%	24.0%	19.3%	21.5%

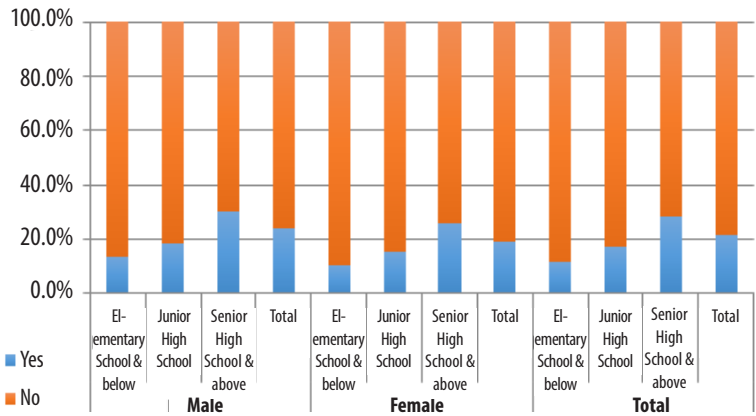
Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Knowledge of respondents about the existence of rehabilitation centers in their area according to their level of education can be seen in Graphic 6.2. In the graphic, it can be seen that many respondents from any educational background are not aware of the existence of drug rehabilitation centers in their area. Nevertheless, the increase in education level is in line with his knowledge of the existence of rehabilitation centers. This can be seen in respondents who have a higher education, that is, those who graduated from senior high school and above are more likely to know the existence of rehabilitation centers in their residence, compared to respondents who have graduated from junior high school or below. The number of respondents from senior high school and above who knew rehabilitation centers reached 28.2%, while the number of respondents completing junior high school was equal to only 17%, and respondents

who graduated from elementary school and below the number who knew the existence of rehabilitation sites was even smaller, namely 11.6%.

In terms of gender, men with a higher level of education tend to be more aware of the existence of rehabilitation centers than women with the same level of education, with a proportion of 30.5% of male respondents with an education level graduating from senior high school or above, and 25.9 % of female respondents at the same level of education. So the higher level in education of male or female respondents increases their knowledge of the existence of rehabilitation centers in their area.

Graphic 6.2. Knowledge of The Existence of Rehabilitation Centers According to Education Level and Gender

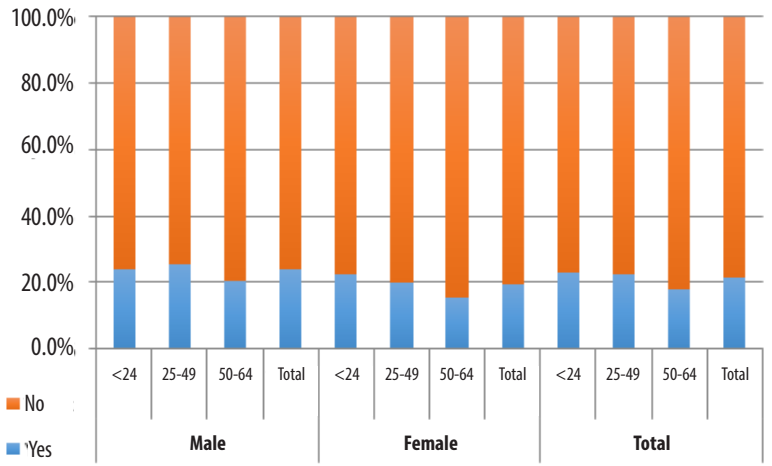


Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Respondents with young age groups, i.e. less than 25 years old and age groups of 25 to 59 years old are more likely to know the existence of rehabilitation centers in their area. Respondents from the younger age group (23.1%) tended to be more aware of the existence of rehabilitation centers compared to the older group (25-49 years old, and 50 years old and above). Increasing age decreases knowledge of rehabilitation, both in rural and urban areas. However, male respondents in the age group of 25-49 years old were slightly different. They tended to be more aware of the existence of rehabilitation centers compared to the younger age group (less than 25 years old) and the age group above 50 years old and above. Whereas female respondents tend to be the same as the general

condition, namely those who are younger have more knowledge about rehabilitation centers in their area compared to older ones. As for those who live in urban areas, higher levels of education and young age groups tend to be more informed about the existence of rehabilitation centers than others.

Graphic 6.3. Knowledge of The Existence of Rehabilitation Centers According to Age Group and Gender



Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

As it is known, currently there are various places of rehabilitation/ given medication/therapy for drug abusers, both in the form of rehabilitation centers, doctors, places of worship, and others. From these various rehabilitation sites, the majority of respondents (53.4%) thought that rehabilitation centers were the most appropriate place to be able to overcome the problem of drug abuse. In urban areas, those who think so are greater (56.0%) than in rural areas (49.5%). In addition to rehabilitation center, doctors or hospitals are also options for treating drug abuse behavior problems for rural (27.8%) and urban (24.6%) residents. Interestingly, many respondents also stated that places of worship that have spiritual medical services, such as pesantren, churches, temples, and others are the most appropriate places to be able to overcome the problem of deviant behavior including drugs. The number of those who hold this view in rural areas reaches 20.9% and urban areas 18.3%. Only 1.4% of respondents stated with other choices, such as psychics as the

right place to deal with drug abuse. Understanding the most appropriate rehabilitation sites for drug abuse is very dependent on respondents' knowledge of the existence of rehabilitation center in their area. Rural residents who are not aware of the existence of rehabilitation centers prefer the presence of medical personnel and religious places as the most appropriate effort to overcome these problems. However, rehabilitation center are still the main choice for rural and urban communities as the most appropriate place as a place of rehabilitation for drug abuse.

Table 6.41. Places of Rehabilitation/Medication/Therapy That Are Considered the Most Appropriate for Drug Abusers According to Respondents' Residence

Places of Rehabilitation/Medication/ Therapy	Urban	Rural	Total
Doctor or hospital	24.60	27.80	25.90
Rehabilitation center	56.00	49.50	53.40
Worship places that give spiritual medication services (pesantren, church, temple, etc)	18.30	20.90	19.30
Others	1.10	1,90	1.40
Total	100.00	100.00	100.00
N	17,346	11,194	28,540

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

In terms of gender, the majority of respondents, both male and female, state that rehabilitation centers are still the most appropriate choice for healing therapy for drug abuse. Their number reaches more than 50 percent (See Table 6.42). The next choice is a doctor or hospital and place of worship that provides spiritual healing services. Similarly, from the level of education, the increasing level of education of respondents tends to state that rehabilitation center as the most appropriate choice for healing drug abuse. For respondents with low levels of education, psychics or shamans are also not considered as the right choice to overcome the problem of drug abusers. The interesting thing is seen from the level of education, namely at various levels of education from not attending school until the academy states that places of worship are also the most appropriate places to provide treatment for drug addicts. The number of those who think so reaches 18% - 21% (See Table 6.43).

Table 6.42. Places of Rehabilitation/Medication/Therapy That Are Considered the Most Appropriate for Drug Abusers According to Gender

Places of Rehabilitation/Medication/ Therapy	Male	Female	Total
Doctor or hospital	26.00	25.80	25.90
Rehabilitation center	52.30	54.40	53.40
Worship places that give spiritual medication services (pesantren, church, temple, etc)	20.10	18.60	19.30
Others	1.60	1.20	1.40
Total	100.00	100.00	100.00
N	13,389	15,151	28,540

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Table 6.43. Places of Rehabilitation/Medication/Therapy That Are Considered the Most Appropriate for Drug Abusers According to Education Level

Places of Rehabilitation/ Medication/ Therapy	Not going to school	Not/ have not graduated from elementay	Elementary/MI graduate	Junior High/ MTs graduate	Senior High/ MA graduate	Academy/University	Total
Doctor or hospital	37.40	35.90	30.20	27.00	23.20	20.60	25.90
Rehabilitation center	37.70	38.30	45.90	53.00	57.90	59.40	53.40
Worship places that give spiritual medication services (pesantren, church, temple, etc)	21.20	22.40	22.10	18.80	18.00	18.80	19.30
Psychics / alternatives / shaman	0.80	0.80	0.70	0.40	0.20	0.10	0.40
Others	2.90	2.60	1.20	0.80	0.80	1.10	1.00
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00
N	650	1,350	5,346	6,118	11,189	3,887	28,540

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Opinions about the place considered most appropriate for treating drug abusers are more or less the same when viewed from the age of the respondent (See Table 6.44), where rehabilitation centers are the most preferred choice. The younger age group, which is less than 25 years old

and the age group 25 to 59 years the majority stated that rehabilitation centers as the right choice to treat drug abuse. The number of those who think so reaches more than 50%. The proportion of the age group of 60 years and over who believes so is slightly lower, at 45.7%. For the age group (50 years and above), doctors and hospitals (29.5%) and places of worship (22.4%) as a quite preference as the place considered most appropriate for healing drug addicts compared with the lower age group (less than 25 years and groups 25-59 years). The difference of opinion is related to the accumulation of knowledge about drug abuse. Young people get more information about drug abuse and how to overcome it than those who are older, because for the older age group, the information obtained is relatively more limited. Younger age groups obtain various information related to drug abuse from various media, including social media and the internet. The different understanding related to this information influences the preference in overcoming the deviation of drug abuse behavior.

Table 6.44. Places of Rehabilitation/Medication/Therapy That Are Considered The Most Appropriate for Drug Abusers According to Age Group

Places of Rehabilitation/Medication/Therapy	< 25	25 - 59	60+	Total
Doctor or hospital	25.90	25.60	29.50	25.90
Rehabilitation center	56.40	53.40	45.70	53.40
Worship places that give spiritual medication services (pesantren, church, temple, etc)	16.60	19.70	22.40	19.30
Psychics / alternatives / shaman	0.50	0.30	0.40	0.40
Others	0.60	1.00	2.10	1.00
Total	100.00	100.00	100.00	100.00
N	5,221	21,352	1,967	28,540

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

As it is known, religious activities are one way to prevent drug abuse. From various religious activities, religious lecture is the type of activity that is considered most appropriate for drug prevention, both by respondents in urban and rural areas. The number of those who said so was around 67.10%. In addition, prayer/remembrance/wirid activities are also considered the most appropriate religious activities to prevent drug abuse. The number of those who think so is around 19.20%. Whereas those choosing religious translation activities to prevent drug abuse are only

6.5%, and those who choose religious tourism are even smaller, at 5.5% (See Table 6.43). The proportion of choices regarding religious activities that are considered most appropriate for drug prevention is relatively the same both in urban and rural areas, in terms of gender, age group, and at the level of education of respondents, although the percentage varies.

Table 6.45. Religious Activities Considered The Most Appropriate for Drug Prevention According to Residence, Gender and Age Group

Religious activities	Residence		Gender		Age group			Total
	Urban	Rural	Male	Female	< 25	24 - 59	60+	
Religious lecture	66.40	68.20	67.20	67.00	66.10	67.00	70.30	67.10
Religious camping	6.40	6.70	6.70	6.40	8.80	6.00	5.90	6.50
Prayer/zikir/wirid	19.20	19.20	18.60	19.80	16.80	19.80	19.00	19.20
Religious tourism	6.20	4.50	5.70	5.30	6.80	5.50	2.40	5.50
Others	1.80	1.40	1.80	1.50	1.50	1.60	2.50	1.70
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
N	17,347	11,192	13,388	15,151	5,220	21,352	1,967	28,539

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

Table 6.46. Religious Activities that are Considered Most Appropriate For Drug Prevention Based on Education Level

Religious activities	Not attending to school	Not/ haven't gradated from elementay	Elementary/MI graduate	Junior High/ MTs graduate	Senior High/MA graduate	Diploma/ Bachelor	Total
Religious lecture	64.80	68.40	68.60	70.00	66.70	61.30	67.10
Religious camping	4.30	3.90	5.30	5.70	6.90	9.60	6.50
Prayer/zikir/wirid	23.80	22.30	21.90	18.90	18.00	17.60	19.20
Religious tourism	3.20	3.00	2.90	4.20	6.70	9.00	5.50
Others	3.80	2.40	1.20	1.30	1.60	2.50	1.70
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00
N	650	1,349	5,346	6,118	11,189	3,887	28,539

Source: Drug Abuse Survey National Narcotics Board - Indonesian Institute of Sciences , 2019

VII

CONCLUSION AND RECOMMENDATION

Source : superadvanture.co.id

Honai House, Papua Province

Source : idea.grid.id

Honai House, Papua Province

VII

CONCLUSION AND RECOMMENDATION

7.1. Conclusion

Drugs is one of the social problems faced by the Indonesian people today. Drug Abuse does not only have an impact on the user, but also has an impact on the weakening of national resilience (national resilience in facing internal and external challenges and obstacles), both in social, economic and cultural fields. The large amount of money to buy drugs can weaken economic resilience because it reduces spending on productive activities. In addition, drug addiction can result in self-disorientation that neglect the norms in life and have the potential to deviate behavior. This condition can also lead to increased crime that will weaken the defense and security.

Drug problems actually do not stand alone because they are often related to other social problems. That is what is believed by more than half of the respondents. Drinking habits in the neighborhood, for example, are worried to develop into the habit of consuming drugs. Therefore, if a neighborhood has a problem, it needs to be anticipated so that it does not cause a new social problem, namely drugs.

At present, the majority of respondents state that their neighborhoods are safe from the influence of drugs. It is indicated by their confession that no residents become drug users, dealers, or couriers. However, the vulnerability of the neighborhood to drugs must be watched out, considering that many respondents state that there are residents who become drug users, dealers, or couriers in their neighborhood. Besides residence, friendship is also very influential on one's behavior. Therefore, the presence of friends who are involved in drug problems (whether as users, dealers or lords) need the supervision from parents.

Several locations are perceived as drug prone areas, namely: entertainment places (discotheques, bars, pubs, karaoke, billyards and cafes), hotel/inn/apartments/flat, boarding house/dormitory, quiet streets/alleys, and internet/game café. In addition to location, certain types of work are also perceived to be drug-prone, in the sense that people who work there will have a great potential to be exposed to drugs. The top five jobs whose workers are considered to have the most potential exposure to drugs are bar waitresses/bar tenders, song guides, billyard guides, drivers and artist. Therefore, the locations and workers need to receive more supervision to avoid drug exposure.

Basically drug is prohibited, unless it is used for medicinal purposes based on doctor's recommendations and for research interests for scientific development. It should be grateful that the prohibition of drugs is already known by most respondents. Therefore, most respondents firmly state that they would refuse if being offered drugs. The attitude of refusing and avoiding when offered drugs is a positive thing. The more people who have such attitudes, the more limited space for dealers to circulate drugs. However, it needs to be anticipated because some respondents who refuse drugs say that they would accept drugs if given free.

Perhaps, someone has never used drugs or has used drugs but has stopped altogether. However, it is also possible for friends, spouses, girlfriends/boyfriends, siblings, relatives or even parents to use drugs, become couriers, or even become drug lords. Regarding this, most respondents said they would prohibit them. However, it is unfortunate that only a small number who have the desire to report it to the authorities. Likewise, if faced with a situation where they are asked to deliver drugs

or sell drugs, only a small number of respondents has the willingness to report it to the authorities. Even more alarming, there are still those who claim to be ready to deliver or sell drugs if someone asks for them. Despite that those who state this is quite small, it needs attention from law enforcement officers because they have the potential to become drug couriers or even dealers.

Although the government, in this case law enforcement officer, has tried various ways to prevent drug abuse, various cases of drug abuse still occur. That is proven by the results of this study which show that the prevalence of drug abuse in the last year amounted to 1.8%. This amount is quite large in nominal figures which are estimated to reach around 3.4 million Indonesian population aged 15-64 years. The five provinces with the highest prevalence are: North Sumatra, South Sumatra, DKI Jakarta, Central Sulawesi and Special Region of Yogyakarta.

Drug users are not only in urban areas, but also in rural areas even though the number of users in urban areas is higher. Therefore, it needs not only firm actions against drug dealers and abusers, but also more effective strategies to prevent drug abuse. The five types of drugs that have been mostly consumed in the past year are: marijuana, meth, ecstasy, koplo pills and dextro.

The study also shows the profile of drug abusers. Most of them are in productive age, between 35-44 years old. The number of drug users in productive age is certainly worrying, because at that age, they should be working. Drug use is worried to reduce the productivity that it will give an impact on family economy.

Most drug abusers use drugs for the first time at the age of 17-19 years. In urban areas, are seven years old child uses drugs. In rural areas, the lowest age of drug use is at 10 years. Seeing such facts, information sharing about the danger of drugs is not enough to be given to only adults. Children and elementary school students should receive the information as well.

The results of this study also show that the number of drug abuse by men was greater than by women. From its activities, the largest group of

drug abusers comes from worker and unemployed. From the background of the education level, the prevalence rate of drug users with senior high school graduate and above is slightly higher than those with junior high school graduate.

There are two main reasons to use drugs acoording to drug users namely to try the taste of drugs and to strengthen stamina. The first reason is usually used by beginners after seeing or hearing information about the number of drug uses by other people. They usually get drugs from their friends. In addition, smoking, hanging out at night, and playing online games are the most risky behaviors to drug abuse. Therefore, parents need to be aware of their children's friendship, to ensure that their children do not associate with people who are suspected of having negative effects.

The second reason for using drug use, which is to strengthen stamina, is usually used by workers. Therefore it can be understood if a lot of information states that workers who are vulnerable to drug use are those who need high stamina, such as fisherman, porters, drivers and other jobs that require energy and stamina. Although some types of drugs are recognized to have an impact on strengthening stamina, but it will cause addiction. In addition, the dosage of consumed drugs will also increase that the costs for purchasing drugs will be even greater. So, if the purpose of drug use is to be able to work harder and longer to earn more income, it is actually just an illusion because the costs incurred to buy drugs become greater than the additional income they earn.

Crowded places like markets and bus terminals are believed to be used as a place for carrying out drug transaction. Therefore, those who live close to markets and bus terminals are considered to have greater access to drugs. This is also reinforced by the survey results which shows that 75% of drug users (especially those in urban areas) live near markets or bus terminals. The places most often used to consume drugs are at home, in an empty house, on a street or alley, in a park/garden/forest, and in nightclubs (cafes, karaoke, discotheques).

Drug use not only results in addiction but also causes various impacts, such as physical, psychological, and social, as acknowledged by

the respondents. The effects experienced by drug users vary, but some of them experience more than one impact. Some of the most common physical effects experienced by drug users are: visual impairment (red eye, nearsightedness), respiratory problems (coughing, lung disorders), digestive disorders (nausea, vomiting, diarrhea, obstipation), and olfactory disorders (runny nose, disturbed sense of smell). The most psychological effects experienced by drug users are namely: changes in appetite, disturbed sleep patterns, impaired concentration, anxiety and emotional changes. In addition, drug users also experience social impacts, which are shunned by their friends and by the surrounding community.

In addition to the social impact as the community's response to drug use, drug users also give a negative impact on the environment because when experiencing financial difficulties, a drug user is not reluctant to steal other people's belongings which are then sold to buy drugs. At least that's what was stated by 10% of drug user-respondents. Stealing other people's belongings is done when they do not have their own goods that can be sold and cannot sell their parents' belongings. In addition to selling other people's belongings, other desperate actions taken are becoming a drug courier.

The physical, psychological and social impacts experienced by drug users make them to stop using drugs again. Nevertheless, even though the amount is small, which is only 9.2%, there are those who will still use drugs. It is possible since they have been addicted so it is difficult to leave drugs. In addition, it is also not easy for those who want to leave drugs. Social sanctions by friends and the community by avoiding drug users make it even more difficult for them to leave drugs. Because of being ostracized by friends and community, a drug user will look for fellow drug users who want to accept him/her. In such social contexts, it is difficult for a drug user to get out of a drug trap.

A drug user might stop using drugs if he has been caught by law enforcement officers and undergo a legal process. However, this assumption is not entirely true, as evidenced by the survey results that 60% of drug users respondents stated that they would not stop using drugs even if they were caught in a legal case. This fact shows that criminal sanctions are not feared by drug users. Some former drug users have

stated that they stopped using drugs after being caught by the authorities and undergoing criminal sanctions. However, the success in quitting drug use was apparently not solely because of the conviction, but because in the prison they also underwent a rehabilitation program. Thus, it can be understood if the public believes that in handling drug users, rehabilitation is the most appropriate way. However, it is unfortunate that there are still many people who do not know of the existence of rehabilitation center in their neigborhood that it is difficult for people who want to carry out rehabilitation on their own. Therefore, it becomes a challenge for the authorities in the area. They have to share the importance of rehabilitation for drug users and to disseminate the existence of rehabilitation center in their areas, both rehabilitation center owned by the government and private ones.

The danger of drugs is actually common for the community because there is a lot of information about the danger of drugs, both from counseling and various media, such as electronic media (TV and radio), printed media, and social media. However, not all people who have seen or heard information about the danger of drugs fully understand the message. That shows that the delivery of the message is still less communicative, so it becomes less effective.

The lack of communicative messages about the danger of drugs can also be seen in people who have participated in drug prevention programs through lectures or counseling. Most of them stated that the material delivered by lecturers was still not optimally understood. In fact, the lecture or counseling activity is a socialization activity about the danger of drugs which are mostly followed by the public. In addition, lectures and discussions are also considered as the most appropriate activity to convey a message about the danger of drugs. This has become a challenge for officers to increase the professionalism of counselors so that the information conveyed can be well understood by the public.

Although the lecture is a socialization activity about the danger of drugs that most people participate in and is considered as the most appropriate activity to convey the danger of drugs, the socialization about the danger of drugs will be more effective if it is also carried out through the media. Regarding this, the media considered the most appropriate by

the public to convey information about the danger of drugs are television and social media. This can be understood because the two media are currently the most widely accessed by the public, both in urban and rural areas.

Until now, National Narcotics Board is an institution that is recognized by most people to have provided drug prevention activities in their area. But it is unfortunate that National Narcotics Boardactivities are still heavily focused in urban areas, while in rural areas it is still lacking and is mostly carried out by the National Police. Considering that currently the drug problem does not only occur in urban areas but also in rural areas, National Narcotics Board needs to further enhance its activities in rural areas. In addition, the participation of other institutions in preventing the danger of drugs must also be increased.

7.2. Recommendation

Broadly speaking, there are three recommendations from the results of this study, namely recommendations relating to prevention, community empowerment, and rehabilitation.

7.2.1. Prevention

Some recommendations for prevention are:

1. Five provinces with the highest prevalence, namely: North Sumatra, South Sumatra, DKI Jakarta, Central Sulawesi, and Special Region of Yogyakarta need to be the priority in the prevention program of drug abuse.
2. Night hangouts and playing games are two risky behaviors that can lead to drug abuse. Therefore supervision in hang out places and game stations/cafe need to be improved.
3. Smoking is the most risky behavior that can lead to drug abuse. Therefore, efforts are needed to encourage families and teachers to supervise their family members / students who smoke.
4. Considering that more drug users are male, unemployed and productive age, socialization about the danger of drugs needs to be prioritized to these groups, namely: men, unemployed, and those of productive age, ie aged between 35-44 years old. Furthermore,

socialization to younger age groups also needs to be done, considering that most drug users use drugs for the first time when they are between the ages of 17-19 years. Even in urban areas, there is a seven years old child who is already using drugs. Socialization about the danger of drugs should be increased not only in urban areas but also in rural areas, including schools. In addition, socialization through television and social media needs to be further improved.

5. Many drug users initially use drugs only for trial and since being invited by their friends. In addition, the acquisition of drugs also comes from friendships. Therefore, it is necessary to make efforts to encourage families to conduct more stringent supervision of the children's friendship environment.
6. Because of the limited budget, socialization of the danger of drugs in rural areas needs to work together with the village government using village funds. Besides that, socialization also needs to involve regional administrators (Neighbourhood/Hamlet), community leaders, religious leaders, and families.
7. Socialization about the danger of drugs also needs to be done by strengthening family resilience, including embracing drug users so they do not return to the drug user environment. Local wisdom and culture are utilized to socialize the danger of drugs.
8. To prevent drug abuse among students, efforts should be made to include the danger of drugs as an integrated part in relevant educational material, and optimize the role of counseling teachers in preventing the danger of drug in schools.

7.2.2 Community Empowerment

For community empowerment to avoid being exposed to drugs, several things need to be done:

1. Empowering and protecting the law through the drug task forces.
2. Assisting former drug users by involving their families and regional administrators (Neighbourhood, Hamlet, and Head of Urban Village).
3. Empowering the family economy to avoid earning money from drugs, by creating creative economic activities. For this purpose, it can be done through cooperation with villages, using village funds.
4. Every person who will come to work or register for school needs to have a urine check.

7.2.3 Rehabilitation

In relation to the rehabilitation program, several things need to be done :

1. Rehabilitation programs must become top priority in drug case handling.
2. There is a need of socialization about the importance of rehabilitation, including the existence of places, plot and mechanisms.
3. It is necessary to maximize the role of the Provincial Narcotics Board in order to encourage communities to be rehabilitated and to carry out monitoring of communities that have already undergone rehabilitation.
4. It is necessary to standardize private rehabilitation institutions, especially the rehabilitation process.
5. Coordination and synergy of rehabilitation programs / activities are needed with related agencies (National Narcotics Board, Ministry of Social Affairs, Ministry of Health, Correctional Institution), including data and information about rehabilitation clients.

APPENDICES AND BIBLIOGRAPHY

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DRUG ABUSE PREVALENCE SURVEY 2019

The book of Drug Abuse in Indonesia in 2019 is the result of research conducted in 34 provinces. The results show that the prevalence rate of drug abuse in the past year by Indonesian population aged 15-64 years is 1.8%. This rate is quite high when it is seen in nominal figures which are estimated to reach around 3.4 million of Indonesian population aged 15-64 years.

The reason for using drugs is mostly because they want to try and are persuaded by friends. Specifically for workers, the main goal is to strengthen the stamina. In addition, family problems are also a reason for using drugs. Consistent with this reason, drugs are mostly obtained from friends.

A number of efforts have been taken by the National Narcotics Board to prevent drug abuse. The most dominant effort is carrying out information sharing session through a lecture. However, information sharing session about the danger of drugs which is considered to be more effective is through the media, television and social media. It is because these two media are currently the most widely accessed by the public, both those who live in urban and rural areas

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