

# CHAPTER I

## INTRODUCTION

### 1. Drug Abuse and Illicit Trafficking at Global Level.

In 2012 an estimation was made indicating that 183,000 death cases were a consequence of drug abuse (range: 95,000 – 226,000), or a mortality rate of 40 deaths in a million (range: 20.8-49.3) among the population between the age of 15-64 years. Compared to 2011 a decrease is seen, particularly in reporting the number of deaths in some Asian countries. At global level it is estimated that 162-324 million people have abused a drug at least in a lifetime, (3.5%-7% from the world population in the age of 15-64 years), in particular consumption of cannabis, opioids, cocaine or ATS.

UNODC, UNAIDS and WHO have estimated that there are approx. 12.7 million People Who Inject Drugs/PWID (range: 8.9 – 22.4 million), or 0.27% of the population between 15-64 years of age (range: 0.19% - 0.48%). This rate is specially high in the regions of East and South-East Europe, where the number of PWID is 4.6 times higher than the average global rate. It is estimated that 13.1% or 1.7 million of the total PWID population are HIV infected (range: 0.9-4.8 million).

As the largest opium poppy producer in the world Afghanistan indicates an increase in opium cultivation (from 154,000 Ha in 2012 to 209,000 Ha in 2013). Globally, the illegal area of opium production covers 296,720 Ha. There is even evidence that Afghanistan heroin has reached the black market in Oceania and S.E.Asia, which was formerly supplied from S.E. Asia. In 2012 global seizures of illegal heroin and morphine indicate a decrease compared to the previous year. Nevertheless, total seizures remained larger than in 2010 and the earlier years. However, in some regions such as East and S.E. Europe, South Asia and Oceania seizures of heroin increased in 2012.

In 2012 the area of cocaine production indicates a decrease to the lowest level since 1990, i.e. 133,700 Ha, or 14% from 2011. However, cocaine seizures increased to 671 tons in 2012, from 634 tons in 2011. This increase is particularly seen in South America, West and Central Europe.

Production and cultivation of cannabis remain evenly spread out, while North Africa, Middle East and S.E. Asia continue as the center of hashish production. Although Afghanistan shows a decreasing trend in the area of cannabis cultivation, production of hashish increased from 2011 due to the increase of cannabis resin per hectare. A decrease is seen in the abuse of cannabis at global level, as is indicated by the decline of cannabis consumption in some of the countries of West and Central Europe.

Disclosures of illegal ATS manufacture, mostly for the production of Shabu, continues to increase. From the total seized 144 tons of ATS half was confiscated in North America, and one-fourth in the regions of East Asia and S.E. Asia. Seizures of Ecstasy are still on the rise in 2012, the greatest part occurred in East and S.E. Asia, followed by Europe.

Likewise with drug dealing and precursor trade through the internet continue to increase, both in the value of transactions and the sale of the drug. There is evidence of the sale of NPS through the internet, likewise the sale of high quality cannabis, heroin, MDMA, and cocaine. The emerging new NPS also add to the challenges in handling the drug problem (Till December 2013 348 NPS are in circulation from 21 in July 2012). A far greater number of NPS (234 substances) under control at international level.

From 2003 – 2012 the number of cases pertaining to ownership and drug circulation also indicate an increase. The majority of arrested suspects are male. There are various reasons for the involvement of women, depending on the trafficking of certain types of drug. The highest percentage is indicated in the group of sedatives (25%).

Based on analysis of countries forwarded to UNODC the conclusion is that from 2010 – 2012, 77 countries produce precursor chemicals, 122 export precursors, and 150 import these substances. Asian countries also export 59% of the total export of precursors in that same period. Measures in the control of precursor chemicals greatly affects the decline in diversion of this chemical for the production of drugs. These efforts are seen in the increase of successful interdiction of shipments which is 12 times greater in the period 2010-2012 compared to 1990-1992.

With the global heightening of precursor control clandestine precursor laboratories are forced to implement strategies such as: utilizing the latest and sophisticated methods in obtaining precursor chemicals, make use of transit countries with weak control, new organizations that focus on supplying precursor chemicals, make use of the internet, etc.

## **2. Drug Abuse and Illicit Trafficking at Regional Level.**

Based on the available data drug consumption at regional level is parallel or somewhat lower than at the global level. Momentary estimation indicates that cannabis is the most abused with an annual rate of 1.9% (among population between 15-64 years), followed by ATS (excluding ecstasy), with a prevalence of 0.7%, while ecstasy at the rate of 0.4%, opiates 0.35%, and cocaine 0.05%. Consumption of shabu and NPS is still on the rise in part of the regions of East S.E. Asia.

Shabu in tablet form is mostly used in Cambodia, Laos, Myanmar, Thailand and Vietnam. Crystal shabu in Brunei Darussalam, Cambodia, Indonesia, Japan, Philippines and Korea. Seizures of ecstasy increased three fold in 2012 than in the previous years.

NPS markets are also on a rapid rise. Ketamine has long been consumed in this region, indicating a stable trend, while kratom is used as a traditional stimulant in Malaysia, Myanmar and Thailand. Consumption of synthetic cannabinoids is reported in China, Indonesia, Japan, Korea and Singapore.

North-West and Central Asia has a high prevalence of opiates together with the high prevalence of PWID and HIV: 28.8% in North-West Asia and 7.7% in Central Asia. Afghanistan, Iran and Pakistan indicate the highest global prevalence of opiates (an average of 1.5% of the adult population in the three mentioned countries), the highest rate of 0.8% in Central Asia (twice the global average).

### **3. Drug Abuse and Illicit Trafficking at National Level.**

The outcomes of a research conducted by BNN in cooperation with Center of Health Research, University of Indonesia in 2014 entitled *“National Survey on the Development of Drug Abuse in Indonesia”* indicate that the prevalence of drug abuse has reached the rate of 2.18%, or approx. 3.8 – 4.1 million people have ever used drugs in the past year (*current users*) in the age group of 10-59 years.

The first drug of abuse vary in each province. Cannabis (gele, cimeng, marijuana, getok) is still the most mentioned in all provinces (6%), particularly in Papua (92%), West NusaTenggara (NTB) (84%), Maluku (82%), and West Kalimantan (79%). Aside from Cannabis the second most used as the first drug is Shabu (yaba, SS, tastus, ubas), and Ecstasy. Shabu dominates East Kalimantan (49%), South Sumatera (19%), and North Sumatera (13%). While Ecstasy is the first drug of abuse in Riau Islands (22%), South Sumatera (16%), North Sumatera (11%), Lampung (10%), and Bali (9%).

The average age of the first injecting drug use is 19-20 years, The youngest age is 10 years. The average of the last drug injection is 1 to 5 days from the time of the survey.

Respondents admit they have been injecting drugs regularly since 10 to 12 months or one year ago. This indicates that most of the respondents belong to the category of new injecting drug users, which is seen from the range of time in drug consumption, i.e. between one month to 48 months, or 4 years.

The gate of transmission of the various diseases among PWID is needle sharing. Reduction of needles is the key in the HIV/AIDS intervention program, by distributing free syringes. Respondents admit that they use 30 to 120 needles a months. There is no difficulty in the access of needles. Nearly most of the free needles are provided by NGOs. However, some respondents admit buying only some needles. The fact is the practice of needle sharing is still a problem, although with the existence of LASS program. Most of them share the needle with 2-3 others. The majority use the needle at home (64%) or at unoccupied or empty houses/buildings/shop houses (23%).

Based on data from BNN Deputy of Rehabilitation 3,988 drug abusers all over Indonesia have received Therapy and Rehabilitation in 2014. The largest number in the age group of 26-40 years (2,488). The most consumed drug among the group is shabu (2,463), followed in order by cannabis (1,429), the next in a row is a type of heroine (659), ecstasy (468) and benzodiazepines (355).

According to drug classification in 2014, there is an increasing trend of narcotic cases with a rise of 8.32% in 2013, from 21,269 cases to 23,038 cases in 2014. The largest decrease of cases is the trend of psychotropic substances indicating a percentage of 48.01% from 1,612 cases in 2013 to 838 cases in 2014.

According to classification of suspects of drug cases in 2014, the largest number of suspects occurred in narcotic cases totalling 30,974 persons, indicating an increase of 7.59% from 2013. However, related to psychotropic substances, a large decrease is seen of 47.64% from 1,868 suspects arrested in 2013 to 978 in 2014.

Meanwhile, the year 2014 indicates the largest seizure of cannabis seeds, indicating a percentage of 3,052.75%, or 378.33 grams, an enormous increase from 12 grams in 2013. The most significant decrease of 88.32% is the eradication of cannabis cultivation in 2014, leaving 14 hectares from 119.9 hectares detected in 2013. The reverse happened in the proportion between the decrease of cannabis trees and cultivation area and the increase in cannabis herb and seized cannabis seeds.

## CHAPTER II

# DATA ON THE PREVENTION AND ERADICATION OF DRUG ABUSE AND ILLCIT TRAFFICKING, 2014

### 1. Supply Reduction.

#### a. Drug Cases, Suspects and Seized Evidence by the National Police Republic of Indonesia, 2014.

**Table 1. Total Number of Drug Cases Based on Type of Drug, 2014**

NO.	TYPE OF DRUG	TOTAL CASES
1	2	3
1.	Cannabis	5,967
2.	Heroin	195
3.	Hashish	1
4.	Cocaine	6
5.	Codeine	-
6.	Morphine	1
7.	Ecstasy	657
8.	Shabu	15,923
9.	Controlled Medicines	713
10.	Benzodiazepine (Table III)	81
11.	Barbiturat es(Table IV)	41
12.	Ketamine	3
13.	Alcohol	10,855
<b>TOTAL</b>		<b>34,443</b>

Source : National Police RI, March 2015

**Table 2. Total Number of Drug Cases Based on Drug Classification, 2014**

NO.	DRUG CLASSIFICATION	TOTAL CASES
1	2	3
1.	Narkotics	22,750
2.	Psychotropic substances + Ketamine	838
3.	Other Addictive substances	10,855
<b>TOTAL</b>		<b>34,443</b>

Source : National Police RI, March 2015

**Table 3. Total Number of Drug Cases Based on Type of Crime, 2014**

NO.	TYPE OF CRIME	TOTAL CASES
1	2	3
1.	Cultivation	30
2.	Production	10
3.	Distribution	22,556
4.	Consumption	11,847
<b>TOTAL</b>		<b>34,443</b>

Source : National Police RI, March 2015

**Table 4. Ranking of Successful Disclosures of Cases Pertaining to Narcotics, Psychotropic Substances and Other Addictive Substances by Province, 2014**

NO.	PROVINCE	2014	
		CASES	RANKING
1	2	3	4
1.	East Java	9,112	I
2.	DKI Jakarta	5,107	II
3.	North Sumatera	3,536	III
4.	West Java	2,263	IV
5.	South Kalimantan	1,554	V
6.	Central Java	1,314	VI
7.	South Sumatera	1,149	VII
8.	North Sulawesi	1,087	VIII
9.	Lampung	999	IX
10.	Riau	955	X
11.	Aceh	921	XI
12.	South Sulawesi	901	XII
13.	East Kalimantan	760	XIII
14.	Bali	746	XIV
15.	Central Kalimantan	406	XV
16.	DI Yogyakarta	389	XVI
17.	West Sumatera	387	XVII
18.	National Police RI HQ	348	XVIII
19.	Bengkulu	316	XIX
20.	Jambi	312	XX
21.	Riau Islands	287	XXI
22.	West Kalimantan	277	XXII
23.	S.E. Sulawesi	266	XXIII
24.	West Nusa Tenggara (NTB)	263	XXIV
25.	Banten	208	XXV
26.	Bangka Belitung	178	XXVI
27.	Central Sulawesi	155	XXVII
28.	Papua	83	XXVIII
29.	Maluku	54	XXIX
30.	East Nusa Tenggara (NTT)	51	XXX
31.	North Maluku	35	XXXI
32.	Gorontalo	24	XXXII
<b>TOTAL</b>		<b>34,443</b>	

Source : National Police RI, March 2015

**Table 5. Total Drug Suspects Based on Type of Drug, 2014**

NO.	TYPE OF DRUG	TOTAL SUSPECTS
1	2	3
1.	Cannabis	7,886
2.	Heroin	230
3.	Hashish	1
4.	Cocaine	6
5.	Codeine	1
6.	Morphine	-
7.	Ecstasy	864
8.	Shabu	21,508
9.	Controlled Medicines	818
10.	Benzodiazepine (Table III)	110
11.	Barbiturates (Table IV)	45
12.	Ketamine	5
13.	Alcohol	11,397
<b>TOTAL</b>		<b>42,871</b>

Source : National Police RI, March 2015

**Table 6. Total Number of Drug Suspects Based on Classification of Drugs, 2014**

NO.	CLASSIFICATION	TOTAL SUSPECTS
1	2	3
1.	Narcotics	30,496
2.	Psychotropic Subst. + Ketamine	978
3.	Other Addictive Subst.	11,397
<b>TOTAL</b>		<b>42,871</b>

Source : National Police RI, March 2015

**Table 7. Total Number of Drug Suspects Based on Type of Crime, 2014**

NO.	TYPE OF CRIME	TOAL SUSPECTS
1	2	3
1.	Cultivation	32
2.	Production	13
3.	Distribution	27,243
4.	Consumption	15,583
<b>TOTAL</b>		<b>42,871</b>

Source : National Police RI, March 2015

**Table 8. Total Number of Drug Suspects Based on Nationality, 2014**

NO.	NATIONALITY	TOTAL SUSPECTS
1	2	3
1.	Indonesians	42,709
2.	Foreign Nationality	162
<b>TOTAL</b>		<b>42,871</b>

Source : National Police RI, March 2015

**Table 9. Total Number of Drug Suspects Based on Nationality and Gender, 2014**

NO.	NATIONALITY AND GENDER	TOTAL SUSPECTS 2014
1	2	3
<b>1.</b>	<b>INDONESIANS</b>	<b>42,709</b>
	Male	38,731
	Female	3,978
<b>2.</b>	<b>FOREIGN NATIONALITY</b>	<b>162</b>
	Male	143
	Female	19
<b>TOTAL</b>		<b>42,871</b>

Source : National Police RI, March 2015

**Table 10. Total Number of Drug Suspects Based on Gender, 2014**

NO.	GENDER	TOTAL SUSPECTS 2014
1	2	3
1.	Male	38,874
2.	Female	3,997
<b>TOTAL</b>		<b>42,871</b>

Source : National Police, March 2015



**Table 11. Total Number of Drug Suspects Based on Age Group, 2014**

NO.	AGE GROUP	TOTAL SUSPECTS 2014
1	2	3
1.	<16 Years	130
2.	16-19 Years	2,244
3.	20-24 Years	6,489
4.	25-29 Years	14,065
5.	> 30 Years	19,943
<b>TOTAL</b>		<b>42,871</b>

Source : National Police RI, March 2015

**Table 12. Total Number of Drug Suspects Based on Education, 2014**

NO.	EDUCATION	TOTAL SUSPECTS 2014
1	2	3
1.	Elementary	7,058
2.	Junior High (Secondary)	12,257
3.	Senior High (Secondary)	22,378
4.	University	1,178
<b>TOTAL</b>		<b>42,871</b>

Source : National Police, March 2015

**Table 13. Total Number of Drug Suspects Based on Occupation, 2014**

NO.	OCCUPATION	TOTAL SUSPECTS 2014
1	2	3
1.	Civil Servants	348
2.	Police/Armed Forces	319
3.	Private Sector	18,262
4.	Entrepreneur	11,270
5.	Farmer	1,539
6.	Labour	4,536
7.	University Student	869
8.	Student (Secondary education)	778
9.	Unemployed	4,950
<b>TOTAL</b>		<b>42,871</b>

Source : National Police RI, March 2015

**Table 14. Total Number of Foreigners Involved in Drug Crimes in Indonesia, 2014**

NO.	COUNTRY	TOTAL SUSPECTS 2014
1	2	3
<b>I. A s i a</b>		
1.	Singapore	3
2.	Malaysia	46
3.	Philippines	2
4.	Japan	1
5.	Taiwan	20
6.	China	26
7.	Hong Kong	10
8.	Korea	1
9.	South Korea	3
10.	India	2
11.	Pakistan	1
12.	Thailand	5
13.	Iran	1
14.	Papua Nugini	7
15.	Vietnam	3
<b>Total</b>		<b>131</b>
<b>II. E r o p e</b>		
1.	France	4
2.	Germany	2
3.	Denmark	1
4.	Rusia	1
5.	Uzbekistan	1
6.	Lithuania	2
<b>Total</b>		<b>11</b>
<b>III. A f r i c a</b>		
1.	Nigeria	9
2.	Liberia	1
3.	Uganda	2
4.	South Africa	3
5.	Kenya (East Africa)	1
<b>Total</b>		<b>16</b>
<b>IV. A u s t r a l i a</b>		
1.	Australia	1
2.	New Zealand	2
<b>Total</b>		<b>3</b>
<b>V. A m e r i k a</b>		
1.	Brazilia	1
<b>J u m l a h</b>		<b>1</b>
<b>Grand Total</b>		<b>162</b>

Source : National Police RI, March 2015

**Table 15. Ranking of Successful Arrests of Suspects Pertaining to Narcotics, Psychotropic Substances and Other Addictive Substances by Province, 2014**

NO.	PROVINCE	2014	
		TOTAL SUSPECTS	RANKING
1	2	3	4
1.	East Java	10,027	I
2.	DKI Jakarta	6,326	II
3.	North Sumatera	4,771	III
4.	West Java	2,779	IV
5.	South Kalimantan	2,012	V
6.	Central Java	1,520	VI
7.	South Sumatera	1,516	VII
8.	Lampung	1,389	VIII
9.	Riau	1,344	IX
10.	Aceh	1,319	X
11.	South Sulawesi	1,313	XI
12.	East Kalimantan	1,210	XII
13.	North Sulawesi	1,199	XIII
14.	Bali	777	XIV
15.	Central Kalimantan	503	XV
16.	DI Yogyakarta	502	XVI
17.	Jambi	499	XVII
18.	West Sumatera	497	XVIII
19.	National Police HQ	411	XIX
20.	Riau Islands	407	XX
21.	West Kalimantan Kalimantan	390	XXI
22.	Bengkulu	385	XXII
23.	West Nusa Tenggara (NTB)	360	XXIII
24.	S.E. Sulawesi	332	XXIV
25.	Banten	315	XXV
26.	Bangka Belitung	248	XXVI
27.	Central Sulawesi	204	XXVII
28.	Papua	121	XXVIII
29.	Maluku	63	XXIX
30.	East Nusa Tenggara (NTT)	54	XXX
31.	North Maluku	41	XXXI
32.	Gorontalo	37	XXXII
<b>TOTAL</b>		<b>42,871</b>	

Source : National Police RI, March 2015

**Table 16. Total Seized Cannabis Evidence, 2014**

NO.	EVIDENCE	TOTAL 2014
1	2	3
1.	Cannabis Herb (Gram)	59,634,166.06
2.	Cannabis Trees (Unit)	92,421
3.	Total Area of Cultivation (Ha)	14
4.	Cannabis Seeds (Gram)	276,33

Source : National Police RI, March 2015

**Table 17. Total Seized Narcotics, 2014**

NO.	SEIZED EVIDENCE	TOTAL 2014
1	2	3
1.	Heroin (Gram)	4,300.48
2.	Cocaine (Gram)	373.33
3.	Hashish (Gram)	4,237.49
4.	Ecstasy (Tablet)	472,539.25
5.	Shabu (Gram)	718,145.18

Source : National Police RI, March 2015

**Table 18. Total Seized Psychotropic Substances, 2014**

NO.	SEIZED EVIDENCE	TOTAL 2014
1	2	3
1.	Benzodiazepine (Tablet) / Table III	356,631
2.	Barbiturates (Tablet) / Table IV	9,571
3.	Ketamine (Gram)	13,40009
4.	Controlled Medicines (Tablet)	14,729,227.75

Source : National Police RI, March 2015

**Table 19. Total Seized Other Addictive Substances, 2014**

NO.	SEIZED EVIDENCE	TOTAL 2014
1	2	3
1.	Alcohol (Bottles)	223,981
2.	Alcohol (Liter)	16,439,339.45

Source : National Police RI, March 2015

b. **Drug Cases, Suspects and Seized Evidence of Narcotics, Precursors, and Money Laundering by National Narcotics Board (BNN), 2014.**

1) **Total Disclosures of Cases Related to Narcotics, Psychotropic Substances, Narcotic Precursors and Money Laundering, 2014**

**Table 20. Total Cases Related to Narcotics, Psychotropic Substances, Narcotic Precursors and Money Laundering, 2014**

NO.	CASE	2014
1	2	3
1.	Narcotics	288
2.	Psychotropic Subst. and Narcotic Precursors	-
3.	Money Laundering Crimes	11
<b>TOTAL</b>		<b>299</b>

Source : BNN Deputy of Eradication, March 2015

**Table 21. Total Cases of Narcotics and Narcotics Precursors Based on Type of Narcotics, 2014**

NO.	TYPE OF NARCOTICS	2014
1	2	3
1.	Shabu	251
2.	Cannabis	18
3.	Ecstasy	11
4.	Heroin	8
5.	Cocaine	-
6.	Psychotropic Subst. and Narcotic Precursors	-
<b>TOTAL</b>		<b>288</b>

Source : BNN Deputy of Eradication, March 2015

**Table 22. Total Cases of Narcotics and Narcotic Precursors Based on Narcotic Classification, 2014**

NO.	CLASSIFICATION	2014
1	2	3
1.	Narcotics	288
2.	Precursors	-
<b>TOTAL</b>		<b>288</b>

Source : BNN Deputy of Eradication, March 2015

**Table 23. Total Cases of Narcotics and Narcotic Precursors Based on Type of Case, 2014**

NO.	CASE	2014
1	2	3
1.	Consumption	62
2.	Distribution	226
3.	Production	-
4.	Cultivation	-
<b>TOTAL</b>		<b>288</b>

Source : BNN Deputy of Eradication, March 2015

**Table 24. Ranking of Successful Disclosures Related to Narcotics and Narcotic Precursors by Province, 2014**

NO.	PROVINCE	2014	
		TOTAL CASES	RANKING
1	2	3	4
1.	East Kalimantan	30	I
2.	East Java	28	II
3.	Riau Islands	28	II
4.	South Sumatera	25	III
5.	North Sumatera	23	IV
6.	Jambi	22	V
7.	South Sulawesi	17	VI
8.	Gorontalo	12	VII
9.	West Jawa	11	VIII
10.	South Kalimantan	10	IX
11.	Bangka Belitung	8	X
12.	West Kalimantan	7	XI
13.	Bengkulu	7	XI
14.	Riau	6	XII
15.	West Tenggara (NTB)	6	XII
16.	DI Yogyakarta	6	XII
17.	Banten	6	XII
18.	DKI Jakarta	5	XIII
19.	Aceh	5	XIII
20.	West Sumatera	4	XIV
21.	S.E. Sulawesi	4	XIV
22.	North Maluku	4	XIV
23.	Lampung	3	XV
24.	Central Java	3	XV
25.	Central Kalimantan	3	XV
26.	West Sulawesi	3	XV
27.	North Sulawesi	3	XV
28.	Maluku	3	XV
29.	East Nusa Tenggara (NTT)	2	XVI
30.	Central Sulawesi	2	XVI
31.	Bali	2	XVI
32.	West Papua	1	XVII
33.	Papua	0	-
34.	North Kalimantan	0	-
35.	BNN Center	92	
<b>TOTAL</b>		<b>391</b>	

Source : BNN Deputy of Eradication, March 2015

**2) Total Number of Suspects Related to Narcotics, Psychotropic Substances, Precursors and Money Laundering, 2014**

**Table 25. Total Number of Suspects Related to Narcotics, Psychotropic Substances, Narcotics Precursors and Money Laundering, 2014**

NO.	SUSPECTS	2014
1	2	3
1.	Narcotics	478
2.	Psychotropic Substances and Narcotic Precursors	-
3.	Money Laundering	12
<b>TOTAL</b>		<b>490</b>

Source : BNN Deputy of Eradication, March 2015

**Table 26. Total Number of Suspects Related to Narcotics and Precursors, Based on Type of Narcotics, 2014**

NO.	TYPE OF NARCOTICS	TOTAL SUSPECTS 2014
1	2	3
1.	Shabu	365
2.	Cannabis	34
3.	Ecstasy	20
4.	Heroin	15
5.	Precursor	-
6.	Methilone	-
<b>TOTAL</b>		<b>478</b>

Source : BNN Deputy of Eradication, March 2015

**Table 27. Total Number of Suspects Related to Narcotics and Precursors Based on Type of Crime, 2014**

NO.	TYPE OF CRIME	TOTAL SUSPECTS 2014
1	2	3
1.	Consumption	104
2.	Distribution	374
3.	Production	-
4.	Cultivation	-
<b>TOTAL</b>		<b>478</b>

Source : BNN Deputy of Eradication, March 2015

**Table 28. Total Number of Suspects Related to Narcotics and Precursors Based on Nationality, 2014**

NO.	NATIONALITY	TOTAL SUSPECTS 2014
1	2	3
1.	Indonesians	450
2.	Foreigners	28
<b>TOTAL</b>		<b>478</b>

Source : BNN Deputy of Eradication, March 2015

**Table 29. Total Number of Suspects Related to Narcotics and Precursors Based on Gender, 2014**

NO.	GENDER	TOTAL SUSPECTS INDONESIANS 2014	TOTAL SUSPECTS FOREIGNERS 2014
1	2	3	4
1.	Male	390	24
2.	Female	60	4
<b>TOTAL</b>		<b>450</b>	<b>28</b>

Source : BNN Deputy of Eradication , March 2015

**Table 30. Total Number of Suspects Related to Narcotics and Precursors Based on Age Group, 2014**

NO.	AGE GROUP	TOTAL SUSPECTS 2014
1	2	3
1.	< 16 Years	0
2.	16-19 Years	7
3.	20-24 Years	53
4.	25-29 Years	99
5.	> 30 Years	319
<b>TOTAL</b>		<b>478</b>

Source : BNN Deputy of Eradication, March 2015



**Table 31. Total Number of Suspects Related to Narcotics and Precursors Based on Education, 2014**

NO.	EDUCATION	TOTAL SUSPECTS 2014
1	2	3
1.	Elementary	70
2.	Junior High School	99
3.	Senior High School	261
4.	University	48
<b>TOTAL</b>		<b>478</b>

Source : BNN Deputy of Eradication, March 2015

**Table 32. Total Number of Suspects related to Narcotics and Precursors Based on Occupation, 2014**

NO.	OCCUPATION	TOTAL SUSPECTS 2014
1	2	3
1.	Private Sector	209
2.	Unemployed	82
3.	Labour	25
4.	Farmer	6
5.	Entrepreneur	123
6.	Univ. Student	14
7.	Civil Servant	13
8.	Police/Armed Forces	6
<b>TOTAL</b>		<b>478</b>

Source : BNN Deputy of Eradication, March 2015

**Table 33. Total Number of Foreign Suspects Involved in Narcotics and Precursors Crimes, 2014**

NO.	NATIONALITY/COUNTRY	TOTAL SUSPECTS 2014
1	2	3
1.	Nigeria	4
2.	China	6
3.	Pakistan	1
4.	Thailand	1
5.	Malaysia	5
6.	England	1
7.	Iran	4
8.	Kenya	2
9.	Canada	1
10.	Hong Kong	2
11.	Liberia	1
<b>TOTAL</b>		<b>28</b>

Source : BNN Deputy of Eradication, March 2015

**Table 34. Ranking of Successful Arrests of Narcotics and Narcotic Precursors Suspects by Province, 2014**

NO.	PROVINCE	2014	
		TOTAL SUSPECTS	RANKING
1	2	3	4
1.	Riau Islands	44	I
2.	East Kalimantan	34	II
3.	North Sumatera	33	III
4.	Jambi	33	III
5.	East Jawa	31	IV
6.	South Sumatera	28	V
7.	South Sulawesi	27	VI
8.	West Java	19	VII
9.	South Kalimantan	19	VII
10.	Banten	15	VIII
11.	Bengkulu	12	IX
12.	Gorontalo	12	IX
13.	Bangka Belitung	10	X
14.	West Sulawesi	10	X
15.	West Nusa Tenggara (NTB)	10	X
16.	Lampung	9	XI
17.	West Kalimantan	9	XI
18.	Central Sulawesi	8	XII
19.	DI Yogyakarta	7	XII
20.	DKI Jakarta	6	XIV
21.	Riau	6	XIV
22.	West Sumatera	6	XIV
23.	Aceh	5	XV
24.	Central Kalimantan	4	XVI
25.	S.E. Sulawesi	4	XVI
26.	Maluku	4	XVI
27.	North Maluku	4	XVI
28.	North Sulawesi	3	XVII
29.	Central Java	3	XVII
30.	East Nusa Tenggara (NTT)	2	XVIII
31.	Bali	2	XVIII
32.	West Papua	1	XIX
33.	Papua	0	-
34.	North Utara	0	-
35.	BNN Center	116	-
<b>TOTAL</b>		<b>536</b>	<b>-</b>

Source : BNN Deputy of Eradication, March 2015

**Table 35. Total Number of Suspects Related to Money Laundering Based on Nationality, 2014**

NO.	NATIONALITY	TOTAL SUSPECTS 2014
1	2	3
1.	Indonesians	12
2.	Foreigners	-
<b>TOTAL</b>		<b>12</b>

Source : BNN Deputy of Eradication, March 2015

**Table 36. Total Number of Suspects related to Money Laundering Based on Gender, 2014**

NO.	GENDER	FOREIGN SUSPECTS 2014	INDONESIAN SUSPECTS 2014
1	2	3	
1.	Male	9	-
2.	Female	3	-
<b>TOTAL</b>		<b>12</b>	<b>-</b>

Source : BNN Deputy of Eradication, March 2015

**Table 37. Total Number of Suspects Related to Money Laundering Based on Age Group, 2014**

NO.	AGE GROUP	TOTAL SUSPECTS 2014
1	2	3
1.	< 16 Yrs	-
2.	16-19	-
3.	20-24	-
4.	25-29	-
5.	> 30	12
<b>TOTAL</b>		<b>12</b>

Source : BNN Deputy of Eradication, March 2015

**Table 38. Total Number of Suspects of Money Laundering Based on Education, 2014**

NO.	EDUCATION	TOTAL SUSPECTS 2014
1	2	3
1.	Elementary	2
2.	Junior High School	3
3.	Senior High School	6
4.	University	1
<b>TOTAL</b>		<b>12</b>

Source : BNN Deputy of Eradication, March 2015

**Table 39. Total Number of Suspects of Money Laundering Based on Occupation, 2014**

NO.	OCCUPATION	TOTAL SUSPECTS 2014
1	2	3
1.	Private Sector	4
2.	Unemployed	-
3.	Labour	-
4.	Farmer	-
5.	Entrepreneur	8
6.	Univ. Student	-
7.	Civil Servant	-
8.	Police/Armed Forces	-
<b>TOTAL</b>		<b>12</b>

Source : BNN Deputy of Eradication, March 2015

**3) Total Evidence of Seized Narcotics and Psychotropic Substances, and Money Laundering, 2014**

**Table 40. Total Seized Narcotics, 2014**

NO.	SEIZED EVIDENCE	2014
1	2	3
1.	Shabu	406,923.24 grams
2.	Heroin	7,894.96 grams
3.	Ecstasy	16,811.5 tablets 5,447.66 grams
4.	Cannabis	8,764,687.69 grams
5.	Cannabis Trees	60 units
6.	Cannabis Seeds	102 grams
7.	Liquid Toluene	5,810 ml
8.	Liquid HCL	700 ml
9.	Liquid Acetone	5,980 ml
10.	Ephedrine Powder	1.9 grams

Source : BNN Deputy of Eradication, March 2015

**Table 41. Total Seized Evidence of Money Laundering Cases, 2014**

NO.	EVIDENCE	TOTAL	IN PROCESS	TOTAL
1	2	3	4	5
1.	Vehicles	24	2	26
2.	Motor cycles	7	-	7
3.	Houses, & Apartement	13	-	13
4.	Land	26	-	26
5.	Jewelry	146	-	146
6.	Cash Money	IDR 1,595,353,378	IDR 670,756,136	IDR 2,266,109,514
7.	Bank Account	IDR 13,688.,400,000	-	IDR 13,688,400,000
8.	Goods	IDR 66,701,000,000	IDR 350,000,000	IDR 69,051,000,000

Source : BNN Deputy of Eradication, March 2015

**Table 42. Details of Seized Evidence Related to Money Laundering, 2014**

NO.	CASE REPORT	SUSPECTS	EVIDENCE		DESCRIP TION
			MONEY/ ACCOUNT (Rp.)	GOODS	
1	2	3	4	5	
1.	LKN/11-WTB/II/ 2014/BNN 9 Februari 2014	M. Nasir	1,646,000,000	Vehicles (2) Exavators (4) Land (1)	Phase II
2.	LKN/29-WTB/III/ 2014/BNN 21 March 2014	Darkasyi als Hendra Gunawan	1,143,400,000	Vehicle (1)	Phase II
3.	LKN/30-WTB/III/ 2014/BNN 25 March 2014	Safriadi, M.D.A. als Edy	521,000,000	Vehicle (1) Land (2)	Phase II
4.	LKN/32-WTB/III/ 2014/BNN 25 March 2014	Murdani	7,268,053,378	Vehicles (5) Laptops (3) Houses/ Apartement (7) Jewelry (16)	Phase II
5.	LKN/49-WTB/IV/ 2014/BNN 22 April 2014	Yuia Sari Sutopo als Yulia	76,300,000	Land (7) Vehicles (6) Motorcycles (4) Jewelry (100)	Phase II
6.	LKN/51-WTB/IV/ 2014/BNN 24 April 2014	Sainal als Roy	2,843,000,000	House (1) Vehicles (2)	Phase II
7.	LKN/77-WTB/IX/ 2014/BNN 25 Sep 2014	M. Irsan	-	Laptops (2) Jewelry (10 ) Vehicles (2) Apartement (1)	Phase II
8.	LKN/78-WTB/IX/ 2014/BNN 25 Sep 2014	Pony Chandra and Santi	1,768,000,000	Motorcycles (3) Harley D Vehicles (2) Jet Sky (2) Land (7) Houses (2)	Phase II
9.	LKN/79-WTB/IX/ 2014/BNN 25 Sep 2014	Johan Erick	18,000,000	Land (5) Vehicle (1)	Phase II
10.	LKN/90-WTB/X/ 2014/BNN 30 Okt 2014	Khalik als Alex	-	Vehicle (1) House (1) Gas Station (1) Jewelries (21 )	Phase II
11.	LKN/99-WTB/ XII/2014/BNN 16 Des 2014	Teny Kusnadi	670,756,136	Vehicles (2)	Process

Source : BNN Deputy of Eradication, March 2015

**4) Overseas Illicit Trafficking Routes into Indonesia, 2014.**

**a) Land.**

- (1) Malaysia – Entikong – Ambawang/Pontianak.
- (2) Timor Leste – Kupang (NTT)

**b) Air.**

- (1) USA – Jakarta.
- (2) Malaysia – Jakarta.
- (3) Malaysia – Tangerang.
- (4) Nairobi – Abu Dhabi – Jakarta.
- (5) China – Jakarta.
- (6) Neherland – Jakarta.
- (7) Iran – Jakarta.
- (8) Ghana – Jakarta – Surabaya.
- (9) Nigeria – Jakarta – Bekasi.
- (10) Nairobi – Doha – Jakarta.
- (11) Kuala Lumpur – Jakarta – Surabaya.
- (12) Malaysia – Jakarta – Bandung.
- (13) Guangdong – Jakarta.
- (14) Hongkong – Jakarta.

**c) Sea.**

- (1) Malaysia – Entikong – Sanggau/Pontianak.
- (2) China – Jakarta.
- (3) Malaysia – Nunukan – Pare-pare – Pinrang.
- (4) Malaysia – Pontianak – Semarang – Kediri.
- (5) Malaysia – Tanjung Balai Karimun.
- (6) Malaysia – Aceh Timur.
- (7) Malaysia – Tanjung Balai – Aceh Timur.
- (8) Iran – Jakarta – Sukabumi.

**d) Domestic.**

- (1) Aceh – Pekanbaru – Jakarta.
- (2) Pontianak – Jakarta.
- (3) Jakarta – Denpasar.
- (4) Jakarta – Bekasi.
- (5) Jakarta – Surakarta.
- (6) Jakarta – Surabaya.
- (7) Jakarta – Pontianak.
- (8) Jakarta – Surabaya – Banjarmasin.
- (9) Jakarta – Samarinda.
- (10) Bogor – Sukabumi.
- (11) Jakarta – Makasar.
- (12) Jakarta – Indramayu.
- (13) Pontianak – Tj. Hulu – Pontianak.
- (14) Pontianak – Bandar Lampung.
- (15) Nunukan – Pare-Pare – Bone.
- (16) Pekanbaru – Natar/Lampung.
- (17) Kualanamu – Cipayung/Jakarta.

c. **Destroyed Narcotics Seized Evidence by National Narcotics Board, 2014.**

**Table 43. Total Destroyed Narcotic Powder, 2014**

NO.	EVIDENCE	TOTAL DESTROYED 2014	DESCRIPTION
1	2	3	4
1.	Shabu	388,85134	
2.	Heroin	7,784.50	
3.	Ecstasy Powder	0	
4.	Cannabis	8,148,227.30	
5.	Precursors	0	
6.	Ephedrine Tablet	0	
<b>TOTAL</b>		<b>8,544,863.14</b>	

Source : BNN Deputy of Eradication, March 2015

**Table 44. Total Destroyed Narcotic Tablets 2014**

NO.	EVIDENCE	TOTAL DESTROYED 2014	DESCRIPTION
1	2	3	4
1.	Ecstasy Tablets	14,716.00	
2.	Methamphetamine Tablets	0	
3.	Happy Five Tablets	0	
<b>TOTAL</b>		<b>14,716.00</b>	

Source : BNN Deputy of Eradication, March 2015

**Table 45. Total Destroyed Liquid Narcotics, 2014**

NO.	EVIDENCE	TOTAL DESTROYED 2014	DESCRIPTION
1	2	3	4
1.	Liquid Precursors	19,150.00	
<b>TOTAL</b>		<b>19,150.00</b>	

Source : BNN Deputy of Eradication, March 2015

d. Indonesian Nationals Involved in Overseas Drug Crimes, 2014.

**Table 46. Total Overseas Indonesian Citizens Involved in Drug Crimes, 2014**

NO.	CRIME SCENE/CITY	TOTAL SUSPECTS 2014
1	2	3
1.	Abu Dhabi	1
2.	Abuja	1
3.	Bangkok	7
4.	Beijing	1
5.	Kuala Lumpur	49
6.	Manila	1
7.	Quito	2
8.	Riyadh	1
9.	Guangzhou	1
10.	Hongkong	11
11.	Johor Bahru	8
12.	Jeddah	5
13.	New York	1
14.	Osaka	1
15.	Penang	10
16.	Sydney	2
17.	Tawau	5
<b>TOTAL</b>		<b>107</b>

Source : Ministry of Foreign Affairs Republic of Indonesia, March 2015

**Table 47. Total Overseas Indonesian Citizens Involved in Drug Crimes Facing Death Penalty, 2014**

NO.	CRIME SCENE/CITY	TOTAL SUSPECTS 2014
1	2	3
1.	Beijing	1
2.	Kuala Lumpur	48
3.	Guangzhou	1
4.	Johor Bahru	8
5.	Penang	7
6.	Tawau	3
<b>TOTAL</b>		<b>68</b>

Source : Ministry of Foreign Affairs RI, March 2015



e. Seizures and Ranking of Narcotics, Data from Ministry of Finance RI, 2014.

**Table 48. Total Seized Natural Narcotics at Airports, Sea Ports and Border Crossings, 2014**

NO.	EVIDENCE	2014	PLACE OF SEIZURES
1	2	3	
1.	Cocaine (Gram)	239.00	Airport
2.	Hashish (Gram)	4212.00	Airport
3.	Cannabis (Gram)	14,565.41	Sea Port
4.	Cannabis (Gram)	100.00	Border Crossing
5.	Heroin (Gram)	40.38	Sea Port

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2015

**Table 49. Total and Ranking of Seized Cocaine at Airports, 2014**

NO.	PROVINCE	AIRPORT	2014		DESCRIPTION
			TOTAL (GRAM)	RANKING	
1	2	3	4	5	6
1.	Bali	Ngurah Rai	239	1	Passenger
TOTAL			239		

Source : Directorate General of Custom & Excise, Ministry of Financ RI, March 2015

**Table 50. Total and Ranking of Seized Hashish at Airports, 2014**

NO.	PROVINCE	AIRPORT	2014		DESCRIPTION
			TOTAL (GRAM)	RANKING	
1	2	3	4	5	6
1.	Banten	Soekarno Hatta	4,212	1	Passenger
TOTAL			4,212		

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2015

**Table 51. Total and Ranking of Seized Cannabis Herb at Sea Ports, 2014**

NO.	PROVINCE	SEAPORT	2014		DESCRIPTION
			TOTAL (GRAM)	RANKING	
1	2	3	4	5	6
1.	Batam	Batam	9,542	1	
2.	Jakarta	Tanjung Priok	5,000	2	
3.	Riau	Tanjung Balai Karimun	23.41	3	
TOTAL			14,565.41		

Source : Directorate General of Cusstoms and Excise, Ministry of Finance RI, March 2015

**Table 52. Total and Ranking of Seized Cannabis at Border Crossing, 2014**

NO.	PROVINCE	BORDER CROSSING	2014		DESCRIPTION
			TOTAL (GRAM)	RANKING	
1	2	3	4	5	6
1.	Papua	Jayapura	100	1	
TOTAL			100		

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2015

**Table 53. Total Seized Heroin at Sea Ports, 2014**

NO.	PROVINCE	SEA PORT	2014		DESCRIPTION
			TOTAL (GRAM)	RANKING	
1	2	3	4	5	6
1.	Riau	Tanjung Balai Karimun	39.38	1	
2.	Riau Islands	Batam	1	2	
TOTAL			40.38		

Source : Directorate of Customs & Excise, Ministry of Finance RI, March 2015

**Table 54. Total Seized Synthetic Narcotics at Airports, 2014**

NO.	EVIDENCE	2014	PLACE OF SEIZURES
1	2	3	
1.	Ecstasy(Gram)	6,167	Airport
2.	Shabu (Gram)	123,222.76	Airport
3.	Ecstasy (Tablet)	11,879.4	Sea Port
4.	Shabu (Gram)	26,453.2	Sea Port
5.	Shabu (Gram)	9,030	Border Crossing

Source : Directorate General of Customs & excise, Ministry of finance RI, March 2015

**Table 55. Total and Ranking of Seized Ecstasy at Airports, 2014**

NO.	PROVINCE	AIRPORT	2014		DESCRIPTION
			TOTAL (GRAM)	RANKING	
1	2	3	4	5	6
1.	East Java	Juanda	6,153	1	
2.	North Sumatera	Medan	7.5	2	
3.	West Java	Bandung	6.5	3	
TOTAL			6,167		

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2015

**Table 56. Total and Ranking of Seized Shabu at Airports, 2014**

NO.	PROVINCE	AIRPORT	2014		DESCRIP- TION
			TOTAL (GRAM)	RANKING	
1	2	3	4	5	6
1.	Jakarta	Soekarno Hatta	76,696	1	
2.	Bali	Ngurah Rai	15,425	2	
3.	East Java	Juanda	9,766	3	
4.	North Sumatera	Medan	6,605.7	4	
5.	Batam	Hangnadam	5,819	5	
6.	Yogyakarta	Yogyakarta	4,006	6	
7.	West Sumatera	Teluk Bayur	2,325	7	
8.	East Kalimantan	Balikpapan	1,573	8	
9.	West Java	Bandung	1,006.54	9	
10.	North Kalimantan	Tarakan	0.52	10	
<b>TOTAL</b>			<b>123,222.76</b>		

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2015

**Table 57. Total Seized Ecstasy at Sea Ports, 2014**

NO.	PROVINCE	SEA PORTS	2014		CLARIFI- CTION
			TOTAL (TBL)	RAN- KING	
1	2	3	4	5	6
1.	Batam	Batam	11,877	1	
2.	Riau	Tanjung Balai Karimun	2.4	2	
<b>TOTAL</b>			<b>11,879.4</b>		

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2014

**Table 58. Total Seized Shabu at Sea Ports, 2014**

NO.	PROVINCE	SEA PORTS	2014		DESCRIP- TION
			TOTAL (GRAM)	RAN- KING	
1	2	3	4	5	6
1.	Batam	Batam	6,910		
2.	Jakarta	Tanjung Priok	5,700		
3.	Riau/ Riau Islands	Teluk Nibung	4,956.7		
		Tanjung Balai Karimun	3,938.3		
		Tanjung Pinang	1,909		
		Dumai	1,038.6		
5.	East Java	Tanjung Perak	1,500		
6.	East Kalimantan	Nunukan	500.6		
<b>TOTAL</b>			<b>26,453.2</b>		

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2014

**Table 59. Total Seized Shabu at Border Crossing, 2014**

NO.	PROVINCE	BORDER CROSSING	2014		DESCRIP- TION
			TOTAL (GRAM)	RAN- KING	
1	2	3	4	5	6
1.	East Nusa Tenggara (NTT)	Atapupu	9,030		
<b>TOTAL</b>			<b>9,030</b>		

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2015

**Table 60. Total Number of Narcotic Suspects Based on Nationality, 2014**

NO.	NATIONALITY/COUNTRY	TOTAL SUSPECTS 2014
1	2	3
1.	Germany	3
2.	China	16
3.	Cambodia	1
4.	Thailand	5
5.	Malaysia	27
6.	Indonesia	73
7.	Canada	1
8.	India	1
9.	France	1
10.	South Africa	2
11.	Hong Kong	1
12.	Kenya	3
13.	Uganda	2
14.	Denmark	1
15.	Iran	2
16.	Luthuania	1
17.	Nigeria	1
18.	Taiwan	7
19.	Australia	2
20.	Vietnam	3
21.	United States of America	1
22.	Japan	1
23.	New Zealand	1
24.	Rusia	2
25.	Papua New Guinea	1
26.	Netherland	1
27.	Lithuania	1
<b>Total</b>		<b>161</b>

**Source :** Directorate General of Customs & Excise, Ministry of Finance RI, March 2015

**Table 61. Total Number of Narcotic Suspects Based on Gender, 2014**

NO.	GENDER	TOTAL SUSPECTS 2014
1	2	3
1.	Male	115
2.	Female	46
<b>Total</b>		<b>161</b>

**Source :** Directorate General of Customs & Excise, Ministry of Finance RI, March 2015

f. Prisoners and Detainees of Drug Cases in Indonesia, Data from Ministry of Justice and Human Rights RI, 2014.

**Table 62. Total Number of Prisoners and Detainees of Drug Cases by Province in December, 2014**

NO.	REGIONAL OFFICE	TOTAL PRISONERS & DETAINEES 2014
1	2	3
1.	Aceh	1,654
2.	North Sumatera	9,266
3.	West Sumatera	1,115
4.	Riau Islands	1,198
5.	Riau	3,011
6.	Jambi	973
7.	South Sumatera	2,632
8.	Bangka Belitung	568
9.	Lampung	1,161
10.	Bengkulu	416
11.	Banten	3,260
12.	DKI Jakarta	11,262
13.	West Java	7,461
14.	DI Yogyakarta	260
15.	Central Java	2,606
16.	East Java	4,310
17.	West Kalimantan	837
18.	Central Kalimantan	721
19.	South Kalimantan	3,522
20.	East Kalimantan	1,885
21.	North Sulawesi	73
22.	Gorontalo	70
23.	Central Sulawesi	279
24.	South Sulawesi	1,796
25.	West Sulawesi	81
26.	S.E.Sulawesi	273
27.	Bali	392
28.	West Nusa Tenggara (NTB)	335
29.	East Nusa Tenggara (NTT)	33
30.	Maluku	103
31.	North Maluku	68
32.	West Papua	36
33.	Papua	160
<b>TOTAL</b>		<b>61,819</b>

Source : Directorate General of Correctional Institutions, Ministry of Justice and H.R. RI, March 2015

**Table 63. Total Number of Drug Prisoners and Detainees by Province Based on Classification/Role of Supplier/Dealer and User in December, 2014**

NO.	REGIONAL OFFICE	DRUG CASES		TOTAL
		SUPPLIER/ DEALER	USER	
1	2	3	4	5
1.	Aceh	1,170	484	1,654
2.	North Sumatera	4,625	4,641	9,266
3.	West Sumatera	517	598	1,115
4.	Riau Islands	830	368	1,198
5.	Riau	1,909	1,102	3,011
6.	Jambi	657	316	973
7.	South Sumatera	1,017	1,615	2,632
8.	Bangka Belitung	478	90	568
9.	Lampung	478	683	1,161
10.	Bengkulu	297	119	416
11.	Banten	1,425	1,835	3,260
12.	DKI Jakarta	6,294	4,970	11,262
13.	West Java	4,388	3,073	7,461
14.	DI Yogyakarta	179	81	260
15.	Central Java	1,668	938	2,606
16.	East Java	1,249	3,061	4,310
17.	West Kalimantan	360	477	837
18.	Central Kalimantan	302	419	721
19.	South Kalimantan	2,216	1,306	3,522
20.	East Kalimantan	1,330	555	1,885
21.	North Sulawesi	41	32	73
22.	Gorontalo	0	70	70
23.	Central Sulawesi	198	81	279
24.	South Sulawesi	543	1,253	1,796
25.	West Sulawesi	59	22	81
26.	S.E Sulawesi	210	63	273
27.	Bali	245	147	392
28.	West Nusa Tenggara (NTB)	295	40	335
29.	East Nusa Tenggara (NTT)	3	30	33
30.	Maluku	22	81	103
31.	North Maluku	47	21	68
32.	West Papua	18	18	36
33.	Papua	143	17	160
<b>T O T A L</b>		<b>33,213</b>	<b>28,606</b>	<b>61,819</b>

Source : Directorate of Correctional Institutions, Ministry of Justice & H.R. RI, March 2015

**Table 64. Total Number of Prisoners and Detainees at Special Narcotic Prisons in Indonesia, 2014**

NO.	WORK UNIT	RE- GIONAL OFFICE	ISI			CAPACITY	% CAPACITY
			DE- TAIN- ES	PRISO NERS	TOTAL		
1	2	3	4	5	6	7	8
1.	Narcotic Prison Class II A Bandung	West Java	432	597	1,029	448	230
2.	Narcotic Prison Class II A Jayapura	Papua	33	99	132	308	43
3.	Narcotic Prison Class II A Madiun	East Java			-	200	
4.	Narcotic Prison Class II A Nusakambangan	Central Java		274	274	245	112
5.	Narcotic Prison Class II A Sungguminasa	South Sulawesi	4	482	486	368	132
6.	Narcotic Prison Class II A Tanjung Pinang	Riau Islands		75	75	200	38
7.	Narcotic Prison Class III Langkat	North Sumatera			-	126	
8.	Narcotic Prison Class III Muara Sabak	Jambi	28	87	115	160	72
9.	Narcotic Prison Class II A Bandar Lampung	Lampung		742	742	168	442
10.	Narcotic Prison Class II A Cipinang	DKI Jakarta	91	2,663	2,754	1,084	254
11.	Narcotic Prison Class II A Cirebon	West Java		660	660	455	145
12.	Narcotic Prison Class II A Karang Intan	South Kalimantan		737	737	675	109
13.	Narcotic Prison Class II A Lubuk Linggau	South Sumatera	47	271	318	198	161
14.	Narcotic Prison Class II A Pamekasan	East Java			-	1,250	
15.	Narcotic Prison Class II A Pematang Siantar	North Sumatera		80	80	420	19
16.	Narcotic Prison Class II A DI Yogyakarta	DI Yogyakarta	37	172	209	474	44
17.	Narcotic Prison Class III Kasongan	Central Kalimantan		135	135	240	56
18.	Narcotic Prison Class III Langsa	Aceh		203	203	800	25
19.	Narcotic Prison Class III Pangkal Pinang	Bangka Belitung	3	229	232	450	52
20.	Narcotic Prison Class III Samarinda	East Kalimantan		588	588	339	173
<b>TOTAL</b>			<b>675</b>	<b>8,094</b>	<b>8,769</b>	<b>8,608</b>	

Source : Directorate General of Correctional Institutions, Ministry of Justice & HR RI, March 2015

**Table 65. ToTal Number of Death Convicted Prisoners of Narcotic Crimes in Indonesia by May 2015**

NO.	PROVINCE	WORK UNIT	TTL	NATIONALITY	TTL
1	2	3	4	5	6
1.	Riau Islands	Prison Class IIA Batam	6	Indonesia	3
				Singapore	1
				Malaysia	2
2.	Lampung	Prison Class I Bandarlampung	2	Malaysia	1
				Indonesia	1
3.	Banten	Women Prison Class IIA Tangerang	2	Indonesia	4
		Prison Class IIA Serang	1	Malaysia	1
		Prison Class I Tangerang	3	Inggris	1
4.	DKI Jakarta	Prison Class I Cipinang	10	China	1
		Narcotic Prison Class IIA Cipinang	1	Malaysia	5
				Nigeria	1
				Netherland	1
				USA	1
				Indonesia	1
				Pakistan	1
5.	West Java	Prison Class I Cirebon	1	Iran	1
6.	Central Java	Prison Class I Batu - NK	9	Nigeria	5
		Prison Class IIA Kembang Kuning-NK	2	Zimbabwe	2
		Prison Class IIA Pasir Putih-NK	16	Indonesia	10
				Senegal	1
				Sierre Lione Africa	1
				India	1
				France	1
				China	5
				Netherland	1
7.	DI Yogyakarta	Naarcotic Prison Class IIA Yogyakarta	1	Philippines	1
8.	East Java	Prison Class I Surabaya Porong	2	Indonesia	1
				Sierre Lione Africa	1
9.	Bali	Prison Class IIA Denpasar	1	England	1
<b>TOTAL</b>			<b>57</b>		<b>57</b>

**Source :** Dirctorate General of Correctional Institutions, Ministry of Justace & H.R. RI, June 2015



g. Detainees of Narcotic Cases in Indonesia, Data from BNN, 2014.

**Table 66. Total Narcotic Detainees Based on Nationality, 2014**

NO.	NATIONALITY/COUNTRY	TOTAL DETAINEES 2014
1	2	3
1.	Indonesia	163
2.	Malaysia	1
3.	Nigeria	4
4.	China	6
5.	England	1
6.	Ivory Coast	0
7.	Germany	0
8.	Pakistan	1
9.	Austria	0
10.	Thailand	1
11.	Hong Kong	2
12.	Iran	5
13.	Liberia	1
14.	Kenya	2
15.	Canada	1
<b>TOTAL</b>		<b>188</b>

Source : BNN Deputy of Eradication, March 2015

**Table 67. Total Number of Narcotic Detainees Based on Gender, 2014**

NO.	JGENDER	TOTAL DETAINEES 2014
1	2	3
1.	Male	149
2.	Female	39
<b>TOTAL</b>		<b>188</b>

Source : BNN Deputy of Eradication, March 2015

**Table 68. Total Number of Narcotic Detainees Based on Age Group, 2014**

NO.	AGE GROUP	TOTAL DETAINEES 2014
1	2	4
1.	< 16 Years	0
2.	16 – 20 Years	2
3.	21 – 25 Years	20
4.	26 – 30 Years	36
5.	31 – 35 Years	44
6.	36 – 40 Years	35
7.	41 – 45 Years	27
8.	46 – 50 Years	15
9.	> 50 Years	9
<b>TOTAL</b>		<b>188</b>

Source : BNN Deputy of Eradication, March 2015

**h. Total Successful Settlements of Cases Related to Narcotic and Pshychotropic Substances, Foreign and Indonesian Death Convicts for Narcotic and Psychotropic Substances Crimes, Data from Attorney General Office RI, 2014.**

**Table 69. Total Settled Cases Related to Narcotic and Psychotropic Substances by Province, 2014**

NO.	PROVINCE	TOTAL SETTLEMENTS		TOTAL
		NARKOTICS	PSYCHOTROPIC SUBSTANCES	
1	2	3	4	5
1.	Aceh	347	0	347
2.	North Sumatera	3,426	18	3,444
3.	West Sumatera	298	0	298
4.	Riau	312	0	312
5.	Jambi	139	0	139
6.	South Sumatera	764	0	764
7.	Bengkulu	97	0	97
8.	Lampung	834	0	834
9.	DKI Jakarta	2,927	75	3,002
10.	West Java	1,695	43	1,738
11.	Central Java	449	27	476
12.	DI Yogyakarta	153	27	180
13.	East Java	1,137	95	1,232
14.	West Kalimantan	234	1	235
15.	Central Kalimantan	151	3	154
16.	South Kalimantan	694	4	698
17.	East Kalimantan	887	10	897
18.	North Sulawesi	15	0	15
19.	Central Sulawesi	22	1	23
20.	S.E. Sulawesi	130	0	130
21.	South Sulawesi	298	0	298
22.	Bali	294	0	294
23.	West Nusa Tenggara (NTB)	46	0	46
24.	East Nusa Tenggara (NTT)	22	3	25
25.	Maluku	43	0	43
26.	Papua	25	0	25
27.	North Maluku	39	0	39
28.	Banten	555	35	590
29.	Bangka Belitung	145	0	145
30.	Gorontalo	14	0	14
31.	Riau Islands	258	3	261
TOTAL		16,450	345	16,795

Source : Attorney General Office RI, March 2015

**Table 70. List of Executed Death Convicts of Narcotic Cases up to May 2015**

NO.	YEAR	EXECUTED DEATH CONVICTS	CASE
1	2	3	4
1.	2004	Ayodya Prasad Chaubey (India)	Drugs (N. Sum)
		Saelow Prasad (India)	Drugs (N.Sum)
		Namsong Sirilak (Thailand)	Drugs (N.Sum)
2.	2008	Samuel Iwuchukwu Okoye (Nigeria)	Drugs (Banten)
		Hansen Anthony Nwaliosa (Nigeria)	Drugs (Banten)
3.	2013	Muhammad Abdul Hafeez (Pakistan)	Drugs (Banten)
		M. Adami Wilson alias Abu (Malawi)	Drugs (Banten)
4.	2015	Namaona Denis (Malawi)	Drugs (Banten)
		Marco Archer Cardoso Moreira (Brazil)	Drugs (Banten)
		Thi Bich Hanh atau Asien (Vietnam)	Drugs
		Ang Kiem Soei (Netherland)	Drugs (Banten)
		Daniel Enemu alias Diarrassouba Mamadou (Nigeria)	Drugs
		Rani Andriani (Indonesia)	Drugs (Banten)
		Andrew Chan (Australia)	Drugs (Bali)
		Myuran Sukumaran (Australia)	Drugs (Bali)
		Rodrigo Gularte (Brazil)	Drugs (Banten)
		Silvester Obiekwe Nwolise alias Mustofa (Nigeria)	Drugs (Banten)
		Okwudili Oyatanze (Nigeria)	Drugs (Banten)
		Stephanus Jamio Owolabi Abashin alias Raheem Agbaje Salami (Nigeria)	Drugs (Banten)
		Martin Anderson alias Belo (Nigeria)	Drugs (Banten)
		Zainal Abidin (Indonesia)	Drugs (S.Sum)

Source : Attorney General Office RI, June 2015

i. **Results of Evidence Testing from Crimes Related to Narcotics, Psychotropic Substances and Other Addictive Substances, Data from National Drugs and Food Control Agency, 2014.**

**Table 71. Total Evidence Tested from Narcotic Crimes by Province, 2014**

NO.	REGIONAL OFFICES OF NATIONAL AGENCY FOR FOOD & DRUGS CONTROL (POM)	TTL SAM-PELS	HASIL PENGUJIAN							TTL
			H E R O I N	C O C A I N E	C A N N A B I S	M E T - A M - P H E - T A - M I N E	A M P H E T A M I N E S U L P H A T E	M D M A	N E - G A T I V E N A R - C O - T I C S	
1	2	3	4	5	7	8	9	10	11	12
1.	BBPOM Jakarta	0								0
2.	BBPOM Banda Aceh	29			8	21				29
3.	BBPOM Bandar Lampung	57			34	19	1	2		56
4.	BBPOM Bandung	394	1		274	83		2		360
5.	BBPOM Banjarmasin	398			2	340		21	24	387
6.	BBPOM Denpasar	0								0
7.	BBPOM Jayapura	49			35	12			2	49
8.	BBPOM Makassar	0								0
9.	BBPOM Manado	0								0
10.	BBPOM Mataram	213	1		61	136		11	4	213
11.	BBPOM Medan	0								0
12.	BBPOM Padang	0								0
13.	BBPOM Palembang	0								0
14.	BBPOM Pekanbaru	344			48	260		22	7	337
15.	BBPOM Pontianak	421	2		22	312		65	20	421
16.	BBPOM Samarinda	54				37		1	6	44
17.	BBPOM Semarang	0								0
18.	BBPOM Surabaya	0								0
19.	BBPOM Yogyakarta	3			1	1				2
20.	BPOM Ambon	12			10	2				12
21.	BPOM Bengkulu	90			44	41		3	1	89
22.	BPOM Jambi	32			7	20		2	3	32
23.	BPOM Gorontalo	0								0
24.	BPOM Kendari	0								0
25.	BPOM Kupang	0								0
26.	BPOM Palangkaraya	19				13				13
27.	BPOM Palu	23				15				15
<b>TOTAL</b>		<b>2,138</b>	<b>4</b>	<b>1</b>	<b>546</b>	<b>1,312</b>	<b>1</b>	<b>129</b>	<b>67</b>	<b>2,059</b>

Source : National Agency for Food & Drugs Control, March 2015

**Table 72. Total Evidence Tested from Crimes Related to Psychotropic Substances by Province, 2014**

NO.	REGIONAL OFFICES OF BADAN POM(FOOD & DRUGS CONTROL)	RESULTS						TTL
		AL- PRA- ZO- LAM	BRO- MAZE- PAM	CLO- NAZE- PAM	DIAZE- PAM	NITRA- ZEPAM	NEGA- TIVE PSY CHO- TROPIC SUBST.	
1	2	3	4	5	6	8	9	10
1	BBPOM Jakarta							0
2	BBPOM Banda Aceh							0
3	BBPOM Lampung							0
4	BBPOM Bandung	15	1	5	1	3		25
5	BBPOM Banjarmasin	1				1		2
6	BBPOM Denpasar							0
7	BBPOM Jayapura							0
8	BBPOM Makassar							0
9	BBPOM Manado							0
10	BBPOM Mataram							0
11	BBPOM Medan							0
12	BBPOM Padang							0
13	BBPOM Palembang							0
14	BBPOM Pekanbaru							0
15	BBPOM Pontianak							0
16	BBPOM Samarinda							0
17	BBPOM Semarang							0
18	BBPOM Surabaya							0
19	BBPOM Yogyakarta			1				1
20	BPOM Ambon							0
21	BPOM Bengkulu							0
22	BPOM Jambi							0
23	BPOM Gorontalo							0
24	BPOM Kendari							0
25	BPOM Kupang							0
26	BPOM Palangkaraya							0
27	BPOM Palu							0
<b>TOTAL</b>		<b>16</b>	<b>1</b>	<b>6</b>	<b>1</b>	<b>4</b>		<b>28</b>

Source : National Agency of Food & Drugs Control, March 2015

**Table 73. Total Tested Evidence of Crimes Related to Precursors and Other Drugs by Province, 2014**

NO.	BADAN POM REGIONAL OFFICES	RESULTS					TTL
		E PH EDR I N E	TRI- HEK- SIFE- NIDIL	DEKS- TRO- ME- THOR- FAN HBR	C A R I S O P R O D O L	C A F E I N E	
1	2	5	6	7	8	9	13
1	BBPOM Jakarta						
2	BBPOM Banda Aceh						0
3	BBPOM Bandar Lampung			1			1
4	BBPOM Bandung		2	5			7
5	BBPOM Banjarmasin					2	2
6	BBPOM Denpasar						0
7	BBPOM Jayapura						0
8	BBPOM Makassar						0
9	BBPOM Manado						0
10	BBPOM Mataram						0
11	BBPOM Medan						0
12	BBPOM Padang						0
13	BBPOM Palembang						0
14	BBPOM Pekanbaru	2				2	4
15	BBPOM Pontianak						0
16	BBPOM Samarinda		10				10
17	BBPOM Semarang						0
18	BBPOM Surabaya						0
19	BBPOM Yogyakarta						0
20	BPOM Ambon						0
21	BPOM Bengkulu			1			1
22	BPOM Jambi						0
23	BPOM Gorontalo						0
24	BPOM Kendari						0
25	BPOM Kupang						0
26	BPOM Palangkaraya				6		6
27	BPOM Palu		8				8
TOTAL		2	20	7	6	4	39

Source : National Agency of Food & Drugs Control (POM), March 2015

j. Recommendations for Non-Pharmaceutical Precursors Issued by BNN.

**Table 74. Total Recommendations for Non-Pharmaceutical Precursors, 2014**

NO.	COMPANY	TYPE OF REQUEST	PRECURSOR	IMPORT REQUIREMENTS
1	2	3	4	5
1.	PT. Indochemical Citra Kimia	Import License (SPI)	Toluene	85,000 MT
			MEK	28,000 MT
			Acetone	12,000 MT
2.	PT. Fanindo Chiptronic	Import License (IL)	Acetone	1,500 Liters
			MEK	1,000 Liters
			Toluene	43,200 Liters
			Sulphuric Acid	6,000 Kg
			Hydrochloric Acid	2,000 Kg
		Extension of IT/Registered Importer		
3.	PT. Aik MOH Chemical Indonesia	Import License	Acetone	105 Tons
			Toluene	70 Tons
			MEK	28 Tons
			Hydrochloric Acid	83.5 Tons
			Sulfuric Acid	57 Tons
			Butanone (MEK)	20 Tons
4.	PT. EDF System Integration	Import License	Butanone ( MEK )	4,500 Liters
5.	PT. PKG Lautan Luas	Import License	Toluene	12,000 Tons
			Acetone	4,000 Tons
			MEK	4,000 Tons
6.	PT. Multiredjeki Kita	Import License	Hydrochloric Acid	23,750 Liters
			Sulphuric Acid	22,000 Liters
			Ethyl Ether	1,200 Liters
			Toluene	11,200 Liters
			Acetone	3,952 Liters
			Diethyl Ether	10,000 Liters
7.	PT. Mulya Adhi Paramita	Import License	Acetone	34 tons + 11,000 MT
			Toluene	51,000 MT
			MEK	12,000 MT
8.	PT. AKR Niaga Indonesia	Import License	Sulfuric Acid	20,000 MT
9.	PT. Nagase Impor-Ekspor Indonesia	Change of API-U Number		
		IL	HCL (36%)	3,200 Kg
10.	PT. Halim Sakti Pratama	Appointment as Registered Importer (IT)		
11.	PT. Anugerah Inti Artha	IT Appointment		
12.	PT. Elang Kurnia Sakti	Import license	Sulfuric Acid Grade	170,280 Kg
			Hydrochloric Acid PA	166,890 Kg

1	2	3	4	5
13.	PT. Makro Jaya	Import license	Methyl Ethyl Ketone	4,620 Liters
			Acetone	4,110 Liters
			Toluene	2,940 Liters
			HCL	4,000 Liters
			Suphuric Acid 60%	3,000 Liters
			Suphuric Acid 98%	2,000 Liters
14.	PT. Prochem Tritama	Import license	Acetone	46,400 Kg
			Inspeq Mix Fluid (MEK)	3,620 Kg
			Hydrochloric Acid	104,439 Kg
			Sulphuric Acid	27,660 Kg
			Toluene	19,400 Kg
			HCL 240 Kg/Drum	19,200 Kg
			HCL 2,975 Kg/Bot	119 Kg
			Sulphuri Acid 4,6 Kg/Bot	460 Kg
			Sulphuric Acid 300 Kg/Drums	38,400 Kg
		Extension of IT appointment		
15.	PT. Karunia Jasindo	Import license	Acetone	1,600 Liters
			Acetic Anhydride	400 Liters
			Ethyl Ether Anhydrous	1,000 Liters
			Hydrochloric Acid	210 Liters
			Methyl Ethyl Ketone	100 Liters
			Sulphuric Acid	2,012 Liters
			Toluene	1,000 Liters
16.	PT. Jatika Nusa	Import license	Piperonal	2,000 Kg
			Phenyl Acetic Acid	500 Kg
			Potassium permanganate	60,000 Kg
17.	PT. Samchem Prasandha	Import license	Metyhl Etyhl Ketone	1,600 MT
			Acetone	1,600 MT
			Toluene	3,000 MT
18.	PT. Itochu Indonesia	Import license	Toluene	9,000 Tons
			HCL	25,000 Tons
			Methyl Ethyl Ketone	3,000 Tons
			Acetone	3,000 Tons
			Dietil Ether	40 Tons
19.	PT. Hikindo Mandiri	Extension of IT appointment		
20.	PT. Sari Sarana Kimiatama		Acetone	300 MT
			MEK	2,000 MT
			Toluene	6,000 MT
21.	PT. Indofa Utama Multicore	Import license	HCL	2,500 Liters
			HCL Solution	46 Liters
			Sulphuric Acid	5,000 Liters
			Toluene	750 Liters
			Toluene	8,000 MT
			MEK	2,000 MT
			Acetone	1,000 MT



1	2	3	4	5
23.	PT. Arta Palu	Export license	Minyak Atsiri Pangi Oil ( Oleum Sarsavarila Oil / Sasafras Oil ( Safrole content minimal 90 % )	34,400 Kg
		Import license	Sasafras Oil ( Safrole Content min 90 % )	34,400 Kg
24.	PT. Printechnindo Raya Utama	Import license	Methyl Ethyl Ketone	18,200 Liter
		Change of data		
25.	PT. PKG Lautan Indonesia	Esxtension of IT appointment		
		Import license	Toluene	6,000 Tons
			Acetone	2,000 Tons
			MEK	2,000 Tons
26.	PT. BRATACO	Extension of IT appointment		
		Import license	Potassium Permanganate	40,000 Kg
27.	PT. Merck Chemicals and Life Sciences	PExtension of IT appointment		
		Import license	Acetat Anhidrida	700 Liters
			Acetone	3,000 Liters
			Asam Antranilat dan garamnya	10 Kg
			Dietil Eter	35,000 Liters
			Butanon (MEK)	1,000 Liters
			Hidrogen Klorida	75,000 Liters / 35.00 ampules
			Asam Fenilasetat dan garamnya	20 Kg / 20 Liters
			Piperidina dan garamnya	20 Kg / 20 Liters
			Kalium Permanganate	500 Kg/100 Liters 500 ampules
			Asam Sulfat	50,000 Liters / 900 ampules
			Toluene	18,000 Liters
28.	PT. Rukun Persada Makmur	Import license	Potassium Permanganate	40 MT
29.	PT. Toyota Tsusho Indonesia	IT appointment		

**Source :** BNN Directorate of Psychotropic Substances & Precursors , March 2015

**Note :**

1. SPI : Recommendation for Import License for import of chemical precursors
2. SPE : Recommendation for Export License for emport of chemical precursors
3. PEN : Pre Export Notification
4. Appointment of IT : Recommendation for appointment as Registered Importer of Non-pharmaceutical precursors
5. Extension of IT : Recommendation for Extension of Registered Importer of Non-parmaceutical precursors

**k. Results of Drug Sample Testing and List of NPS and their Derivatives Circulating in Indonesia Data from BNN, 2014.**

**Table 75. Total Samples Tested at BNN Drug Laboratory, 2014**

NO.	MONTH	NARCOTICS		PSYCHOTROPIC SUBST.		PRECURSORS		NPS		NEGATIVE		TTL
		RAW MA-TE-RIAL	URI-NE	RAW MA-TE-RIAL	URI-NE	RAW MA-TE-RIAL	URI-NE	RAW MA-TE-RIAL	URI-NE	RAW MA-TE-RIAL	URI-NE	
1	2	3	4	5	6	7	8	9	10	11	12	13
1.	January	1,310	124	8						182	31	1,655
2.	February	1,681	179	6						59	46	1,971
3.	March	1,490	216	12						42	57	1,817
4.	April	1,445	170	10						56	33	1,714
5.	May	1,529	165	9						43	36	1,782
6.	June	1,317	187	8						55	66	1,633
7.	July	1,001	164	5		9				13	21	1,213
8.	August	1,037	173	1						40	55	1,306
9.	September	1,965	191	6						21	64	2,247
10.	October	1,537	151	7				5		12	51	1,763
11.	November	1,503	140	10						7	59	1,719
12.	December	1,018	102	2						11	22	1,155
<b>TOTAL</b>		<b>16,833</b>	<b>1,962</b>	<b>84</b>	<b>-</b>	<b>9</b>	<b>-</b>	<b>5</b>	<b>-</b>	<b>541</b>	<b>541</b>	<b>19,975</b>

Source : BNN Drug Testing Laboratory. March 2015

**Table 76. List of NPS and their Derivatives Circulating in Indonesia**

NO.	CHEMICALS ( IUPAC)	EFFECTS	GENERAL NAME	TYPE
1	2	3	4	5
1.	2-methylamino-1-(3,4-methylenedioxyphenyl)propan-1-one	Stimulant, hallucinogen, insomnia, Sympathomimetic	Methylone (MDMC)	Derivate of cathinone
2.	(RS)-2-methylamino-1-(4-methylphenyl)propan-1-one	Stimulant, increase of heart rate, <i>harmful</i>	Mephedrone (4-MMC)	Derivate of cathinone
3.	(±)-1-phenyl-2-(methylamino)pentan-1-one	Psychostimulant	Pentedrone	Derivative of cathinone
4.	(RS)-2-ethylamino-1-(4-methylphenyl)propan-1-one	Stimulant with empathogenic effect	4-MEC	Derivative of cathinone
5.	(RS)-1-(benzo[d][1,3]dioxol-5-yl)-2-(pyrrolidin-1-yl)pentan-1-one	euphoria, stimulant, aphrodisiac effect, empathogenic effect	MDPV	turunan cathinone
6.	(RS)-2-ethylamino-1-phenyl-propan-1-one	Psychostimulant	Ethcathinone (N-ethylcathinone)	Derivative of cathinone
7.	(RS)-1-(4-methylphenyl)-2-(1-pyrrolidinyl)-1-hexanone	Psychostimulant	MPHP	Derivative of cathinone
8.	Catha edulis mengandung cathinone dan cathine	Psychostimulant	Khat Plant mengandung Cathinone dan Cathine	Cathinone and cathine
9.	(1-pentyl-1H-indol-3-yl)-1-naphthalenyl-methanone	Halusinogen, efek cannabinoid dan toxic	JWH-018	Synthetic cannabinoid
10.	(1-(5-fluoropentyl)-1H-indol-3-yl)2,2,3,3-tetramethylcyclopropyl)-methanone	Hallucinogen, cannabinoid effect and toxic	XLR-11	Synthetic cannabinoid

1	2	3	4	5
11.	5-fluoroAKB48	Hallucinogen, cannabinoid effect and toxic	5-fluoro AKB 48	Synthetic cannabinoid
12.	MAM2201	Hallucinogen, cannabinoid effect and toxic	MAM 2201	Synthetic cannabinoid
13.	N,N-2-dimethyl-1-phenylpropan-2-amine	Stimulant, less stronger effect than methamphetamine	DMA (Dimethylamphetamine)	Derivative of phenethylamine
14.	5-(2-aminopropyl)benzofuran	Stimulant, empathogenic	5-APB	Derivative of phenethylamine
15.	6-(2-aminopropyl)benzofuran	Euphoria	6-APB	Derivative of phenethylamine
16.	1-(4-methoxyphenyl)-N-methylpropan-2-amine	Stimulant, hallucinogen, insomnia and Sympathomimetic	PMMA	Derivative of phenethylamine
17.	2-(4-Bromo-2,5-dimethoxyphenyl)ethanamine	Hallucinogen	2C-B	Derivaive of phenethylamine
18.	1-(4-chloro-2,5-dimethoxyphenyl)propan-2-amine	Euphoria, archetypal psychedelic	DOC	Derivative of phenethylamine
19.	2-(4-Iodo-2,5-dimethoxyphenyl)-N-[(2-methoxyphenyl)methyl]ethanamine	Stimulant, hallucinogen, and Toxic	25I-NBOMe	Derivative of phenethylamine
20.	2-(4-Bromo-2,5-dimethoxyphenyl)-N-[(2-methoxyphenyl)methyl]ethanamine	Stimulant, hallucinogen, Toxic	25B-NBOMe	Derivative of phenethylamine
21.	2-(4-Chloro-2,5-dimethoxyphenyl)-N-[(2-methoxyphenyl)methyl]ethanamine	Stimulant, hallucinogen, Toxic	25C-NBOMe	Derivative of phenethylamine
22.	1-benzofuran-4-ylpropan-2-amine	Stimulant, hallucinogen, Toxic	4 APB	Derivative of phenethylamine
23.	1-Benzylpiperazine	Euphoria, increase of heart rate, dilation of pupils, Toxic	BZP	Derivative of piperazine
24.	1-(3-Chlorophenyl)piperazine	Euphoria, increase of heart rate, dilation of pupils, Toxic	mCPP	Derivative of piperazine
25.	1-(3-Trifluoromethylphenyl)piperazine	Euphoria, increase of heart rate, dilation of pupils, Toxic	TFMPP	Derivative of
26.	2-(1 <i>H</i> -indol-3-yl)-1-methyl-ethylamine	Euphoria, empathy, psychedelic, stimulant, anxiety	$\alpha$ MT	Derivative of tryptamine
27.	<i>Mitragyna speciosa</i> mengandung mitragynine dan speciogynine	Similar to opiate and cocaine effects	Kratom mengandung mitragynine dan speciogynine	plant, vegetable powder
28.	2-(2-chlorophenyl)-2-(methylamino)cyclohexan-1-one	Hallucination, euphoria, psychotomymetic	Ketamin	Ketamine
29.	(RS)-2-(3-methoxyphenyl)-2-(ethylamino)cyclohexanone	Hallucination, euphoria, psychotomymetic	Methoxetamin	Derivative of Ketamine
30.	3,4-Methylenedioxy-N-ethylcathinone	Stimulant, hallucinogen, insomnia Sympathomimetic	Ethylone (bk-MDEA, MDEC)	Derivative of cathinone
31.	4-methyl buphedrone	Stimulant, Euphoria	Buphedrone	Derivative of cathinone
32.	5-methoxy N,N-methylisopropyltryptamine	Hallucinogen, Stimulant	5-MeO-MiPT	Derivative of Tryptamine
33.	(1-(4-fluorobenzyl)-1 <i>H</i> -indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone	Hallucinogen, cannabinoid, toxic	FUB-144	Synthetic cannabinoid
34.	N-[(1 <i>S</i> )-1-(aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1 <i>H</i> -indazole-3-carboxamide	Hallucinogen, cannabinoid, toxic	AB-CHMINACA	Synthetic cannabinoid
35.	N-[(1 <i>S</i> )-1-(aminocarbonyl)-2-methylpropyl]-1-[(4-fluorophenyl)methyl]-1 <i>H</i> -indazole-3-carboxamide	Hallucinogen, cannabinoid, toxic	AB-FUBINACA	Synthetic cannabinoid

Source : BNN Drug Testing Laboratory, March 2015

## 2. Demand Reduction.

- a. **Drug Abusers Having Accessed Supported Community-Based Rehabilitation Services, Drug Abusers Receiving Treatment at BNN Rehabilitation Centers, Baddoka Makassar, Tanah Merah East Kalimantan, and Loka Batam Riau Islands in 2014, and Data on Ex-Addicts Having Attended BNN Post Rehabilitation Program.**

### *1) Drug Abusers Having Accessed Supported Community-Based Rehabilitation Services, 2014*

**Table 77. Total Number of Drug Abusers Based on Gender, 2014**

NO.	GENDER	TOTAL
1	2	3
1.	Male	2,653
2.	Female	212
<b>TOTAL</b>		<b>2,865</b>

Source : BNN Deputy of Rehabilitation, March 2015

**Table 78. Total Number of Drug Abusers Based on Age Group, 2014**

NO.	AGE GROUP	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	< 15 Years	38	2	40
2.	15 – 20 Years	312	8	320
3.	21 – 25 Years	392	29	421
4.	26 – 30 Years	589	45	634
5.	31 – 35 Years	745	87	832
6.	36 – 40 Years	402	28	430
7.	> 40 Years	175	13	188
<b>TOTAL</b>		<b>2,653</b>	<b>212</b>	<b>2,865</b>

Source : BNN Deputy of Rehabilitation, March 2015

**Table 79. Total Number of Drug Abusers Based on Education, 2014**

NO.	EDUCATION	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	Elementary	91	12	103
2.	Junior Secondary	397	54	451
3.	Senior Secondary	1,825	146	1,971
4.	Academy	128	-	128
5.	University	212	-	212
<b>TOTAL</b>		<b>2,653</b>	<b>212</b>	<b>2,865</b>

Source : BNN Deputy of rehabilitation, March 2015

**Table 80. Total Number of Drug Abusers Based on Occupation, 2014**

NO.	OCCUPATION	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	Student (Secondary Education)	167	-	167
2.	University Student	117	-	117
3.	Unemployed	609	76	685
4.	Labour (Farmer, Craftsman, etc)	279	49	328
5.	Civil Servant	33	-	33
6.	Armed Forces/Police	9	-	9
7.	Private Sector	869	48	917
8.	Entrepreneur	570	39	609
TOTAL		2,653	212	2,865

Source : BNN Deputy of Rehabilitation, March 2015

**Table 81. Total Number of Drug Abusers Based on Marital Status, 2014**

NO.	STATUS	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	Married	1,227	105	1,332
2.	Single/Not Married	1,308	66	1,374
3.	Widower / Widow	118	41	159
TOTAL		2,653	212	2,865

Source : BNN Deputy of Rehabilitation, March 2015

**Table 82. Total Number of Drug Abusers Based on Religion, 2014**

NO.	STATUS	JGENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	Moslem	2,090	176	2,266
2.	Christian	396	33	429
3.	Catholic	115	3	118
4.	Hindu	25	-	25
5.	Budha	27	-	27
6.	Khonghucu	-	-	-
TOTAL		2,653	212	2,865

Source : BNN Deputy of Rehabilitation, March 2015

**Table 83. Total Number of Drug Abusers Based on Drug Consumption, 2014**

NO.	TYPE OF DRUG CONSUMED	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	<b>Cannabis Type</b>	941	76	<b>1,017</b>
2.	<b>Opiates Type</b>			
	a. Heroin/Putaw	585	54	<b>639</b>
	b. Morphine	10	4	<b>14</b>
	c. Other opiates	40	9	<b>49</b>
3.	<b>ATS (Amphetamine Type Stimulant)</b>			
	a. Amphetamine (eg : slimming drug)	48	23	<b>71</b>
	b. Methamphetamines (Shabu)	1,399	112	<b>1,511</b>
	c. MDMA (Ecstasy)	279	23	<b>302</b>
4.	<b>Hypnotic-Sedatives</b>			
	a. Barbiturates	7	27	<b>34</b>
	b. Benzodiazepines	56	150	<b>206</b>
5.	<b>Hallucinogens</b>			
	a. LSD	15	3	<b>18</b>
	b. Mescaline, Psilocybin	-	-	<b>-</b>
	c. Others	8	-	<b>8</b>
6.	<b>Splvents and Inhalants</b>	7	5	<b>12</b>
7.	<b>Other drugs frequently used</b>			
	a. DMP (Dextromethorphan)	18	16	<b>34</b>
	b. Double L	44	10	<b>54</b>
	c. Kecubung	11	7	<b>18</b>
	d. Ketamine	6	-	<b>6</b>
	e. Subutex/Suboxone	84	-	<b>84</b>
	f. Alcohol	123	44	<b>167</b>
	g. Tramadol	7	5	<b>12</b>
	h. Lexoton	14	-	<b>14</b>
	h. Aprazolam	-	4	<b>4</b>
	i. Nipam	5	-	<b>5</b>
	j. Methadone	52	8	<b>60</b>
	k. Magadon	20	4	<b>24</b>
<b>TOTAL</b>		<b>3,779</b>	<b>584</b>	<b>4,363</b>

Source : BNN Deputy of Rehabilitaion, March 2015

**2) Total Number of Drug Abusers Receiving Treatment at BNN Rehabilitation Center, 2014**

**Table 84. Total Number of Drug Abusers at BNN Rehabilitation Center Based on Gender, 2014**

NO.	ADMISSIONS OF RESIDENTS	2014
1	2	3
1.	Male	748
2.	Female	52
<b>TOTAL</b>		<b>800</b>

Source : BNN Rehabilitation Center, March 2015

**Table 85. Total Number of Drug Abusers at BNN Rehabilitation Center Based on Age Group, 2014**

NO.	AGE GROUP	2014
1	2	3
1.	< 16 Years	3
2.	16 – 20 Years	130
3.	21 – 25 Years	193
4.	26 – 30 Years	212
5.	31 – 35 Years	150
6.	36 – 40 Years	79
7.	41 – 45 Years	26
8.	> 46 Years	7
<b>TOTAL</b>		<b>800</b>

Source : BNN Rehabilitation Center, March 2015

**Table 86. Total Number of Drug Abusers at BNN Rehabilitation Center Based on Education, 2014**

NO.	EDUCATION	2014
1	2	3
1.	No schooling	1
2.	Elementary not passed	3
3.	Elementary	40
4.	Junior Secondary	118
5.	Senior Secondary	505
6.	Diploma	47
7.	University undergraduate	84
8.	Master	2
<b>TOTAL</b>		<b>800</b>

Source : Balai Besar Rehabilitasi BNN, March 2015

**Table 87. Total Number of Drug Abusers at BNN Rehabilitation Center Based on Occupation, 2014**

NO.	OCCUPATION	2014
1	2	3
1.	Artist	2
2.	University Students	50
3.	Students	27
4.	Seaman	2
5.	Farmer	8
6.	Civil Servant	35
7.	Police	60
8.	Daily-paid worker	18
9.	Private sector	113
10.	Unemployed	328
11.	Motorcycle people transport (Ojek)	3
12.	Entrepreneur	154
<b>TOTAL</b>		<b>800</b>

Source : BNN Rehabilitation Center, March 2015

**Table 88. Total Number of Drug Abusers at BNN Rehabilitation Center Based on Referral, 2014**

NO.	REFERRAL	2014
1	2	3
1.	BNNP/K	195
2.	Bantaran	11
3.	Family	537
4.	Police	38
5.	Compulsory	19
<b>TOTAL</b>		<b>800</b>

Source : BNN Rehabilitation Center, March 2015

**Table 89. Total Number of Drug Abusers at BNN Rehabilitation Center Based on Drug Consumption, 2014**

NO.	DRUG CONSUMED	2014
1	2	3
1.	Opiates	98
2.	Methamphetamines	690
3.	THC	295
4.	MDMA	153
5.	Benzodiazepam	64
6.	Cocaine	2
7.	Other Drugs	7
<b>TOTAL</b>		<b>1,309</b>

Source : BNN Rehabilitation Center, March 2015

**3) Number of Drug Abusers Receiving Treatment at Baddoka Makassar Rehabilitation Center 2014**

**Table 90. Total Number of Drug Abusers at Baddoka Makassar Rehabilitation Center Based on Gender, 2014**

NO.	RESIDENT ADMISSION	TAHUN 2014
1	2	3
1.	Male	172
2.	Female	17
<b>TOTAL</b>		<b>189</b>

Source : Baddoka Makassar Rehabilitation Center, March 2015

**Table 91. Total Number of Drug Abusers at Baddoka Makassar Rehabilitation Center Based on Age Group, 2014**

NO.	AGE GROUP	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	< 15 Years	2	-	2
2.	15 – 20 Years	40	6	46
3.	21 – 25 Years	36	1	37
4.	26 – 30 Years	29	5	34
5.	31 – 35 Years	37	4	41
6.	36 – 40 Years	18	1	19
7.	> 40 Years	10	-	10
<b>TOTAL</b>		<b>172</b>	<b>17</b>	<b>189</b>

Source : Baddoka Makassar Rehabilitation Center, March 2015



**Table 92. Total Number of Drug Abusers at Baddoka Makassar Rehabilitation Center Based on Education, 2014**

NO.	EDUCATION	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	Elementary	8	-	8
2.	Junior Secondary	26	6	32
3.	Senior Secondary	106	1	107
4.	Academy	4	5	9
5.	University	28	4	32
6.	Not Registered	-	1	1
<b>TOTAL</b>		<b>172</b>	<b>17</b>	<b>189</b>

Source : Baddoka Makassar Rehabilitation Center, March 2015

**Table 93. Total Number of Drug Abusers At Baddoka Makassar Rehabilitaion Center Based on Occupation, 2014**

NO.	OCCUPATION	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	Student	17	3	20
2.	University Student	15	3	18
3.	Unemployed	39	7	46
4.	Labour (Farmer, Craftsman, etc)	8	2	10
5.	Civil Servant	16	-	16
6.	Armed Forces/Polri	11	-	11
7.	Private Sector	12	-	12
8.	Entrepreneur	54	2	56
9.	Not Registered	-	-	-
<b>TOTAL</b>		<b>172</b>	<b>17</b>	<b>189</b>

Source : Baddoka Makassar Rehabilitation Center, March 2015

**Table 94. Total Number of Drug Abusers at Baddoka Makassar Rehabilitation Center Based on Marital Status, 2014**

NO.	STATUS	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	Married	77	6	83
2.	Single/Nor Married	90	9	99
3.	Widow/Widower	5	2	7
<b>TOTAL</b>		<b>172</b>	<b>17</b>	<b>189</b>

Source : Baddoka Makassar Rehabilitation Center, March 2015

**Table 95. Total Number of Drug Abusers at Baddoka Makassar Rehabilitation Center Based on Religion, 2014**

NO.	STATUS	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	Moslem	139	12	151
2.	Christian	25	5	30
3.	Catholic	-	-	-
4.	Hindu	8	-	8
5.	Budha	-	-	-
6.	Khonghucu	-	-	-
7.	Not Registered	-	-	-
<b>TOTAL</b>		<b>172</b>	<b>17</b>	<b>189</b>

Source : Baddoka Makassar Rehabilitation Center, March 2015

**Table 96. Total Number of Drug Abusers at Baddoka Makassar Rehabilitation Center Based on Drug Consumption, 2014**

NO.	DRUG CONSUMED	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	<b>Cannabis Type</b>			
	- Marijuana	95	6	101
2.	<b>Opiates</b>			
	- Heroin/Putauw	18	-	18
4.	<b>ATS (<i>Amphetamine Type Stimulant</i>)</b>			
	a. Methamphetamine (Shabu)	147	15	162
	b. MDMA (Ecstasy)	13	-	13
5.	<b>Hypnotics - Sedatives (Penenang)</b>			
	- Benzodiazepines (Valium, Xanax, Librium, Ativan, Alprazolam, Camlet)	74	10	84
8.	<b>Other Drugs Frequently Used</b>			
	- Alcohol	24	6	30
<b>TOTAL</b>		<b>273</b>	<b>21</b>	<b>408</b>

Source : Baddoka Makassar Rehabilitation Center, March 2015

**4) Drug Abusers Receiving Treatment at Tanah Merah Rehabilitation Center East Kalimantan 2014**

**Table 97. Total Number of Drug Abusers at Tanah Merah Rehabilitation Center, East Kalimantan Based on Gender, 2014**

NO.	ADMISSIONS OF RESIDENTS	2014
1	2	3
1.	Male	97
2.	Female	-
<b>TOTAL</b>		<b>97</b>

Source : Tanah Merah Rehabilitation Center, East Kalimantan , March 2015

**Table 98. Total Number of Drug Abusers at Tanah Merah Rehabilitation Center, East Kalimantan Based on Age Group, 2014**

NO.	AGE GROUP	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	< 15 Years	-	-	-
2.	15 – 20 Years	19	-	19
3.	21 – 25 Years	19	-	19
4.	26 – 30 Years	23	-	23
5.	31 – 35 Years	23	-	23
6.	36 – 40 Years	11	-	11
7.	> 40 Years	2	-	2
<b>TOTAL</b>		<b>97</b>	<b>-</b>	<b>97</b>

Source : Tanah Merah Rehabilitation Center, East Kalimantan, March 2015

**Table 99. Total Number of Drug Abusers at Tanah Merah Rehabilitation Center, East Kalimantan Based on Education, 2014**

NO.	EDUCATION	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	Elementary	13	-	8
2.	Junior Secondary	24	-	32
3.	Senior Secondary	50	-	107
4.	Academy	1	-	9
5.	University	9	-	32
6.	Not Registered	-	-	1
TOTAL		97	-	97

Source : Tanah Merah Rehabilitation Center, March 2015

**Table 100. Total Number of Drug Abusers at Tanah Merah Rehabilitation Center, East Kalimantan Based on Occupation, 2014**

NO.	OCCUPATION	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	Student	1	-	1
2.	University student	5	-	5
3.	Unemployed	35	-	35
4.	Labour (Farmer, Craftsman, etc)	-	-	-
5.	Civil Servant	4	-	4
6.	Armed Forces/Police	6	-	6
7.	Private Sector	27	-	27
8.	Entrepreneur	19	-	19
9.	Not registered	-	-	-
TOTAL		97	-	97

Source : Tanah Merah Rehabilitation Center, March 2015

**Table 101. Total Number of Drug Abusers at Tanah Merah Rehabilitation Center East Kalimantan Based on Marital Status 2014**

NO.	STATUS	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	Married	50	-	50
2.	Not married/single	41	-	41
3.	Widower / Widow	6	-	6
TOTAL		97	-	97

Source : Tanah Merah Rehabilitation Center, March 2015

**Table 102. Total Number of Drug Abusers at Tanah Merah Rehabilitation Center East Kalimantan Based on Religion, 2014**

NO.	STATUS	JENIS KELAMIN		TOTAL
		LAKI-LAKI	PEREMPUAN	
1	2	3	4	5
1.	Moslem	84	-	84
2.	Christian	9	-	9
3.	Catholic	2	-	2
4.	Hindu	2	-	2
5.	Budha	-	-	-
6.	Khonghucu	-	-	-
7.	Not Registered	-	-	-
TOTAL		97	-	97

Source : Tanah Merah Rehabilitation Center, March 2015

**Table 103. Total Number of Drug Abusers at Tanah Merah Rehabilitation Center East Kalimantan Based on Drug Consumption, 2014**

NO.	TYPE OF DRUG CONSUMED	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	<b>Cannabis Type</b>			
	- Marijuana	1	-	1
2.	<b>Opiates</b>			
	- Heroin/Putauw	2	-	2
4.	<b>ATS (<i>Amphetamine Type Stimulant</i>)</b>			
	- Methamphetamine (Shabu)	94	-	94
TOTAL		97	-	97

Source : Tanah Merah Rehabilitation Center, March 2015

**5) Drug Abusers Receiving Treatment at Loka Batam Rehabilitation Center, Riau Islands 2014**

**Table 104. Total Number of Drug Abusers at Loka Batam Rehabilitation Center, Riau Islands Based on Gender, 2014**

NO.	RESIDENT ADMISSIONS	2014
1	2	3
1.	Male	34
2.	Female	3
TOTAL		37

Source : Loka Batam Rehabilitation Center Riau Islands, March 2015

**Table 105. Total Number of Drug Abusers at Loka Batam Rehabilitation Center Riau Islands Based on Drug Consumption, 2014**

NO.	TYPE OF DRUG CONSUMED	TOTAL
1	2	3
1.	Methamphetamine	6
2.	THC	15
3.	Amphetamine (AMP)	29
4.	Benzodiazepine and Karnopen	1
<b>TOTAL</b>		<b>51</b>

Source : Loka Batam Rehabilitation Center Riau Islands, March 2015

**6) Total Number of Ex-Addicts Attending Natural and Performance-Based Conservation Post Rehabilitation Program, 2014.**

**Table 106. Total Number of Ex-Addicts Attending Natural and Performance-Based Post Rehabilitation Program, 2014**

NO.	DESCRIPTION	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	Natural Conservation-Based Post Rehabilitation:			
	- Tambling	20		20
	- Bengo-Bengo (Makassar)	20		20
2.	Performance-Based Post Rehabilitation			
	<b>a. Halfway House</b>			
	1) Cipinang, Jakarta	60		60
	2) Makassar, South Sulawesi	102		102
	3) Samarinda, East Kalimantan	70		70
	4) Batam, Riau Islands	30		30
	5) Kuningan, West Java	125		125
	6) Bandung, West Java	60		60
	7) Gunung Salak, West Java	45		45
	<b>b. Productive Economy Support</b>			
	- East Nusa Tenggara (NTT)	-		-
	<b>c. University Student Thematic Obligatory Social Action (KKN) at Sebatik Island – East Kalimantan</b>	-		-
<b>TOTAL</b>		<b>532</b>		<b>532</b>

Source : BNN Deputy of Rehabilitation, March 2015

**7) Supported Government Institutions (Empowerment, Support, Capacity Building) by Directorate for Empowerment of Government Rehabilitation Institutions, 2014**

**Table 107. Total Number of Supported Government Institutions by Directorate for Empowerment of Government Rehabilitation Institutions, 2014**

NO.	PROVINCE	INSTITUTION/AGENCY	TYPE OF SUPPORT	TOTAL
1	2	3	4	5
1.	Aceh	Mental hospital, Aceh	Medical rehabilitation service at hospitals, institutions and prisons	5
		Prison Class IIA Aceh	Capacity building through TC modality	
			Capacity building in assessment	
		Dr. Zainoel Abidin General Hospital, Prov. Aceh	Idem	
		Mental hospital, Aceh Province	Idem	
		BNNK Langsa Aceh	Idem	
2.	North Sumatera	PSPP Insyaf Medan	Medical rehabilitation service in hospitals, institutions and prisons	9
		Prison Class I Medan North Sumatera Prov.	Capacity building in assessment	
		dr. Pirngadi General Hospital	Idem	
		Province Mental Hospital	Idem	
		Padang Bulan Community Health Clinic,	Idem	
		BNNP North Sumatera	Idem	
		BNNK Deli Serdang	Idem	
		BNNK Langkat	Idem	
		Children Prison, Medan	Apprentice for Staff of Government Rehabilitation Institutions	
3.	West Sumatera	Prison Class II A Padang	Capacity building in assessment	7
		HB. Saanin Mental Hospital	Idem	
		Payolansek Community Health Clinic	Idem	
		Bhayangkara Hospital, Padang	Idem	
		BNNP (Province)	Idem	
		BNNK (City) Payakumbuh	Idem	
		Prison Class IIA Padang	Capacity building through TC modality	

1	2	3	4	5
4.	Riau	Prison Class II A Pekanbaru	Capacity building in assessment	15
		dr. Arifin Ahmad Regional General Hospital	Idem	
		Mental Hospital, Tampan	Idem	
		Community Health Clinic, Simpang Baru	Idem	
		BNNP, Riau	Idem	
		Regional Attorney General Office, Riau	Idem	
		Court of First Instance, Pekan Baru	Idem	
		Regional Police, Pekan Baru	Idem	
		Ministry of Justice & HR Regional Office, Riau	Idem	
		Mental Hospital, Tampan	Idem	
		Children Prison, Pekan Baru	Idem	
		BNNK Pekanbaru	Idem	
		BNNK Kuantan Singingi	Idem	
		BNK Kampar	Apprentice or staff of Rehabilitation Institutions	
		Mental Hospital, Riau	Medical Rehabilitation Service at hospitals, institutions and prisons Mapping of Capacity building for government Rehabilitation institutions	
5.	Riau Islands	Prison Class II A Batam	Capacity building in assessment	9
		General Hospital, Tanjung Pinang	Idem	
		BNNK Tanjung Pinang	Idem	
		BNNP (Province)	Idem	
		Regional General Hospital Embung Fatimah, Batam	Idem	
		BNN Loka Rehabilitasi Center, Batam	Idem	
		BNN Regency, Karimun	Idem	
		BNNK Batam	Idem	
		Bhayangkara Police Hospital	Idem	

1	2	3	4	5
6.	South Sumatera	Prison Class I A Palembang	Capacity building in assessment	8
		M. Hoesin Regional General Hospital.	Idem	
		Ernaldi Bahar Hospital.	Idem	
		BNNP (Province)	Idem	
		BNNK Prabu Mulih	Idem	
		BNNK Pagar Alam	Idem	
		PSMP Dharmapala	TA	
		Narcotic Prison Class IIA Palembang	Capacity building through TC modality	
7.	Bengkulu	Prison Class II A Bengkulu	Capacity building in assessment	10
		M. Yunus Regional General Hospital, Kota Bengkulu	Idem	
		Community Health Clinic, Anggut Atas	Idem	
		Soeprapto Mental Hospital, Bengkulu	Idem	
		Bidokkes RS Bhayangkara Hospital Bengkulu	Idem	
		Social Office, Prov Bengkulu	Idem	
		Directorate of Drugs, Bengkulu	Idem	
		Court of First Instant, Bengkulu	Idem	
		Attorney General Regional Office, Bengkulu	Idem	
		RSJKO Bengkulu	Medical Rehabilitation service at hospitals, institutions and prisons; xPxity building though TC modality; apprenitive of saff of government rehabilitation institutions	
8.	Lampung	Narcotic Prison Class IIA, Bandar Lampung	Capacity building in assessment	7
		Ahmad Yani Regional General Hospital	Idem	
		RS. Abdoel Moeloek Hospital, Lampung	Idem	
		RSJD Regional Mental Hospital	Idem	
		BNNP Lampung	Idem	
		Special narcotic Prison, Lampung	Capacity building through TC modality	
		Mental Hospital, Lampung	Medical Rehabilitation Service at hospitals, institutions and prisons; mapping of capacity building of government rehabilitation institutions.	



1	2	3	4	5
9.	West Java	BNN Rehabilitation Center, Lido	Medical Rehabilitation Service at hospitals, institutions and prisons.	12
		Province Banceuy Prison,	Capacity building in assessment	
		Hasan Sadikin Prov. General Hospital	Idem	
		Garuda Community Health Clinic	Idem	
		PSPP Galih Pakuan, Bogor	Capacity building in assessment	
		Regional General hospital, Ciawi	Idem	
		BNNP (Province)	Idem	
			Medical Rehabilitation Service at hospitals, institutions and prisons	
		BNN Rehabilitation Lido, West Java	Capacity building in assessment	
		Mental hospital, Cimahi	Medical Rehabilitation at hospitals institutions and prisons. Mapping of capacity building of government rehabilitation institutions	
		Prison, Banceuy	Medical Rehabilitation at hospitals, institutions and prisons through TC modality	
		BRSPB Lembang	TA	
10.	Central Java	Special narcotic prison, Gintung Cirebon	Capacity building at prisons through TC modality; Mapping of capacity building of government rehabilitation institutions.	6
		Prison Class I Semarang	Capacity building in assessment	
		Regional General Hospital, Tugurejo Semarang	Idem	
		Regional General Hospital, Cilacap	Idem	
		PSPP Mandiri	Idem	
		BNNP (Province)	Idem	
		Special narcotic Prison, Cilacap	Instrument application, capacity building through TC modality, Mapping of capacity building of government rehabilitation institutions	

1	2	3	4	5
11.	East Java	Prison Class II A Sidoarjo	Capacity building in assessment	11
		Dr M Soewandhie General Hospital, Surabaya	Idem	
		Menur Mental Hospital	Idem	
		ANKN Surabaya	Idem	
		Gondho Mental Hospital, Surabaya	Idem	
		dr Radjiman Mental Hospital	Idem	
		BNNP (Province)	Idem	
		BNNK (City), Kediri	Idem	
		House of Teratai Surabaya	Idem	
		Special narcotics Prison, Pamekasan	Medical Rehabilitation at hospitals, institutions and prisons. Capacity building through TC modality inprison Apprentice of staff of government rehabilitation institutions	
		Special narcotic Prison, Madiun	Capacity building through TC modality in prison	
12.	DI Yogyakarta	Narcotic Prison Class II A ,Yogyakarta	Capacity building in assessment	6
		Wirosaban Regional General Hospital, Yogyakarta	Capacity building in assessment	
		Office of Health, Sleman Yogyakarta	Idem	
		PSPP Sleman Yogyakarta	Idem	
		BNNP (Province) DIY Yogyakarta	Idem	
		BNNK Sleman	Idem	

1	2	3	4	5
13.	Bali	Prison Class II A Denpasar	Idem	6
		BNNP (Provinc) Bali	Idem	
		Sanjiwani Regional General Hospital, Gianyar	Idem	
		Bhayangkara Police Hospital, Denpasar	Idem	
		Mental Hospital, Bangli	Mapping of capacity building of government rehabilitation institutions	
		BNN Kab. (Regency/District), Badung	Capacity building in assessment	
14.	West Nusa Tenggara (NTB)	Prison Class II A Mataram	Idem	3
		BNNP (Province)	Idem	
		Mental Hospital, Mataram	Medical rehabilitation service in hospitals, instutions and prisons. Mapping of capacity building of government rehabilitation institutions	
15.	Nusa Tenggara Timur (NTT)	Prison Class II A Kupang	Capacity building in assessment	4
		Prof.Yohanes Hospital,	Idem	
		Community Health Clinic, Kupang Kota	Idem	
		Regional Office of Health.	Idem	
16.	West Kalimantan	Prison Class II A Pontianak	Idem	7
		Soedarso RegionalGeneral Hospital	Idem	
		Regional Mental Hospital, Sungai Bangkong	Idem	
		BNNK Pontianak	Idem	
		BNN Kab Pontianak	Idem	
		RSKD Pontianak	Medical Rehabilitation at hospitals, institutions and prisons. Apprentice of staff of government rehabilitation institutions, TA	
		Prison Class IIA Pontianak	Capacity building through TC modality in prison	

1	2	3	4	5
17.	South Kalimantan	Narcotic Prison Class II A Karang Intan	Capacity building in assessment	6
		BNNP (Province)	Idem	
		H. Abdul Azis Regional General Hospital	Idem	
		Community Health Clinic, Pekauman Banjarmasin	Idem	
		BNNP (Province)	Idem	
		Mental Hospital, Sambang Lihum	Medical Rehabilitation service at hospitals, institutions and prisons	
18.	East Kalimantan	Regional Police Biddokes	Capacity building in assessment	8
		Prison Class II A Balikpapan	Idem	
		BNNP	Idem	
		BNNK (City) Balikpapan	Idem	
		dr. Kanujoso Djatiwibowo Regional General Hospital,	Idem	
		BNNK Balikpapan	Idem	
		BNN Tanah Merah Rehabilitation Center, Samarinda	Medical Rehabilitation service at hospitals, institutions and prisons. Apprentice of staff of government rehabilitation institutions. Mapping of capacity building of government rehabilitation institutions	
		Prison Class IIA Samarinda	Capacity building through TC modality in prison	
19.	South Sulawesi	Narcotic Prison Class II A, Sungguminasa	Medical Rehabilitation service at hospitals, institutions and prisons. Capacity building through TC modality in prison	5
		BNNP (Province)	Capacity building in assessment	
		Labuang Baji Regional General Hospital,	Idem	
		Laki Padada General Hospital	Idem	
		BNN Baddoka Rehabilitaiton Center, Makassar	Medical Rehabilitation service at hospitals, institutions and prisons. Apprentice of staff of government rehabilitation institutions. Mapping of capacity building of government rehabilitation institutions.	

1	2	3	4	5
20.	North Sulawesi	Prison Class II A Manado	Capacity building in assessment	5
		Prof. Dr. R.D Kandou General Hospital	Idem	
		Prof. Dr. V.L Ratumbuysang Mental Hospital	Idem	
		Prison Class II A, Manado	Idem	
		BNNK Bitung	Idem	
21.	Gorontalo	Prison Class II A Gorontalo	Idem	9
		Prof. dr. H. Aloe Saboe General Hospital	Idem	
		Dulalowo Community Health Clinic	Idem	
		Regional Police Drug Directorate of Criminal Investigation	Idem	
		Office of Health Prov Gorontalo	Idem	
		Office of Social Affairs, Prov Gorontalo	Idem	
		BNNK Bon Bol Gorontalo	Idem	
		BNNK Bone Balang Gorontalo	Idem	
		Regional General Attorney Office Gorontalo	Idem	
22.	Central Sulawesi	Prison Class II A Palu	Idem	
		BNNP (Province)	Idem	
		Undata Regional General Hospital	Idem	
		BNNK Donggala	Idem	
		BNNK Morowali	Idem	
		BNNK Poso	Idem	
		Bhayangkara Police Hospital	Idem	
		Appellate Court Palu	Idem	
		Regional Police, Sulteng	Idem	
		Police Resort, Palu	Idem	

1	2	3	4	4
23.	West Sulawesi	Prison Class II B Mamuju	Idem	4
		BNNP (Province)	Idem	
		Bambu Community Health Clinic Mamuju	Idem	
		Reional General Hospital,	Idem	
24.	DKI Jakarta	Narcotic Prison Class II A Prov. DKI Jakarta	Idem	22
		RS. Suyoto Hospital DKI Jakarta	Idem	
		Regional General hospital, Tarakan Prov.DKI Jakarta	Idem	
		Matraman Community Health Clinic Jakarta	Idem	
		Army General Hospital Gatot Subroto Jakarta	Idem	
		Regional General Hospital Cengkareng Jakarta	Idem	
		Sumber Waras Hospital Jakarta	Idem	
		Police Hospital Bhayangkara Tk. I R. Said Sukanto Jakarta	Idem	
		Government General Hospital Fatmawati Jakarta	Idem	
		Regional General Hospital Pasar Rebo Jakarta	Idem	
		BNNP DKI Jakarta	Idem	
			Medical Rehabilitation at hospitals, institutions and prisons	
		BNNK Jakarta Selatan	Capacit building in assessmen	
		BNNK Jakarta Timur	Idem	
		BNN Halfway House Cipinang Jakarta	Idem	
		Duren Sawit Hospital	Medical Rehabilitation service at hospitals, institutions and prisons	
		Penganyoman General Hospital	Idem	
		Special Narcoics Prison, Cipinang	Idem	

1	2	3	4	4
		BNN	Penatalayanan Medis dalam Bid Rehab di RS, Panti & Prison	
		Mintoharjo Navy Hospital	Capacity building through TC modality in prison	
		Air Force Hospital Halim	Idem	
		Army Hospital Gatot Soebroto	Idem	
		Suyoto Hospital	Medical Rehabilitation service at hospitals, institutions and prisons. Capacity building in prison through TC modality Apprentice of staff of government rehabilitation institutions	
25.	Banten	Youth Prison Class II A Tangerang	Capacity building in assessment	6
		Regional General Hospital Tangerang	Idem	
		PKM Kranggan South Tangerang	Idem	
		Regional General Hospital, Serang	Idem	
		BNNP Banten	Idem	
		Adult Prison Tangerang	Capacity building in prison through TC modality	
26.	Jambi	Prison Class II A	Capacity building in assessment	9
		Regional General hospital Bangko	Idem	
		Community Health Clinic Inpres 5/74 Tanjung Pinang J	Idem	
		Regional Mental Hospital Jambi	Idem	
		BNNP Jambi	Idem	
		BNN Kab/District Batang Hari	Idem	
		BNNK Jambi	Idem	
		RMental Hospital Jambi	Mapping of capacity building of government Rehabilitation Institutions	
		State Police School Jambi	Support in Rehabilitation Program for Govt. institutions	

1	2	3	4	4
27.	Bangka Belitung	Prison Class II A Pangkalpinang	Capacity building in assessment	4
		Regional Mental Health Bangka Belitung	Idem	
		BNNP Bangka Belitung	Idem	
		Community Health Clinic Girimaya Pngkal Pinang	Idem	
28.	Maluku	Prison Class II A Ambon	Idem	4
		BNNP Maluku	Idem	
		RegionalGeneral Hospital dr. M. Haulussy	Idem	
		Police Hospital Bhayangkara Maluku	Idem	
29.	North Maluku	Prison Class II A Ternate Prov. Maluku Utara	Idem	4
		BNNP (Province)	Idem	
		Regional General Hospital dr. H. Chasan Boesoirie Ternate Prov. Maluku Utara	Idem	
		Community Health clinic Kalumata	Idem	
30.	Papua	Narcotic Prison Class II A Jayapura Prov. Papua	Idem	4
		BNNP Papua	Idem	
		Regional General Hospital Jayapura Prov. Papua	Idem	
		Mental Hospital Abepura Papua	Idem	
31.	West Papua	Prison Class II B Manokwari	Idem	4
		BNNP West Papua	Idem	
		Regional General Hospital Sele Be Solu Sorong Prov. Papbar	TA	
		BNNP (Province)	Idem	
TOTAL				229



**b. Self-Reported Drug Abusers to Institutions for Compulsory Self Reporting (IPWL) from Ministry of Health RI, 2014.**

**Table 108. Total Number of Self-Reported Drug Abusers to IPWL Based on Rehabilitation Facility, 2014**

NO.	PROVINCE	IPWL	TOTAL CLIENTS
1	2	3	4
1.	UPT Ministry of Health Ri	1. Sanglah General Hospital, Bali	191
		2. RSKO (Drug Dependence Hospital), Jakarta	157
		3. General Hospital Fatmawati, Jakarta	121
		4. Mental Hospital Soeroyo, Magelang	13
		5. Marzoeki Mahdi Hospital Bogor	103
		6. General Hospital H. Adam Malik, Medan	165
2.	Aceh	7. Mental Hospital Provinsi Aceh	223
3.	Bali	8. Police Hospital Bhayangkara Denpasar	18
4.	Banten	9. Community Health clinic Jalan Emas	80
5.	Bengkulu	10. Mental Hospital Bengkulu	96
6.	DI Yogyakarta	11. Ghrasia Hospital	30
7.	DKI Jakarta	12. Community Health Clinic Tanjung Priok	32
		13. Puskesmas Gambir	53
		14. Puskesmas Tebet	60
		15. Puskesmas Jatinegara	15
		16. Puskesmas Tambora	27
		17. Puskesmas Koja	101
		18. Puskesmas Cengkareng	63
		19. Puskesmas Kramat Jati	111
		20. Puskesmas Grogol Petamburan	20
		21. Puskesmas Johar Baru	46
8.	Gorontalo	22. RSUD Prof. dr. H. Aloe Saboe	16
9.	Jambi	23. RSJD Provinsi Jambi	39
10.	West Java	24. Puskesmas Sukarahayu Subang	27
		25. Puskesmas Kedung Badak	40
		26. Regional General Hospital Gunung Jati Cirebon	68
11.	Central Java	27. Reg Mental Hsptl Amino Gondohusodo Semarang	18
		28. Puskesmas Poncol Semarang	22
		29. Regional Mental Hospital Surakarta	32
		30. Puskesmas Sidarejo Lor, Salatiga	111
12.	East Java	31. General Hospital dr. Soetomo	18
		32. Mental Hospital Menur	37
		33. Regional General hospital dr. Syaiful Anwar Malang	9
13.	South Kalimantan	34. Mental Hospital Sambang Lihum	41
14.	East Kalimantan	35. Regional hospital Atma Husada Mahakam	70
		36. Narcotic Clinic Kota Tarakan	16
		37. UNITRA Butterfly	23
15.	NTB	38. Mental hospital Provinsi NTB	44
16.	Riau	39. Mental Hospital Tampan	85
17.	South Sulawesi	40. Puskesmas Kasikasi	41
		41. Puskesmas Jumpandang Baru	14
18.	North Sulawesi	42. RSK Ratumbuang	41
19.	West Sumatera	43. Mental Hospital HB Saanin Padang	212
		44. City Puskesmas Bukittinggi	138
		45. Puskesmas Guguk Panjang	30
		46. Puskesmas Payolasek	36
		47. Puskesmas Biaro	104
20.	South Sumatera	48. Hospital dr. Ernaldi Bahar	29
21.	North Sumatera	49. Puskesmas Tanjung Morawa	59
<b>TOTAL</b>			<b>3,145</b>

Source : Ministry of Health RI, March 2015

c. Number of Self-reported Drug Abusers to the Institution for Compulsory Reporting (IPWL) and Non-IPWL. Data from Ministry of Social Affairs RI, 2014.

**Table 109. Total Number of Self-Reported Drug Abusers to IPWL Based on Rehabilitation Facility, 2014**

NO.	PROVINCE	IPWL	TOTAL CLIENTS	DESCRIPTION
1	2	3	4	6
1.	Banten	1. Hikmah Syahadah	25	
2.	West Java	2. FAN Campus	40	
		3. Yakita Bogor	25	
		4. PSKN Penuai	64	
		5. PEKA	13	
		6. PSPP Galih Pakuan	248	
		7. BPRSP Lembang	95	
		8. Sekar Mawar	15	
		9. Al Karomah	27	
		10. Rumah Cemara	15	
		11. Inabah 2 Puteri	28	
		12. Nurul Jannah	103	
3.	Central Java	13. Rumah Damai	55	
		14. YPI Nurul Ichsan Al Islami	25	
		15. At Tauhid	35	
		16. PSPP Mandiri	14	
		17. Cinta Kasih Bangsa (Ungaran)	10	
4.	DI Yogyakarta	18. Lembaga Rehabilitasi Kunci	20	
		19. Griya Pemulihan Siloam	20	
		20. Charis	5	
		21. PSPP Yogyakarta	41	
5.	East Java	22. Inabah XIX	59	
		23. Pemulihan Doulos Malang	25	
		24. UPT ANKN Surabaya	14	
		25. Corpus Christi (Malang)	20	
		26. Yakita Surabaya	-	
		27. Orbit	20	
6.	Bali	28. Yakita	21	
7.	NTT			
8.	South Kalimantan	29. Lingkar Harapan Banua*)	72	
9.	Central Kalimantan	30. Galilea	30	
10.	East Kalimantan	31. Pondok Modern Ibadurrahman	87	
11.	West Sulawesi			
12.	North Sumatera	32. PSPP Insyaf	97	
		33. Lembaga Rehab Sibolangit	58	
		34. Yayasan Nazar	29	
		35. Minar Christ	37	
		36. Medan Plus	51	
13.	South Sumatera	37. Ar Rahman	130	
14.	Bengkulu			
15.	Jambi			
16.	DKI Jakarta	38. Kapeta	-	
		39. Karisma	37	
		40. Madani Mental Health Care	10	
		41. Kelima	46	
		42. PSPP Khusnul Khotimah	203	
		43. Adiksifitas	26	

1	2	3	4	6
17.	Lampung	44. Sinar Jati	25	
18.	South Sulawesi	45. Doulos Makassar Representative	-	
		46. YKP2N	48	
19.	North Sulawesi	47. Bunga Bakung	10	
20.	Aceh	48. Yakita Aceh	20	
21.	S.E. Sulawesi	49. Yayasan Famili Rekan Sebayu	70	
22.	West Sumatera	50. Suci Hati NGO	88	
23.	Riau			
24.	NTB			
25.	Maluku			
26.	Papua			
27.	Gorontalo			
28.	Central Sulawesi			
29.	West Kalimantan			
30.	Riau Island			
<b>TOTAL</b>			<b>2,269</b>	

Source : Ministry of Social Affairs RI, March 2015

**Table 110. Total Number of Self-Reported Drug Abusers to Non IPWL Based on Rehabilitation Facility, 2014**

NO.	PROVINCE	IPWL	TTL CLIENTS	DESCRIPTION
1	2	3	4	6
1.	Banten	1. Bani Syifa	30	
		2. Nururrohman	20	
2.	West Java	3. Pemulihan Soteria (Cimahi)	40	
		4. Al Ittifaq (Kab Bandung)	40	
		5. Dinamika Pemulihan (Cimahi)	40	
		6. Ianatush Syibyan (ciamis)	40	
		7. Nurul Arif Salam	30	
		8. PP Suryalaya (Tasik)	200	
		9. Inabah XV (Tasik)	34	
		10. Maha Kasih (kuningan)	30	
		11. Pondok Bina Kasih (cianjur)	25	
		12. Kedhaton Parahita	30	
		13. Breakthroug Missions	30	
3.	Central Java	14. Pemulihan Pelita (Semarang)	30	
		15. Maunatul Mubarak (Demak)	40	
		16. Nurussalam (demak)	40	
		17. Sinai (sukoharjo)	75	
		18. An Nur (Banjarnegara)	30	
4.	DI Yogyakarta	19. Al Islami (kulonprogo)	15	
		20. Tetirah Dzikir	20	
		21. Galilea	10	
5.	East Java	-		
6.	Bali	22. Yakeba	20	
7.	NTT	23. Warna Kasih Foundation (Kupang)	30	
8.	South Kalimantan	24. Serba Bakti Foundation	20	

1	2	3	4	6
9.	Central Kalimantan	-		
10.	East Kalimantan	-		
11.	West Sulawesi	25. Amada (Mamuju)	20	
12.	North Sumatera	26. Yayasan Sungai Jordan	75	
		27. Yaysan Kuasa Pemulihan	40	
		28. Persekutuan Doa Pekabaran IK	40	
		29. Bukit Doa Taman Getsemane	40	
		30. Getsemane	40	
		31. Mercusuar Doa	150	
		32. YR. Menara Doa Ministry	30	
		33. Amanat Agung	50	
		34. Kolam Bethesda	40	
		35. Persekutuan Doa Matius 5	40	
		36. Pondok Daud	30	
		37. Panti Sadar	30	
		38. Kasih Anugrah	30	
		39. Rahmani Kasih	30	
		40. Pondok Trenkely	30	
		41. Yayasan Kasih Bangsa	50	
		42. Minyak Narwastu	20	
		43. Yayasan Keris Sakti	40	
		44. Yayasan Datuk Etam	40	
13.	South Sumatera	45. Al Ichlas	50	
14.	Bengkulu	46. Yayasan Hidayatul Muhtadien	40	
15.	Jambi	47. Kalimosodo	35	
		48. Al Baroah	40	
16.	DKI Jakarta	49. Pondok Pemulihan Doulos	20	
		50. Yayasan Sahabat Rekan Sebaya	40	
		51. Natura	10	
17.	Lampung	-		
18.	South Sulawesi	-		
19.	North Sulawesi	52. Yayasan Jameela Husein Ministry	40	
20.	Aceh	-		
21.	S.E. Sulawesi	-		
22.	West Sumatera	-		
23.	Riau	53. Yayasan Satu Bumi	59	
		54. Yayasan Mercusuar	167	
24.	West Nusa Tenggara (NTB)	55. Orsos Terus Berkarya	15	
		56. Aksi NTB	20	
25.	Maluku	-		
26.	Papua	-		
27.	Gorontalo	-		
28.	Central Sulawesi	-		
29.	West Kalimantan	-		
30.	Riau Islands	-		
<b>TOTAL</b>			<b>2,310</b>	

Source : Ministry of Social Affairs RI, March 2015

**d. *Injecting Drug User (IDU)/People Who Inject Drugs (PWID) and HIV/AIDS Data from Ministry of Health RI, 2014.***

Drug abuse brings negative effects to the health of drug abusers, in particular those who practise needle sharing. As a consequence, transmission of HIV/AIDS, Hepatitis B and Hepatitis C among them. Based on data from Directorate General of Disease Control & Environment Protection, Ministry of Health RI, a total of 5,494 AIDS cases were reported from 1 January to 31 December 2014.

**Table 111. Total AIDS Cases Based on Gender, 2014**

NO.	GENDER	TOTAL AIDS CASES 2014
1	2	3
1.	Male	3,382
2.	Female	1,892
3.	Unknown	220
<b>TOTAL</b>		<b>5,494</b>

**Source :** Directorate General of Disease Control & Environment Protection, Ministry of Health RI, March 2015

**Table 112. Total AIDS Cases Based on Risk Factor, 2014**

NO.	RISK FACTOR	TOTAL AIDS 2014
1	2	3
1.	Heterosexual	12,511
2.	Homo Bisexual	3,858
3.	IDU/PWID	1,794
4.	Blood Transfusion	-
5.	Prenatal Transmission	-
6.	Unknown	6,075

**Source :** Directorate General of Disease Control & Environment Protection, Ministry of Health RI, March 2015

**Table 113. Total AIDS Cases Based on Age Group, 2014**

NO.	AGE GROUP	TOTAL AIDS CASES 2014
1	2	3
1.	< 1 years	27
2.	1 – 4	114
3.	5 – 14	71
4.	15 – 19	108
5.	20 – 29	1,546
6.	30 – 39	1,923
7.	40 – 49	1,006
8.	50 – 59	363
9.	> 60	84
10.	Unknown	252

**Source :** Directorate General of Disease Control & Environment Protection, Ministry of Health RI, March 2015

**Table 114. Total AIDS Cases by Province, 2014**

NO.	PROVINCE	TOTAL AIDS CASES 2014
1	2	3
1.	Aceh	44
2.	North Sumatera	231
3.	West Sumatera	240
4.	Riau	167
5.	Jambi	59
6.	South Sumatera	87
7.	Bengkulu	19
8.	Lampung	71
9.	Bangka Belitung	16
10.	Riau Islands	-
11.	DKI Jakarta	130
12.	West Java	60
13.	Central Java	740
14.	DI Yogyakarta	-
15.	East Java	827
16.	Banten	92
17.	Bali	727
18.	West Nusa Tenggara (NTB)	53
19.	East Nusa Tenggara (NTT)	389
20.	West Kalimantan	21
21.	Central Kalimantan	23
22.	South Kalimantan	76
23.	East Kalimantan	174
24.	North Kalimantan	32
25.	North Sulawesi	163
26.	Central Sulawesi	112
27.	South Sulawesi	209
28.	S.E.Sulawesi	54
29.	Gorontalo	6
30.	West Sulawesi	3
31.	Maluku	106
32.	North Maluku	57
33.	West Papua	13
34.	Papua	493
<b>TOTAL</b>		<b>5,494</b>

Source : Directorate General of Disease Control & Environment Protection, Ministry of Health RI, March 2015

e. Activities of BNN Deputy of Prevention in 2014.

**Table 115. Total Participants in Activities of Directorate of Advocacy, BNN Deputy of Prevention, 2014**

NO.	ACTIVITIES	TOTAL PARTICIPANTS
1	2	3
<b>A. DIPA activities (Budget-based)</b>		
<b>1.</b>	<b>Anti-Drug Cadre Training</b>	
	a. Government Institutions	300
	b. Government-owned companies	540
	c. Private Sector	300
	d. Armed Forces	1,080
	e. Students	360
	f. University Students	960
	e. Community	960
<b>2.</b>	<b>Symposium</b>	
	a. Vocational/General Secondary	4,800
	b. Junior Secondary	200
<b>B. Non DIPA Activities</b>		
	Socialization/Non DIPA	
	a. Students	20,191
	b. University Students	26,890
	c. Private Sector	777
	d. Government Agencies	7,285
	e. Community	5,023
<b>TOTAL</b>		<b>69,666</b>

**Table 116. Total Participants in Activities of Directorate of Information Dissemination, BNN Deputy of Prevention, 2014**

NO.	ACTIVITIES	TOTAL PARTICIPANTS
1	2	3
<b>A. Budget-based Activities(DIPA)</b>		
<b>1.</b>	<b>Group Discussion</b>	
	a. Students	1,909
	b. Univ. Students	356
	c. Community	4,116
<b>2.</b>	<b>Performances</b>	
	a. Students	3,997
	b. Univ. Students	1,083
	c. Community	6,247
<b>3.</b>	<b>Socialization</b>	
	a. Students	3,456
	b. Govt. Agencies	564
	c. Community	676
	d. Univ. Students	1,140
<b>TOTAL</b>		<b>23,544</b>

Source : BNN Deputy of Prevention, March 2015

f. Activities of BNN Deputy of Community Empowerment, 2014.

**Table 117. Total Urine Tests Conducted by BNN Deputy of Community Empowerment, 2014**

NO.	AGENCY	TOTAL AGENCIES	TOTAL TESTS	POSITIVE	%
1	2	3	4	5	6
1.	Govt. Agency	69	11,376	11	
2.	Private Agency	6	1,685	2	
3.	Education	14 campuses	1,743	4	
4.	Comunity	1 Kampung ambon Village	125	2	
<b>TOTAL</b>			<b>14,929</b>	<b>19</b>	

Source : BNN Deputy of Community Empowerment, March 2015

**Table 118. Total Urine Tests Conducted by BNNP, 2014**

NO.	PROVINCE	TOTAL TESTS	POSITIVE	%
1	2	3	4	5
1.	West Kalimantan	1,685	13	0.8
2.	West Sumatera	1,036	16	1.5
3.	South Sulawesi	1,866	10	0.5
4.	West Papua	189	0	0.0
5.	DKI Jakarta	7,843	25	0.3
6.	DI Yogyakarta	600	0	0.0
7.	East Nusa Tenggara (NTT)	1,550	0	0.0
8.	North Sulawesi	2,126	0	0.0
9.	Bengkulu	378	0	0.0
10.	Bali	4,089	62	1.5
11.	North Sumatera	4,978	164	3.3
12.	West Sulawesi	1,509	24	1.6
13.	SE.Sulawesi	2,700	14	0.5
14.	South Kalimantan	2,351	13	0.6
15.	Central Kalimantan	1,370	0	0.0
16.	North Maluku	380	17	4.5
17.	Banten	3,320	32	1.0
18.	Jambi	1,490	0	0.0
19.	Bangka Belitung	1,052	7	0.7
20.	Lampung	11,370	70	0.6
21.	West Java	1,100	0	0.0
22.	East Java	3,370	21	0.6
23.	East Kalimantan	1,908	2	0.1
<b>TOTAL</b>		<b>58,260</b>	<b>490</b>	<b>18.1</b>

Source : BNN Deputy of Community Development, March 2015



**Table 119. Total Number of Farmers Having Changed Their Livelihood, 2014**

NO.	REGION	TOTAL FARMERS	TOTAL CANNABIS AREAS	LIVELIHOOD
1	2	3	4	5
1.	Aceh Besar (Great Aceh) (Lamteuba and Kutamalaka)	44		Kakao 20 Ha
2.	Aceh Province		38 Ha	

Source : BNN Deputy of Community Empowerment, March 2015

**g. Outcomes of BNN Survey on National Development of Drug Abuse in Indonesia 2014.**

**1) Methodology.**

**a) Study Design.**

The estimated loss of economic and social cost of drug abuse is calculated by multiplying the unit cost of drug abuse consequence with the estimated total of drug abusers (Godfrey et al., 2002). The same method is also applied in similar surveys conducted in 2004, 2008, and 2011. The study perspective used is the client or drug abuser perspective as the routine report of data collected by the government. However, this input is very limited. This issue was already assumed by Single et al (2001), that developing countries face difficulties in data collection due to the limited availability and infrastructure of data, which is the contrary in the developed countries. For example, lack of data pertaining to *incidence* and *prevalence* rate of drug abuse, mortality and morbidity, criminality, health etc. To find a solution, the method applied is by conducting a survey among drug abusers in 17 provinces to obtain the unit cost and proportion of incidence rate of each consequence of drug abuse. Secondly, make an estimation and projection of the total number of drug abusers by utilizing the surveys on students; formal workers; and households conducted from 2005 to 2012. The following are the complete details.

*First*, obtain an estimated unit cost and proportion of incidence rate among drug abusers for each consequence This data was collected from the survey among drug abusers in 17 provinces, namely: North Sumatera, Riau Islands, South Sumatera, Lampung, DKI Jakarta, West Java, DIY Yogyakarta, East Java, Bali, NTB, West Kalimantan, East Kalimantan, South Sulawesi, S.E. Sulawesi, North Sulawesi, Maluku and Papua. Locations of the survey are the capital cities of the provinces. Selection of the provinces is based on the total arrest of drug cases and geographical considerations.

The method of the survey used is a modification of the RDS approach. At first, divide a study area into 5 parts, e.g. east, west, north, south and central. In each part 3 types of respondents are selected: student, worker and unemployed. The three categories are the gate for the collection of other respondents. The selection comes from the nomination by the selected respondents, a minimum of 2 respondents from outside the respondent's group or hang out. This process is repeated until the minimum number of samples is obtained at each gate (9-10 respondents). The total number of respondents at one study location is 140 respondents, totaling to 2,414 to respondents for the survey.

Besides the RDS approach, sample collection in each province is done purposively to depict the number of experimental drug abusers (less than 5 times drug abuse in a lifetime), and from drug-related patients. Eventually, we arrived at 20 respondents in each study location in the group of experimental drug abusers, totaling to 340 respondents for the survey. Respondents are selected from a variety of key informants in the field, e.g. students, workers, counterparts of NGOs, etc. From among the sick individuals 10 respondents are selected in one study location, with a total of 170 respondents. Purposive selection is conducted from the hospitals/clinics or NGOs actively involved in HIV/AIDS issues. The selection is based on consideration of the respondent's disease, HIV/AIDS, TBC, Hepatitis, etc. Also a one-month observation on 2 drug abusers in each province to learn the behavior of consumption pattern and its consequence.

*Second*, to get an estimated total of drug abusers by direct estimation, namely estimation of the total population between 10-59 years multiplied by the drug abuse prevalence rate among the target group of the survey, i.e. secondary/university students, (2006, 2009 and 2012), and households (2005 and 2010).

*Third*, to depict a better in-depth and comprehensive situation of the drug problem in the field, in-depth interviews are conducted with many related parties, e.g. drug abusers (34), their families (34), Police (17), BNNP (17), staff of rehabilitation facilities (17), drug supplier/dealer (17), staff of prison facilities (15), and ex-prisoners (16). Also to endorse the findings, guided group discussions are conducted in half the number of provinces targeting drug abusers/ex abusers, and program implementors/decision makers related to drug abuse issues.

**b) Study Cost Component.**

The cost component can be classified into 2 parts, namely direct cost and indirect cost as an effect of drug abuse, as is seen in the table below:

**Table 120. Cost Component Calculated in the Study**

NO.	DIRECT COST	INDIRECT COST
1	2	3
1.	Drug consumption	Criminality
2.	Medication and Treatment of overdose	Loss of Time due to Overdose
3.	Medication as a cause of a disease (HIV/AIDS, TB, Hepatitis, etc)	Loss of Time because of sickness
4.	Detoxification and Rehabilitation	Loss of Time for Detox and Rehab
5.	Traffic Accident	Loss of Time because of a traffic accident
6.	Encounter with Law Enforcement	Loss of Time because of dealing with law enforcement
7.	Imprisonment	Loss of time because of imprisonment Loss of time because of being incapable doing any activity Death as a consequence of drugs

**c) Procedure and Component of Total Estimation and Projection of Drug Abuse.**

**(1) Total Estimation of Drug Abuse**

The total estimation of drug abuse is calculated by multiplying the total population between 10 - 59 years with the prevalence rate of drug abuse from the outcome of each target of the survey. The prevalence rate of drug abuse is calculated from the number of past year drug abusers (current users). Past year drug users or current users are then split into 4 categories: experimental, regular, non-injecting and injecting drug addicts by using the calculation formula hereunder:

$$E_t = \sum (p_i * P * w_i)_t$$

$E_t$  = Estimation of total t year drug abusers

$p_i$  = Prevalence rate of drug abuse in the i population of t year

$P$  = Total population (10-59 ) t year

$w_i$  = Proportion of I population with the whole population

Note: population means population between 10-59 years; I = students; worker; household

Steps to be taken:

***First, decomposition of population in Indonesia in the period 2013-2020 based on the survey target.*** Estimation of population between the age 10-59 in 2013 is 181.9 million and will increase to 196.5 million in 2020 (BPS, 2013). This population is approx. 73% of the total population of Indonesia. Then this is composed according to the survey target groups (secondary/university students; formal workers; and the remaining as households), gender (male; female), and provinces (33).

Decomposition data of the population is taken from various sources of data. For the survey targets, province and gender, data of secondary/university students is taken from the Ministry of Education, for workers and population from Central Statistic Agency/BPS.

***Second, estimation and decomposition rate of drug abusers is taken from survey outcomes according to the period of drug abuse and level of drug abuse.*** After establishing the format of decomposition the next step is to fill in the cells in each format with the prevalence rate based on gender and province from the 3 previous surveys, namely on students, workers and households. From each of these surveys a number is achieved for past year drug abuse. The base of data input reference is the estimated rate in 2013. In general, the prevalence in the three surveys appear to indicate a decreasing trend, in particular in the group of students. The input rate in the calculation is taken from the average rate in each group of the survey.

Details of the input rate is shown in the table below.

**Table 121. Prevalence Rate of the Survey on Drug Abusers 2005-2011, and Estimated Prevalence Rate in 2013.**

NO.	SURVEY/ GENDER	YEAR					
		2005	2006	2009	2010	2011	2013
1	2	3	4	5	6	7	8
1.	Household						
	Male	1.47			1.20		1.33
	Female	0.15			0.13		0.14
2.	Secondary/Univ. students						
	Male		9.18	7.19		4.85	778
	Female		1.98	2.52		1.26	2.14
3.	Workers						
	Male			6.51		5.43	5.97
	Female			3.03		3.62	3.33

Further, the past year drug abuse rate is grouped in categories of experimental, regular, injecting addict and non-injecting addict according to gender and by province from each of the survey. The range of prevalence rates of drug abuse is used for decomposition after the total rate is obtained. The same pattern is used to get the rate for each type of drug.

***Third, multiply the total population, prevalence rate and decomposition rate of drug abuse from the outcomes of the surveys according to gender, by province, level of dependence and type of drug.***

After all data are ready at each of the cells of the format in Microsoft Excel, the next step is to multiply the prevalence rate with the total population in each cell. The first stage is to get the national range of total drug abusers each according to gender, level of dependency, type of drug. Then the decomposition according to province. If there is no rate for the province, input of data reference is the prevalence rate of students, as this is available in all the provinces in exception of North Kalimantan. North Kalimantan takes the data base from East Kalimantan, the former mother province of North Kalimantan before it was separated.

## **(2) Projection of the Total Number of Drug Abusers**

After having obtained the 2013 estimated prevalence rate of drug abusers, it is projected till 2020. There are 3 scenarios of projection, i.e. increase, stable and decrease. For the projection the following method is used:

- (a) Establish the prevalence of increase for each of the surveys according to the scenario and gender in 2020, by considering the pattern of data from results of regression, then make an agreement with the related parties in a workshop.
  - (b) Calculate the projection of prevalence rate per year using the sum of digits years approach from 2014 to 2020.
  - (c) Multiply the prevalence rate of each survey with the population rate and population weight of each survey.
  - (d) Distribute to each province according to the group in the survey and total its results.
- d) Procedure and Component of Estimated Economic Cost of Drug Abuse**

The estimated loss of economic cost is obtained by multiplying the estimated total number of drug abusers (above procedure) with the unit cost of each consequence of drug abuse. The range of each consequence and unit cost are derived from the survey on drug abuse conducted in the 17 provinces.

***First, the method of calculation of the unit cost for each component of the economic and social cost.***

*The cost of drug consumption* is the average value of the total drug consumption per person in one year, then transferred into cash considering the market price of each type of drug. The consumption cost for the types of drugs is specified for each drug, such as cannabis, shabu, ecstasy, etc., by calculating the average cost of drug consumption a person in one year, then multiplied with the market price according to each type of drug.

*The cost of treatment, rehabilitation and detoxification* is the value spent for treatment of detoxification and rehabilitation services in one year. This cost is calculated from the respondent's acknowledgement on the overall cost spent for the treatment in the past year.

*The cost of medication and treatment for sickness/disease* is the overall cost spent by the respondent, for outpatients as well as inpatients for the medication of drug-related diseases in the past year. The cost is obtained from the respondent's acknowledgement on the overall cost spent for medication and treatment. If the respondent is unknown of the amount, the cost is replaced with the average cost of the study among drug abusers who suffer from a drug-related disease.

*Cost of Overdose* is the cost spent for an overdose as an effect of excessive drug consumption. This cost is calculated from the respondent's acknowledgement for the cost spent for emergency treatment during an overdose, cost of medication in a hospital/clinic, transportation, etc., in the past year.

*Cost of Criminality* is a loss as a consequence of a criminal act by the respondent. Included in the cost are acts of stealing, pickpocketing, or selling family or other people's property. The cost of criminality is only calculated in the past year on the basis of the respondent's admission of the property sale, or the value of the stolen money.

*Cost of Imprisonment.* The overall cost spent by the respondent or family at the time of imprisonment. The cost includes anything spent during the process of arrest, trial, or the period in prison. The cost is based on the respondent's admission for the cost spent in the past year.

*Cost of lost productivity time* (O.D., illness, imprisonment, etc), anything which is in principle the same. It is the period of lost time as an effect of waiting on or accompanying the respondent during treatment, including meals and transportation. The method of calculation is the period of lost days multiplied with the minimum regional wage (UMR) added with consumption cost and transportation.

Cost of *premature death*, is the estimated cost as a cause of premature death. It is calculated by finding the ratio of estimated mortality rate among the fellow drug abusers. The estimated age of the deceased is distributed according to the age group (from 5 to the maximum of 55 years, considered as the age of retirement). The remaining period of life is calculated with the age of retirement (56) minus the death age and multiplied with the minimum regional wage (UMR). To get the total mortality rate, the ratio is multiplied with the total rate of PWID/IDU.

*Second, the total number of drug abusers multiplied with unit cost and prevalence rate of each consequence.* After getting the unit cost from the survey, then multiply this and the prevalence rate from each consequence with the total number of drug abusers.

**e) Implementation of the study**

Data collection covers 1.5 months period, from June-July 2011. This activity is simultaneously done in 17 provinces. Each province is managed by a field coordinator from Jakarta, and assisted by 2 local partners, one from a university and another from Province National Narcotic Board. As the respondents of the survey are closed and covert drug abusers, also involved are some NGOs in the area of *harm reduction* and drug abuse in each of the districts.

Before field coordinators take their task in the province they get a 3-days training in Jakarta. Afterwards each field coordinator has to repeat the training for 6 interviewers and 2 local partners for 3 days in the study location. Interviewers involved in the study have been through a process of selection. They must have the minimum a diploma, are experienced in interviewing people, have access to groups of drug abusers, and able to cooperate in teamwork.

It is up to the field coordinators to apply their own strategy for data collection as each district has its own characteristics. Some field coordinators use the approach of one interviewer at each wave, others distribute the interviewers to each of the areas; or some others enter the wave together. All strategies are adjusted to the conditions and situation in the field.

Interviewers have to be prepared to work 24 hours on call to adjust with the time of respondents' preparedness. Key informants play a critical role in determining the wave (first respondent) to be selected. Preferably, the first respondent should have close connections with fellow drug abusers, as it is most important in reaching the next respondent. Each respondent is only allowed to nominate not more than 2 next respondents.

**f) Data Analysis**

Epi Info software program issued by CDC-WHO is used for entering data from survey outcomes, while SPSS ver 13 software data and Microsoft Excel for data processing. Data from the qualitative study is processed and analyzed by using software In Vivo version 7.0



There are 3 main variables as the basis of the study analysis, namely age group, gender and category of drug abuser (experimental, regular, IDU and Non-IDU). To check its consistency, data from the survey is analyzed by distribution of frequency. Then, cross tabulation of the three variables with each consequence of drug abuse. The purpose of cross tabulation is to seek the unit cost and percentage of each consequence.

## 2) Estimation and Projection of the Total Number of Drug Abusers

### a) Estimated Total of Drug Abusers

The total number of drug abusers is estimated at 3.8 million to 4.1 million past year use drug abusers (current user), in the age group of 10-59 years in 2014. In other words, there is approx. 1 from 44 to 48 individuals between 10- 59 years who have ever or still use drugs in 2014. It is important to know that according to international terminology there are 2 categories of drug abusers, *ever used* and past year use or *current user*. This calculation **does not count** the category of *ever used*. Ever used is the definition for those individuals who have only once used drugs in their lifetime.

**Table 122. Projection of Total Number of Past Year Drug Abusers, 2014-2020 (in thousands)**

NO.	GENDER	SCENARIO	YEAR						
			2014	2015	2016	2017	2018	2019	2020
1	2	3	4	5	6	7	8	9	10
1.	Male	Increase	3,088.7	3,224.0	3,348.7	3,461.4	3,561.5	3,648.3	3,722.8
		Stable	2,997.5	3,051.5	3,105.5	3,159.0	3,211.9	3,264.4	3,318.0
		Decrease	2,884.6	2,837.6	2,803.8	2,783.4	2,777.4	2,786.9	2,814.0
2.	Female	Increase	1,058.4	1,109.6	1,157.1	1,200.5	1,239.1	1,272.9	1,302.1
		Stable	1,025.2	1,046.6	1,068.1	1,089.5	1,110.4	1,131.3	1,152.5
		Decrease	986.0	972.2	963.0	958.4	958.6	964.2	975.8
3.	Total	Increase	4,147.1	4,333.5	4,505.9	4,661.9	4,800.6	4,921.2	5,024.9
		Stable	4,022.7	4,098.0	4,173.6	4,248.4	4,322.3	4,395.8	4,470.5
		Decrease	3,870.5	3,809.8	3,766.0	3,741.8	3,746.0	3,751.1	3,789.9

There are 3 scenarios for the projection, namely increase, stable and decrease. Increase means an increase in the total number of drug abusers, as the cause of a stronger pressure from drug suppliers and dealers. Decrease means a decrease in the total number of drug abusers caused by the stronger pressure of law enforcement and the community at large in the efforts of prevention and eradication of drug abuse, particularly from the aspect of socialization & education. Stable means a condition with relatively no increase in drug abuse from year to year, because both forces are evenly strong, law enforcement together with the community at large against drug suppliers/dealers.

If the scenario indicates *increase*, the total number of drug abusers increases from 4.0 million (2014) to 5.0 million (2020). While if the scenario is a *decrease*, the total number of drug abusers will decrease from 4.0 million to 3.7 million in 2020. If the scenario is *stable*, the estimation is that the total drug abusers becomes 4.4 million in 2020. Based on the absolute and prevalence rate there will be an increase in the total number of drug abusers in the stable scenario due to the increase of population and change of composition of 1% in the category of students (secondary & university), and workers, even an implication in the group of households.

If the Total number of drug abusers is divided with the total population between 10-59 years, then multiplied with 100%, the rate may be equal for inter province/country, or time. This is called prevalence rate. In 2014 the prevalence rate is estimated between 2.1% to 2.25%. Compared to the study in 2011, the prevalence rate indicates a relatively stable condition (2.2%), but indicates an increase if compared to the study in 2008 (1.9%). As such, the prevalence rate in 2014 indicates the same pattern with the global condition, i.e. relatively stable from 2011 to the present.

**Table 123. Projection of Past Year Drug Abuse Prevalence Rate , 2014 – 2020 (in percentage %)**

NO.	SCENARIO	YEAR						
		2014	2015	2016	2017	2018	2019	2020
1	2	3	4	5	6	7	8	9
1.	Increase	2.25	2.33	2.39	2.45	2.49	2.53	2.56
2.	Stable	2.18	2.20	2.21	2.23	2.24	2.26	2.27
3.	Decrease	2.10	2.04	2.00	1.96	1.94	1.93	1.93

*Details of the total number of drug abusers by province is shown in the attachment.*

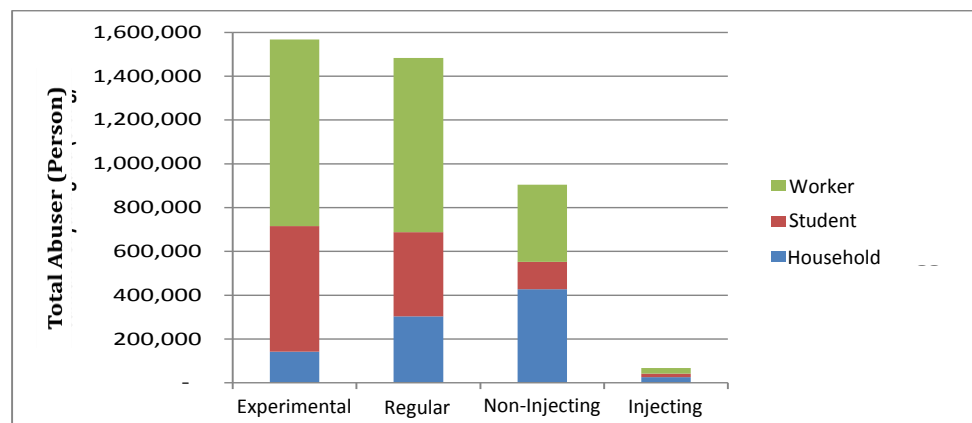
**Some notes worth knowing.** Why does it look as if the total number of drug abusers is relatively stable? If we look at the estimated total of drug abusers in 2008 and 2011 and compare with 2014, one should pay attention to some issues. The calculation formula for the total number of drug abusers is by multiplying the prevalence rate with the total population. In this case we refer to the statistics published by Central Statistics Agency (BPS). The total population in 2008 and 2011 refer to the population census in 2000. While the total population in 2014 refers to the latest data source of BPS, i.e. the population census in 2010. The total population in 2014 indicates less than in 2011. (see the table hereunder). This implicates the calculation of the total of drug abusers nationally as well as in the province.

**Table 124. Total Population (10-59 years) Based on Results of 2 Censuses**

	CENSUS IN 2000		CENSUS IN 2010
	2008	2011	2014
1	2	3	4
Indonesia	169,251,600	191,686,756	184,175,500

**b) Categorizing Drug Abusers**

Until today experts have not come to an agreement in defining the classification of drug abusers to determine the limits of regular user, recreational user and addict (see bibliography). Some take the approach of medical, psychological, frequency of drug use, or a combination of all. In this study we classify drug abusers in the survey in 4 categories (experimental, regular, non-injecting addict and injecting addict), according to the frequency or method of use (only by injecting) in each target group.

**Diagram 1. Estimated Number of Drug Abusers Based on Level of Dependency, 2014**

The majority of drug abusers belong to the category of experimental user, especially among workers. The extreme work pressure, economic & social conditions, environmental pressure from fellow workers are factors leading to drug abuse among workers. Most of the workers are still at the level of experimental user and regular user, particularly for shabu. (methamphetamines). They take shabu when the work pressure is high, for extra stamina. One of the reasons mentioned in an in-depth interview is that workers take shabu for doping to be able to work harder and not become easily tired. The problem is that workers do not know that the shabu they consume is a drug. They even cannot believe that the drug develops dependency, because they can control the intake. This misconception of shabu is widely spread among the workers.

Injecting Drug Users tend to decrease in 2008 till today. In 2008 the total number of drug abusers is 263 thousand, but indicating a steady decline to 70 thousand (2011), down again to 67 thousand in 2014. However, new drug-injecting abusers emerge in the field. They do not inject heroin but other types of drugs such as subuxon, shabu, etc. If no actions are taken there will certainly be an increase in the total injecting drug abusers, and leading to the increase in HIV/AIDS cases.

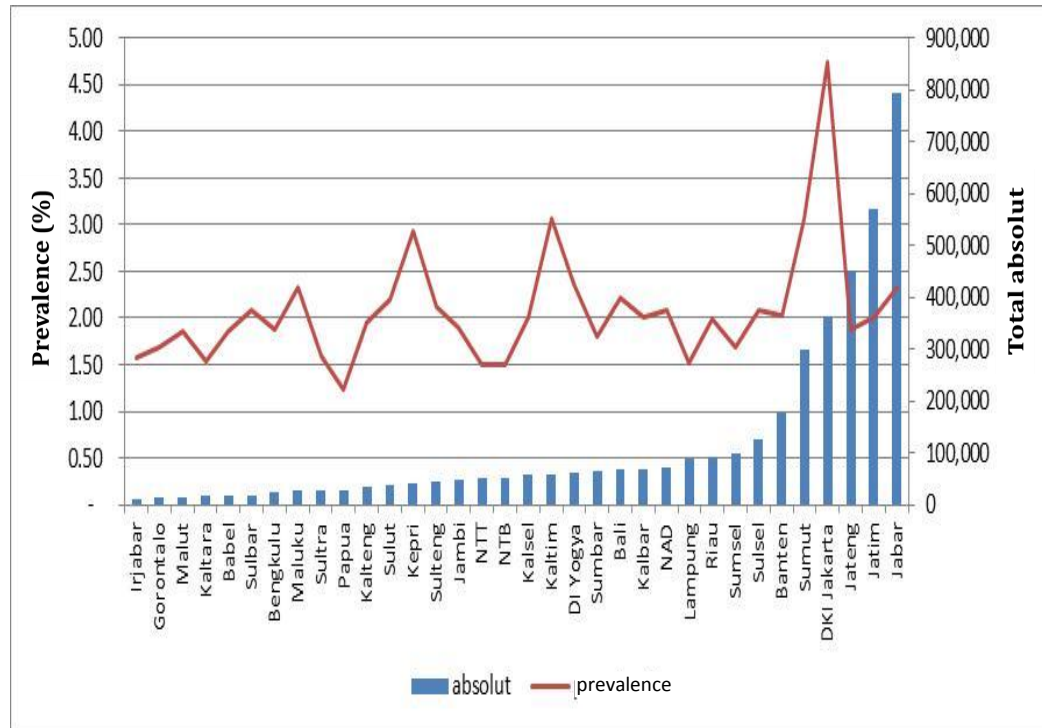
**c) Estimated Total Number of Drug Abusers by Province.**

After getting the national estimated total of drug abusers, the next steps is to divide by province, and project this till 2020. The selection of prevalence rate at each province refers to the prevalence rates in all provinces of the three surveys, i.e. students (secondary/university), workers and households. For the province where no survey was conducted, the survey on students is used as it has the most complete data, save North Kalimantan, a new province as part of the former East Kalimantan.

All provinces in Java have an absolute largest number of drug abusers than provinces out of Java, excluding North Sumatera. This is due to the greater population in Java. However, this is not the case when standardized with the prevalence rate. The prevalence rate is calculated by dividing the absolute number of drug abusers with the total population in each province. The diagram shows DKI Jakarta province has the highest prevalence rate (4.73%), followed by East Kalimantan (3.97%), and Riau Islands (2.94%). To note, East Kalimantan has become two provinces, namely East Kalimantan and North Kalimantan.

According the absolute rate, the province with the lowest rate is West Irian, and with the lowest prevalence rate Papua (1.23%). What is worth paying attention to in Papua is the total number and prevalence rate of drug abuse, that is sharply increasing as the circulation of cannabis entering through the borders of New Guinea is increasingly growing. Moreover, the price of cannabis is much cheaper than shabu.

**Diagram 2. Estimation of Absolute Rate and Prevalence of Drug Abuse By Province, 2014**



#### d) Esstimation of Drugs in Circulation

The basic data for calculating the total of drugs is the outcomes of the survey on drugs for each group, namely secondary/university students, workers and household. The method of calculation is the percentage of drug consumption for each type of drug, and gender in each survey multiplied by estimation of the total rate of drug abuse. The outcomes is shown in the table hereunder.

The most frequently drug of abuse is according to order cannabis, shabu and ecstasy. These drugs are popular among students, workers and households. There is some difference in the pattern of consumption in each of the groups, except for cannabis and shabu. Drug consumption among students tend to stay at the level of learning, aside from financial limitation. Hence, the koplo pill is also frequently abused after shabu. Meanwhile, among workers, as the purpose of most workers is to strengthen stamina and from wearing out, the second choice after shabu is ectasy. Among households some of the drugs consumed are not found during the survey.

**Table 125. Estimation of Total Drug Abusers Based on Drug Consumption and Survey Group, 2014**

NO.	TYPE OF DRUG	STUDENTS			WORKERS			HOUSEHOLD		
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
1	2	3	4	5	6	7	8	9	10	11
1.	Cannabis	504,952	60,646	565,598	793,441	172,561	966,002	423,985	36,053	460,039
2.	Hashish	34,025	12,862	46,887	40,353	3,691	44,044	31,958	837	32,796
3.	Heroin/Putau	22,502	7,336	29,838	20,460	12,322	32,782	31,463	1,895	33,358
4.	Ecstasy	74,286	34,418	108,704	221,613	80,830	302,444	122,896	17,718	140,614
5.	Shabu	114,301	37,247	151,548	314,792	104,656	419,448	170,318	19,481	189,799
6.	Nipam	28,894	21,436	50,330	87,141	50,009	137,150	-	-	-
7.	Koplo Pill	88,674	29,475	118,149	84,068	13,842	97,910	-	-	-
8.	Rohypnol	26,901	19,650	46,551	40,353	11,996	52,349	-	-	-
9.	Valium	25,190	14,250	39,440	55,485	32,298	87,782	31,869	2,204	34,072
10.	Xanax	41,846	25,902	67,748	58,847	34,143	92,991	-	-	-
11.	Cocaine	18,606	11,384	29,991	23,533	15,875	39,408	4,056	208	4,264
12.	LSD	19,548	10,539	30,087	22,797	22,364	45,161	8,151	419	8,570

### 3) Characteristics of a Drug Abuser, 2014

This part illustrates the characteristics of drug abuser respondents in the survey by applying the RDS method in 2014. The survey data is used as reference of data input for the proportion of each consequence unit cost of drug abuse. This assumption is used in order to know the economic and social loss of drug abuse. By sorting out according to the drug abuser category, we will only find 3 from 4 categories with the RDS method, namely regular user, injecting and non-injecting drug addict. For the regular user we apply the *purposive sampling*. Characteristics of a drug abuser derives from the RDS method.

Most of the drug abuser respondents are male (91%), the pattern of dissemination is relatively the same in all survey areas. The proportion of males is greater (95%) in DI Yogyakarta, Maluku, North Sumatera, South Sumatera, NTB, S.E. Sulawesi and Papua. In North Sulawesi and Riau Islands the proportion of women is greater (15%). Among women respondents 6% of the injecting-drug users are pregnant (9%).

The span of age from 11 to 66 years has an average age of 26-27 years, while among regular and non-injecting drug users relatively the same, 26 years. Among injecting-drug users somewhat older, 32 years. Two-third of respondents in West Kalimantan, Maluku, DI Yogyakarta, East Java, Bali and NTB 70% have passed the secondary education level/Islamic school. Even in West Java, NTB, S.E. Sulawesi and Papua 15% of respondents have passed Academy/University, while the highest rate is in Lampung 25%.

More than two-third are not married in the majority of provinces, the highest rate in DI Yogyakarta (85%). In Bali the proportion is somewhat different. The status of married and not married is evenly spread. Among the group of drug injecting the proportion is married (40%), divorced (10%), and the remaining not married.

**Table 126. Characteristics of Drug Abuser in the Classification of Drug Abusers**

NO.	GENDER/ EDUCATION/ MARITAL STATUS	REGULAR	NON IN JECTING	INJECTING	TOTAL
1	2	3	4	5	6
1.	Gender				
	a. Male	88.0%	90.7%	94.7%	91.3%
	b. Female	0.12%	5.70%	5.3%	8.7%
2.	Eduacation				
	a. No schooling, elementary, Junior High	27.9%	31.8%	22.1%	28,.7%
	b. Senior High/Islamic school, or same level	58.8%	58.3%	67.4%	60.7%
	c. University	13.3%	99%	10.5%	10.6%
3.	Marital Status				
	a. Single	71.4%	70.5%	44.0%	63.8%
	b. Married	23.5%	23.6%	41.9%	28.3%
	c. Divorced	3.7%	1.6%	12.2%	6.6%

Half the number of respondents live with the family/parents and 11% live in their own house. The percentage of respondents living in rented rooms/houses/boarding is variable in every province. The highest percentage is seen in Riau Islands (52%) followed in order by DIY (44%), East Kalimantan (43%), Bali (39%) and Papua (36%). In most of the provinces respondents live with the family/parents (husband/wife, children or brother, sister, grand father/grand mother or another member of the extended family). Only 10% live alone.

The majority of respondents main occupation is employed in the private sector and students. 20% of respondents are unemployed and spread out in each province with a variety between 9% and 36%, in particular in Papua (36%), North Sumatera (31%), and East Kalimantan (29%). Students are among the regular and non-injecting (@ 20%). The majority of injecting drug users are workers in the private sector. (24%). Approx. one-third of respondents pay the living needs of other people. In Bali, S.E.Sulawesi and South Sulawesi almost half of the number of respondents state paying for other people's living needs. Meanwhile, one-third of regular drug users and non-injecting users pay for the living needs of others, while almost half among injecting drug users (48%).

There is a large range of respondent's main income, between 50 thousand to 30 million (Rupiah) per month, with an average of 2.5 million/month. The average income among the regular drug abusers is lower than among the non-injecting and injecting. Two-third of respondents admit having an side income. Most of the income source is from parents (41%), and extra work (32%).

One-third of respondents admit they have savings and accounts receivable, except DIY (14%). Almost one-third have a debt, except Maluku (7%), North Sulawesi (14%) and Papua (9%). 5% own a credit card, in West Java (11%), Lampung (11%), East Java and S.E. Sulawesi both (@ 9%). The percentage of possessing a credit card is almost twice (7%) among injecting than non-injecting and regular drug users.

#### **4) Drug Abuser Behaviour.**

##### **a) History of Drug consumption.**

This part illustrates the result of each consequence of drug abuse that is known from the survey outcome on drug abusers in 2014. The following are the details:

##### **(1) *The First Drug Abused.***

The first drug of abuse varies in each province. Cannabis (gele, cimeng, marijuana, getok) is the most frequently mentioned as the first drug of abuse in all provinces (63%), especially in Papua (92%), NTB (84%), Maluku (82%), and West Kalimantan (79%). Besides cannabis, the second most frequently used for the first time are the following: shabu, (yaba, SS, tastus, ubas) and ecstasy. Shabu is mostly found in East Kalimantan (48%), South Sumatera (19%), and North Sumatera (13%). Ecstasy as the most frequently used in Riau Islands (22%), South Sumatera (11%), Lampung (10%), and Bali (9%).

Worthy to note, each province has a different pattern for the first drug of abuse. For example, a certain type of drug is consumed as the first drug in province A, but not in province B, and vice versa. This indicates that a certain type of drug is popular as the first drug of abuse. Controlled medicines or prescription drugs are not the first choice of drug, but as the next drug. For example, nipam is mostly consumed in South Sulawesi (18%), while Koplo pill in East Java (21%) and Yogya (14%). Xanax is found in ample amount in Yogya (19%) and dextro in North (16%) and S.E. Sulawesi (10%).



**(2) Ever Used Type of Drug.**

More than half of respondents (55%) admit they have ever used more than one drug (*polydrug*). Relatively there is not much difference between male drug abusers (58%) and female (53%). Injecting drug abusers tend to practice polydrug use. Six types of drugs of choice are: Cannabis (85%), Nipam (64%), Shabu (38%), Heroin (25%), Dumolid (23%) and Valium (17%).

**(3) Past Year Drug Use (Current Users).**

Past year drug use indicates the type of drugs in circulation today. The popular drugs are Cannabis, Nipam (49%), Shabu (18%), Heroin (13%), Amphetamines (7%). The percentage of other drugs is less than 5%. Papua shows the highest percentage for Cannabis (99%), followed by Maluku (97%), NTB (84%), and South Sulawesi (82%). Since the easy access to cannabis from Papua New Guinea, not from Aceh, Papua and Maluku are the most popular provinces of cannabis abuse. Nipam is ample found in East Kalimantan (92%) and South Sumatera (91%). The highest in percentage for heroin are DKI Jakarta (50%), West Java (45%) and West Kalimantan (18%).

**(4) Most Frequent Spots for Drug Abuse.**

The majority of respondents admit the most frequent place for drug use is a friend's house (63%), respondent's house (41%), and boarding (32%). This indicates that the house is the main choice, either in their own or friend's house. Hence, even though a child stays at home the whole time, there is no guarantee that the child is not a drug abuser. Other popular places for drug use are an unoccupied house/building/shop house (15%), discotheque/karaoke/pub (18%).

**b) Injecting Drug Use**

Injecting drug use is an important issue as it is the gate for transmission of various diseases like hepatitis and HIV/AIDS. Some years ago the largest transmission of HIV/AIDS cases is by injecting drug users.

**(1) First Age & Last Time of Injecting Drug Use**

The average age for injecting drug use is 19-20 years. The youngest age is 10 years. The average time of the last injection is 1 to 5 days before the survey.

Respondents admit they regularly used the needle from 10 to 12 months ago, or one year before. Hence, most of the respondents are in the category of new injecting drug users. This is indicated by the span of period from 1 month to the longest 48 months, or 4 years.

**(2) Needle Sharing.**

The gate for transmission of diseases among injecting drug abusers is needle sharing. Hence, the reduction of needle sharing is the key intervention program in dealing with HIV/AIDS by distribution of free needles. Respondents admit they spend 30 to 120 needles a month. They do not have any problem to access needles. They get the needles free from NGOs. However, some of the respondents admit buying a few needles. In the field the practice of needle sharing still continues even though with the LASS program. Most respondents share the needle with 2-3 persons. They mostly practise at home (64%), or in unoccupied houses/buildings/shop houses (23%).

**c) Drugs and Sex.**

**(1) Sexual Behaviour and Use of Condom**

The majority of respondents (83%) admit having sexual activities. The average age of the first sexual intercourse is 18 years, the youngest at age 8 and the oldest 42 years. Approx. two-third of respondents had sexual intercourse in the past month. The partner in the past month is girl/boy friend (49%), husband/wife (41%), close friend/friend (26%), sex worker (12%). Some do with a drug dealer (0.3%). This is an indication of a sex barter with drugs. Another interesting issue is sexual intercourse with a homosexual partner. This is frequently done among regular drug abusers (8%), non-injecting ((2%), and injecting drug users (0.4%).

The last sexual partner is girl/boy friend (48%), husband/wife (31%), close friend/friend (10%), sex worker (8%), and homosexual (0.8%). Among regular and non-injecting abusers sexual intercourse is mostly with boy/girl friend, while among drug injecting with husband/wife. This is related with the marital status, and of a higher percentage among those married with a drug injecting spouse.

Only one-third of respondents admit using the condom during the last intercourse, except Riau Islands, Lampung and East Java (up to @ 40%). The percentage of condom use among injecting drug users is higher (33%) compared to non-injecting (26%) and regular drug abusers (28%).

**(2) *Paid/Paying Sex.***

This part depicts the covert commercial sex activity with the purpose to get drugs. 10% of respondents admit having paid for the past sexual activity. The percentage is higher among injecting drug users than other groups. Meanwhile, 3%-4% admit being paid for the last sexual intercourse. This is the actual group that practise prostitution. However, some do sex on purpose to get drugs. 10% among injecting drug users admit this activity. This practice is much found in West Kalimantan (16), North Sumatera (15%), Lampung (18%), and DKI Jakarta (18%).

**(3) *Drug Dealer/Courier.***

Drug dealing is a lucrative business for anyone, as it brings in great profit. One-fourth of respondents (24%) admit selling drugs, particularly among the injecting drug users. This is found in South Sulawesi (49%) and West Java (38%). Among this group 40% are still active in the past year, mainly for cannabis (46%), shabu (41%), and putaw (10%). Besides, some respondents admit acting as a courier (8%), mainly in S.E. Sulawesi (18%), NTB (17%), and Papua (15%). The most frequent drugs transported are cannabis (56%), and shabu (54%), heroin/putaw (23%), xanax (10%). To extend illicit drug trafficking half the number of respondents (53%) admit having offered the drug to other people, mainly in West Kalimantan (86%).

**d) *Level of Openess Pertaining to Drugs in the Family.***

Approx. 48% of respondents admit one of the family members knows about the status of drug abuse, e.g. in North Sumatera (54%), DKI Jakarta (64%), West Java (60%), East Java (51%), Bali (64%), South Sulawesi (70%). But some respondents do not want their drug status known by others, e.g. (Riau Islands (15%), Maluku (21%), and Papua (18%). 81% among members of the drug abuser families know the drug status compared to among regular (29%) and non-injecting drug abusers (38%).

Almost one-fourth of respondents' family members (23%) also consume drugs. Even in some provinces the rate is much higher, e.g. South Sulawesi (45%) and DKI Jakarta (39%). Among injecting drug users more family members take drugs (32%) than among regular (13%) and non-injecting (20%). The majority of drug taking family members are the respondent's younger/older brothers/sisters (52%) and relatives (48%). In East Java many fathers of respondents also take drugs (25%), also in DKI Jakarta (17%). Approx. 10% of husband/wife are drug users in North Sulawesi (20%), North Sumatera (18%) and East Java (17%).

#### **4) Consequence of Drug Abuse**

This part analyses the consequence of drug abuse, as is indicated in the survey data of drug abusers. This assumption is used for disaggregating when calculating the economy and social cost from drug abuse.

##### **a) Symptoms or Diseases among Drug Abusers**

Drug abusers have great risk of being exposed to many diseases. The survey indicates that there are five complains the respondents suffer, i.e. no appetite (37%), short-winded (31%), excessive nausea (26%), prolonged fatigue (26%), and pain in the stomach (20%). In general, the percentage of exposure to symptoms or diseases among injection drug users are 2-3 times higher. Many respondents who report this condition are found in West Kalimantan, Riau Islands, South Sumatera, Lampung, DKI Jakarta, West Java, DI Yogyakarta, East Java, Bali, North Sulawesi and S.E. Sulawesi.

##### **b) Pattern of Access to Medication**

Almost half the number of respondents (46%) suffer from health complains leading to physical/mental disorders, mainly in Yogya (71%) and Papua (69%). Even 27% of respondents in the past year seek medication to overcome their complains, in particular injecting drug users (50%). The type of medication preferred is medical treatment (65%), in hospitals and public health clinics. Another method is self medication by purchasing over-the-counter drugs (41%), or go to traditional/religious healers (10%). The period of disturbed activity as a consequence of the complains is between 3-11 days. It takes longer among injection drug users (4-11 days). 45% of respondents receive outpatient treatment, and 7% inpatient treatment.

After visiting a hospital/clinic more than half of respondents (5%) eventually know their diseases, especially injecting drug users (69%). Respondents admit they mostly suffer from HIV/AIDS, (23%), lung disorders (18%), hepatitis C (15%), TBC (11%), and mental disorders/depression (9%). AIDS (50%) and Hep C (44%) are mostly reported by respondents in East Java. Approx. 30% respondents admit doing a test for HIV and 7% take ARV. HIV test and ARV mostly occur among injecting drug users. 77% of this group have been tested for HIV and one-fourth of the total respondents consume ARV at present.

**c) Overdose.**

12% of respondents have suffered from overdose (OD), particularly in Bali (29%), East Java (28%), West Java (25%), and DKI Jakarta (24%). Approx. 19% among those had OD in the past year. This occurrence of OD happened more among non-injecting users (45%) and regular drug users (27%). The first aid received during overdose was from a friend (49%) or seeking for medical help (37%). The average total of OD occurred twice (2X) in the past year and the time of OD attack approx. 2-10 months ago. 3 of the injecting drug users had OD in the past month, approx. 14 days before the survey.

**d) Rehabilitation.**

Less than half of the respondents (40%) are aware of the rehabilitation location in their town, e.g. Riau Islands (13%), Maluku (13%), and North Sulawesi (6%). The percentage of respondents having attended rehabilitation is very low (6%). Even only 2% of respondents attended rehabilitation in the past year, the majority of respondents from DKI Jakarta (32%), and Bali (28%). Among injecting drug users (20%) followed rehabilitation. The past time of rehabilitation is 4 to 6 months ago, with an average of 1 to 3 months rehabilitation period. The preferred rehabilitation facility in the past year is NGO (18%), hospital (11%), religious rehab facility (10%), and BNN (9%). Almost all rehab facilities were chosen by non-injecting and injecting drug users, while regular drug users prefer BNN rehab center or other facilities. Those who admit having been rehabilitated at BNN are respondents of West Kalimantan, North Sumatera, DKI Jakarta, East Java, South Sulawesi and S.E. Sulawesi.

Approx. 10% of respondents have stated their wish to attend rehabilitation some time soon (1 – 12 months ahead). A stronger intention is seen among injecting drug users (15%). The reason for this is to be free from drugs (become healthy) (58%), self-awareness (54%), and 40% being tired of taking drugs. 40% among respondents still hesitate to follow rehab and 10% have not thought of leaving drugs, and 45% have no intention at all cutting off from drugs. Looking at their replies, priority should be focused on those who wish to have rehabilitation, and persuade who are still in doubt. Better leave those who have no intention as it will only be a waste of energy and time. Respondents who do not have the intention of leaving drugs are found in South Sulawesi (64%), DKI Jakarta (64%), S.E. Sulawesi (60%), West Java (59%), NTB (58%), and Yogya (57%). The reasons are variable, for example, able to control/stop taking drugs (55%), parents are not aware (21%), are still working (18%), embarrassed if known by friends/family ((19%), not able to leave drugs (16%), no money (15%), hesitate the usefulness of rehabilitation (14%), unaware of the location of rehabilitation (13%), have a family (11%).

**e) Self Medication for Drug Abuse**

Medication may be in the form of abstain from drugs, buy herbal drugs (jamu) or traditional concoctions to overcome drug dependency (sakau). Approx. 2% have tried this method, in particular among injecting drug users (64%). Half of this group mentioned above (54%) have done in the past year. A greater part among regular (73%) and non-injecting (63%) drug users than injecting drug users (48%) have done self medication. The average of self medication is 5 times in the past year, among non injecting in particular. The last effort was 11 days ago, for a period of 5 – 7 days.

**f) History of Criminal Acts**

One-third of respondents (32%) admit they have taken money or valuable goods from the family or other persons. Most of the thefts were conducted by respondents in Bali (66%), Jakarta (58%), and East Java (55%). Approx. half of the respondents (48%) admit they did some stealing in the past year.

**g) History of Traffic Accidents.**

One-fifth of respondents admit they encountered a traffic accident as an impact of drug influence. They are mostly from West Java (42%), East Java (41%), DKI Jakarta (39%) and Lampung (34%). 34% of the above group had a traffic accident in the past year. The respondents had to spend money for each accident occurrence. Only 10% admit they were free from any expense from an accident. The cost of an accident covers self medication/treatment (63%), medication/treatment for accident victims (11%), own car repairs (49%), victim's car repairs (12%), police matters (2%), and indemnity for the victim (3%).

**h) History of Arrest by Law Enforcement.**

Almost one-fifth of respondents admit (18%) they were arrested for drugs. From this group 21% occurred in the past year. The arrest was made by the Police (99%). However, in some of the provinces arrest was made by BNN or 3% by Civil Police. Half of the group admit they had to spend some cost for matters related to the arrest.

**i) History of Imprisonment.**

13% of respondents have experienced some time in prison. One-fifth of those (21%) in the past year. Two-third of the respondents (68%) had to spend money for matters related to their imprisonment. The majority of respondents (81%) admit getting help from the family. During the time in prison the majority, save from respondents in Papua have ever consumed drugs in prison. They could access the drug from fellow prisoners (88%), from a friend (27%), prison staff (16%), drug dealer outside the prison (9%), and from a close friend/girl friend (2%). This indicate that there is an access to drugs in prison, and in circulation among the inmates.

**j) History of Disturbed Activities because of Drugs.**

Almost half of the respondents (47%) admit that their activities are hampered because of drug abuse. Even two-third (74%) admit that their activities are much of a mess in the past year. The main disturbance encountered is the work activity (60%), lectures (20%) and school (9%).

### ***Drug abuse and death rate among friends.***

The total number of drug abusers depicts the network of fellow drug abusers. This number is used to predict the drug-related death rate. The past year average death rate is 13 among fellow drug abusers, while among injecting drug users 20. Among regular drug abusers 8, and non-injecting 11. Approx. 20% died from drugs, with a average of 3 persons, Mostly among injecting drug users (4). Based on this, the estimation is that approx. 12.044 drug abusers face the death from drugs. The decrease in the death rate compared to the years before is due to the sharp decrease in the group of injecting drug users. Most of drug abusers die from overdose.

## **5) Unit cost as a Consequence of Drug Abuse.**

The unit cost of drug-related consequence is obtained from the survey among drug abusers. This data is used as an input in calculating the economic and social cost.

### **a) Annual Drug-Related Consequence Per Person**

Each drug-related consequence has a certain cost. We try to explore the spending cost from the perspective of the drug abuser, i.e. the past year annual cost per person. First, the impact to the respondent's health condition. There are 2 possibilities, being healthy or sick. In a sick condition, where does the respondent go for treatment/medication, outpatient or inpatient treatment. Then explore what disease the respondent suffers by focusing on 4 types of diseases: HIV/AIDS, lung tuberculosis, hepatitis, and candidiasis. During the medication, who accompanies the respondent, and how much is the cost spent during medication. The median cost of outpatient medication is estimated at Rupiah 140 thousand to Rupiah 218 thousand a person/year for male respondents, and Rupiah 100 thousand to Rupiah 811 thousand for female respondents/year. However, from the individual viewpoint, there is a wide variation of cost between Rupiah 3,000 to Rupiah 19.8 million a person. On the other hand, inpatient medication is far more expensive. The median cost is between Rupiah 2.1 million to Rupiah 4.8 million for males, and Rupiah 1.2 million to Rupiah 4.8 million per person per year for female drug abusers.



**Table 127. Median Value of Unit Cost from Each Drug-Related Consequence (in Rupiah)**

NO.	INPATIENT/OUTPATIENT	MALE	FEMALE
1	2	3	4
1.	OP-HIV AIDS	218,000	811,000
2.	OP-LUNG TB	145,000	125,000
3.	OP-Hepatitis	140,000	100,000
4.	OP-Candidiasis	150,000	717,500
5.	IP-HIV AIDS	4,800,000	4,800,000
6.	IP-TB Paru	4,850,000	6,000,000
7.	IP-Hepatitis	3,400,000	1,200,000
8.	IP-Candidiasis	2,100,000	2,100,000
9.	Outpatient Cost	171,890	263,438
10.	Inpatient Cost	181,858	257,512
11.	Overdose	165,000	50,000
12.	Cost of Overdose	258,913	737,500
13.	Rehabilitation	1,000,000	500,000
14.	Cost of Rehabilitation	91,549	61,033
15.	Self Medication	300,000	765,000
16.	Criminal	1,200,000	700,000
17.	Accident	575,000	600,000
18.	Cost of Accident	308,400	906,812
19.	Encounter with Law Enforcement	6,500,000	10,000,000
20.	Cost of Law Enforcement Matters	168,799	253.344
21.	Prison	10,000,000	7,000,000
22.	Cost of Prison	10,675,800	3,672,472
23.	Disturbed Activity	172,500	205,888

**Note:** OP = outpatient IP=Inpatient

Second, cost of overdose. Not all overdose incidences are referred to a hospital, if it can be handled by friends, by making the patient drink milk, or inject salt water into the body or make the patient stay awake by slapping the patient's face. Hence, the spending cost will be less (even no cost) than hospitalization. The median cost of overdose is between Rupiah 50 thousand to Rupiah 165 thousand/person a year. However, there is a wide range of cost per person from Rupiah 5,000 to Rupiah 7 million a year.

Third, the median rehabilitation cost is between Rupiah 500 thousand to Rupiah 1 million/person a year. The low cost is because most of the rehabilitation is free, especially the program provided by community-based institutions and the government. The abovementioned cost is usually for personal needs. The cost of private rehabilitation facilities is much greater, approx. Rupiah 20 million a year. Self-medication is done through a variety of efforts to stop the drug dependency, for example, abstain from drugs. The median cost spent is approx. from Rupiah 300 thousand to Rupiah 765 thousand/person a year.

Fourth, criminal actions. Drug abusers tend to perform criminal actions to get money for drugs. The median cost of crimes is from Rupiah 700 thousand to Rupiah 1.2 million/person per year. The maximum cost of criminal acts is Rupiah 150 million a year.

Fifth, accidents often occur after consumption of drugs. The approx. median cost is between Rupiah 575 thousand to Rupiah 600 thousand. The maximum cost ever spent is Rupiah 20 million per year.

Sixth, encounter with law enforcement. If caught redhanded by law enforcement the drug abuser has to pass through a long process till the verdict in court. Along the process there are many opportunities open for L.E. individuals to ask the drug abuser for some money to stop the case or reduce the period of punishment. The median cost is approx. Rupiah 6.5 million to Rupiah 10 million. The maximum cost as stated by the respondent is Rupiah 80 million/person.

Seventh, the prison is a potential place for making financial transactions by certain individuals. During imprisonment the respondent has to spend a median cost between Rupiah 7 million to Rupiah 10 million/person per year.

**b) Annual Cost of Drug Consumption per Person**

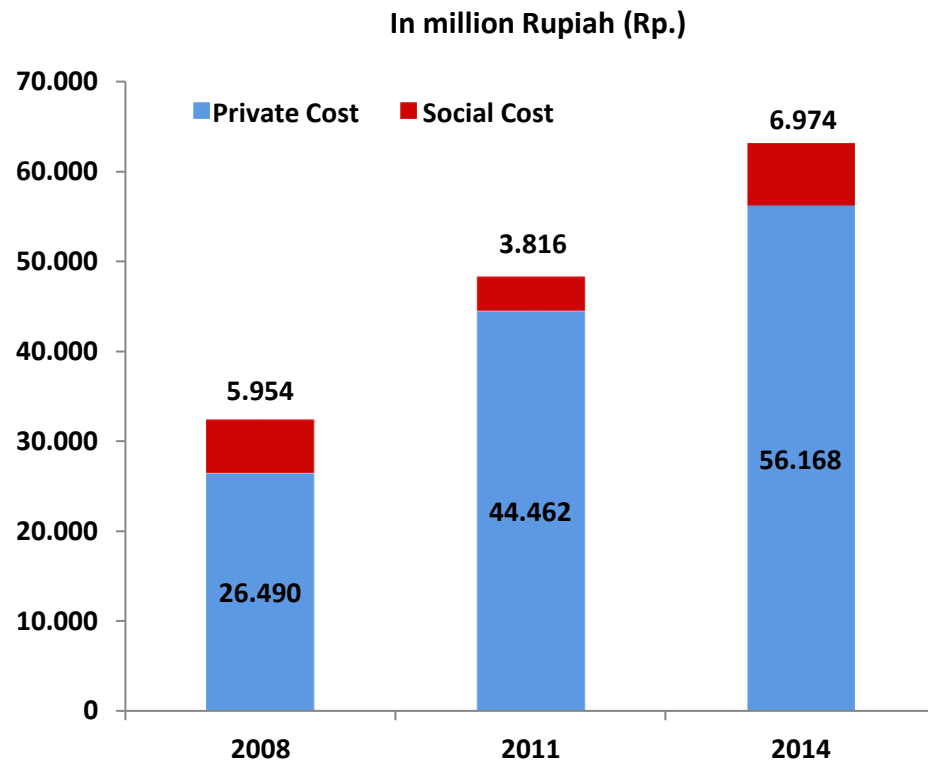
The annual median cost unit for drug consumption is estimated at Rupiah 10.8 million a person. This cost does not differ greatly between males and females. This unit cost of consumption increases two-fold compared to 2008. The higher level of dependency, the greater the median of unit cost. The median consumption cost among regular drug users is Rupiah 1 million/person a year, increases to Rupiah 11.2 million for non-injecting drug users, and Rupiah 34.8 for injecting drug abusers/person a year.

## 6) Annual Economic-Social Cost of Drug Abuse.

In the context of estimated loss the term is economic cost, that is the private and social cost of an individual. The individual cost is the cost a drug abuser has to spend, including consumption of drugs that does not give a direct impact to the community. This definition refers to the definition of Markandya and Pearce (1989).

Estimation of economic loss from drugs is aprox. Rupiah 63.1 trillion in 2014. This total is twice the amount in 2008, or an increase of 31% compared to 2011. In detail, Rupiah 56.1 trillion private loss, and Rupiah 6.9 trillion social cost. In the private cost most is spent for drug consumption (76%). While the social loss is mostly spent for premature death (78%).

**Diagram 3. Trend of Total Economic Loss from Drugs, 2008, 2011, and 2014**



### Private Cost.

The individual cost is the cost spent by the drug abuser, including consumption of drugs, medication and treatment, in case of overdose, detoxification and rehabilitation, self-medication to stop dependency, traffic accident, in matters of police arrest, during imprisonment, loss of productivity, and loss of work/school activity.

**Table 128. Total Economic and Social Loss from Drug Abuse 2014 (in Rupiah)**

NO.	COST COMPONENTS	2014	%
1	2	3	4
1.	Drug consumption	42,945,590	68.0
2.	Medication for sickness	10,239,695	16.2
3.	Overdose	12,932	0.0
4.	Detox dan Rehabilitation	157,483	0.2
5.	Self Medication	223,907	0.4
6.	Accidents	163,878	0.3
7.	Encounter with Law Enforcement	1,152,328	1.8
8.	Imprisonment	1,028,117	1.6
9.	Disturbed Activities	244,352	0.4
<b>Total Private Cost</b>		<b>56,168,283</b>	<b>89.0</b>
Productivity Loss			
1.	Sickness	90,847	0.1
2.	Overdose	39,754	0.1
3.	Detox dan Rehabilitation	10,310	0.0
4.	Accidents	57,457	0.1
5.	Law Enforcement	11,205	0.0
6.	Imprisonment	649,073	1.0
7.	Premature Death	5,437,093	8.6
8.	Criminal Actions	648,392	1.0
<b>Total Sosial Cost</b>		<b>6,944,130</b>	<b>11.0</b>
<b>Total Economic-Social Cost</b>		<b>63,112,413</b>	<b>100.0</b>

The total loss of private cost from drug abuse is approx. Rph 56.1 trillion in 2014. The largest contribution is for drug consumption, reaching to Rph 42.9 trillion. This increases sharply 2.4 fold from 2011. This increase is caused by the increase of the market price of drugs, particularly for putau, shabu, and other drugs. The price of putau is high because of the limited supply from the country of origin and low quality at street level. Another prominent cost is medication (Rph 10.2 trillion). Half of the cost (50%) is for inpatient medication for the treatment of lung TB.

**Social cost.** Social cost is the cost spent as a consequence of drug abuse that brings an indirect impact to the public. As this study applies the client's perspective approach, the largest part of cost is for activities performed by other people but related to the respondent, namely in measuring the level of productivity loss for the time and cost spent by other people in accompanying the respondent. The approach applied is the 2014 minimum regional wages (UMR) per province.

In detail, the social cost components consist of loss of productivity in waiting on the sick respondent, during overdose, during detox and rehabilitation, at an accident and matters with the Police, during imprisonment, at a premature death and criminal actions.

The social cost is estimated at approx. Rph 6.9 trillion (2014). It shows an increase of 14% from 2008. The largest cost contribution is from premature death (78%). Another is from the loss of productivity time in prison (9%) and criminal actions (9%).

**7) Projection of the Total Number of Drug Abusers and Economic Loss from Drug Abuse till the Year 2020.**

**a) Projection of Total Drug Abusers, 2014-2020.**

The calculation formula for the estimation of drug abusers is the prevalence rate in the survey multiplied by the total population in the age group of 10-59 years. The source of data for the prevalence is taken from 3 surveys on drug abuse, namely, survey on households (2005 and 2010), survey on workers (2009 & 2011), and survey on secondary and university students (2006, 2009 and 2011). The base of estimation is the survey in 2013, by taking the average prevalence in all surveys according to gender. While for the projection at the scenario of increase the assumption of prevalence rate among male respondents increases approx. 1.5% per year in the group of households and students, and an annual increase of 2% among workers. The assumption for females is not much different. At the decrease scenario the assumption is a decrease of 1% in a year among households and workers, while 2% among students. Related to population, there are 2 changing factors, i.e. the annual rapid population growth and change of population composition among formal workers and students of 1% per year.

The projection of total drug abusers is divided in 3 scenarios: increase, stable and decrease. At the increase scenario the total of drug abusers increases from 4.1 million (2014) to 5.0 million (2020). If the scenario indicates a decrease, the total drug abuse population will become 3.7 million (2020). The greatest contribution is among workers since they are financially able and the high work pressure make them turn to drugs to increase their stamina. Special attention should be paid to students of secondary and university levels as they are the nation's future leaders. In this group the level of curiosity and ego is very high, aside from the strong peer pressure, factors that provide a potential market for drugs.

The prevalence rate of drug abuse is obtained by standardizing with the population rate. The prevalence of drug abuse in 2014 is 2.1% to 2.3%. If projected, the rate will increase with the pressure. If drug dealers become increasingly intensive, it will increase to 2.6% or decrease to 1.9% in 2020 along with planned, intensive and continuous actions from all parties concerned.

**Table 129. Projected Total Number of Drug Abusers and Prevalence Rate According to Scenario and Population Group, 2014-2020 (In thousands)**

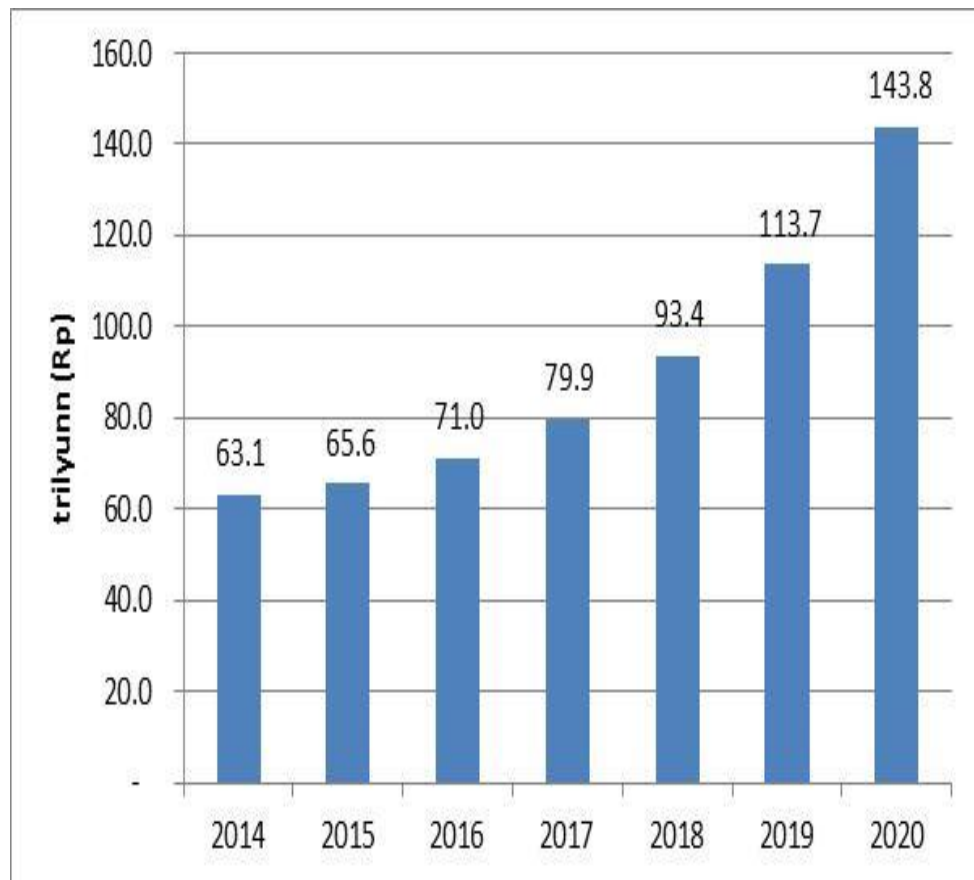
NO.	SURVEY TARGET	SCENARIO	YEAR						
			2014	2015	2016	2017	2018	2019	2020
1	2	3	4	5	6	7	8	9	10
1.	Household	Increase	923.6	951.0	974.8	994.7	1,010.5	1,022.4	1,030.6
		Stable	898.8	904.8	910.4	915.6	920.2	924.3	928.4
		Decrease	875.3	860.7	849.0	840.0	833.9	830.7	830.9
2.	Students	Increase	1,128.0	1,178.3	1,225.7	1,269.5	1,309.4	1,345.2	1,377.4
		Stable	1,099.1	1,123.6	1,148.2	1,172.7	1,197.1	1,221.6	1,246.5
		Decrease	1,041.4	1,014.0	993.2	979.2	972.7	974.2	984.7
3.	Workers	Increase	2,095.6	2,204.2	2,305.4	2,397.8	2,480.7	2,553.6	2,617.0
		Stable	2,024.7	2,069.7	2,115.0	2,160.2	2,205.0	2,249.9	2,295.6
		Decrease	1,953.9	1,953.2	1,924.7	1,922.5	1,929.4	1,946.1	1,074.2
4.	Total	Increase	4,147.1	4,333.5	4,505.9	4,661.9	4,800.6	4,921.2	5,024.9
		Stable	4,022.7	4,098.0	4,173.6	4,248.4	4,322.3	4,395.8	4,470.5
		Decrease	3,870.5	3,809.8	3,766.8	3,741.8	3,736.0	3,751.1	3,789.9
5.	Prevalence Rate	Increase	2.3	2.3	2.4	2.4	2.5	2.5	2.6
		Stable	2.2	2.2	2.2	2.2	2.2	2.3	2.3
		Decrease	2.1	2.0	2.0	2.0	1.9	1.9	1.9

**b) Projection of Economic and Social Loss of Drug Abuse 2014-2020**

The projection of the total economic and social loss of drug abuse is based on the calculation of social & economic loss in the survey of 2014 by applying the *future value* method. It is a method to match the present money value into the future with the assumed percentage of 4%/year. The calculation is by sorting according to gender. From the 3 scenarios we only take the stable scenario.

The projection is there will be an increase in economic & social loss as much as 2.3-fold or from Rph 63.1 trillion to Rph 143.8 trillion in 2020. The cost among males shall be much higher than among females.

**Diagram 4. Projection of Annual Prevalence Rate of Drug Abuse Based on Type and Classification of Drug Abuser, 2008-2013**



One thing worth paying attention to is the cost of drug consumption. The projection is that the cost will increase from Rph 42.9 trillion (2014) to Rph 07.8 trillion in 2020. This amount is much tempting for the business of drug dealers. Many parties are interested because of the immense profit, particularly drug suppliers/dealers will take the opportunity to penetrate the drug market. This lucrative business makes drug dealers never stop looking for opportunities. It is imperative that community involvement together with law enforcement suppress drug circulation.

## **8) Policy of Drug Prevention and Eradication.**

### **a) Regulation.**

Drug Legislation and policies in dealing with the abuse of narcotics and other addictive substances are very strong in place. Compared to other areas, it has complete legal basis. For example, Act No 35 of 2009 on Narcotics, and Act No 35 of 2009 on Health is the umbrella in dealing with drug abuse. At the executive level two regulations control drug abuse, Presidential Instruction No 12 of 2011 on the Implementation of Policies and National Strategies on the Prevention of Drug Abuse and Eradication of Illicit Trafficking (P4GN), and Government Regulation No 25 of 2011 on the Implementation of Compulsory Reporting of Drug Abusers. These two legislations are at the highest level of the government's strong support in dealing with drug abuse.

The Minister of Internal Affairs' Regulation No 21 of 2013 involves the local administration in matters against drugs. It regulates the role of the governor/regent/mayor, budgeting, control and reporting in facilitating P4GN. It also emphasizes the responsibility of the local administration in handling drug problems.

Facilitation means actions such as: issue local regulations; increase community participation; cooperation with community organizations, private sector, university; volunteers; individuals; and/or legal institutions and involve forum of religious community in harmony; forum of community early awareness and local intelligence community in drug prevention; program planning and prevention activities (Article 4). Facilitation in the prevention of drug abuse is done by performing the following activities: seminars; workshops; halaqoh; performances; art and culture festivals, outbond activities; speech contest; joy walk; song composition; community empowerment; community training; scientific essays; socialization, dissemination; technical guidance and assistance (Article 5). BNNP may further explore to enhance efforts in dealing with drug abuse by making use of the available sources in the local administration.



The latest policy is related to Compulsory reporting of drug abusers. The policy leads drug abusers to do self reporting for rehabilitation at the appointed facility or institution for self-reporting of drug abusers (IPWL). A positive response was received as everybody agrees that the prison does not solve the problem of drug dependency. Both general and special prisons have limitations related to accommodation and capacity in guiding the arrested drug abusers. All related ministries and institutions support the policy, although many problems remain to be solved between the related institutions on this matter.

Many policies and joint agreements have been signed to support the policy related to IPWL. A joint Regulation was issued in 2014 by the Chairman of the Supreme Court RI; Minister of Justice and Human Rights; Minister of Health RI; Minister of Social Affairs RI; Attorney General RI; Head of National Police RI; Head of BNN RI; consisting of respectively Regulation No: 01/PB/MA/III/2014; No:03/2014; No:11/2014; No: PER-005/A/JA/03/2014; No: PER-005/A/JA/03/2014; No: 1/2014 and PERBER/01/III/2014/BNN with the purpose to facilitate the implementation in the handling of drug abuse in Rehabilitain Institutions.

**b) IPWL.**

The institution for receiving self-reporting drug abusers (IPWL) is one of the programs in handling drug abuse that involve many related inter-sectors. Regulations and Decisions were issued at the level of ministries to support the IPWL program. However, only Ministry of Health and Ministry of Social Affairs have developed technical guidance for the implementation of IPWL. Other related parties, National Police, Attorney General Office, and Ministry of Justice and Human Rights, the institutions that are the most concerned in the handling of drug cases have not done so. They do not have technical guidelines, what articles to refer to in dealing with problems related to drug abusers. Hence, there are still differences in the perception and interpretation of law enforcement when dealing with drug abusers. No doubt, these technical guidelines for law enforcement are urgently needed for further socialization to all levels of law enforcement.

Certainty of actions but lack of understanding in the implementation of drug abuse cases may cause actions that inflict material and social loss to drug abusers at all stages of the service. The practice of authority abuse by the Police and district attorney still occur frequently in the prosecution of drug abusers, also the provision of IPWL card without procedural assessment, and misuse of IPWL card to avoid the arrest by officers.

Another problem that impede the IPWL policy is the limited referral facility for rehabilitation, budget, quantity and capacity of human resources. Until today there are only 90 rehabilitation facilities available. Most of these facilities are a part of a mental hospital, that may make someone reluctant to access as they may be associated or stigmatized with mental disorders or mental illness. The limited funds for rehabilitation is also another constraint Many drug abusers want to be rehabilitated, but are not financially capable. The government supports a budget for only 40-50 cases per year for one hospital. Aside from that the patient has to pay. The number of assessors and counselors neither meet the requirement. Some have not yet met the established standard for counselor. Hence, the difference of quality service among the rehabilitation facilities.

Aside from the abovementioned problems, the provider of rehabilitation services, drug abusers and the public have different perceptions on IPWL facilities. Some drug abusers are afraid that the given information may be misused and bring harm to them. They may become the target of exploitation and public stigmatization. The public does not understand about IPWL, they have questions on how much the cost is for rehabilitation, and how effective in helping the drug abuser to be free from drugs. So education and socialization of the program is highly necessary to develop the trust of the drug abuser and the public.

**Table 130. Legal Regulations on IPWL at the Related Ministries**

NO.	LEGAL REGULATIONS	ISSUE
1	2	3
1.	Minister of Social Affairs RI Regulation No: 56/HUK/2009	Services and Social Rehabilitation for Victims of the abuse of Narcotics, Psychotropic Substances and Other Addictive Substances
2.	Minister of Health Regulation No: 2415/Menkes/Per/XII/ 2011	Medical Rehabilitation for Addicts, and Victims of Drug Abuse (State Announcement Republic of Indonesia of the year 2011 Number 825)
3.	Supreme court Circulation No: 4/2010 Supreme court circulation No: 3/2011	Referral of Drug Abuse Victims to Medical and Social Rehabilitation Institutions
4.	Minister of Health RI Regulation No: 46 Tahun 2012	Technical Guidelines for Medical Rehabilitation of Addicts, Drug Abusers and Victims of Drug Abuse in the process of court proceedings or convicted by the court

1	2	3
5.	Minister of Health RI Decision No: 228/ Menkes/SK/VII/2012	Method of Compulsory Reporting of Narcotic Addicts
6.	Minister of Internal Affairs RI Regulation No: 21 Tahun 2013	Facilitating Prevention of Drug/Narcotics Abuse is the realization of synergy in dealing with drug problems
7.	Minister of Health RI Decision No: 293/MENKES/SK/ VIII/2013	Receiving Institution for Compulsory Reporting of Drug Addicts
8.	Minister of Social Affairs RI Decision No: 03/2013	Standards of Social Rehabilitation Institutions for Victims of Drug Abuse
9.	Attorney General RI Circulation No: SE-002/A/JA/02/2013 tanggal 15 February 2013	Referral of Drug Abuse Victims to Medical and Social Rehabilitation Institutions
10.	Minister of Social Affairs RI Decision No: 41/HUK/2014	Appointment of Social Rehabilitation Institutions for Drug Abuse Victims and Other Addictive Substances as the Receiving Institution for Compulsory Reporting, 2014
11.	Joint Regulation: Chairman of Supreme Court RI; Minister of Justice & Human Rights RI; Minister of Health RI; Minister of Social Affairs RI; Attorney General RI; Head of National Police RI; Head of National Narcotics Board RI No: No: 01/ PB/MA/III/2014; No: 03/ 2014; No: 11/2014; No: 03/2014; No : PER-005/A/JA/ 03/2014; No: 1/2014 and No: PERBER/01/ III/2014/BNN	Handling of Narcotic Addicts and Drug Abusers into Rehabilitation Institutions
12.	Minister of Internal Affairs RI Regulation No. 21 of 2013	Facilitation of drug abuse prevention is the synergic realization in dealing with the drug problem

## 9) Pattern of Law Enforcement Activities

The portrait of law enforcement activities is seen from the performance of law enforcement officers as reported from many secondary data resources and results of in-depth interviews with law enforcement.

### a) Disclosure of a drug case

Law enforcement activities are focused on supply reduction, at national and international levels. Disclosures and arrests of drug cases have been fluctuating in the past 5 years, but a sharp increase occurred from 2012 to 2013.

The number of narcotic suspects under process increased two-fold in 2013 compared to 2009, while suspects related to psychotropic substances crimes is decreasing every year. Most of the suspects have secondary education (54%), involve mainly males (90%), and Indonesian citizens. Only 127 cases involve foreign nationals.

**Table 131. Total Drug Cases and Suspects Based on Drug Classification 2009-2013**

NO.	DRUG CLASSIFICATION	2009		2010		2011		2012		2013	
		CASES	SUSPECTS	CASES	SUSPECTS	CASES	SUSPECTS	CASES	SUSPECTS	CASES	SUSPECTS
1	2	3	4	5	6	7	8	9	10	11	12
1.	Narcotics	11,135	15,081	17,834	23,900	19,045	25,154	18,977	25,122	21,119	28,543
2.	Psychotropic Subst.	8,779	11,687	1181	1502	1,601	1,997	1,729	2,062	1,612	1,868
3.	Other Addictive Subst.	10,964	11,635	7,599	8020	9,067	9,438	7,917	8,269	12,705	13,356
<b>TOTAL</b>		<b>30,878</b>	<b>38,403</b>	<b>26,614</b>	<b>33,422</b>	<b>29,713</b>	<b>36,589</b>	<b>28,623</b>	<b>35,453</b>	<b>35,436</b>	<b>43,767</b>

Source: National Police RI, March 2014, in 2014 BNN Journal of Data

The number of drug disclosures by BNN increases every year. In the past 4 years most of the cases revealed by Deputy of Eradication involve distribution (246), and production (136). Most interesting is the change in the cases. In 2012, 97 exposed cases were related to distribution, and only 1 case involving production. But in 2013 more disclosures of production (135), and (2) distribution. In 2012 (6) consumption and in 2013 (13) cultivation.

Interviews reveal that the number of cases disclosed and processed by the Police is not related mainly to the availability of drugs in a region. But it is also influenced by geographical factors, budget and human resources. Almost all informants at the Regional Police stated that the main constraint encountered is the limited/lack of budget and human resources. Hence, many of the Regional Police are only able to disclose cases according to the available budget, although they are very certain that in fact, there are more cases than what the Police could handle. However, some of the Drug Directorates in the Police Regions continue to do their utmost. Some of the efforts are cooperation/collaboration with other units if possible, or maximize their human resources, as they feel responsible to deal with the drug problem for the sake of the public and the nation.

*"... Actually, if we have done 25 cases we can stop. That's the fact. We don't have to think of more. We finished the cases in January. We should wait till next year...for 2014 the directorate only draws up a budget for 25 cases. But we did 654 cases" (Direct. Of Drugs, Lampung).*

*"This year I get a budget for 45 cases, but next year only for 40 cases. There is no budget. Not that we overdid it. For a budget of 40 we can finish 60 cases. (we could not collaborate with other units, they also have a limited budget" (Direct. of Drugs West Kalimantan).*

The budget restriction for operational case disclosures also results in the limited number of disclosures. Another issue is the potential bribery practice encountered by the officers of law enforcement as the big suppliers of drugs have enormous funds. A police informant admitted this fact. Many times an investigator has to be morally strong to reject the temptation of getting a large amount of money or "something". Drug dealers have wide connections with important persons that sometimes try to influence the process of investigation so that dealers can be set free.

*"..Our (police) budget is so small. We get only 13-16 million Rupiah a year, while the population is 6 million. Let alone the budget for case investigation. Information gets 18 million Rph, 13 million for raids, and the rest for investigation, while we can get 225 suspects in a year. Sometimes we get 1 gram of a drug. Just imagine if the investigator has the moral not to collaborate with the dealer, because the price of 1 gram is 150 million Rph. So the investigator has to be morally strong. If a dealer is caught surely he will offer "something" or money. Because the price of 1 kg of a drug may be Rph 1 billion. Just imagine that (Directorate of Drugs, South Sumatera).*

*"Logically, an investigator knows very well the big drug dealers. Who is the sole supplier of drugs from overseas. Don't arrest only the unimportant street sellers. Buy 1 gram of shabu to share...as a donor. Not that....just to make the prison or rehab center full, that's the way. But if we want to save people's life, not like that. Drug dealers/syndicates are very dangerous..." (Dirct. of Drugs, Bali Regional Police).*

The Police has limited funding support for the investigation of larger cases, where funds are needed for accommodation, communication, and transportation. On the other hand, drug dealers and syndicates are very mobile to move not only from one village to another, but between cities, islands, even cross country, making use of many smuggling media, and enter through many entry point and lanes. Of course, an immense amount is needed to follow the movements of a drug syndicate/dealer.

Another obstacle the Police has to face is the investigation and arresting of drug dealers as they always make use of sophisticated modus, technology and IT system. Therefore, Police collaborates with BNN in using the more sophisticated instruments in the operation. We expect the government will increase the operational funds of case disclosures for the Police as well as BNN, so that these two institutions may develop closer collaboration in the disclosures of drug cases.

Drug transactions can be classified into 4 methods:

- (1) **Face to face** (in a certain area it is known by the name “adu Banteng”). The dealer meets directly face to face with the buyer, and only serves familiar buyers.
- (2) **Transaction with a courier as an intermediary.** It involves a third party to carry the drug from the dealer to the buyer. Children are frequently involved by giving them some money for taking the drug to the buyer. This method was detected in Lampung, Makassar, Pontianak, Medan.
- (3) **Direct buy at the location of the drug.** This type of transaction occurs usually in the center of drug trafficking. The community in that area has become permissive as they have developed a symbiosis mutualism with the drug dealer. When a transaction is made, or an individual consumes a drug in that area, the buyer/drug abuser will be protected by the community, even during a raid by law enforcement/Police. They will confront the Police. Some of the districts with a center of drug trafficking are: Kampung Keling and Kampung Madras in Medan; Kampung Beting in Pontianak.

- (4) **Patch System** (another term: “mine system”). The buyer orders the drug by phone or sms, informing the total and type of the drug to the dealer without meeting face to face. The dealer then places the drug at a certain spot (for example, near a trash bin, electricity pole, near a car with certain characteristics, or any other place). Further the dealer informs the buyer to take the drug at a certain time at the place mentioned before. The buyer never meets or knows the dealer. The buyer gets the dealer’s contact number from friends.
- (5) **Throw the javelin.** This type of transaction is usually done in prisons. The buyer orders the drug from the dealer in prison by sms or phone. The buyer then waits at a certain spot behind the prison wall at a time agreed upon with the dealer. The dealer then throws the drug from the prison over the wall. The drug is usually wrapped with wrapping paper of a certain colour with a stone ballast.

**b) Source of Drug Trafficking**

Suspects admit the source of drugs mainly originate from overseas, from regions in Asia, Europe, Africa and America. The drug is transported directly from the country of origin, or by transit through a neighbouring country, Malaysia. The route of trafficking into Indonesia may be by air, sea or river lanes. Sea and river routes are mostly used as the entry point into a particular area. This is practised mainly at border crossings (Malaysia and Papua New Guinea), as there are many small ports in many of the provinces (Kalimantan, Sumatera and Papua). These ports are not closely controlled by law enforcement due to the lack of human resources and instruments for detecting contraband. In an interview a drug dealer mentioned that Indonesia is a most promising market for drugs owing to the large number of drug abusers and the relatively high price of drugs.

*“Pontianak is very promising for drug circulation, maybe because it is bordering with Malaysia, and the weak control by the Police” (Drug abuser, West Kalimantan).*

*“Shabu comes from Malaysia and from Java heroin, cannabis and ecstasy. After the big drug dealer receives the drugs, then it is distributed to Kampung Beting and other districts” (WM Dealer, West Kalimantan).*

*“Almost the whole cannabis in circulation originates from PNG. The districts in Jayapura with lots of cannabis are Jayapura City, Abepura, Entrop.” (WM Dealer, Papua).*

Drug dealers and international syndicates consider it easy to smuggle drugs into Indonesia. Dealers and drug syndicates can easily pass through airports that are thought to have sophisticated security instruments. This was informed by a woman drug injecting informant who frequently buys putaw from Jakarta to take by air to her city. She was never caught by airport security even through x-ray.

*“....I usually buy pt in Jakarta when it is void here...I call the Dealer and fly to Jakarta take the drug and return with the drug...until now it is safe. ....I also consume the drug in the plane...in the toilet, or even in my seat as long as the passenger next to me is a friend.” (Injecting Drug user, Bali).*

At international level, the illicit drug trafficking in the ASEAN region and the neighbourhood indicates a significant development. This is due to a number of important disclosures in the respective ASEAN countries, and the arrests of hundreds of foreign and national suspects in Indonesia every year. The arrests of Iranian, Thailand and Philippine nationals smuggling a large amount of methamphetamine or shabu into Indonesia indicate the presence of international syndicates looking for a market in Indonesia.

A number of countries have been identified as specialists in producing certain drugs for the international market. As the source of ketamine, India transports a large amount to American countries and Europe, also to Asia and ASEAN countries. One-third of the global ATS production, and half of the global amphetamine seized in 2010 originate from East Asia and S.E. Asia. China, Myanmar and Philippines continue to produce a large amount of ATS. Also, illicit production of ATS maintains developing in the former transit countries, Cambodia, Indonesia and Malaysia. The high price and the increasing demand for this drug makes S.E. Asia region the target of smuggle in a variety of narcotics and precursors, including Indonesia. (UNODC Asia Pacific, Global SMART Update, 2012).



**c) Trend of the Present Type of Drugs**

In the past years, the most popular drugs of abuse in almost all provinces are cannabis, shabu and ecstasy. However, there is a different pattern in some of the cities in the provinces. Misuse of several controlled medicines, with or without doctor's prescription are sold in pharmacies/drug stores, like Stesolid, Faldimex and Elsigan. It has become a trend among the respondents. In Medan and Lampung many of the controlled medicines are misused. "Sevia" and "java-java" street names for a type of cannabis are found in several of the provinces, including Bali, in Pontianak "hango", a liquid amphetamine contained in 'kratingdaeng' (a popular drink for enhancing stamina), "somadril" in Kendari, in Manado "sombie" (a mixture of somadril and local alcohol Cap Tikus, "bulan-bulan", (1 packet/30 sachets Komix (a cough drink) with Kratingdaeng. In Bandung and Jakarta there is indication of 'crocodile' consumption. It is still a question whether it is a deadly drug from Russia, or just a mixture of some chemical substances.

Another finding from field observation is the use of shabu with the needle. Drug addicts have difficulty in finding putaw while plenty of shabu is available in the market. As the price of shabu is relatively high, addicts use the needle to avoid from spilling any of the drug. There are some worries that there may be new injecting drug abusers. If this is true, there will be a wave of new injecting drug users who are exposed to HIV/AIDS. Another injecting drug is benzodiazepine (Xanax, valium, tramadol, etc.) and subuxon. The greatest suggestion among the addicts is the process of injecting into the body.

**d) Settlement of Drug Cases.**

Data from Ministry of Justice and Human Right indicates there are 55,671 drug suspects and convicts. Jakarta is the city with the largest number of drug cases (10,000), followed by West Java (7,000), and East Java (4,000). 13,775 drug cases were settled in 2013, amongst them 13,196 were narcotic cases. This number of settled cases is still relatively low (39%) of all cases in 2013. Arrears in law proceedings may bring consequences to the prison's accommodation capacity. Hence, IPWL should be motivated to lessen the prison's burden. Several of the convicted received the capital penalty. Until March 2014 (89) have received the death penalty, 7 among them have been executed.

**e) Drugs in Prison.**

Drugs have invaded all levels of the society, including the prison, that should be free from drugs. Ironically, inmates are able to control drug trafficking outside the prison (they are even the brains). From interviews with inmates they stated that the prison is the most safe and comfortable place for drug use, as they can get the best quality of any drug, and much cheaper without being afraid of being caught or raided by law enforcement. The prison is actually the place of learning from other inmates. After being released from prison the ex-prisoner can operate in a wider and stronger network of drug trafficking.

*"...truthfully, no problem in prison....even worse, more terrible than outside (WM, Drug abuser, Maluku)".*

*"In prison there are many types of crimes, bad ones are the same, people become more clever. For example, I am a user, in prison I meet with a dealer/supplier, so you know the resti." (WM, Drug user, Papua).*

*"but in prison....yeah ....it's ok...you can take drugs together with other inmates, even with no money....." (WM, drug user, NTB).*

In prison a drug user can easily get the drug from another inmate, even from a dealer, or from a friend/partner/family during visits, or from prison staff. Drug trafficking does not occur only among the inmates, but sold outside the prison using a courier or prison staff. One of our informants can demonstrate by making contact with an inmate to order a drug from inside. A dealer during an interview stated the daily turnover of drug transactions ranges from 7-10 million Rupiah.

**f) Estimation of the Total Drug Trafficking Versus Disclosures.**

The total of drugs in circulation is estimated by applying the following formula: estimation of drug user based on type of drug used multiplied with the total drug consumption by type of drug (median). The estimation of total number of drug abusers by type of drug is obtained from calculating the estimation of total drug abusers based on group classification in the survey multiplied with the proportion of drug type (cannabis, shabu, ecstasy, etc.) in each of the survey group from 2005 to 2012. The target groups in the survey are students (secondary & university), workers, and households. Results of the multiplication is shown in Table 13.2., for the total of cannabis, shabu and ecstasy. The largest number of drug abusers is among workers.

**Table 132. Estimation of the Total Number of Drug Abuse Based on Type of Drug, 2014**

NO.	TYPE OF DRUG	STUDENT			WORKER			HOUSEHOLD			TOTAL			PREV (%)
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1.	Cannabis	504,897	60,646	565,543	793,441	172,561	966,002	423,985	36,053	460,039	1,722,323	269,261	1,991,584	49.5
2.	Hashish	34,021	12,862	46,883	40,353	3,691	44,044	31,958	837	32,796	106,332	17,391	123,722	3.1
3.	Heroin/Putau	22,500	7,336	29,836	20,460	12,322	32,782	31,463	1,895	33,358	74,423	21,553	95,976	2.4
4.	Ecstasy	74,278	34,418	108,696	221,613	80,830	302,444	122,896	17,718	140,614	418,788	132,966	551,754	13.7
5.	Shabu	114,289	37,247	151,535	314,792	104,656	419,448	170,318	19,481	189,799	599,399	161,384	760,783	18.9
6.	Nipam	28,891	21,436	50,327	87,141	50,009	137,150	-	-	-	116,031	71,445	187,476	4.7
7.	Koplo Pill	88,664	29,475	118,139	84,068	13,842	97,910	-	-	-	172,732	43,317	216,049	5.4
8.	Rohypnol	26,898	19,650	46,548	40,353	11,996	52,349	-	-	-	67,251	31,646	98,897	2.5
9.	Valium	25,187	14,250	39,437	55,485	32,298	87,782	31,869	2,204	34,072	112,540	48,752	161,292	4.0
10.	Xanax	41,841	25,902	67,744	58,847	34,143	92,991	-	-	-	100,689	60,045	160,734	4.0
11.	Cocaine	18,604	11,384	29,989	23,533	15,875	39,408	4,056	208	4,264	46,193	27,468	73,661	1.8
12.	LSD	19,546	10,539	30,085	22,797	22,364	45,161	8,151	419	8,570	50,494	33,322	83,816	2.1

Total consumption based on type of drug is obtained from the survey among drug abusers in 2014. From interviews is known the annual median consumption a person varies in the type of drugs. In some types of drugs the consumption among females is greater, such as ecstasy or koplo pill.

**Table 133. Estimation of Annual Drug Consumption Per Person Based on Type of Drug, 2014**

NO.	GENDER	CAN NABIS (GRAM)	HASHISH (GRAM)	HEROIN/PUTAU (GRAM)	ECSTASY (BUTIR)	SHABU (GRAM)	NIPAM (BUTIR)	KOPLO PILL (BUTIR)	ROHYP-NOL (BUTIR)	VALIUM (BUTIR)	XANAX (BUTIR)	COCAINE (GRAM)	LSD (ML)
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1.	Male	84.0	77.1	90.0	18.0	360.0	51.4	90.0	30.5	144.0	180.0	12.0	17.6
2.	Female	51.4	38.6	120.0	51.4	25.1	25.7	171.4	30.0	36.0	66.0	4.0	8.8

From the two above tables the results is seen in the Table below. The table below shows the largest in trafficking is shabu and cannabis. (in grams). From the number of pills, the largest are koplo pill and xanax.

**Table 134. Estimation of Total Drug Trafficking Based on Type of Drug, Group Classification and Gender, 2014**

NO.	TYPE OF DRUG	STUDENTS			WORKERS			HOUSEHOLD			TOTAL		
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	Cannabis (Gr)	42,411,337	3,118,955	45,530,292	66,649,022	8,874,581	75,523,603	35,614,761	1,854,175	37,468,936	144,675,120	13,847,711	158,522,831
2	Hashish (Gr)	2,624,475	496,115	3,120,590	3,112,912	142,373	3,255,285	2,465,338	32,301	2,497,639	8,202,725	670,789	8,873,514
3	Heroin/Putau (Gr)	2,025,000	880,288	2,905,288	1,841,401	1,478,663	3,320,064	2,831,650	227,427	3,059,077	6,698,051	2,586,379	9,284,430
4	Ecstasy (Tab)	1,337,009	1,770,067	3,107,076	3,989,040	4,156,984	8,146,024	2,212,127	911,221	3,123,348	7,538,176	6,838,272	14,376,448
5	Shabu (Gr)	41,143,967	935,498	42,079,465	113,325,138	2,628,570	115,95,3708	61,314,572	489,295	61,803,867	215,783,677	4,053,363	219,837,040
6	Nipam (Btr)	1,485,800	5,512,216	6,998,016	4,481,513	1,285,949	5,767,462	-	-	-	5,967,313	1,837,166	7,804,479
7	Koplo Pill (Tan)	7,979,771	5,052,816	13,032,587	7,566,106	2,372,883	9,938,989	-	-	-	15,545,878	7,425,698	22,971,576
8	Rohypnol (Tab)	819,841	589,495	1,409,336	1,229,927	359,887	1,589,814	-	-	-	2,049,768	949,382	2,999,150
9	Valium (Tab)	3,626,897	513,016	4,139,913	7,989,808	1,162,713	9,152,521	4,589,073	79,335	4,668,408	16,205,778	1,755,063	17,960,841
10	Cocaine (Gr)	7,531,470	1,709,536	9,241,006	10,592,549	2,253,448	128,45997	-	-	-	18,124,018	3,962,984	22,087,002
11	Xanax (Tab)	223,252	45,537	268,789	282,392	63,500	3,45892	48,673	833	49,506	554,318	109,871	664,189
12	LSD (Gr)	343,244	92,540	435,784	400,339	196,369	5,96708	143,139	3,677	146,816	886,722	292,585	1,179,307

From the proportion between estimation of drug trafficking and total drug seizures (2013) is shown that a large number of drugs still slip through the eyes of detection, mainly shabu and cannabis, as these drugs are the most consumed. The following Table shows the details.

**Table 135. Estimation of Drug Trafficking and Seizures, 2014**

NO.	TYPE OF DRUG	ESTIMATION (2014)	SEIZURES (2013)	IN CIRCULATION/ SLIP OUT
1	2	3	4	5
1.	Cannabis (Gram)	158,522,831	17,763,959.8	140,758,872
2.	Heroin (Gram)	9,284,430	11,054.0	9,273,376
3.	Cocaine (Gram)	664,188	2,035.0	662,153
4.	Hashish (Gram)	8,873,515	2,067.7	8,871,447
5.	Ecstasy (Tablet)	14,376,448	1,137,940.0	13,238,508
6.	Shabu (Gram)	219,837,040	398,602.6	219,438,438

Seizures of drugs fluctuate every year from 2009 on. Largest seizures are for cannabis. However, these seizures tend to decrease approx. tens of tons in the five past years, indicating that much of the cannabis maintain to slip through detection.

From 2009-2011 seizures of ecstasy reached hundreds of tablets, that increase three-fold in 2012. But unfortunately, seizures decrease in 2013 to only one-third, but still in millions of tablets. The seizures of shabu tend to increase from hundreds to thousands of kilograms from 2009 to 2012. But 2013 indicates a decrease compared to the former years, but a large number slipping through and in circulation.

Hundreds of ecstasy tablets were seized from 2009-2011, and increased three-fold in 2012. Unfortunately, seizures decreased to one-third from 2012, but still in millions of tablets. Shabu tends to increase from hundreds to thousands of kilograms from 2009 to 2012, but in contrast with 2013. However, observing the total drugs in circulation, a large amount of drugs pass through the eyes of detection.

**Table 136. Total Seized Narcotics, 2009 – 2013**

NO.	DRUG	YEAR				
		2009	2010	2011	2012	2013
1	2	3		4		5
1.	Heroin (Gr)	15,473.70	25,053.44	27,439.81	38,014.86	11,054.04
2.	Cocaine (Gr)	265.70	53.03	66.97	5,878.44	2,035
3.	Morphine (Gr)	-	-	-	-	-
4.	Hashish (Gr)	58.80	4,946.60	230.99	7,836.44	2,067.68
5.	Ecstasy(Tbl)	309,382.00	424,515.50	826,096.25	2,850,947.00	1,137.940
6.	Shabu (Gr)	237,838.30	354,065.84	1,092,029.09	1,977,864.07	398,602,55
7.	Cannabis Herb (Gr)	110,764,253.90	22,689,916.05	23,891,244.25	22,019,933.68	17,763,959.76
8.	Cannabis Trees (unit)	541,019	449,618	1,839,664	341,395	534,829
9.	Cultivation Area (Ha)	241.8	178.4	305.83	89.5	119.9
10.	Cannabis Seeds (Gr)	518	750	4.38	284.91	12

Source : National Police R I, March 2014, in 2014 BNN Journal

## 10) Conclusion.

Several conclusions are:

- a) The pattern of drug consumption is not far different from the previous surveys, indicating the largest consumption of cannabis, shabu, ecstasy and controlled medicines. To obtain the drug people use several methods: first, *face to face*; the drug abuser directly buys from the dealer. Second, transaction with an intermediary/courier, frequently involving children. Third, direct buy from the center of drug trafficking in the city, for example, Kampung Ambon in Tangerang, Kampung Beting in Pontianak, Kampung Salo (old city) in Kendari, Kampung Keling, Medan, etc. Fourth, with the stick/mine system, the buyer transfers an amount of money to the dealer, then the dealer informs the location to collect the drug. Lastly, throw the javelin system, that is largely used in prison, or detention house for an order from outside or inside the prison.

- b) The number of drug suspects tend to decrease by the year, from 2009 to 2012, then a sharp increase in 2013. This indicates the drug circulation is flourishing again. Most interesting, when an evaluation is made of the total narcotic seizures, almost all drugs indicate a decrease (ecstasy, heroin, cannabis). From 2010 to 2013, but the case for shabu. In 2013 an increase is seen after a sharp decline in in the previous year. The fluctuation in the disclosures and process of drug cases does not depend solely on the availability of drug in a region, but the effect is also from factors related to the geographical condition, budget and human resources. Ironically, the number of settled cases by the court is still low, 39% of the total drug cases in 2013. Arrears of proceedings brings an effect to the prison's accommodation capacity. Thus, IPWL efforts have to be motivated to lessen the prison's burden.
- c) Policies and legislation in the prevention, eradication of drug abuse and illicit trafficking are quite powerful, from the highest level up to the implementation at city/district level. Most important is the motivation of all parties to act together with the same views to deal with drugs. On the other hand, although policies are in place with the issue of a joint ministers decision, the IPWL program cannot be fully implemented, due to the absence of technical guidelines and sectoral egoism. Consequently, there are different perceptions and interpretations in the handling of drug abusers. Only Ministry of Health and Ministry of Social Affairs have developed technical guidelines for the implementation of IPWL. Another problem that hinders the full working of IPWL is the lack of rehabilitation referrals, budget, and capable human resources.
- d) As an effect of drug abuse, of course drug abusers have to bear the consequences, one of which is being exposed to diseases so that they have to seek for medication at a hospital or community health center as an outpatient or being hospitalized. More than half of drug abusers understand these diseases, HIV/AIDS (23%), lung disorders (18%), hepatitis C (15%), TBC (11%), and mental disorders/depression (9%). One among 10 drug abusers have experienced an overdose, and 1 out of 20 have once been rehabilitated.

Approx. 10% of the total respondents admit they want to undergo rehabilitation in the near future (1-12 month ahead); 19% have not thought to stop taking drugs. One out of 3 respondents have ever taken money or goods from the family/other people. One-fifth admit they once met with a traffic accident as an effect from drug abuse. Almost one-fifth admit they were arrested by law enforcement. 13% of respondents have been incarcerated. Ironically, most of the respondents who were incarcerated in all provinces (except Papua), admit they have ever used drugs in prison.

- e) The median cost vary every year, either the unit cost or by gender. The median annual cost for hospitalization is approx. Rph 6 million/person. The largest annual unit cost is for the consumption of drugs, RPh 10.8 million/person. The same cost (Rph 10 million) spent during imprisonment. The higher the level of dependency, the greater the cost spent for drug consumption.
- f) The social-economic cost from drug abuse is estimated at Rph 63.1 trillion in 2014. This cost tends to increase every year. The largest proportion is for private expenses, mainly drug consumption. Drug trafficking is estimated at Rph 42.9 trillion a year. Social-economic loss from drug abuse shall increase 2.3-fold to Rph 143 trillion in 2015.

From the above summary on facts and data, this study concludes:

- a) Drug trafficking and abuse maintain to flourish
- b) No optimum results in the prevention and eradication program against drugs.
- c) The higher level of drug dependency the greater the effect and consequences.
- d) The prevalence of drug abuse is still high, and the social-economic loss inflicted becomes increasingly greater.

## 9) Recommendation.

In the following matrix are the recommendations of the study results:

Study Results	Recommendations
The increasing number of young drug abusers in mixing several drugs/substances with alcohol or soda drinks	Enhancing collaboration among the related parties (Police & community organizations) in the control of districts centers as hangouts of young people, like illegal racing arena, recreation spots, parking lots, etc.
Projection results: Large proportion of experimental and regular drug users.	<ul style="list-style-type: none"> <li>• Integrate Communication, Information and Education (KIE) with the Life Skill Education concept into the early education of formal or informal education.</li> <li>• Establish peer group counselors or facilitators at all community levels.</li> </ul>
The relatively high rate of drug abuse prevalence among students and workers affected by drug abuse.	<ul style="list-style-type: none"> <li>• Strict control on smoking prohibition in schools, coordination with schools, parents, work place, and religious figures in improving P4GN.</li> <li>• Intensify P4GN program intervention among students, workers, unemployed, by involving the related stakeholders.</li> </ul>
Change of injecting drug pattern, including other drugs besides heroin, and the emerging new IDUs.	<ul style="list-style-type: none"> <li>• Improve coordination in the control, and strengthen harm reduction program (RTRM, Subuxon, and LAS).</li> <li>• Develop a stricter monitoring system on the forging of doctor's prescription by drug abusers for obtaining prescription drugs, like valium, xanax, and tramadol.</li> </ul>
Minimum control on entry points of drugs at seaports and rivers (border crossing).	<ul style="list-style-type: none"> <li>• Establish command post and coordination channels involving the community as the task force or anti drug cadres at several vulnerable border crossings, and adequate support for communication instruments.</li> <li>• Provision of reward or merits to parties in disclosing drug cases.</li> </ul>
Drug dealers/syndicates/users have no difficulty in slipping through entry points (airports/seaports)	<ul style="list-style-type: none"> <li>• Review performance SOP and improvement of human resources, early detection instruments at entry points.</li> <li>• Severe punishment for foreign and national drug dealers and syndicates as a deterrent.</li> </ul>



Study Results	Recommendation
The prosper drug trafficking controlled drug by drug dealers from inside prison.	<ul style="list-style-type: none"> <li>• Improve collaboration ad coordination with the related agencies to tighten control in prison. Take hash actions to prison staff (including inmates) who facilitate drug trafficking and communication instruments/ equipment.</li> <li>• Install communication detection devices to and conduct routine raids.</li> </ul>
The public knows little about IPWL, and drug abusers have little trust towards the IPWL program.	<ul style="list-style-type: none"> <li>• Comprehensive and intensive socialization on IPWL by involving the related parties, particularly the target population.</li> <li>• Technical guidelines for the sstandardization of IPWL implementation in all provinces.</li> <li>• Establish a monitoring and evaluation team for the control in field implementation.</li> </ul>
Drug abusers have little knowledge on rehabilitation facilities and no interest to undergo rehabilitation.	<ul style="list-style-type: none"> <li>• Motivate intensive information dissemination on rehabilitation by reaching drug abusers, and develop a database on those who wish to get rehabilitation.</li> <li>• Develop effective and efficient rehabilitation methods, including in aspects of human resources, and infrastructure. Also when applied at community-based organizations.</li> <li>• Develop and establish post community rehabilitation forum.</li> </ul>
Most of the drug abusers (>90%) wish to be free from drug addiction through rehabilitation, but they are also pessimistic as they are financially not able to pay the cost of rehabilitation.	<ul style="list-style-type: none"> <li>• Establish cadres/field officers to assist and monitor drug abusers.</li> <li>• Support drug abusers in further medication of their diseases.</li> </ul>

h. **BNN Call Center, SMS Center and Website, 2014.**

1) **BNN Call Center dan SMS Center, 2014**

**Table 137. Total Incoming Information at BNN Call Center and SMS Center BNN Based on Type of Information, 2014**

NO.	INFORMATION	TOTAL INFORMATION RECEIVED 2014	DESCRIPTION
1	2	3	4
1.	Prevention	92	
2.	Rehabilitation	356	
3.	Eradication	1,098	
4.	Public Relation	8	
5.	Data and Information	5	
6.	General Information	4,391	
7.	Dumas Ittama	1	
<b>TOTAL</b>		<b>5,915</b>	

Source : BNN Center of Data Research and Information, March 2015

2) **BNN Website 2014.**

Total incoming public views and Responses by Related Work Units, 2014, as follows:

**Table 138. Total Public Views, 2014**

NO.	INFORMATION	TOTAL PUBLIC VIEWS 2014	DESCRIPTION.
1	2	3	4
1.	BNN Principal Secretariat	8,717	
2.	Prevention	229	
3.	Eradication	125	
4.	Rehabilitation	158	
5.	Legal Affairs and Cooperation	98	
6.	Center of Data Research and Information	117	
7.	Public relation	103	
<b>TOTAL</b>		<b>9,547</b>	

Source : BNN Center of Data Research and Information, March 2015

# CHAPTER III

## PREVENTION AND ERADICATION OF DRUG ABUSE AND ILLICIT TRAFFICKING, 2010 – 2014

### 1. Supply Reduction.

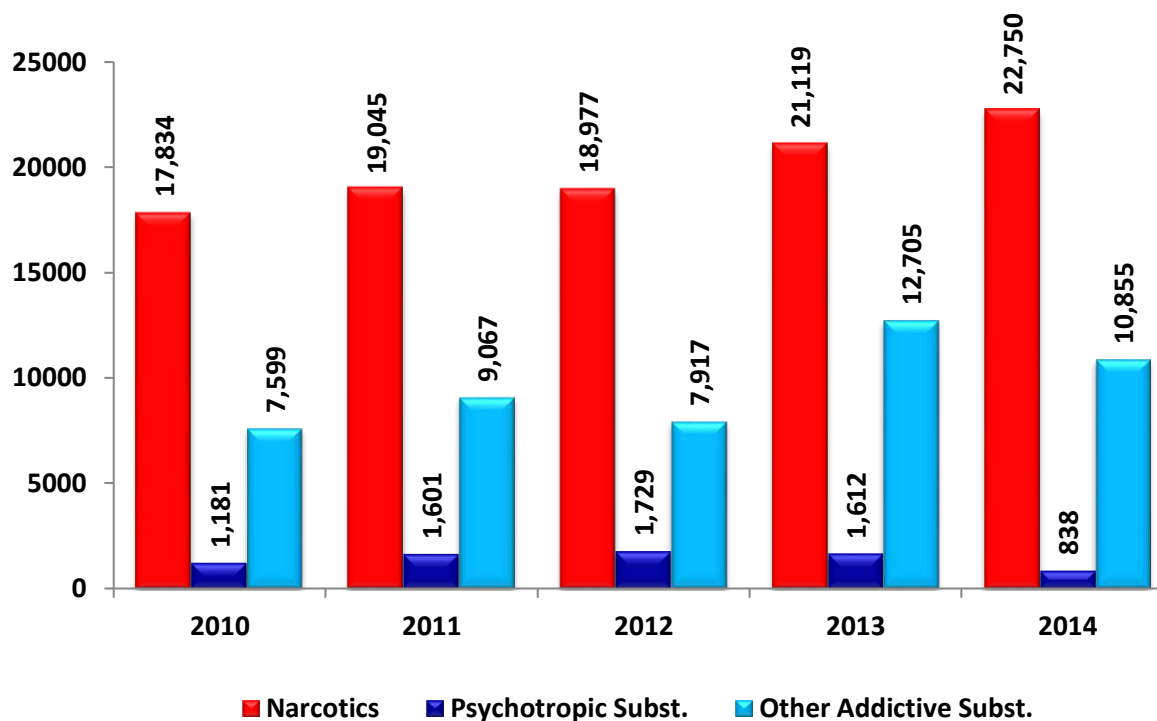
#### a. Cases, Suspects and Evidence of Drug Crimes, from National Police RI, 2010 – 2014.

**Table 139. Total Drug Cases Based on Drug Classification, 2010 – 2014**

NO.	CASE	YEAR					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8
1.	Narcotics	17,834	19,045	18,977	21,119	22,750	99,725
2.	Psychotropic Subst.	1,181	1,601	1,729	1,612	838	6,961
3.	Other Addictive Subst.	7,599	9,067	7,917	12,705	10,855	48,143
TOTAL		26,614	29,713	28,623	35,436	34,443	154,829

Source : National Police RI, March 2015

**Diagram 5. Total Drg Cases Based on Drug Classification, 2010 – 2014**

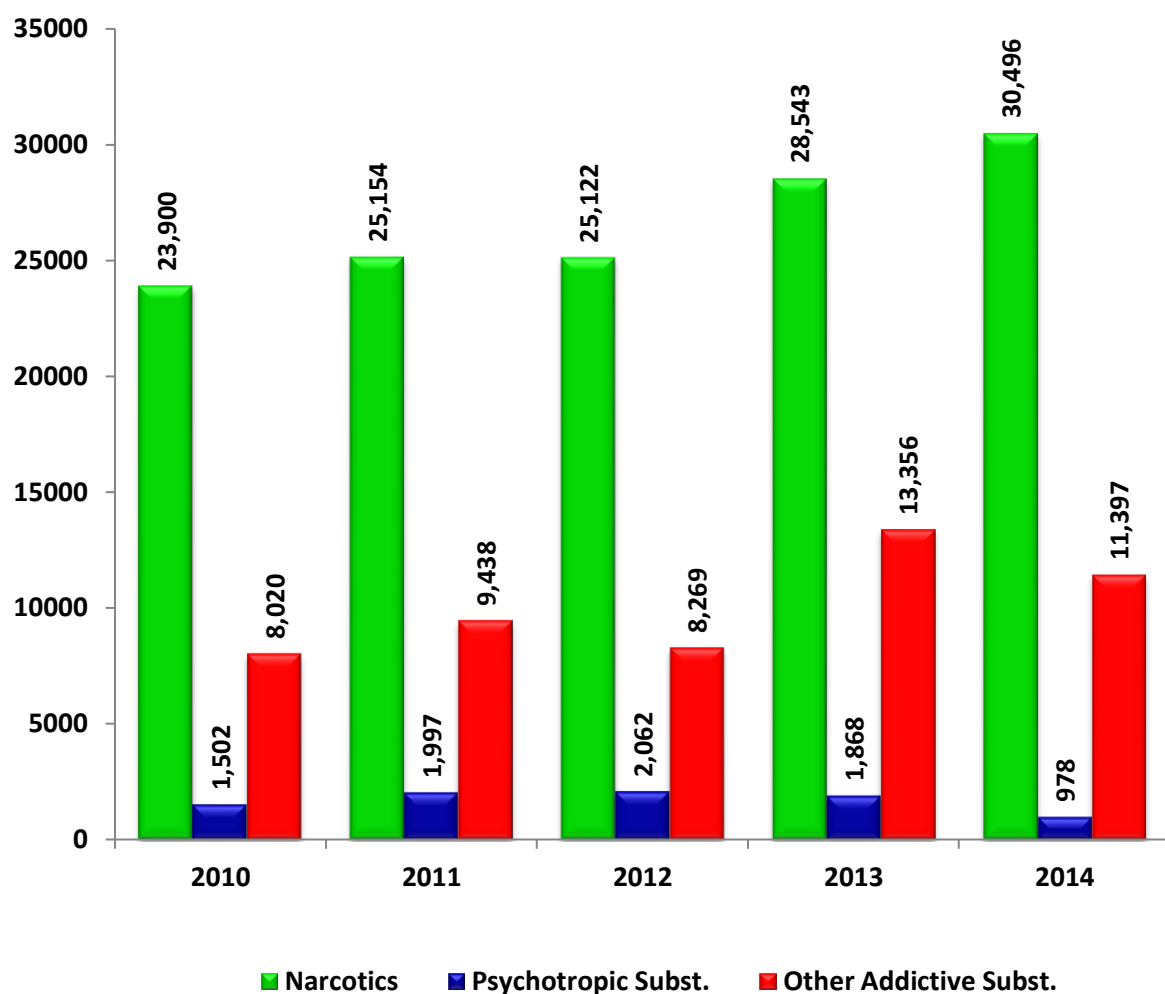


**Table 140. Total Drug Suspects Based on Drug Classification, 2010 – 2014**

NO.	DRUG CLASSIFICATION	YEAR					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8
1.	Narcotics	23,900	25,154	25,122	28,543	30,496	133,215
2.	Psychotropic Subst.	1,502	1,997	2,062	1,868	978	8,407
3.	Other Addictive Subst.	8,020	9,438	8,269	13,356	11,397	50,480
TOTAL		33,422	36,589	35,453	43,767	42,871	192,102

Source : National Police RI, March 2015

**Diagram 6. Total Drug Suspects Based on Drug Classification, 2010 – 2014**

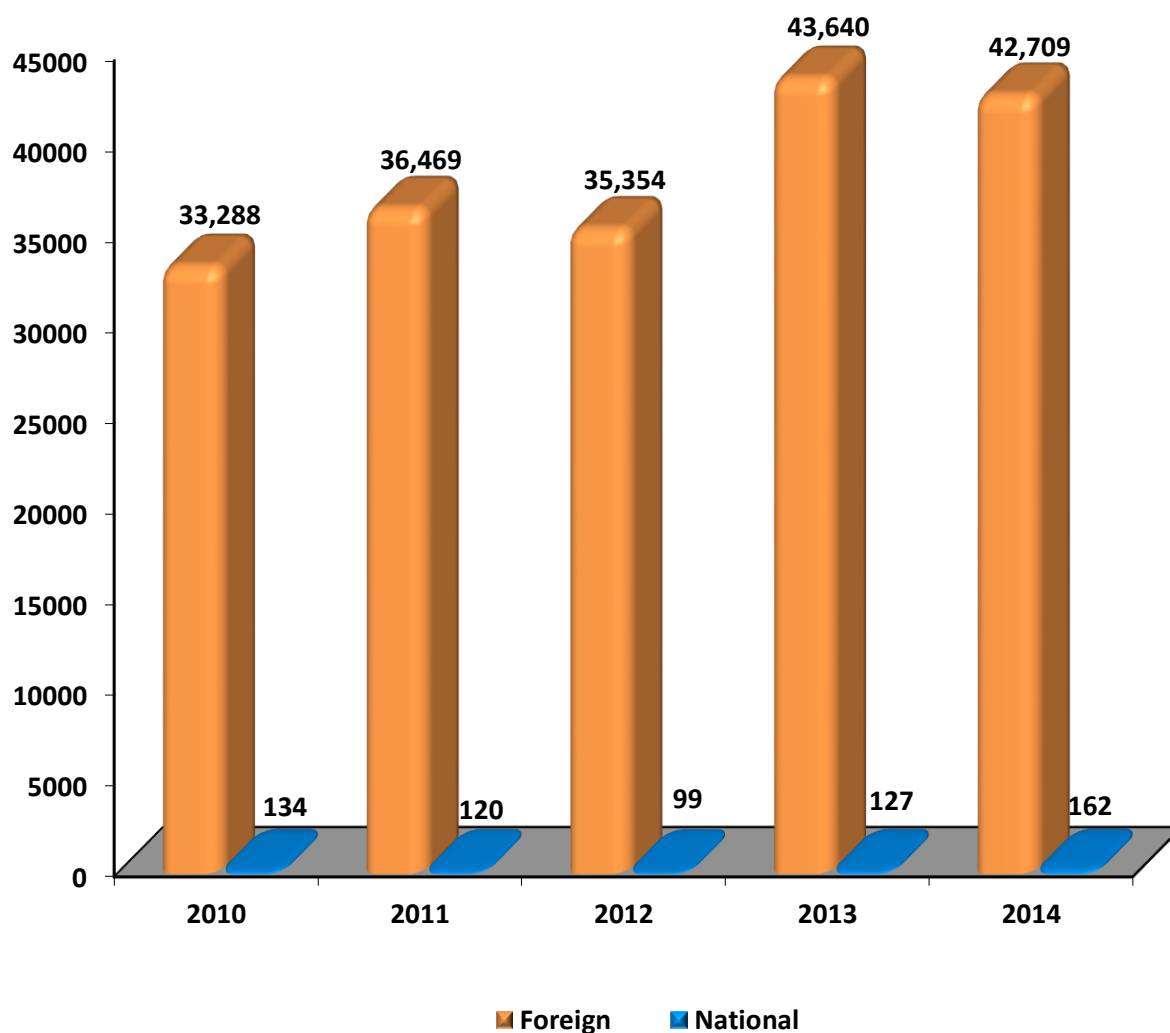


**Table 141. Total Drug Suspects Based on Nationality, 2010 – 2014**

NO.	NATIONALITY	YEAR					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8
1.	Foreign	33,288	36,469	35,354	43,640	42,709	191,460
2.	National	134	120	99	127	162	642
TOTAL		33,422	36,589	35,453	43,767	42,871	192,102

Source : National Police RI, March 2015

**Diagram 7. Total Drug Suspects Based on Nationality, 2010 – 2014**

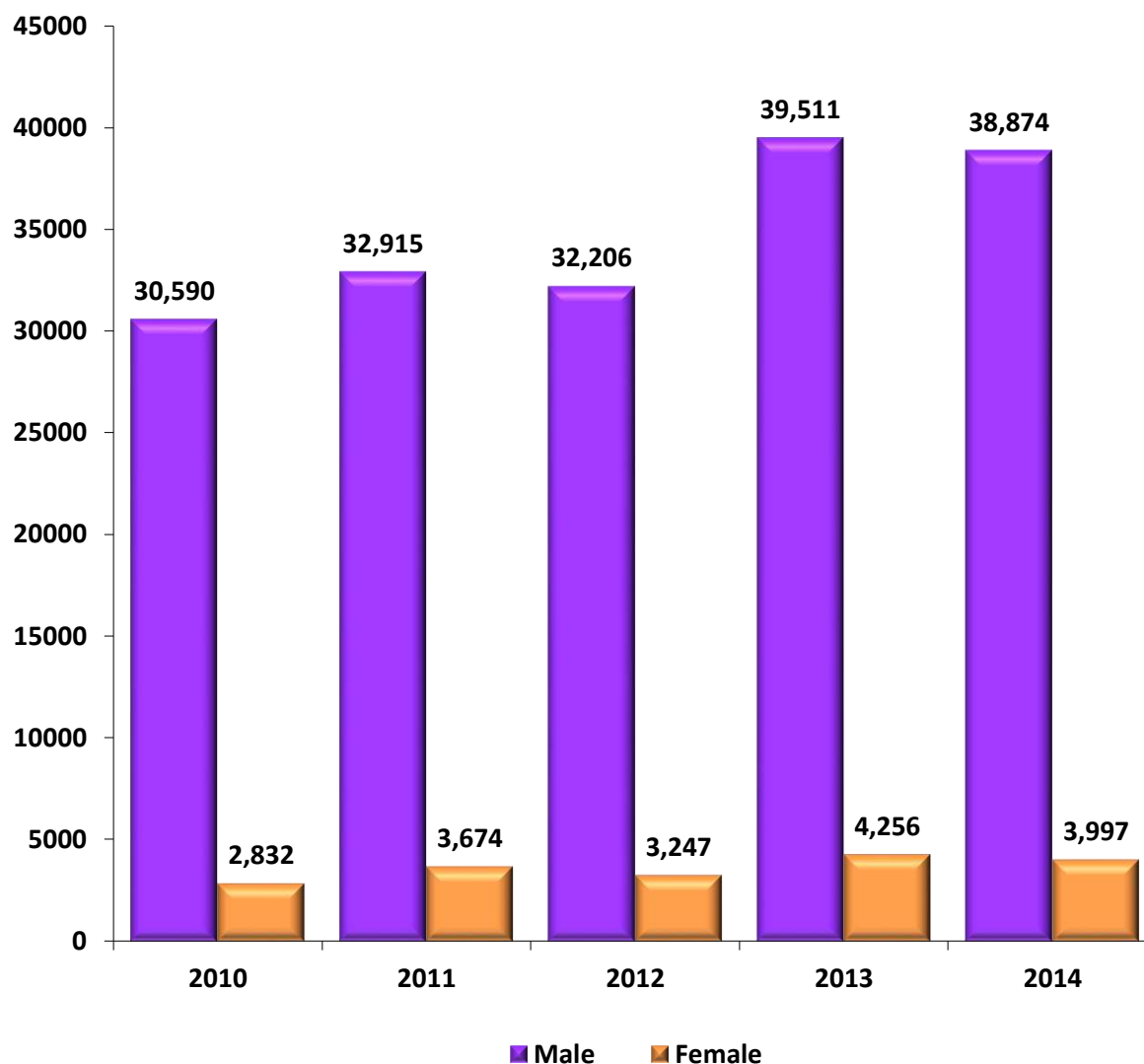


**Table 142. Total Drug Suspects Based on Gender, 2010 – 2014**

NO.	GENDER	YEAR					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8
1.	Male	30,590	32,915	32,206	39,511	38,874	174,096
2.	Female	2,832	3,674	3,247	4,256	3,997	18,006
TOTAL		33,422	36,589	35,453	43,767	42,871	192,102

Source : National Police RI, March 2015

**Diagram 8. Total Drug Suspects Based on Gender, 2010 – 2014**

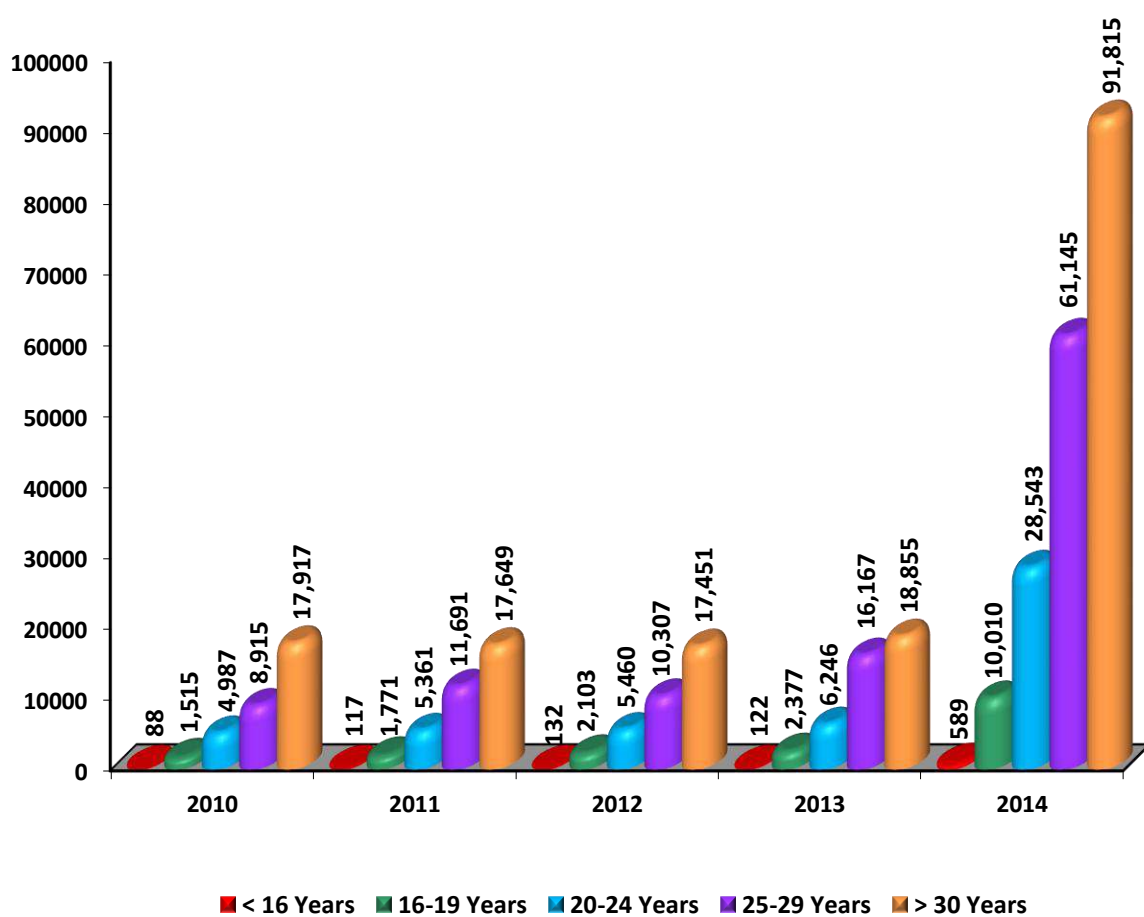


**Table 143. Total Drug Cases Based on Age Group, 2010 – 2014**

NO.	AGE GROUP	YEAR					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8
1.	< 16 Years	88	117	132	122	130	589
2.	16 – 19 Years	1,515	1,771	2,103	2,377	2,244	10,010
3.	20 – 24 Years	4,987	5,361	5,460	6,246	6,489	28,543
4.	25 – 29 Years	8,915	11,691	10,307	16,167	14,065	61,145
5.	> 30 Years	17,917	17,649	17,451	18,855	19,943	91,815
TOTAL		33,422	36,589	35,453	43,767	42,871	192,102

Source : National Police RI, March 2015

**Diagram 9. Total Drug Suspects Based on Age Group, 2010 – 2014**

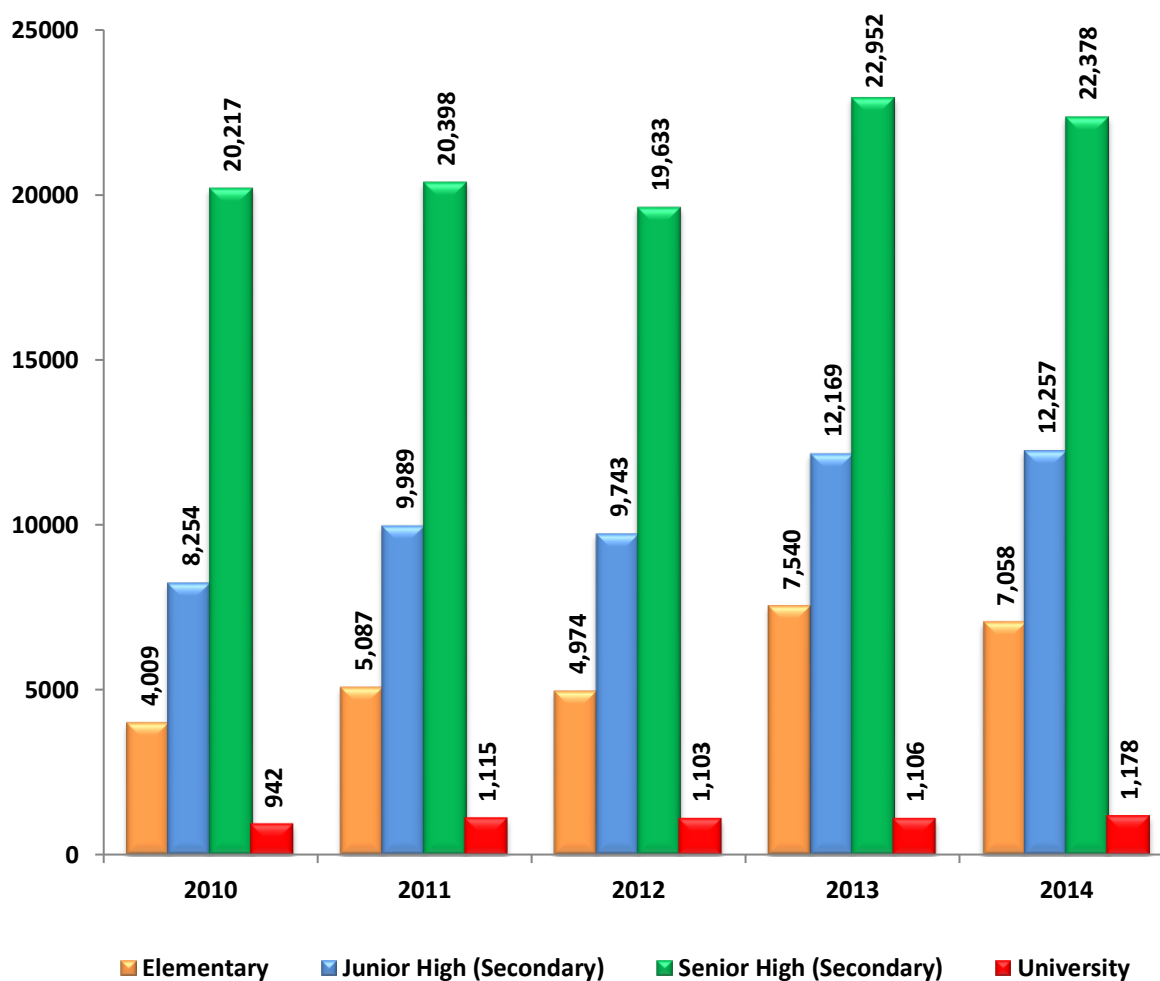


**Table 144. Total Drug Suspects Based on Education, 2010 – 2014**

NO.	EDUCATION	YEAR					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8
1.	Elementary	4,009	5,087	4,974	7,540	7058	28,668
2.	Junior High (Secondary)	8,254	9,989	9,743	12,169	12,257	52,412
3.	Senior High (Secondary)	20,217	20,398	19,633	22,952	22,378	105,578
4.	University	942	1,115	1,103	1,106	1,178	5,444
TOTAL		33,422	36,589	35,453	43,767	42,871	192,102

Source : National Police RI, March 2015

**Diagram 10. Total Drug Suspects Based on Education, 2010 – 2014**



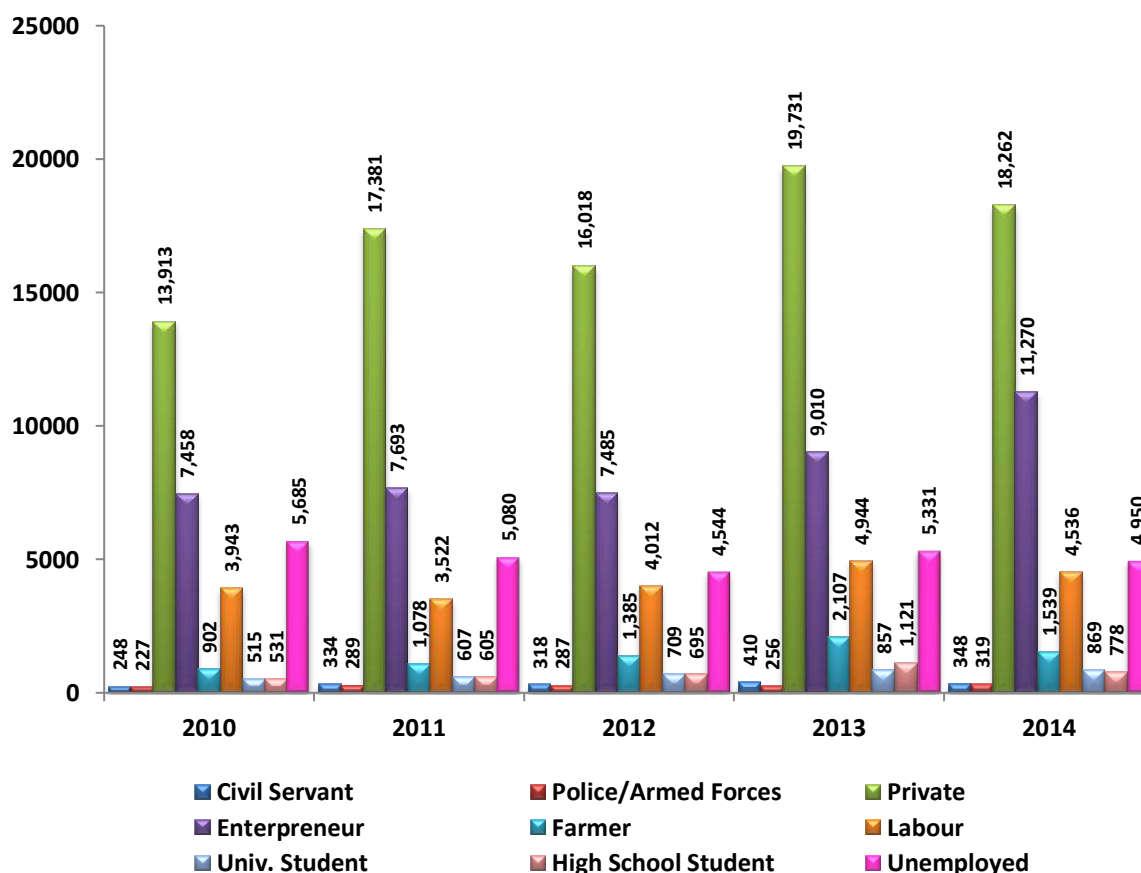


**Table 145. Total Drug Suspects Based on Occupation, 2010–2014**

NO.	OCCUPATION	YEAR					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8
1.	Civil Servant	248	334	318	410	348	1,658
2.	Police/Armed Forces	227	289	287	256	319	1,378
3.	Private	13,913	17,381	16,018	19,731	18,262	85,305
4.	Entrepreneur	7,458	7,693	7,485	9,010	11,270	42,916
5.	Farmer	902	1,078	1,385	2,107	1,539	7,011
6.	Labour	3,943	3,522	4,012	4,944	4,536	20,957
7.	Univ. Student	515	607	709	857	869	3,557
8.	High School Student	531	605	695	1,121	778	3,730
9.	Unemployed	5,685	5,080	4,544	5,331	4,950	25,590
TOTAL		33,422	36,589	35,453	43,767	42,871	192,102

Source : National Police, March 2015

**Diagram 11. Total Drug Suspects Based on Occupation, 2010 – 2014**

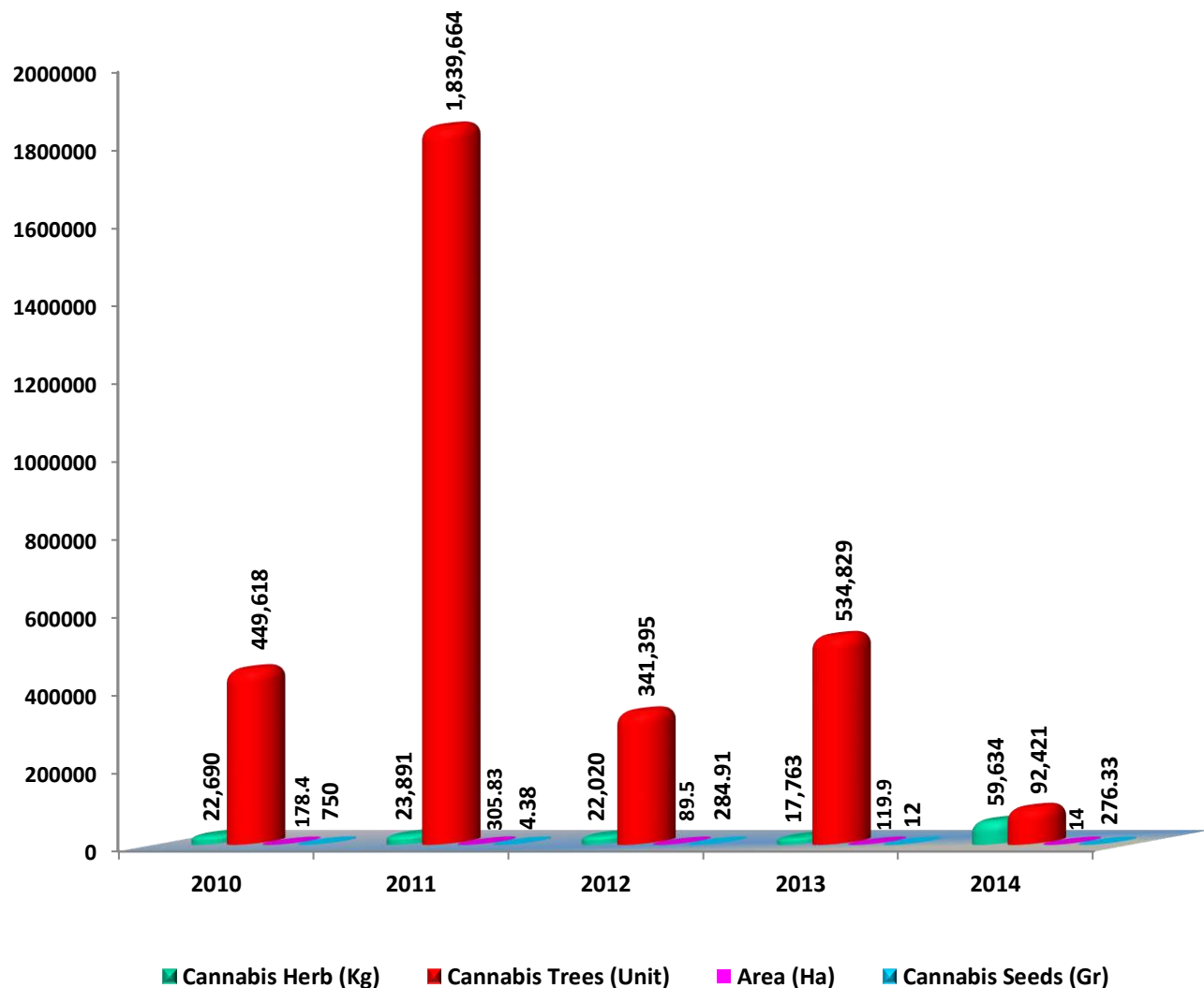


**Table 146. Total Seized Cannabis, 2010 – 2014**

NO.	EIZED DRUG	YEAR					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8
1.	Cannabis Herb (Gr)	22,689,916.05	23,891,244.25	22,019,933.68	17,763,959.76	59,634,166.06	145,999,219.8
2.	Cannabis Trees (Unit)	449,618	1,839,664	341,395	534,829	92,421	3,257,927
3.	Area (Ha)	178.4	305.83	89.5	119.9	14	707.63
4.	Cannabis Seeds (Gr)	750	4.38	284.91	12	276.33	1,327.62

Source : National Police RI, March 2015

**Diagram 12. Total Seized Cannabis, 2010 – 2014**

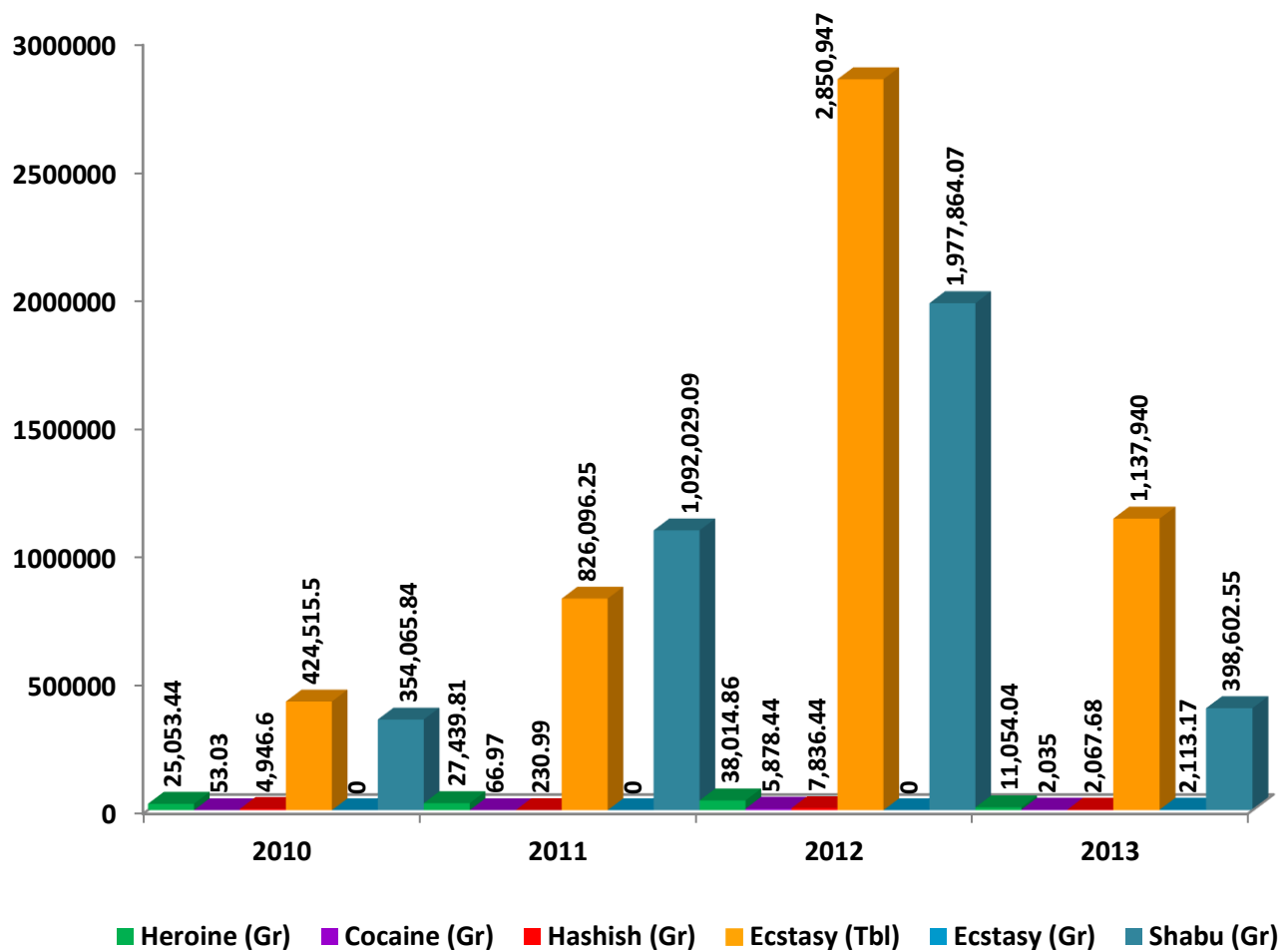


**Table 147. Total Seized Narcotics, 2010 – 2014**

NO.	SEIZED NARCOTICS	YEAR					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8
1.	Heroin (Gr)	25,053.44	27,439.81	38,014.86	11,054.04	4,300.48	105,862.63
2.	Cocaine (Gr)	53.03	66.97	5,878.44	2,035	373.33	8,406.77
3.	Hashish (Gr)	4,946.60	230.99	7,836.44	2,067.68	4,237.49	19,319.2
4.	Ecstasy (Tbl)	424,515.50	826,096.25	2,850,947.00	1,137,940	472,539.25	5,712,038
5.	Ecstasy(Gr)	-	-	-	2,113.17	-	2,113.17
6.	Shabu (Gr)	354,065.84	1,092,029.09	1,977,864.07	398,602.55	718,145.18	4,540,706.73

Source : National Police RI, March 2015

**Diagram 13. Total Seized Narcotics, 2010 – 2014**

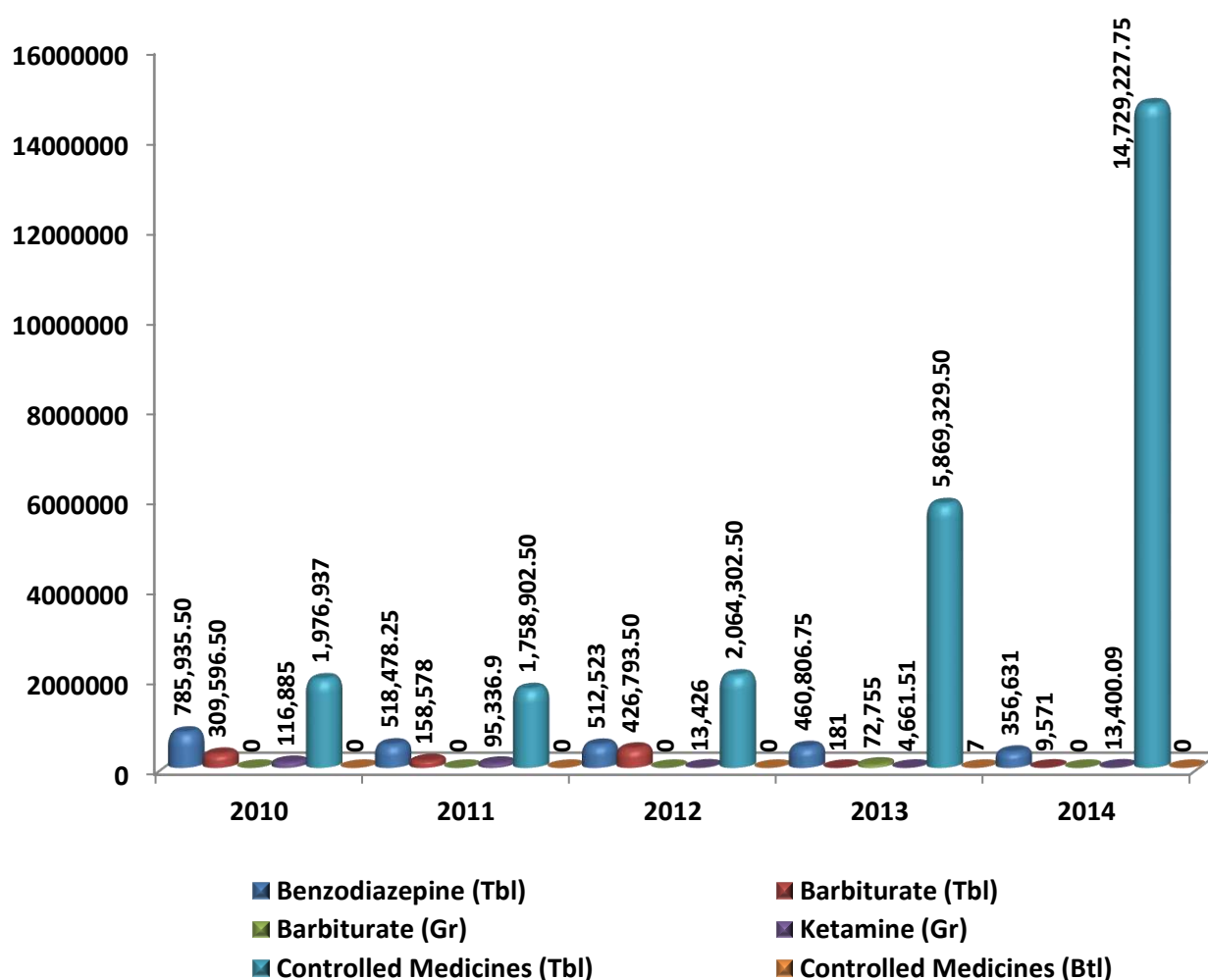


**Table 148. Total Seized Psychotropic Substances, 2010 – 2014**

NO.	SEIZED SUBSTANCE	YEAR					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8
1.	Benzodiazepine (Tbl)	785,935.50	518,478.25	512,523.00	460,806.75	356,631	2,634,374.50
2.	Barbiturate (Tbl)	309,596.50	158,578.00	426,793.50	181	9,571	904,720
3.	Barbiturate (Gr)	-	-	-	7,275.50	-	7,275.50
4.	Ketamine (Gr)	116,885.00	95,336.90	13,426.00	4,661.51	13,400.09	243,709.50
5.	Controlled Medicines (Tbl)	1,976,937.00	1,758,902.50	2,064,302.50	5,869,329.50	14,729,227.75	26,398,699.25
6.	Controlled Medicines (Btl)	-	-	-	7	-	7

Source : National Police RI, March 2015

**Diagram 14. Total Seized Psychotropic Substances, 2010 – 2014**

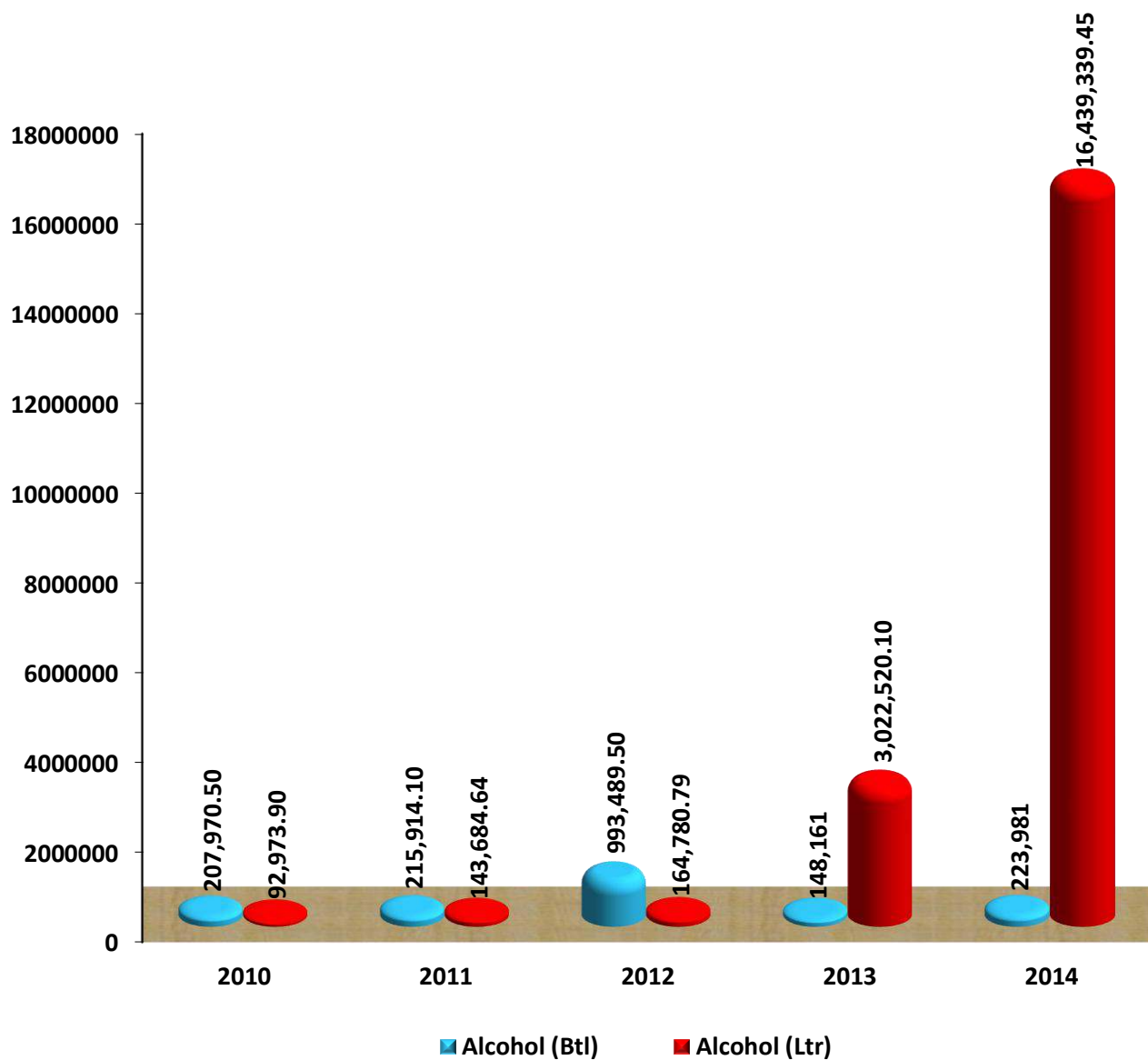


**Table 149. Total Seized Other Addictive Substances, 2010 – 2014**

NO.	SEIZED SUBSTANCE	YEAR					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8
1.	Alcohol (Btl)	207,970.50	215,914.10	993,489.50	148,161	223,981	1,789,516.10
2.	Alcohol (Liters)	92,973.90	143,684.64	164,780.79	3,022,520.10	16,439,339.45	19,863,298.88

Source : National Police RI, March 2015

**Diagram 15. Total Seized Other Addictive Substances, 2010 – 2014**



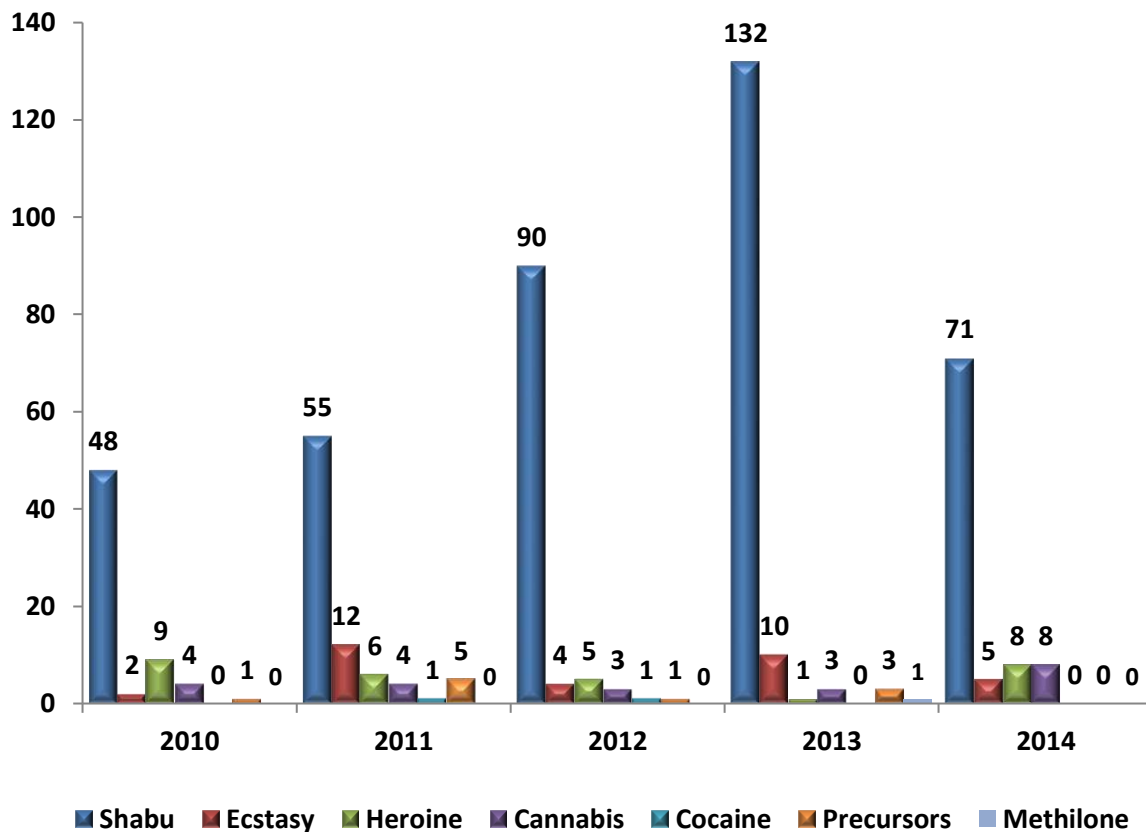
b. Cases, Suspects and Seized Evidence of Narcotics and Precursor Crimes, from BNN, 2010 - 2014

Table 150. Total Narcotic and Precursors Cases, 2010 – 2014

NO.	DRUG CASE	YEAR					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8
1.	Shabu	48	55	90	132	251	576
2.	Ecstasy	2	12	4	10	18	46
3.	Heroin	9	6	5	1	11	32
4.	Cannabis	4	4	3	3	8	22
5.	Cocaine	0	1	1	0	0	2
6.	Precursors	1	5	1	3	0	10
7.	Methilone	0	0	0	1	0	1
TOTAL		64	83	104	150	288	689

Source : National Narcotics Board, March 2015

Diagram 16. Total Narcotics and Precursors Cases, 2010 – 2014

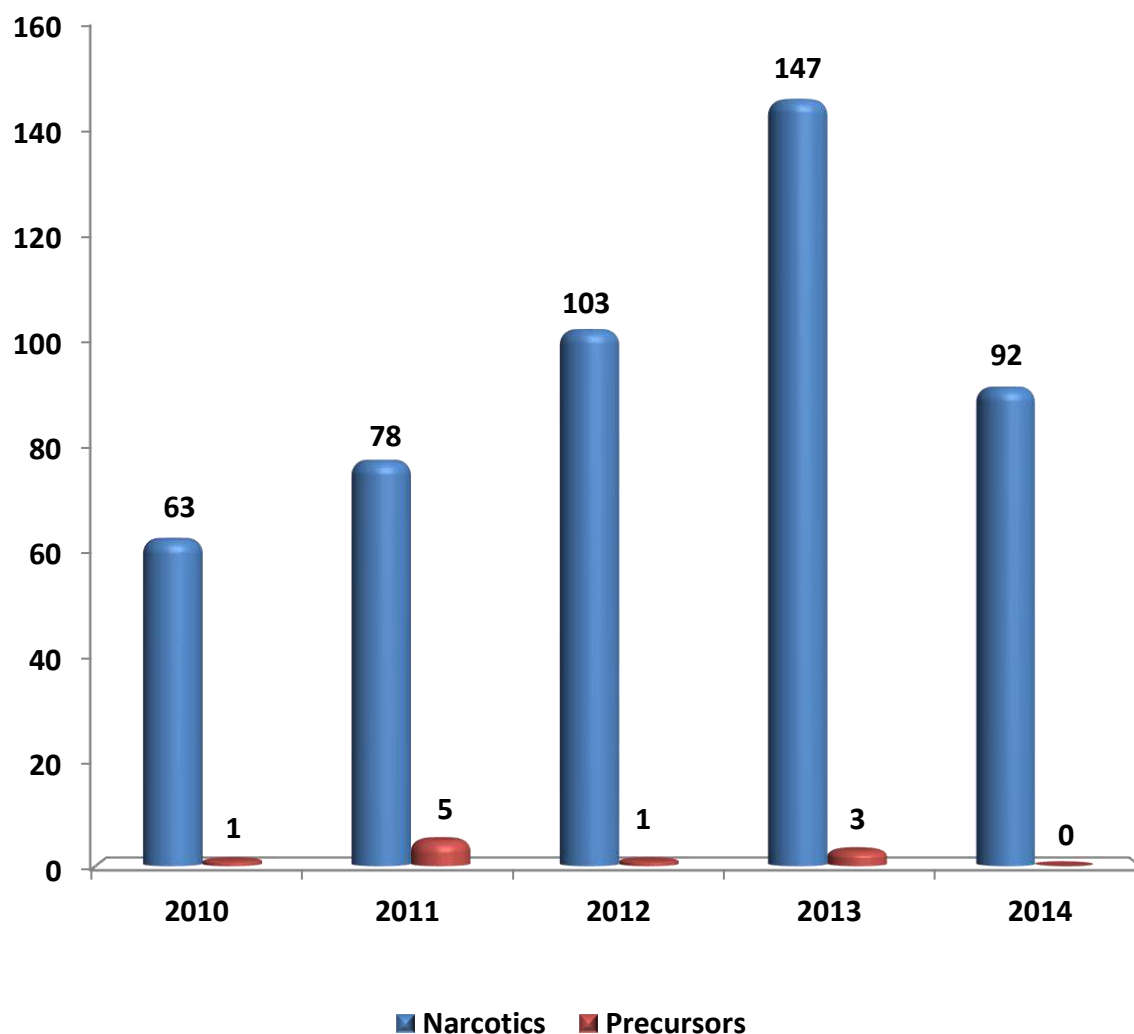


**Table 151. Total Narcotics and Precursors Cases Based on Drug Classification, 2010 – 2014**

NO.	CASE	YEAR					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8
1.	Narcotics	63	78	103	147	288	679
2.	Precursors	1	5	1	3	0	10
TOTAL		64	83	104	150	288	689

Source : National Narcotics Board, March 2015

**Diagram 17. Total Narcotics and Precursors Cases Based on Drug Classification, 2010 – 2014**

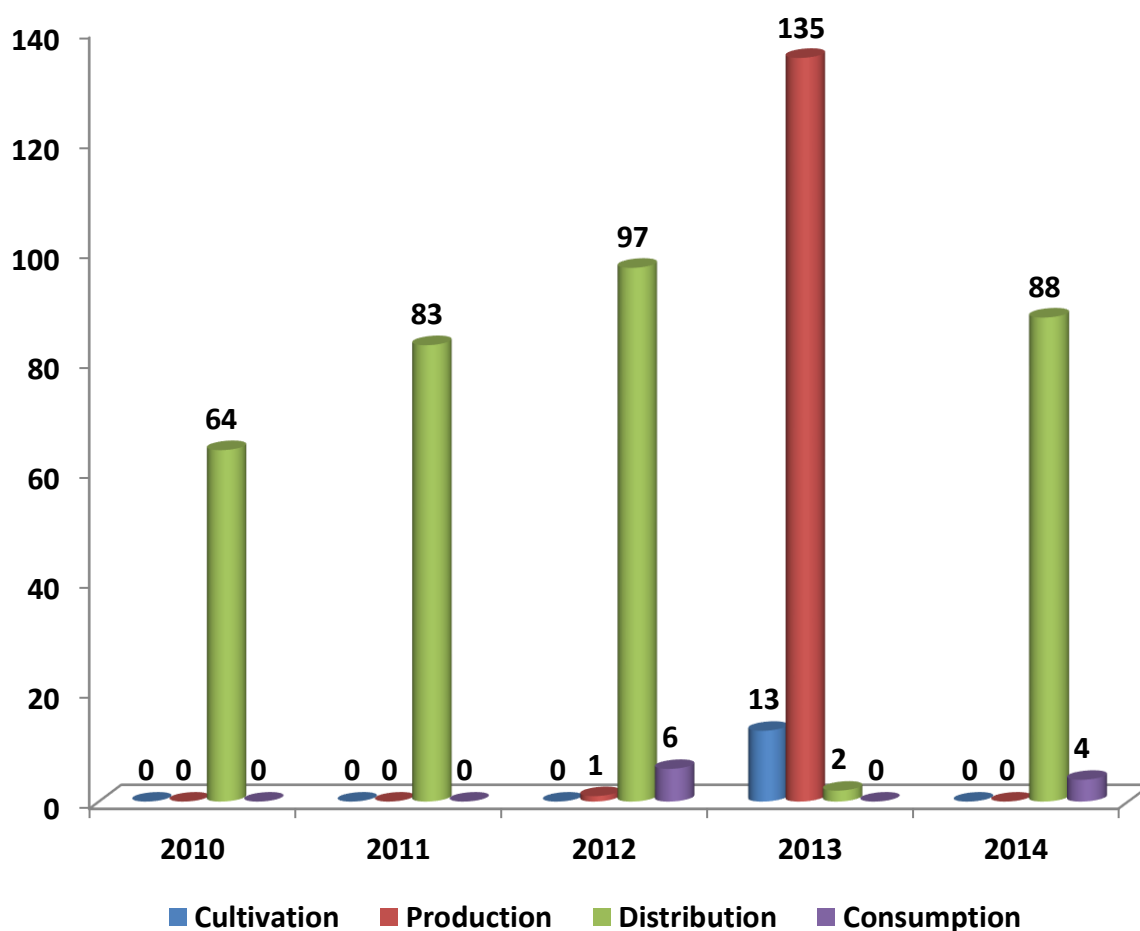


**Table 152. Total Narcotics and Precursors Cases Based on Type of Crime, 2010 – 2014**

NO.	CASE/CRIME	YEAR					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8
1.	Cultivation	0	0	0	13	0	13
2.	Production	0	0	1	135	0	136
3.	Distribution	64	83	97	2	226	472
4.	Consumption	0	0	6	0	62	68
<b>TOTAL</b>		<b>64</b>	<b>83</b>	<b>104</b>	<b>150</b>	<b>288</b>	<b>689</b>

Source : National Narcotics Board, March 2015

**Diagram 18. Total Narcotics and Precursors Cases Based on Type of Crime, 2010 – 2014**



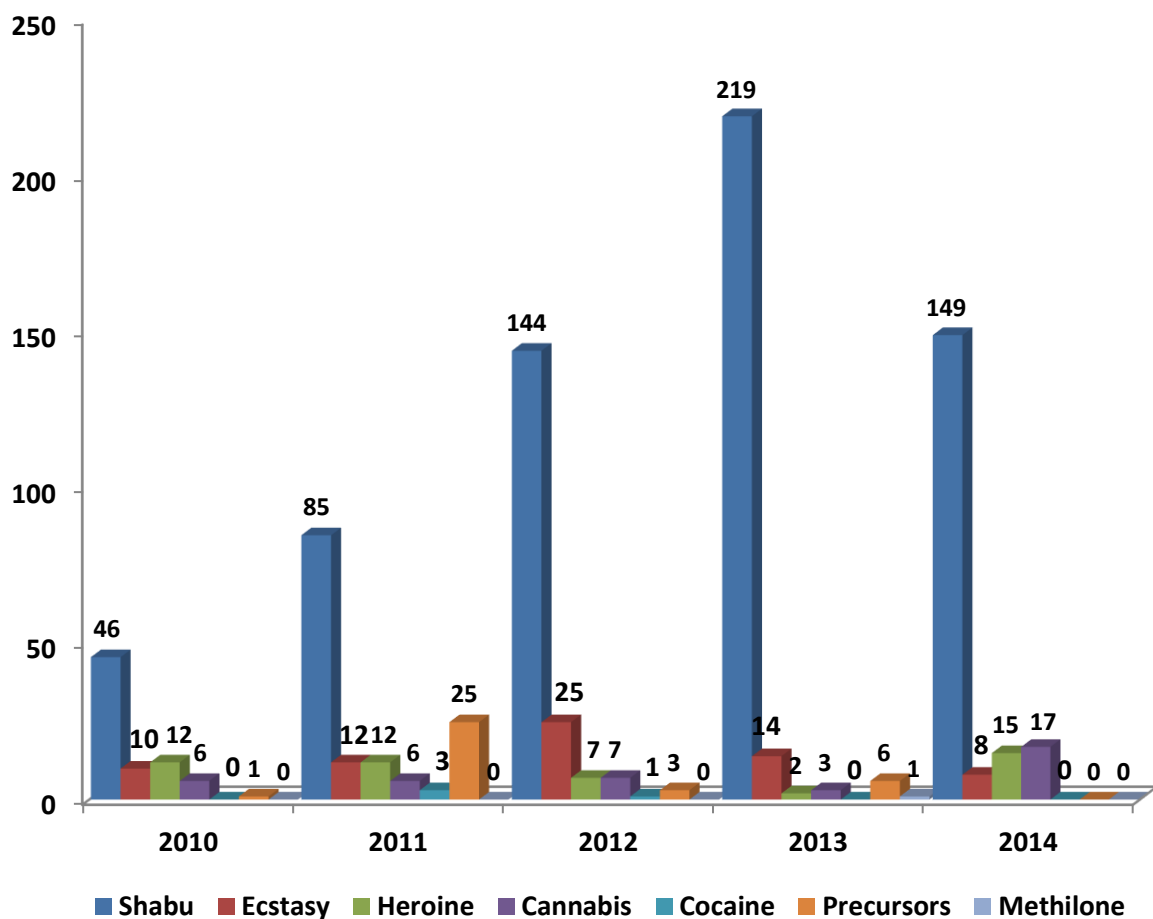


**Table 153. Total Narcotic and Precursors Suspects, 2010 – 2014**

NO.	SUSPECT	YEAR					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8
1.	Shabu	46	85	144	219	365	859
2.	Ecstasy	10	12	25	14	34	95
3.	Heroin	12	12	7	2	20	53
4.	Cannabis	6	6	7	3	15	37
5.	Cocaine	0	3	1	0	0	4
6.	Precursors	1	25	3	6	0	35
7.	Methilone	0	0	0	1	0	1
<b>TOTAL</b>		<b>75</b>	<b>143</b>	<b>187</b>	<b>245</b>	<b>478</b>	<b>1,128</b>

Source : National Narcotics Board, March 2015

**Diagram 19. Total Narcotics and Precursors Suspects, 2010 – 2014**

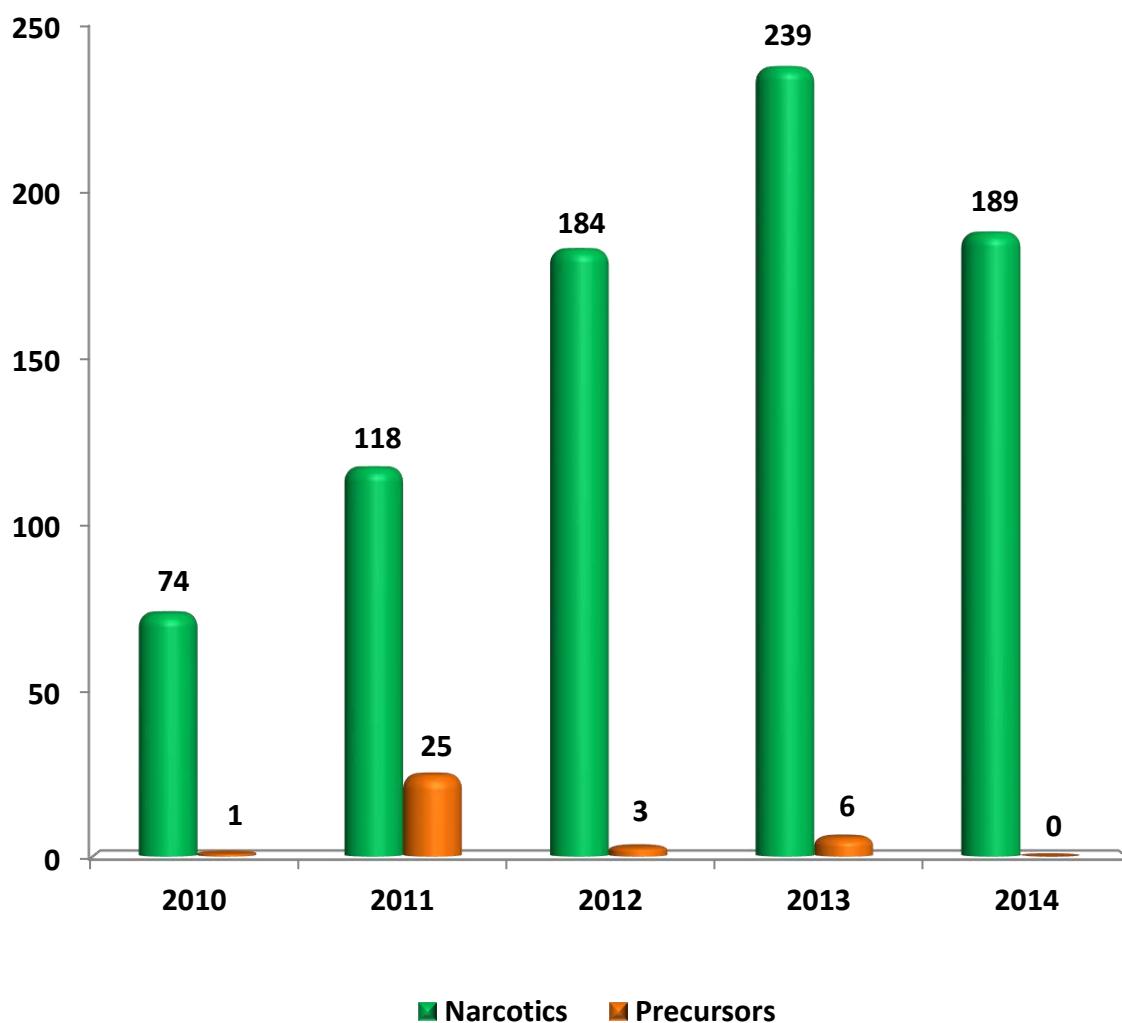


**Table 154. Total Narcotics and Precursors Suspects Based on Drug Classification, 2010 – 2014**

NO.	SUSPECT	YEAR					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6		7
1.	Narcotics	74	118	184	239	478	1,093
2.	Precursors	1	25	3	6	0	35
<b>TOTAL</b>		<b>75</b>	<b>143</b>	<b>187</b>	<b>245</b>	<b>478</b>	<b>1,128</b>

Source : National Narcotics Board, March 2015

**Diagram 20. Total Narcotics and Precursors Cases Based on Drug Classification, 2010 – 2014**

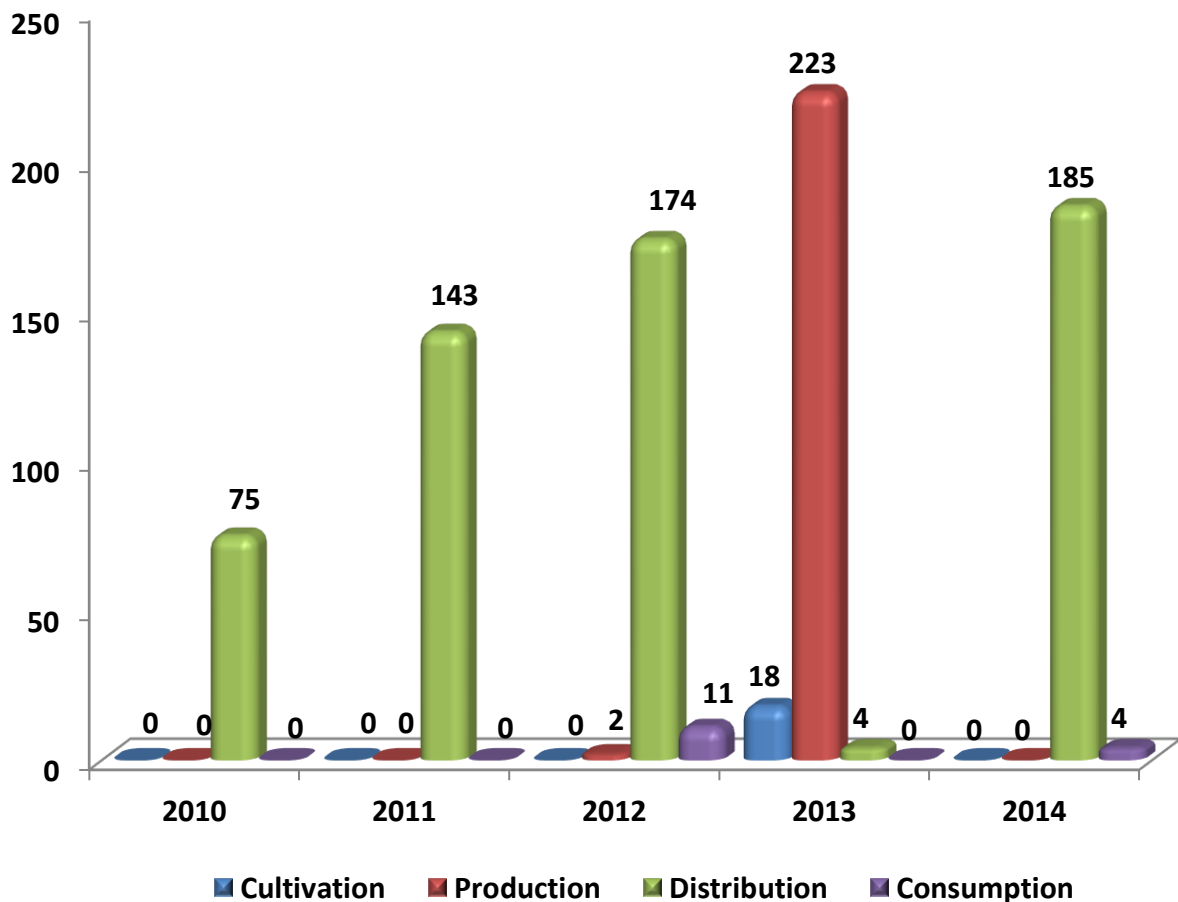


**Table 155. Total Narcotics and Precursors Suspects Based on Type of Crime, 2010 – 2014**

NO.	SUSPECT	YEAR					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8
1.	Cultivation	0	0	0	18	0	18
2.	Production	0	0	2	223	0	225
3.	Distribution	75	143	174	4	374	770
4.	Consumption	0	0	11	0	104	115
TOTAL		75	143	187	245	478	1,128

Source : National Narcotics Board, March 2015

**Diagram 21. Total Narcotics dan Precursors Suspects Based on Type of Crime, 2010 – 2014**

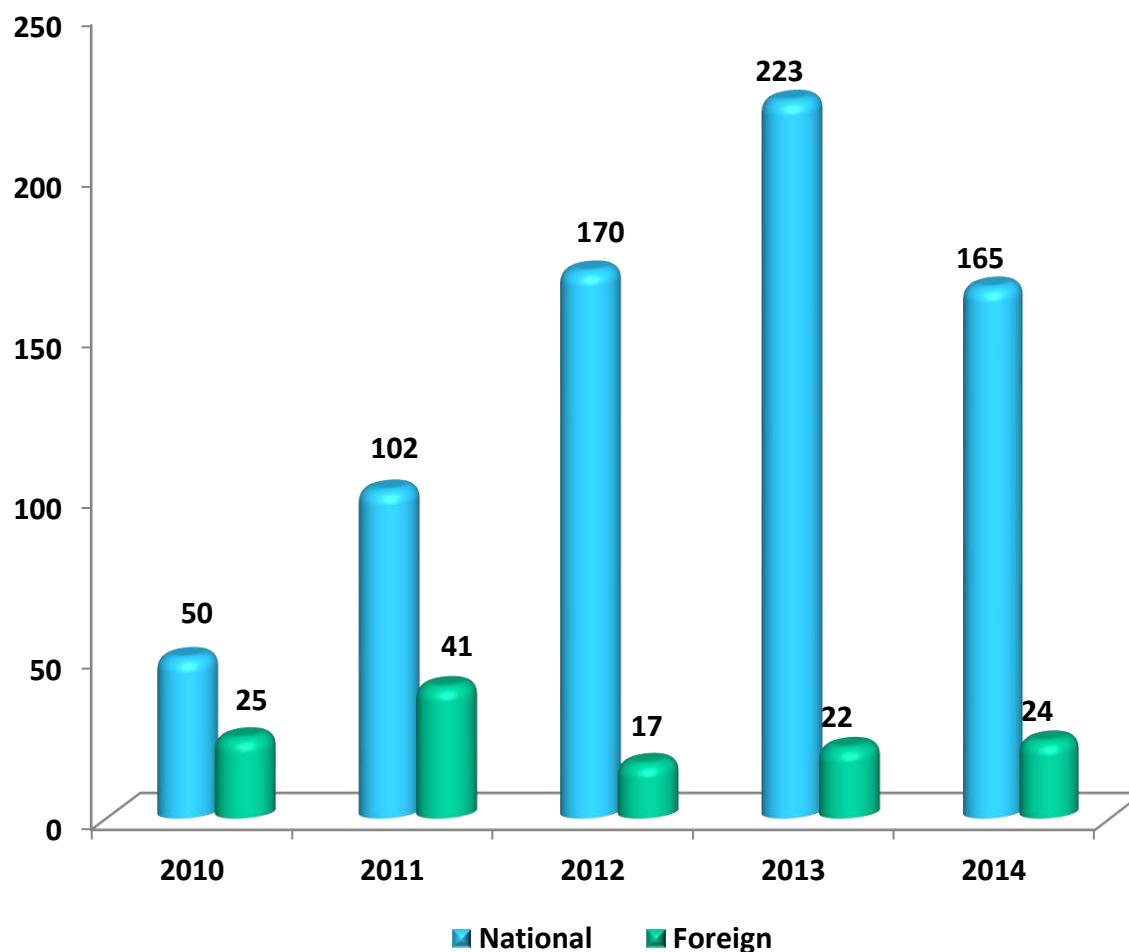


**Table 156. Total Suspects of Narcotics and Precursors Cases Based on Nationality, 2010 – 2014**

NO.	NATIONALITY	YEAR					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8
1.	National	50	102	170	223	450	995
2.	Foreign	25	41	17	22	28	133
TOTAL		75	143	187	245	478	1,128

Source : National Narcotics Board, March 2015

**Diagram 22. Total Suspects of Narcotic and Precursors Cases Based on Nationality, 2010 – 2014**

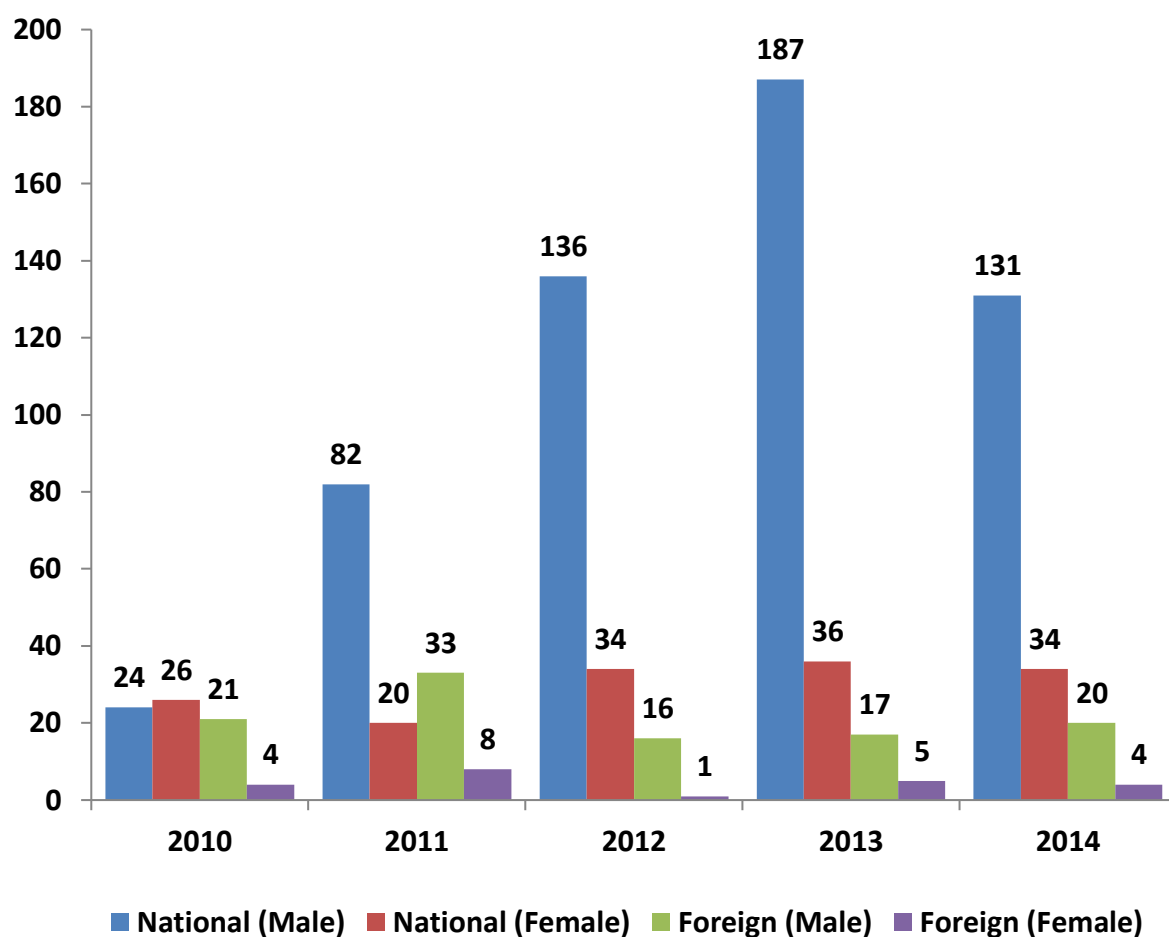


**Table 157. Total Narcotics and Precursors Suspects Based on Nationality and Gender, 2010 – 2014**

NO.	NATIONALITY	GENDER	YEAR					TOTAL
			2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8	9
1.	National	Male	24	82	136	187	390	763
		Female	26	20	34	36	60	174
2.	Foreign	Male	21	33	16	17	24	114
		Female	4	8	1	5	4	21
TOTAL			75	143	187	245	478	1,128

Source : National Narcotics Board, March 2015

**Diagram 23. Total Narcotics and Precursors Suspects Based on Nationality and Gender, 2010 – 2014**

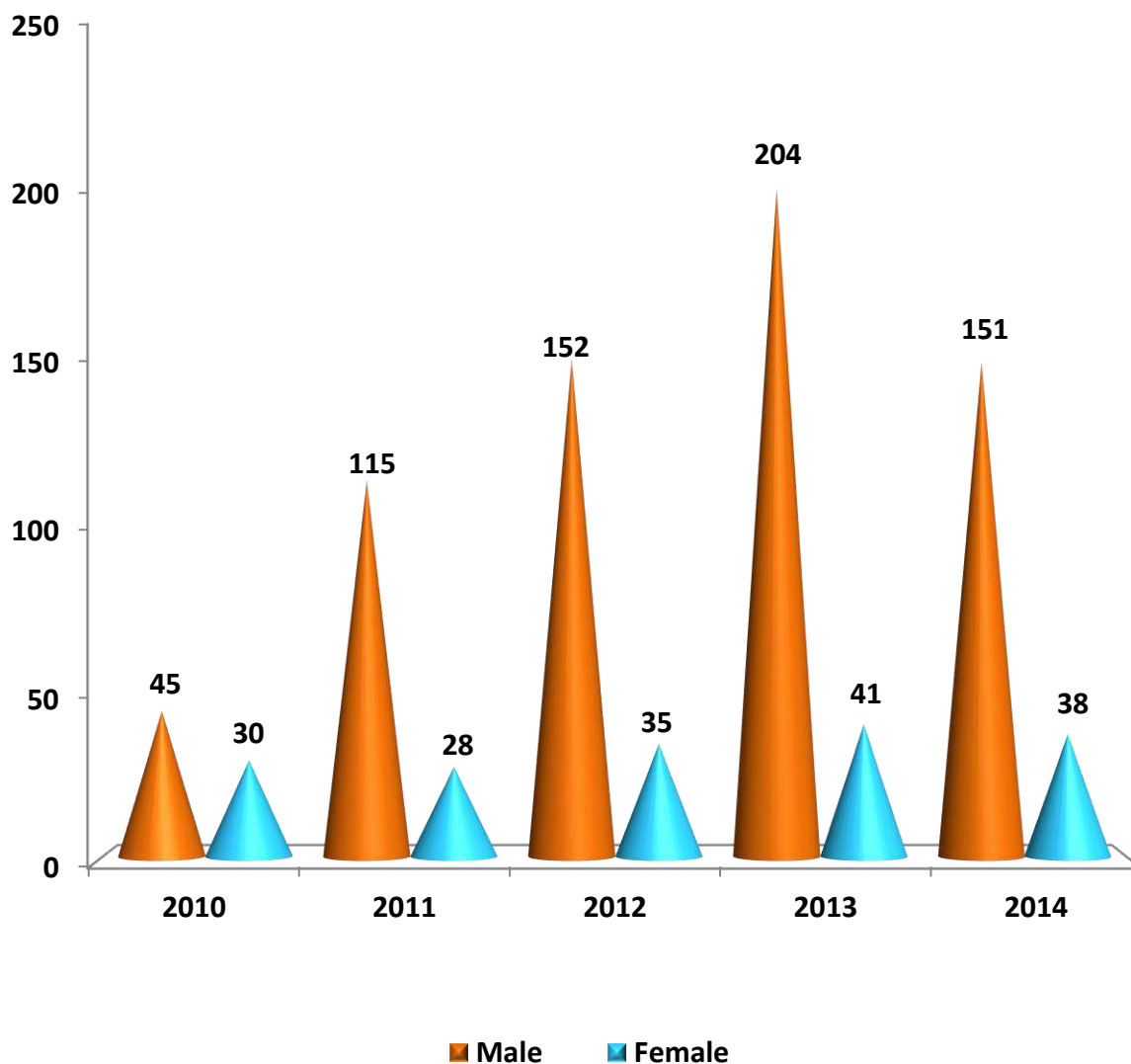


**Table 158. Total Narcotics and Precursors Suspects Based on Gender, 2010 – 2014**

NO.	GENDER	YEAR					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8
1.	Male	45	115	152	204	414	930
2.	Female	30	28	35	41	64	198
TOTAL		75	143	187	245	478	1,128

Source : National Narcotics Board, March 2015

**Diagram 24. Total Narcotics and Precursors Suspects Based on Gender, 2010 – 2014**

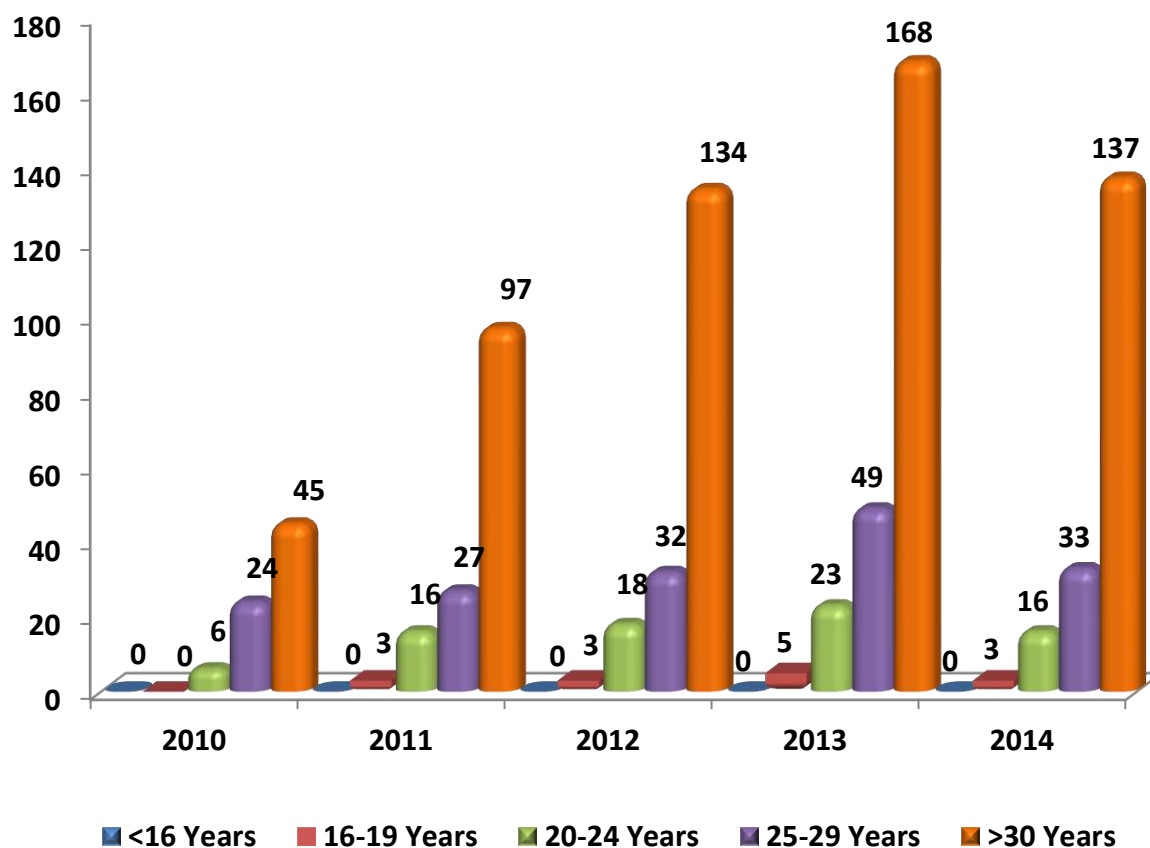


**Table 159. Total Narcotics and Precursors Suspects Based on Age Group, 2010 – 2014**

NO.	AGE GROUP	YEAR					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8
1.	< 16 Years	0	0	0	0	0	0
2.	16 – 19 Years	0	3	3	5	7	18
3.	20 – 24 Years	6	16	18	23	53	116
4.	25 – 29 Years	24	27	32	49	99	231
5.	> 30 Years	45	97	134	168	319	763
<b>TOTAL</b>		<b>75</b>	<b>143</b>	<b>187</b>	<b>245</b>	<b>478</b>	<b>1,128</b>

Source : National Narcotics Board, March 2015

**Diagram 25. Total Narcotics and Precursors Suspects Based on Age Group, 2010 – 2014**

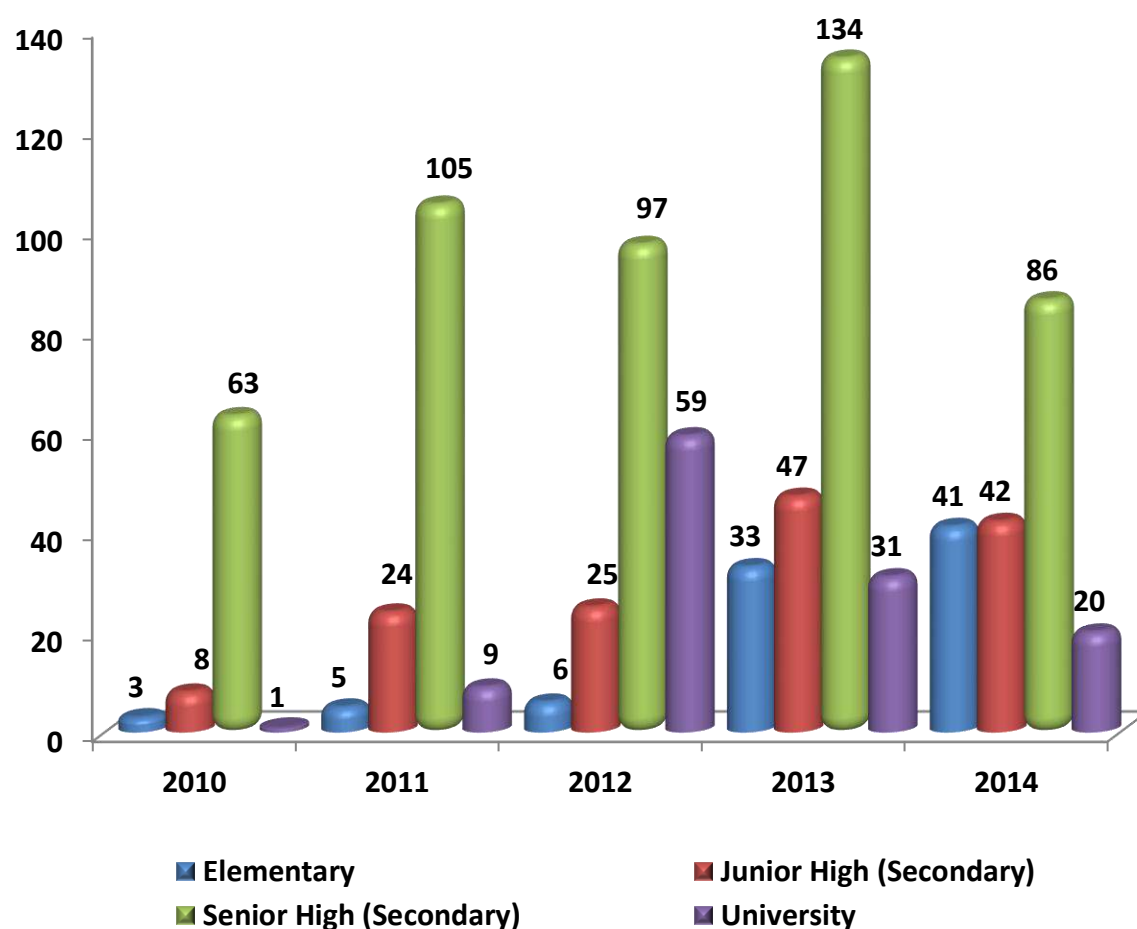


**Table 160. Total Narcotics and Precursors Suspects Based on Education, 2010 – 2014**

NO.	EDUCATION	YEAR					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8
1.	Elementary	3	5	6	33	70	117
2.	Junior High (Secondary)	8	24	25	47	99	203
3.	Senior High (Secondary)	63	105	97	134	261	660
4.	University	1	9	59	31	48	148
TOTAL		75	143	187	245	478	1,128

Source : National Narcotics Board, March 2015

**Diagram 26. Total Narcotics and Precursors Suspects Based on Education, 2010 – 2014**



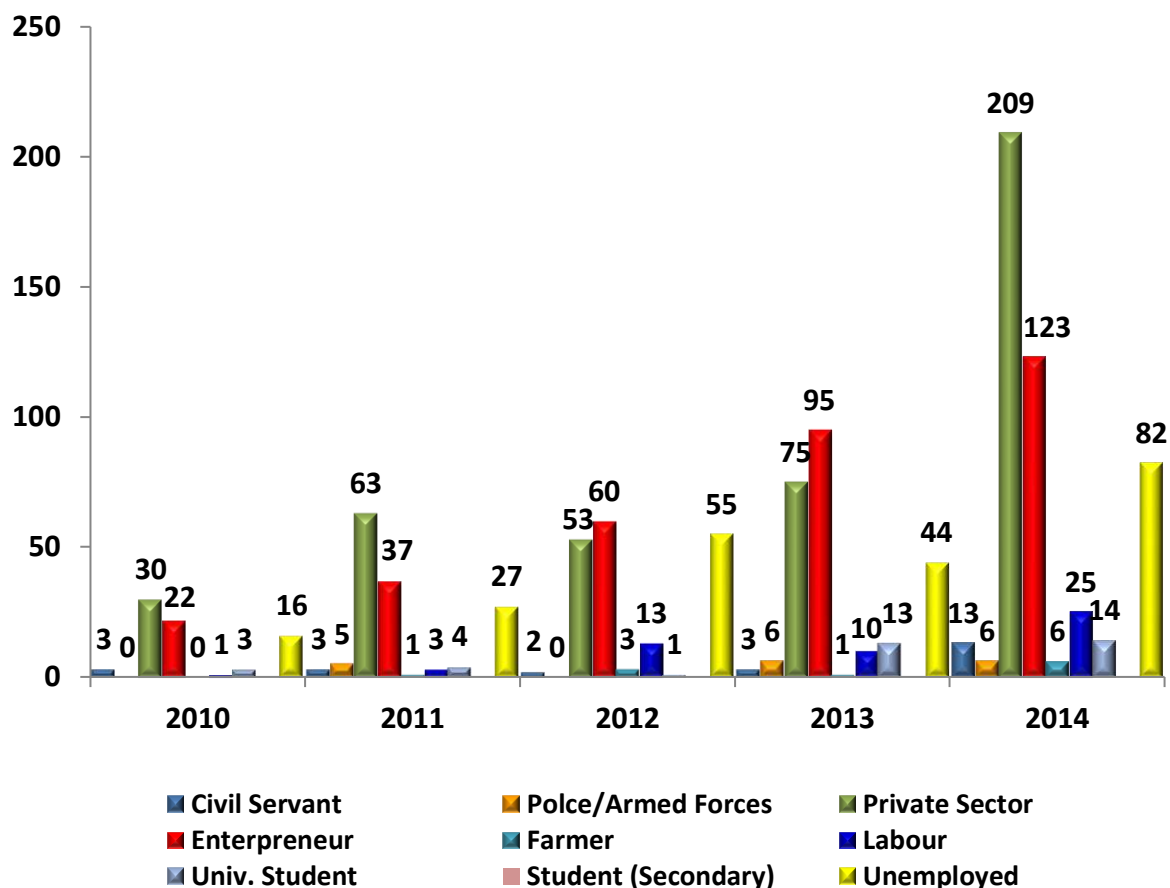


**Table 161. Total Narcotics and Precursors Suspects Based on Occupation, 2010 – 2014**

NO.	OCCUPATION	YEAR					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8
1.	Civil Servant	3	3	2	3	13	24
2.	Police/Armed Forces	0	5	0	6	6	17
3.	Private Sector	30	63	53	73	209	428
4.	Entrepreneur	22	37	60	95	123	337
5.	Farmer	0	1	3	1	6	11
6.	Labour	1	3	13	10	25	52
7.	Univ. Student	3	4	1	13	14	35
8.	Student (Secondary)	0	0	0	0	0	0
9.	Unemployed	16	27	55	44	82	224

Source : National Narcotics Board, March 2015

**Diagram 27. Total Narcotics and Precursors Suspects Based on Occupation, 2010 – 2014**

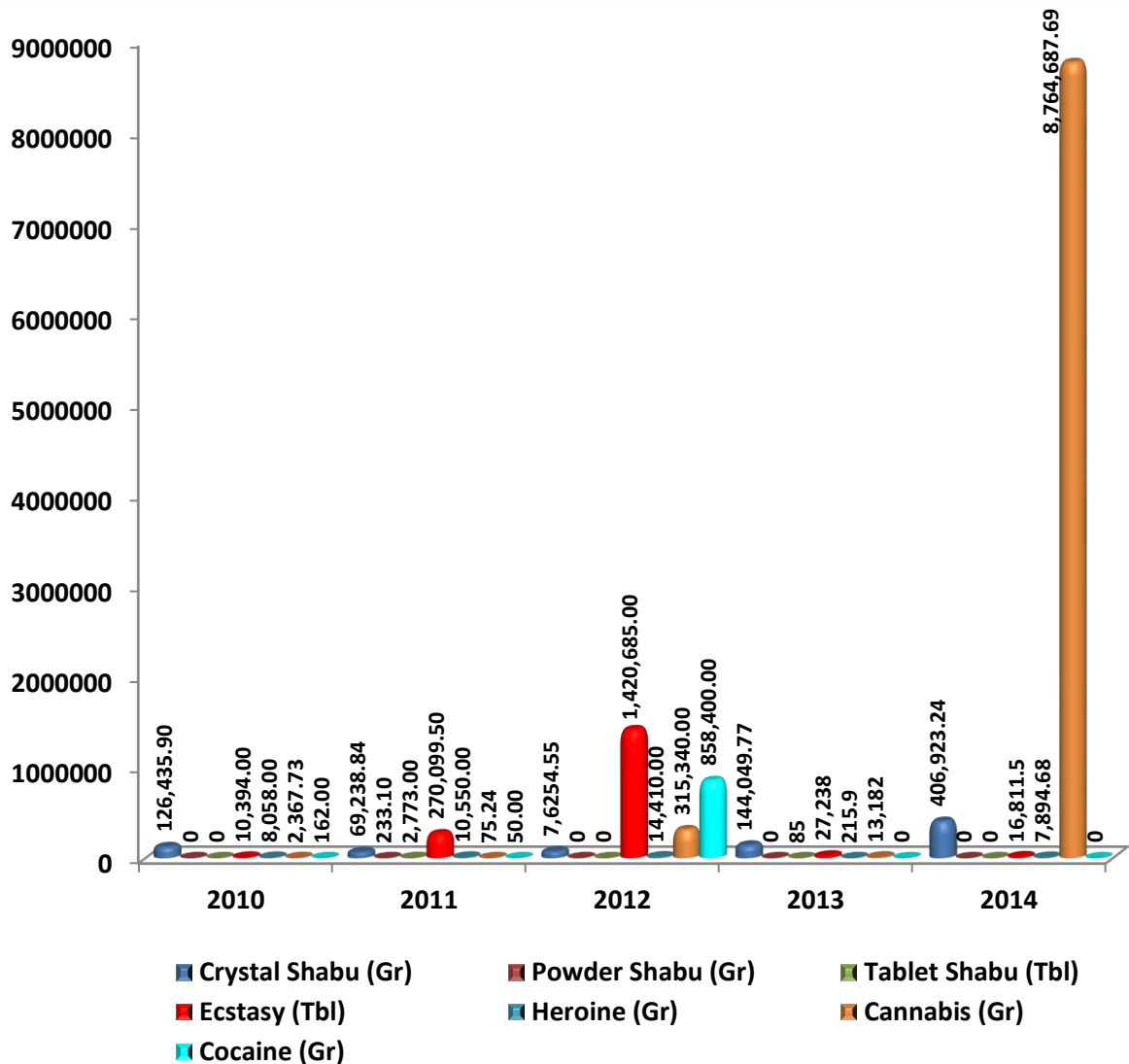


**Table 162. Total Seized Narcotics, 2010 – 2014**

NO.	SEIZED EVIDENCE	YEAR				
		2010	2011	2012	2013	2014
1	2	3	4	5	6	7
1.	Crystal Shabu (Gram)	126,435.90	69,238.84	76,254.55	144,049.77	406,923.24
2.	Powder Shabu (Gram)	0	233.10	0	0	0
3.	Tablet Shabu (Tablet)	0	2,773.00	0	85	0
4.	Ecstasy (Tab))	10,394.00	270,099.50	1,420,685.00	27,238	16,811.5
5.	Ecstasy(Gram)	0	0	0	0	5,447.66
6.	Heroin (Gram)	8,058.00	10,550.00	14,410.00	215.9	7,894.68
7.	Cocaine (Gram)	162.00	50.00	858,400.00	0	0
8.	Cannabis(Gram)	2,367.73	75.24	315,340.00	13,182	8,764,687.69
9.	Cannabis Trees (unit)	0	0	0	0	60
10.	Cannabis seeds (Gram)	0	0	0	0	102

Source : National Narcotics Board, March 2015

**Diagram 28. Total Seized Narcotics, 2010 – 2014**



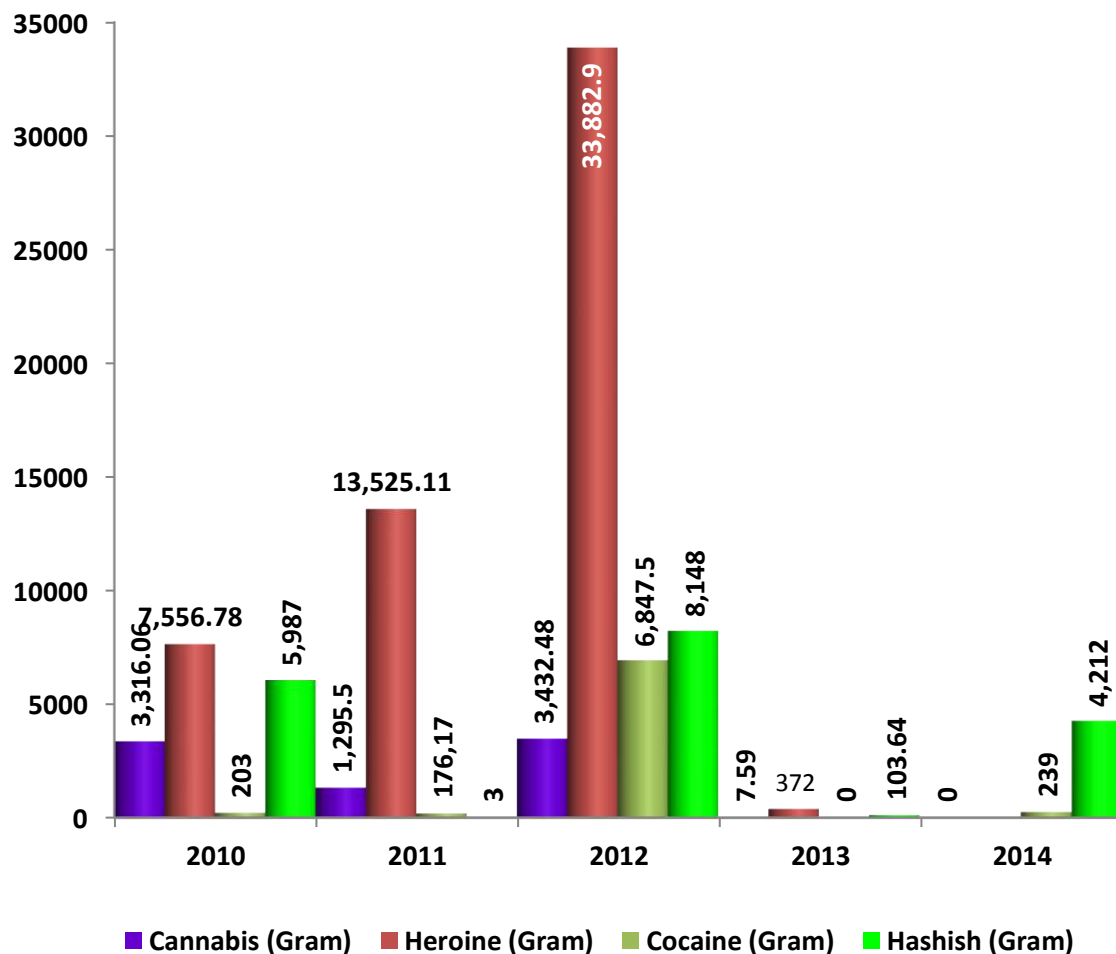
c. **Seized Evidence and Suspects of Narcotic Crimes, from Ministry of Finance RI, 2010 – 2014**

**Table 163. Total Seized Natural Narcotics at Airports, 2010 – 2014**

NO.	SEIZED EVIDENCE	YEARS					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8
1.	Cannabis (Gram)	3,316.06	1,295.50	3,432.48	7.59	0	8,051.63
2.	Heroin (Gram)	7,556.78	13,525.11	33,882.90	372	0	55,336.79
3.	Cocaine (Gram)	203.00	176.17	6,847.50	0	239	7,465.67
4.	Hashish (Gram)	5,987.00	3.00	8,148.00	103.64	4.212	14,245.85

Source : Directorate of Customs & Excise, Ministry of Finance RI, March 2015

**Diagram 29. Total Seized Natural Narcotics at Airports, 2010-2014**

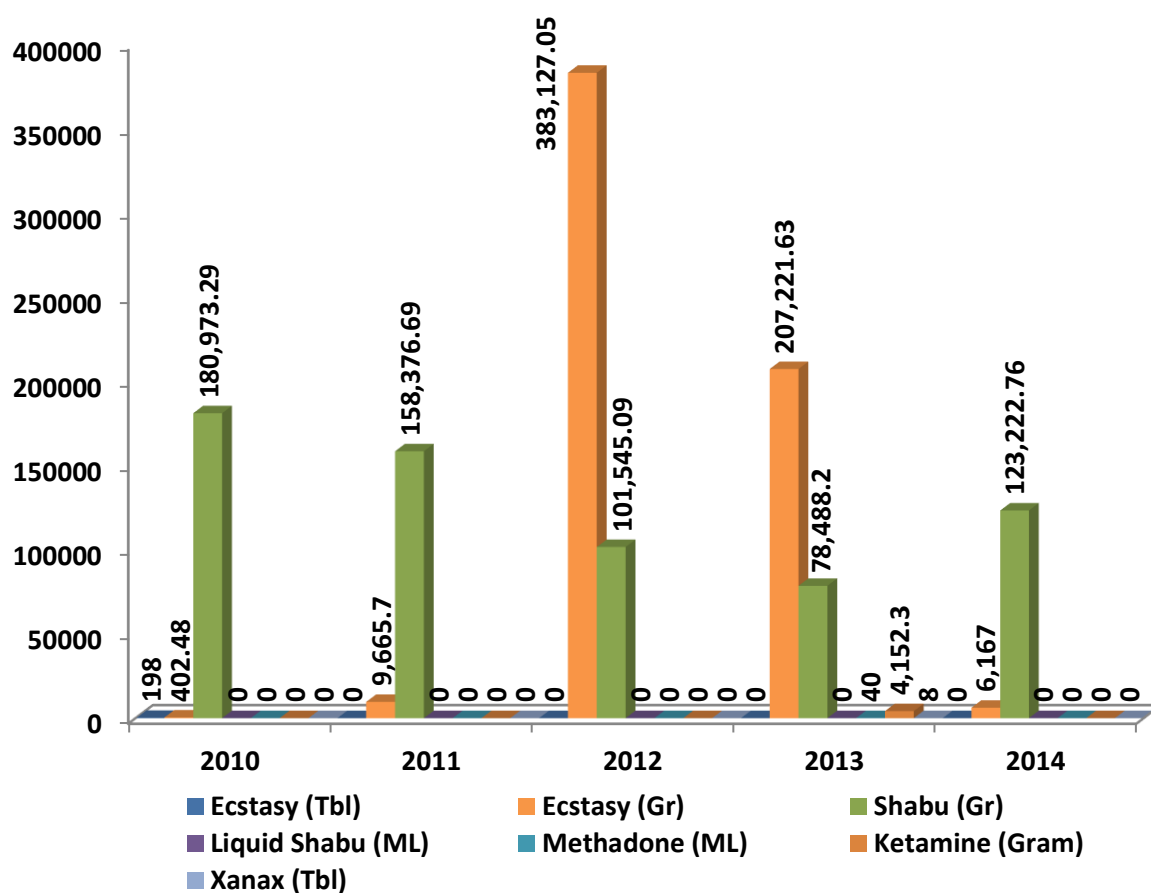


**Table 164. Total Seized Synthetic Narcotics at Airports, 2010 – 2014**

NO.	SEIZED EVIDENCE	YEAR					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8
1.	Ecstasy (Tbl)	198.00	0	0	0	0	198.00
2.	Ecstasy (Gr)	402.48	9,665.70	383,127.05	207,221.63	6,167	606,583.86
3.	Shabu (Gr)	180,973.29	158,376.69	101,545.09	78,488.2	123,222.76	642,606.03
4.	Liquid Shabu (ML)	1,030.00	0	0	0	0	1,030.00
5.	Methadone (ML)	0	0	0	40	0	40
6.	Ketamine (Gr)	0	0	0	4,152.3	0	4,152.3
7.	Xanax (Tbl)	0	0	0	8	0	8

Source : Directorate of Customs & Exccise, Ministry of Finance RI, March 2015

**Diagram 30. Total Seized Synthetic Narcotic at Airports, 2010 – 2014**

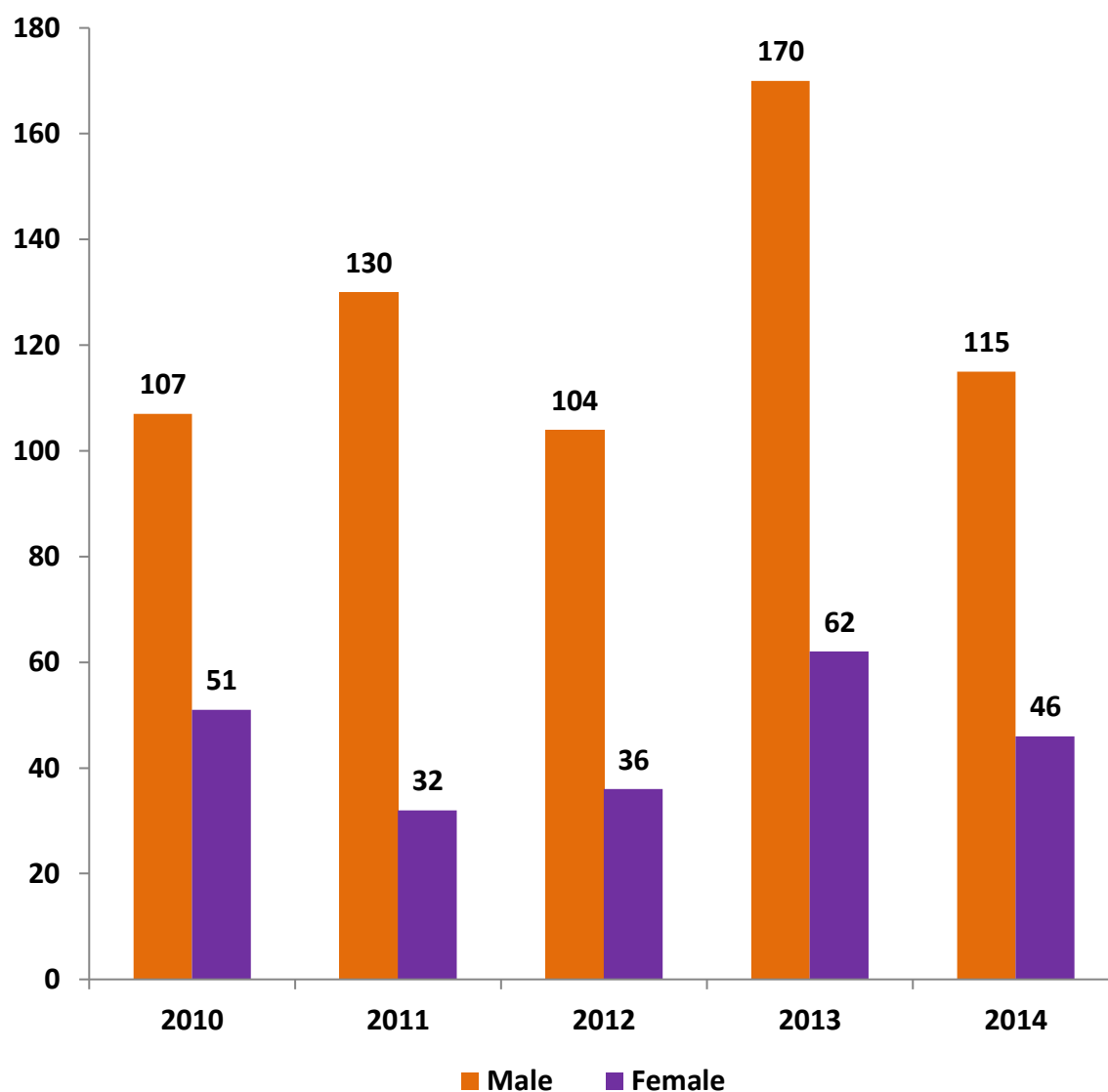


**Table 165. Total Narcotics Suspects Based on Gender, 2010 – 2014**

NO.	GENDER	YEAR					TOTAL
		2010	2011	2012	2013	2014	
1	2	3	4	5	6	7	8
1.	Male	107	130	104	170	115	626
2.	Female	51	32	36	62	46	227
TOTAL		158	162	140	232	161	853

Source : Direstorate General of Customs & Excise, Ministry of Finance RI, March 2015

**Diagram 31. Total Narcotic Suspects Based on Gender, 2010 – 2014**



**d. Prisoners and Detainees of Drug Cases, from Ministry of Justice & Human Rights RI, 2010 – 2014**

**Table 166. Total Prisoners and Detainees of Drug Cases by Province, 2010 – 2014**

NO.	REGIONAL OFFICE	YEAR				
		2010	2011	2012	2013	2014
1	2	3	4	5	6	7
1.	Aceh	0	2,036	659	1,706	1,654
2.	North Sumatera	5,896	6,291	2,595	64	9,266
3.	West Sumatera	665	924	233	1,149	1,115
4.	Riau Islands	734	856	531	1,209	1,198
5.	Riau	1,335	1,624	234	2,689	3,011
6.	Jambi	300	452	195	906	973
7.	South Sumatera	1,676	1,560	838	2,275	2,632
8.	Bangka Belitung Islands	313	357	110	483	568
9.	Lampung	953	1,158	505	1,715	1,161
10.	Bengkulu	188	323	43	438	416
11.	Banten	2,270	2,544	904	3,502	3,260
12.	DKI Jakarta	5,669	6,509	3,623	10,026	11,262
13.	West Java	5,194	5,953	2,327	7,111	7,461
14.	DI Yogyakarta	143	340	1,387	319	260
15.	Central Java	1,762	1,662	164	3,237	2,606
16.	East Java	2,712	3,126	1,301	4,055	4,310
17.	West Kalimantan	531	595	243	811	837
18.	Central Kalimantan	251	444	1,184	688	721
19.	South Kalimantan	1,182	1,746	446	3,249	3,522
20.	East Kalimantan	1,146	1,526	194	1,592	1,885
21.	North Sulawesi	24	3	227	64	73
22.	Gorontalo	48	38	149	56	70
23.	Central Sulawesi	53	184	9	342	279
24.	South Sulawesi	2	949	356	1,125	1,796
25.	West Sulawesi	24	73	30	78	81
26.	S.E. Sulawesi	83	109	55	213	273
27.	Bali	456	540	109	459	392
28.	West Nusa Tenggara	177	309	26	375	335
29.	East Nusa Tenggara	26	26	9	25	33
30.	Maluku	66	64	21	87	103
31.	North Maluku	0	77	27	70	68
32.	West Papua	13	30	15	28	36
33.	Papua	117	148	-	37	160
<b>T o t a l</b>		<b>34,009</b>	<b>42,576</b>	<b>18,749</b>	<b>55,671</b>	<b>61,819</b>

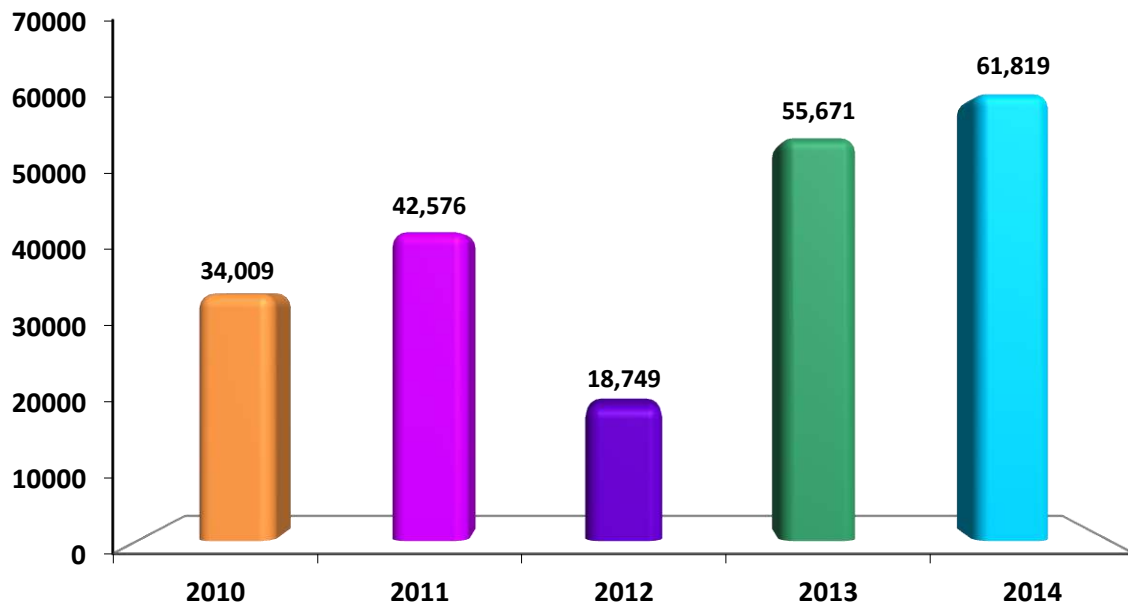
**Source :** Directorate of Correctional Institutions, Ministry of Justice and Human Rights RI, March 2015

**Table 167. Total Drug Prisoners and Detainees Based on Classification of Dealer/ Supplier and User by Province, 2013 – 2014**

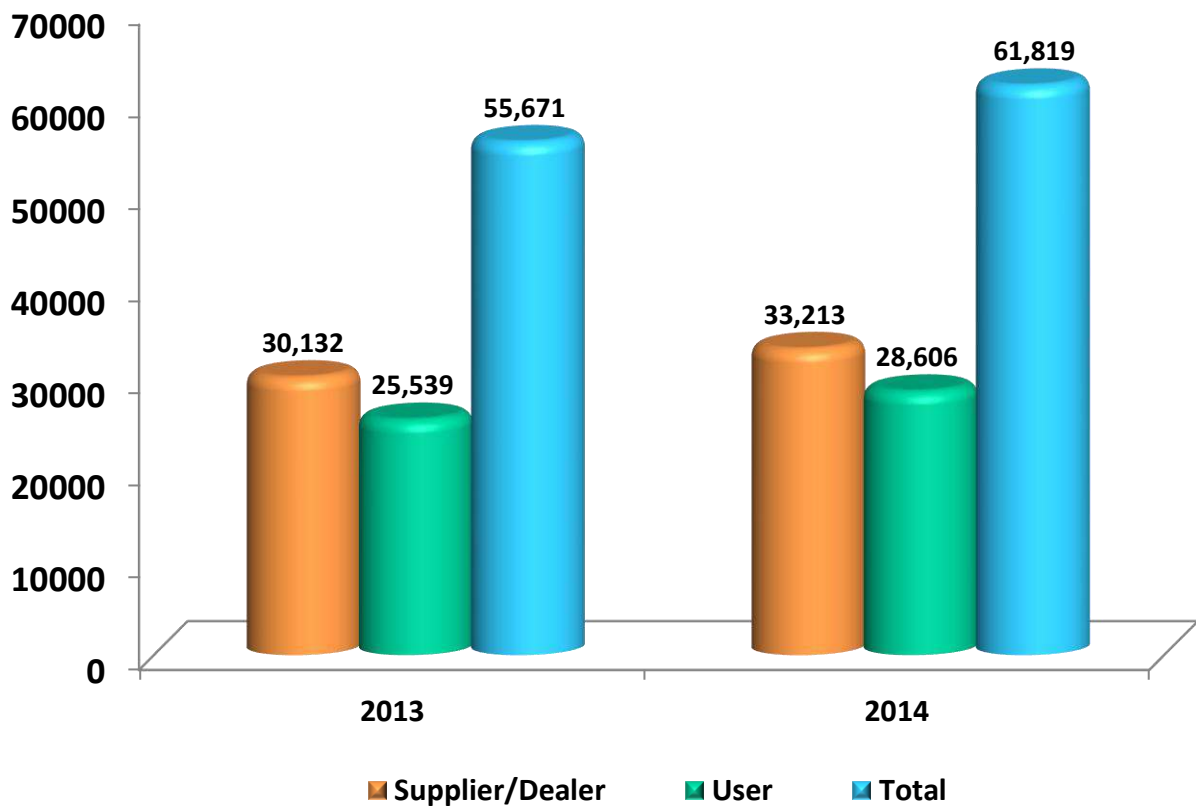
NO.	REGIONAL OFFICE	CASE					
		2013			2014		
		SUPPLIER/ DEALER	USER	TOTAL	SUPPLIER/ DEALER	USER	TOTAL
1	2	3	4	5	6	7	8
1.	Aceh	1,255	451	<b>1,706</b>	1,170	484	<b>1,654</b>
2.	North Sumatera	3.,	2,302	<b>5,552</b>	4,625	4641	<b>9,266</b>
3.	West Sumatera	520	629	<b>1,149</b>	517	598	<b>1,115</b>
4.	Riau Islands	631	578	<b>1,209</b>	830	368	<b>1,198</b>
5.	Riau	2,084	605	<b>2,689</b>	1,909	1,102	<b>3,011</b>
6.	Jambi	635	271	<b>906</b>	657	316	<b>973</b>
7.	South Sumatera	961	1,314	<b>2,275</b>	1,017	1,615	<b>2,632</b>
8.	Bangka Belitung	396	87	<b>483</b>	478	90	<b>568</b>
9.	Lampung	1,237	478	<b>1,715</b>	478	683	<b>1,161</b>
10.	Bengkulu	324	114	<b>438</b>	297	119	<b>416</b>
11.	Banten	1,475	2,027	<b>3,502</b>	1,425	1,835	<b>3,260</b>
12.	DKI Jakarta	4,940	5,086	<b>10,026</b>	6,294	4,970	<b>11,262</b>
13.	West Java	635	271	<b>906</b>	4,388	3,073	<b>7,461</b>
14.	DI Yogyakarta	205	114	<b>319</b>	179	81	<b>260</b>
15.	Central Java	2,281	956	<b>3,237</b>	1668	938	<b>2,606</b>
16.	East Java	853	3,202	<b>4,055</b>	1,249	3,061	<b>4,310</b>
17.	West Kalimantan	251	560	<b>811</b>	360	477	<b>837</b>
18.	Central Kalimantan	221	467	<b>688</b>	302	419	<b>721</b>
19.	South Kalimantan	1,784	1,465	<b>3,249</b>	2,216	1,306	<b>3,522</b>
20.	East Kalimantan	1,179	413	<b>1,592</b>	1,330	555	<b>1,885</b>
21.	North Sulawesi	35	29	<b>64</b>	41	32	<b>73</b>
22.	Gorontalo	0	56	<b>56</b>	0	70	<b>70</b>
23.	Central Sulawesi	97	245	<b>342</b>	198	81	<b>279</b>
24.	South Sulawesi	298	827	<b>1,125</b>	543	1,253	<b>1,796</b>
25.	West Sulawesi	35	43	<b>78</b>	59	22	<b>81</b>
26.	S.E. Sulawesi	100	113	<b>213</b>	210	63	<b>273</b>
27.	Bali	211	248	<b>459</b>	245	147	<b>392</b>
28.	West Nusa Tenggara	302	73	<b>375</b>	295	40	<b>335</b>
29.	East Nusa Tenggara	1	24	<b>25</b>	3	30	<b>33</b>
30.	Maluku	25	62	<b>87</b>	22	81	<b>103</b>
31.	North Maluku	57	13	<b>70</b>	47	21	<b>68</b>
32.	West Papua	15	22	<b>37</b>	18	18	<b>36</b>
33.	Papua	1	24	<b>25</b>	143	17	<b>160</b>
<b>TOTAL</b>		<b>30,132</b>	<b>25,539</b>	<b>55,671</b>	<b>33,213</b>	<b>28,606</b>	<b>61,819</b>

Source : Directorate of Correctional Institutions, Ministry of Jusstice & HR RI, March 2015

**Diagram 32. Total Drug Prisoners and Detainees, 2010 – 2014**



**Diagram 33. Total Drug Prisoners and Detainees Based on Supplier/Dealer and User, 2013 – 2014**





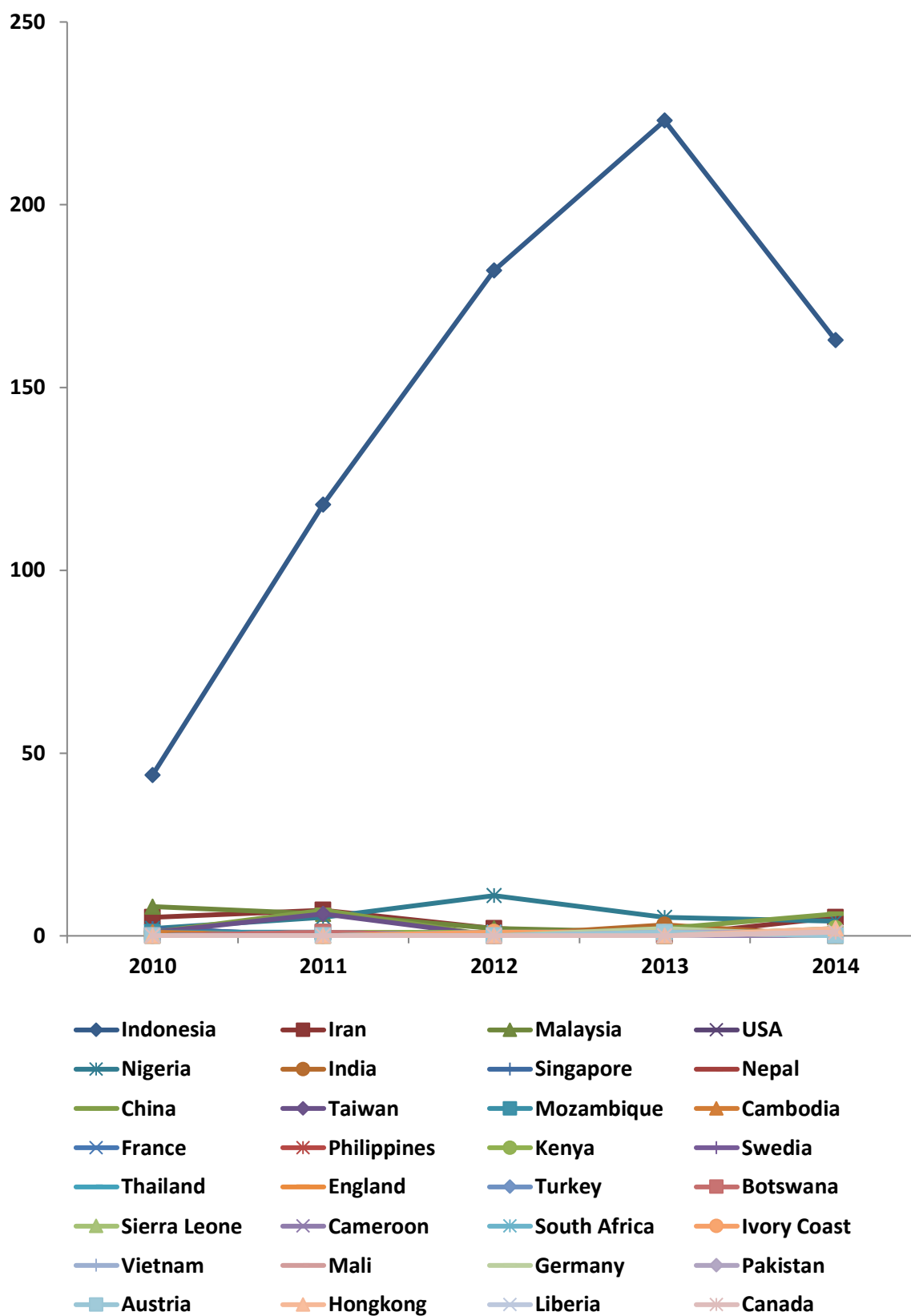
e. Detainees of Narcotic Cases 2010 – 2014 from BNN.

**Table 168. Total Narcotics Detainees Based on Nationality, 2010 – 2014**

NO.	NATIONALITY/COUNTRY	TOTAL				
		2010	2011	2012	2013	2014
1	2	3	4	5	6	7
1.	Indonesia	44	118	182	223	163
2.	Iran	5	7	2	-	5
3.	Malaysia	8	6	2	1	1
4.	USA	2	0	-	-	-
5.	Nigeria	2	5	11	5	4
6.	India	1	-	-	3	-
7.	Singapore	2	-	-	-	-
8.	Nepal	1	-	-	-	-
9.	China	1	7	-	2	6
10.	Taiwan	1	6	-	1	-
11.	Mozambique	1	1	-	-	-
12.	Cambodia	1	-	-	-	-
13.	France	-	1	-	-	-
14.	Philippines	-	1	-	-	-
15.	Kenya	-	1	1	-	2
16.	Sweden	-	1	-	-	-
17.	Thailand	-	1	-	1	1
18.	England	-	1	-	1	1
19.	Turkey	-	1	-	-	-
20.	Botswana	-	1	-	-	-
21.	Sierra Leone	-	-	1	-	-
22.	Cameroon	-	-	1	-	-
23.	South Africa	-	-	1	1	-
24.	Ivory Coast	-	-	1	1	-
25.	Vietnam	-	-	-	1	-
26.	Mali	-	-	-	1	-
27.	Germany	-	-	-	2	-
28.	Pakistan	-	-	-	1	1
29.	Austria	-	-	-	1	-
30.	Hong Kong	-	-	-	-	2
31.	Liberia	-	-	-	-	1
32.	Canada	-	-	-	-	1
<b>TOTAL</b>		<b>69</b>	<b>159</b>	<b>202</b>	<b>245</b>	<b>188</b>

Source : National Narcotics Board, March 2015

Diagram 34. Total Narcotics Detainees Based on Nationality, 2010 – 2014

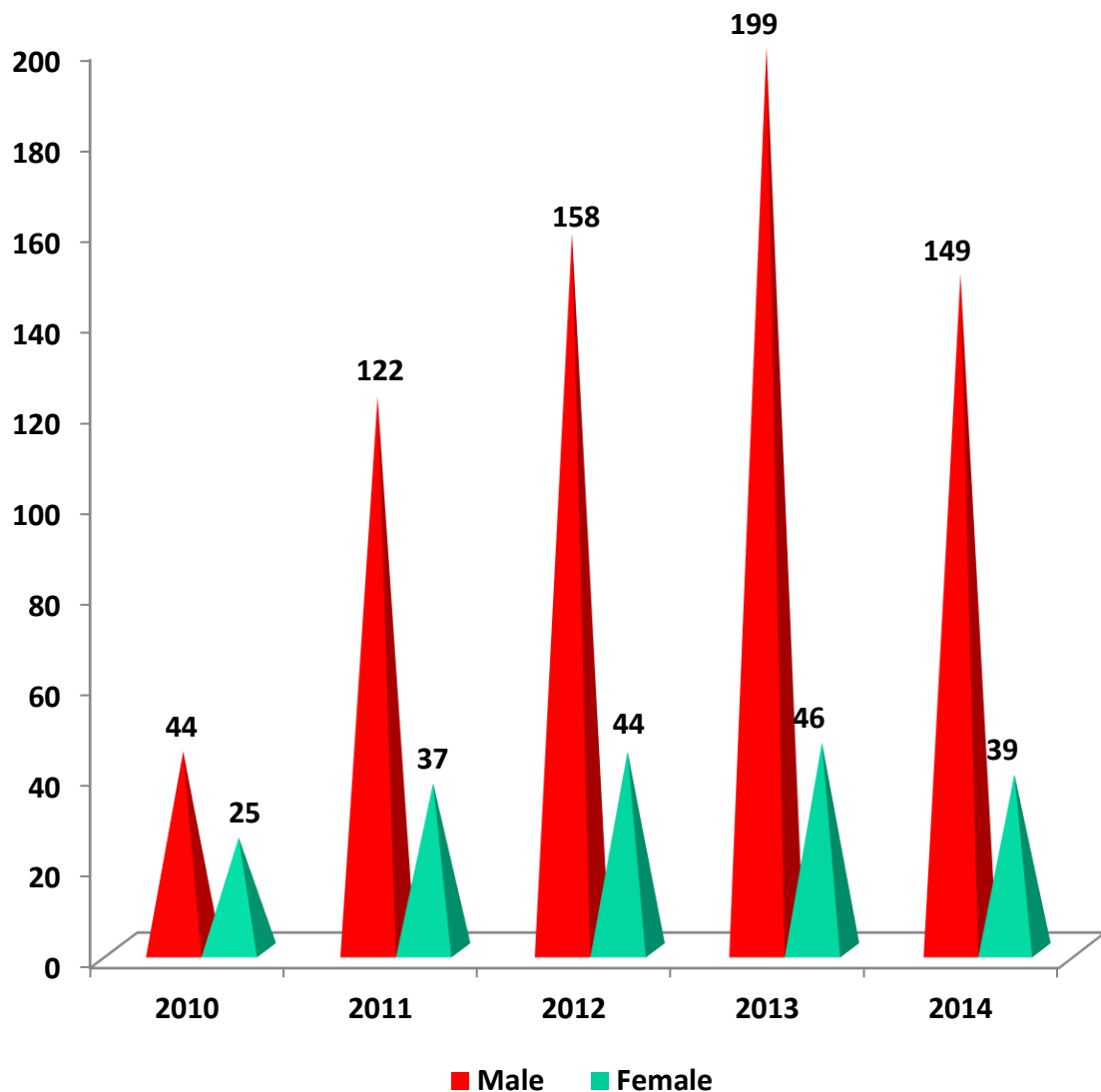


**Table 169. Total Narcotics Detainees Based on Gender, 2010 – 2014**

NO.	GENDER	TOTAL				
		2010	2011	2012	2013	2014
1	2	3	4	5	6	7
1.	Male	44	122	158	199	149
2.	Female	25	37	44	46	39
TOTAL		69	159	202	245	188

Source : National Narcotics Board, March 2015

**Diagram 35. Total Narcotics Detainees Based on Gender, 2010 – 2014**

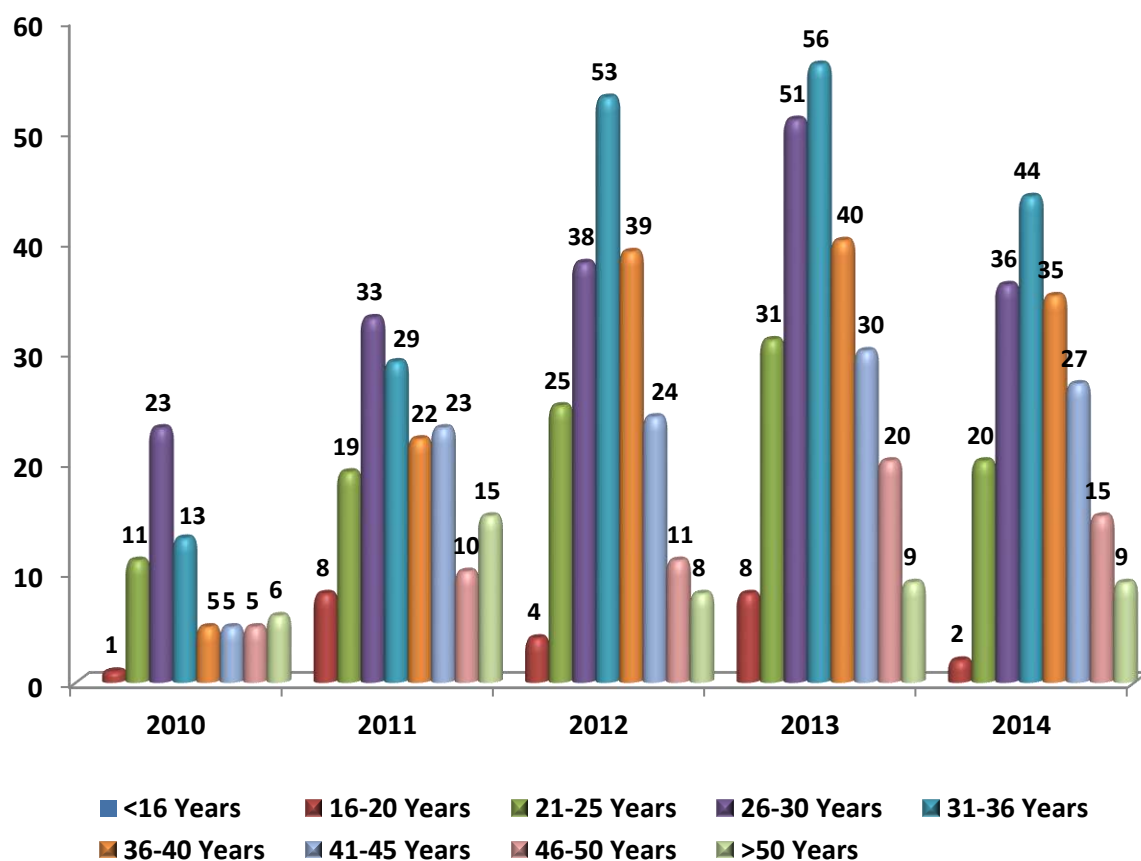


**Table 170. Total Narcotics Detainees Based on Age Group, 2010 – 2014**

NO.	AGE GROUP	TOTAL				
		2010	2011	2012	2013	2014
1	2	3	4	5	6	7
1.	< 16 Years	0	0	0	0	0
2.	16 – 20 Years	1	8	4	8	2
3.	21 – 25 Years	11	19	25	31	20
4.	26 – 30 Years	23	33	38	51	36
5.	31 – 36 Years	13	29	53	56	44
6.	36 – 40 Years	5	22	39	40	35
7.	41 – 45 Years	5	23	24	30	27
8.	46 – 50 Years	5	10	11	20	15
9.	> 50 Years	6	15	8	9	9
TOTAL		69	159	202	245	188

Source : National Narcotics Board, March 2015

**Diagram 36. Total Narcotics Detainees Based on Age Group, 2010 – 2014**



## 2. Demand Reduction.

- a. Drug Abusers Having Accessed Supported Community Component Rehabilitation Facilities 2011 – 2014 and Drug Abusers Being Treated at BNN Rehabilitation Center 2010 – 2014 from BNN.

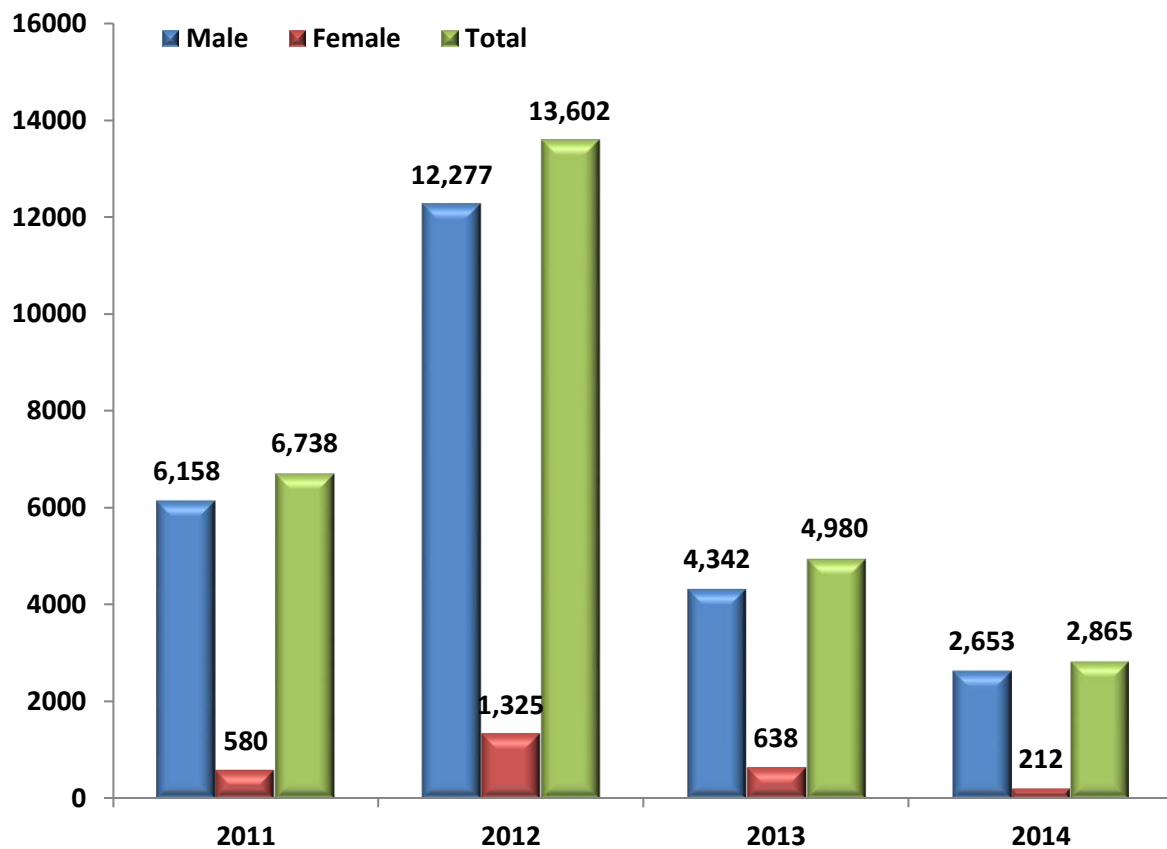
### 1) Drug Abusers Having Accessed Supported Community Component Rehabilitation Facilities 2011 – 2014

Table 171. Total Drug Abusers Based on Gender, 2011 – 2014

NO.	GENDER	TOTAL CLIENTS			
		2011	2012	2013	2014
1	2	4	5	6	7
1.	Male	6,158	12,277	4,342	2,653
2.	Female	580	1,325	638	212
TOTAL		6,738	13,602	4,980	2,865

Source : BNN Deputy of Rehabilitation, March 2015

Diagram 37. Total Drug Abusers Based on Gender, 2011 – 2014

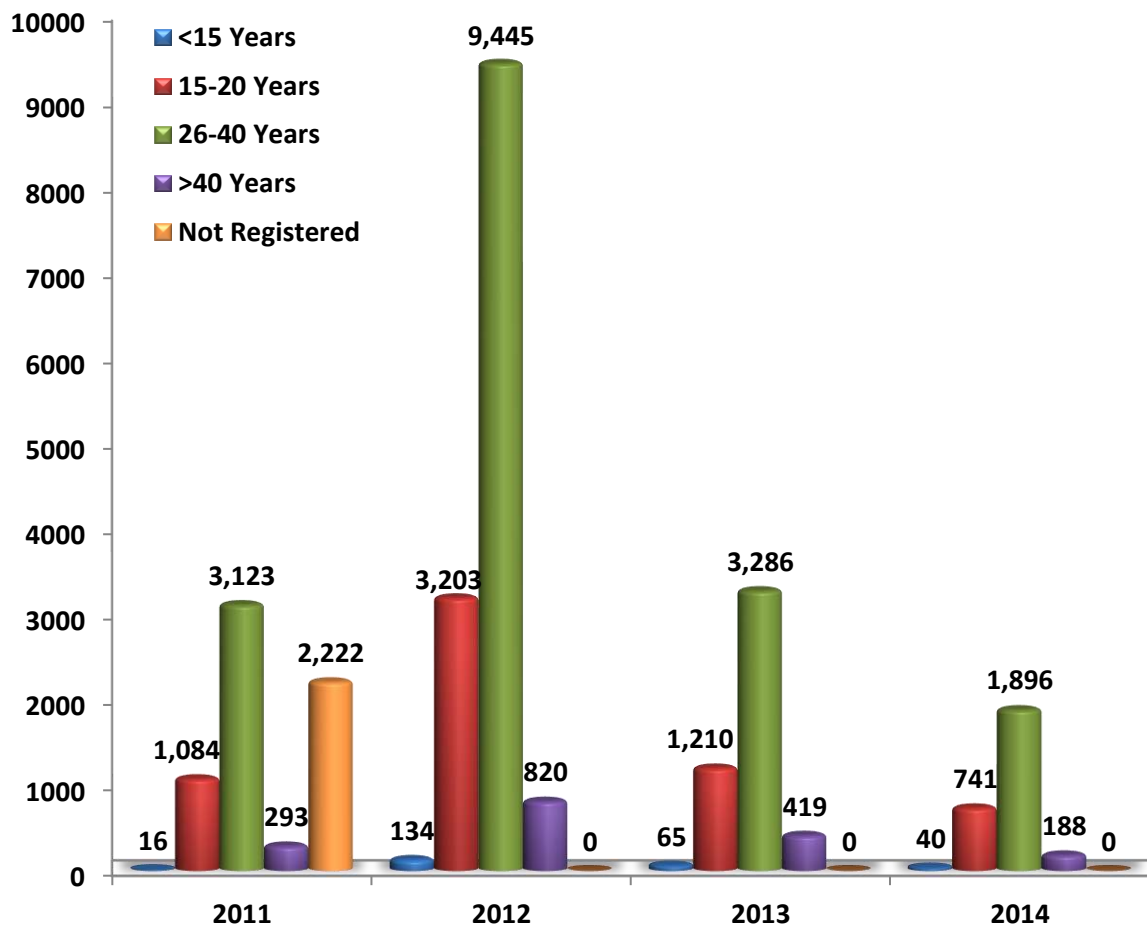


**Table 172. Total Drug Abusers Based on Age Group, 2011 – 2014**

NO.	AGE GROUP	TOTAL DRUG ABUSERS											
		2011			2012			2013			2014		
		LML	FM	TTL	ML	FM	TTL	ML	FM	TTL	ML	FM	TTL
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1.	< 15 Years	15	1	16	110	24	134	65	0	65	38	2	40
2.	15 – 25 Years	990	94	1,084	2,852	351	3,203	1,056	154	1,210	704	37	741
3.	26 – 40 Years	2,855	268	3,123	8,571	874	9,445	2,857	429	3,286	1,736	160	1,896
4.	> 40 Years	268	25	293	744	76	820	364	55	419	175	13	188
5.	Not registered	2,031	191	2,222	0	0	0	0	0	0	0	0	0
TOTAL		6,159	579	6,738	12,277	1,325	13,602	4,342	638	4,980	2,653	212	2,865

Source : BNN Deputy of Rehabilitation, March 2015

**Diagram 38. Total Drug Abusers Based on Ae Group, 2011 – 2014**

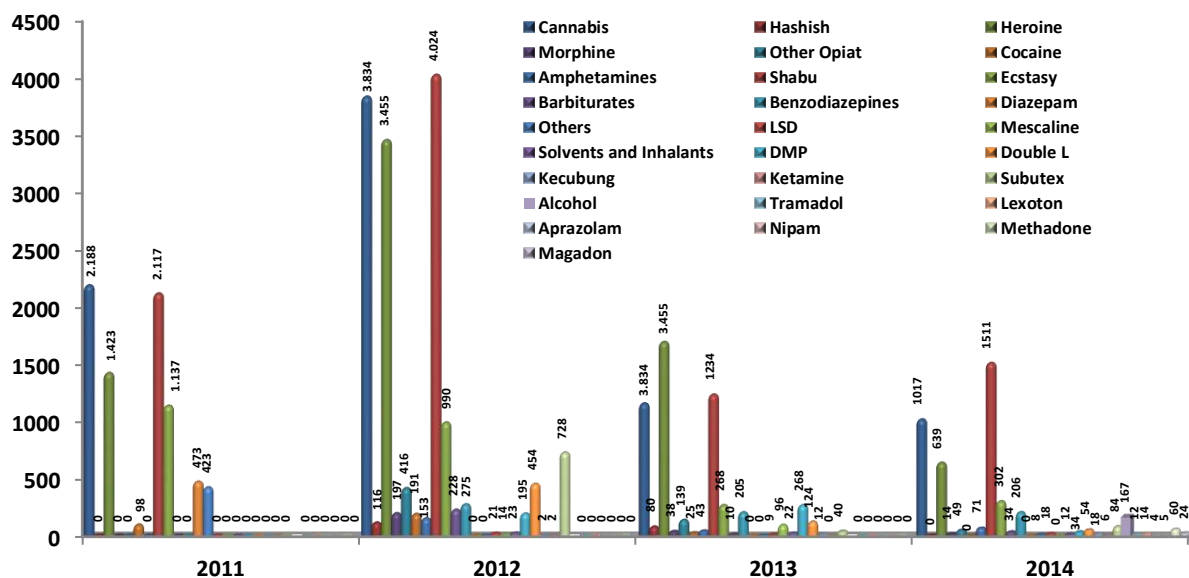


**Table 173. Total Drug Abusers Based on Drug Consumption, 2011 – 2014**

NO.	DRUG CONSUMPTION	TOTAL DRUG ABUSERS											
		2011			2012			2013			2014		
		LK	PR	JML	LK	PR	JML	LK	PR	JML	LK	PR	JML
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1.	Cannabis	2,001	187	2,188	3,525	309	3,834	980	177	1,157	941	76	1,017
2.	Hashish	0	0	0	105	11	116	78	2	80	0	0	0
3.	Heroin/Putaw	1,300	123	1,423	3,339	116	3,455	1,565	129	1,694	585	54	639
4.	Morphine	0	0	0	185	12	197	31	7	38	10	4	14
5.	Other Opiates	0	0	0	371	45	416	118	21	139	40	9	49
6.	Cocaine	90	8	98	181	10	191	25	0	25	0	0	0
7.	Amphetamines (e.g.: slimming cure)	0	0	0	121	32	153	37	6	43	48	23	71
8.	Methamphetamines/ Shabu	1,935	182	2,117	3,592	432	4,024	1,035	199	1,234	1,399	112	1,511
9.	MDMA/Ecstasy	1,038	99	1,137	756	234	990	214	54	268	279	23	302
10.	Barbiturates (Luminal, Nembutal, Amytal)	0	0	0	203	25	228	10	0	10	7	27	34
11.	Benzodiazepines (Valium, Xanax, Librium, Ativan)	0	0	0	250	25	275	191	14	205	56	150	206
12.	Diazepam	432	41	473	0	0	0	0	0	0	0	0	0
13.	Others	387	36	423	0	0	0	0	0	0	8	0	8
14.	LSD	0	0	0	20	1	21	9	0	9	15	3	18
15.	Mescaline, Psilocybin	0	0	0	14	0	14	96	0	96	0	0	0
16.	Solvents and Inhalants	0	0	0	23	0	23	22	0	22	7	5	12
17.	DMP (Dextromethorphan)	0	0	0	188	7	195	260	8	268	18	16	34
18.	Double L / Trihexyphenidyl	0	0	0	404	50	454	115	9	124	44	10	54
19.	Kecubung (Atropin)	0	0	0	2	0	2	12	0	12	11	7	18
20.	Ketamine	0	0	0	2	0	2	0	0	0	6	0	6
21.	Subutex	0	0	0	716	12	728	40	0	40	84	0	84
22.	Alcohol	0	0	0	0	0	0	0	0	0	123	44	167
23.	Tramadol	0	0	0	0	0	0	0	0	0	7	5	12
24.	Lexoton	0	0	0	0	0	0	0	0	0	14	0	14
25.	Aprazolam	0	0	0	0	0	0	0	0	0	0	4	4
26.	Nipam	0	0	0	0	0	0	0	0	0	5	-	5
27.	Methadone	0	0	0	0	0	0	0	0	0	52	8	60
28.	Magadon	0	0	0	0	0	0	0	0	0	20	4	24
TOTAL		7,183	676	7,859	13,997	1,321	15,318	5,377	659	6,036	3,779	584	4,363

Source : BNN Deputy of Rehabilitation, March 2015

**Diagram 39. Total Drug Abusers Based on Drug Consumption, 2011 –2014**



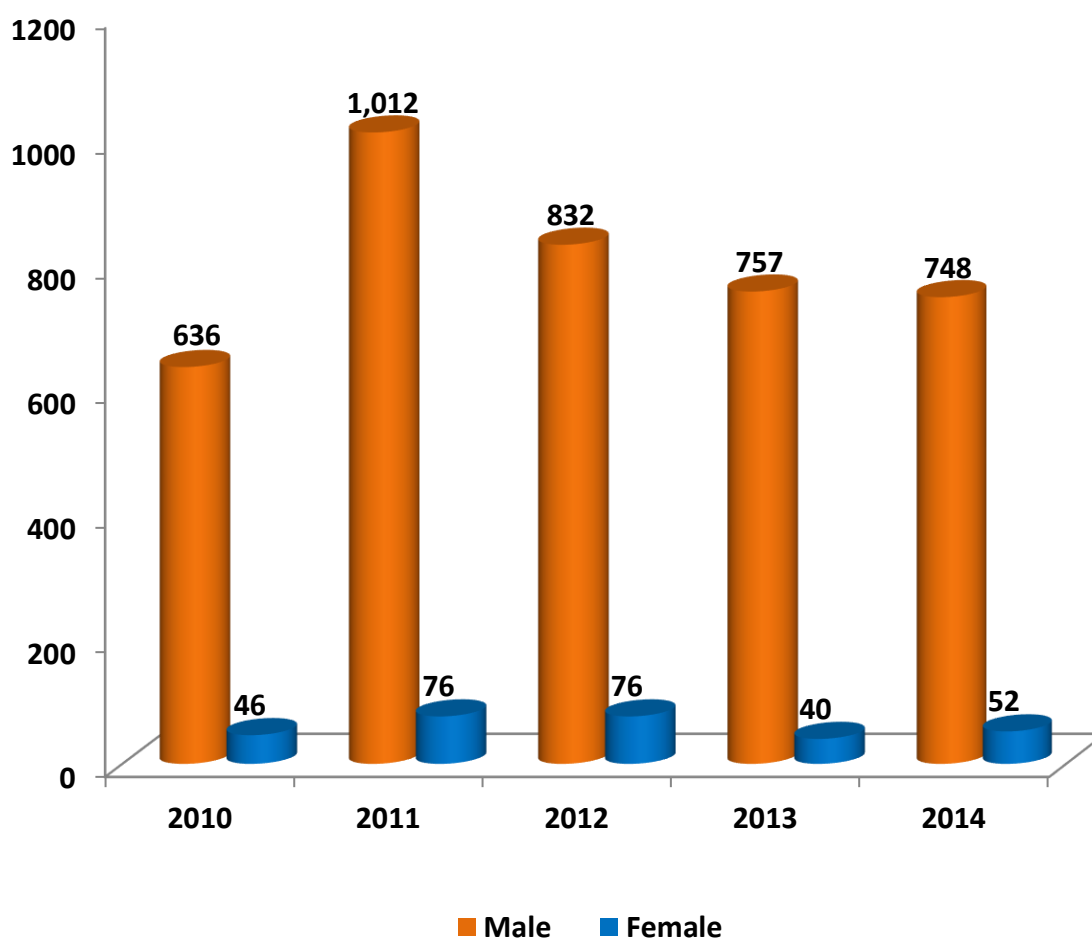
2) *Drug Abusers Receiving Treatment at BNN Rehabilitation Center, 2010 – 2014*

**Table 174. Total Drug Abusers at BNN Rehabilitation Center Based on Gender, 2010 – 2014**

NO.	GENDER	DRUG ABUSERS				
		2010	2011	2012	2013	2014
1	2	3	4	5	6	7
1.	Male	636	1.012	832	757	748
2.	Female	46	76	76	40	52
TOTAL		682	1,088	908	797	800

Source : BNN Deputy of Rehabilitation, March 2015

**Diagram 40. Total Drug Abusers at BNN Rehabilitation Center Based on Gender, 2010 – 2014**



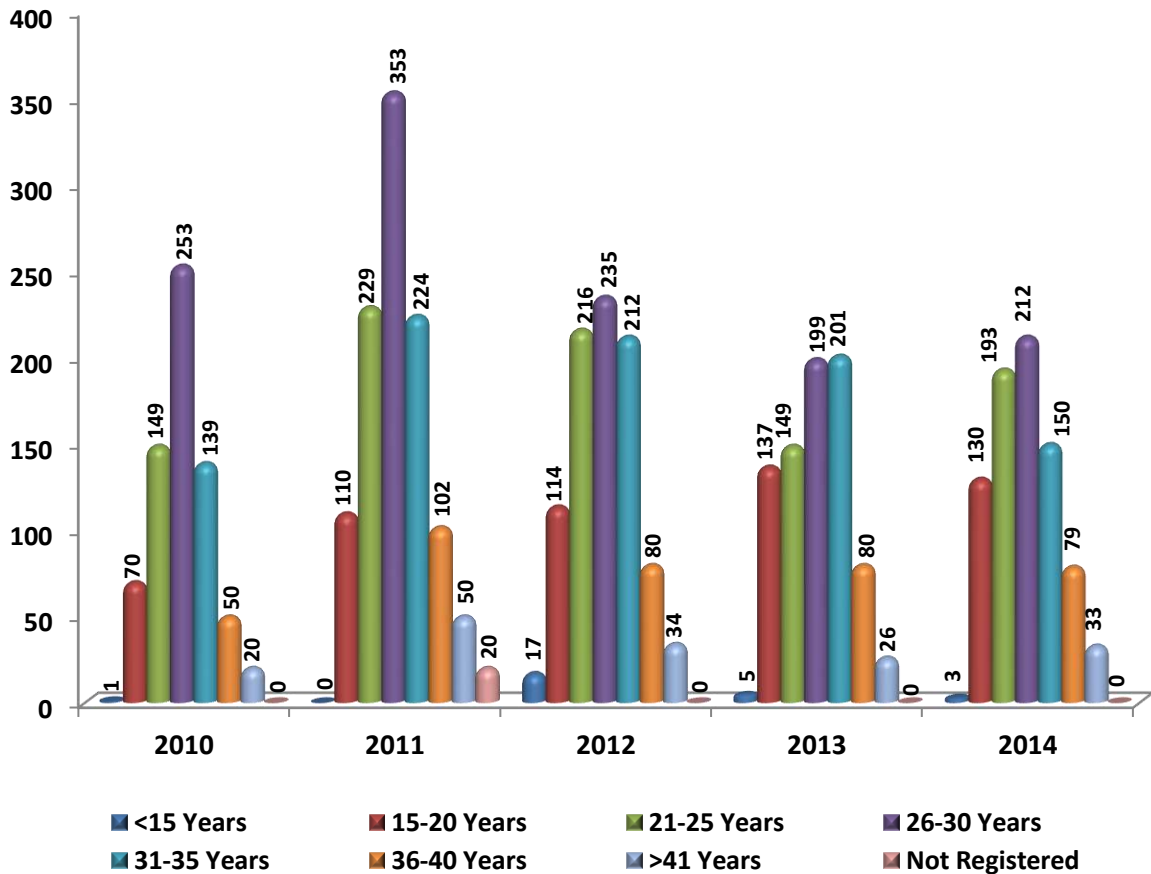


**Table 175. Total Drug Abusers at BNN Rehabilitation Center Based on Age Group, 2010 – 2014**

NO.	AGE GROUP	TOTAL DRUG ABUSERS				
		2010	2011	2012	2013	2014
1	2	3	4	5	6	7
1.	< 15 Years	1	0	17	5	3
2.	15 – 20 Years	70	110	114	137	130
3.	21 – 25 Years	149	229	216	149	193
4.	26 – 30 Years	253	353	235	199	212
5.	31 – 35 Years	139	224	212	201	150
6.	36 – 40 Years	50	102	80	80	79
7.	> 41 Years	20	50	34	26	33
8.	Not registered	0	20	0	0	0
<b>TOTAL</b>		<b>682</b>	<b>1,088</b>	<b>908</b>	<b>797</b>	<b>800</b>

Source : BNN Rehabilitation Center, March 2015

**Diagram 41. Total Drug Abusers at BNN Rehabilitation Center Based on Age Group, 2010 – 2014**

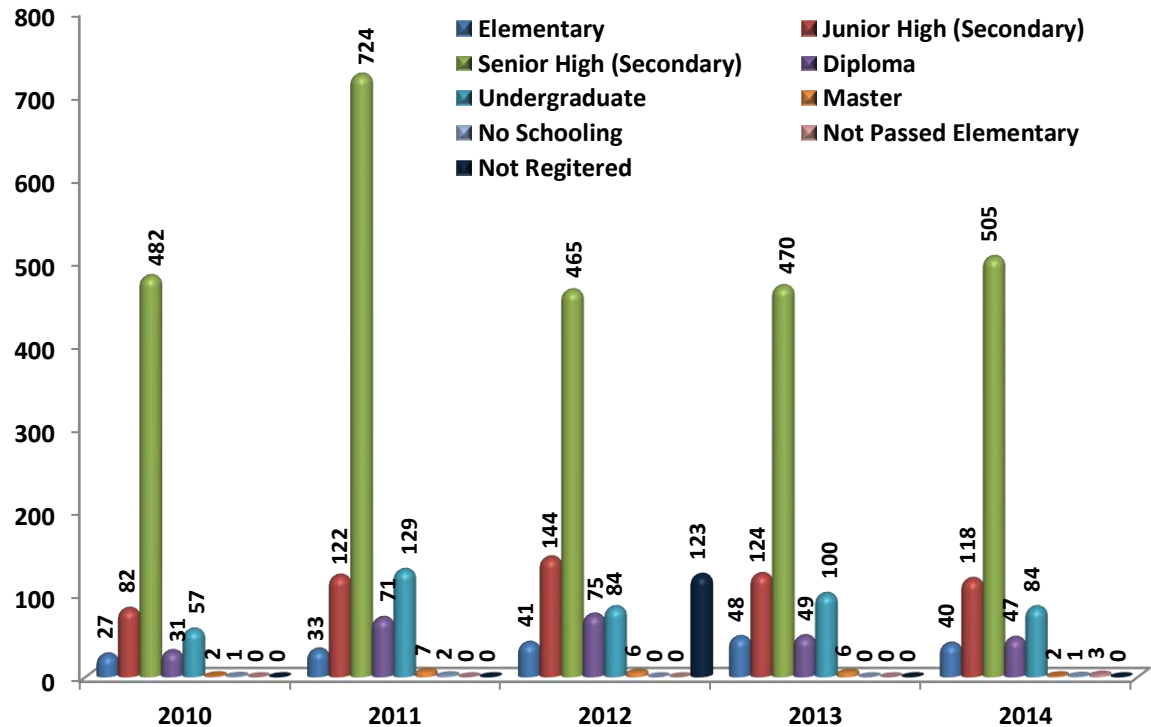


**Table 176. Total Drug Abusers at BNN Rehabilitation Center Based on Education, 2010 – 2014**

NO.	EDUCATION	TOTAL DRUG ABUSERS				
		2010	2011	2012	2013	2014
1	2	3	4	5	5	6
1.	Elementary	27	33	41	48	40
2.	Junior High (Secondary)	82	122	114	124	118
3.	Senior High (Secondary)	482	724	465	470	505
4.	Diploma	31	71	75	49	47
5.	Undergraduate	57	129	84	100	84
6.	Master	2	7	6	6	2
7.	No Schooling	1	2	0	0	1
8.	Anot Passed Elementary	0	0	0	0	3
9.	Not registered	0	0	123	0	0
<b>TOTAL</b>		<b>682</b>	<b>1,088</b>	<b>908</b>	<b>797</b>	<b>800</b>

Source : BNN Rehabilitation Center, March 2015

**Diagram 42. Total Drug Abusers at BNN Rehabilitation Center Based on Education, 2010 – 2014**

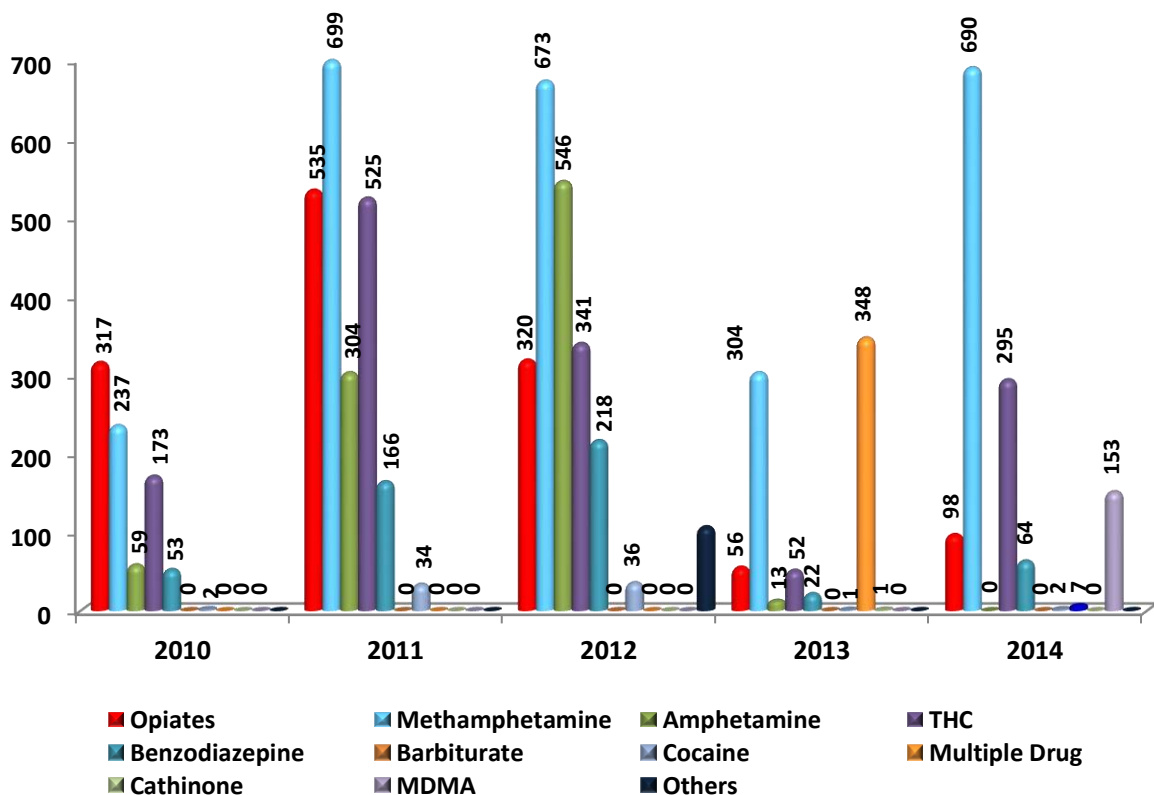


**Table 177. Total Drug Abusers at BNN Rehabilitation Center Based on Drug Consumption, 2010 – 2014**

NO.	DRUG CONSUMPTION	TOTAL DRUG ABUSERS				
		2010	2011	2012	2013	2014
1	2	3	4	5	6	7
1.	Opiates	317	535	320	56	98
2.	Methamphetamine	237	699	673	304	690
3.	Amphetamine	59	304	546	13	0
4.	THC	173	525	341	52	295
5.	Benzodiazepine	53	166	218	22	64
6.	Barbiturate	0	0	0	0	0
7.	Cocaine	2	34	36	1	2
8.	Multiple Drug	0	0	0	348	7
9.	Cathinone	0	0	0	1	0
10.	MDMA	0	0	0	0	153
11.	Others	0	0	108	0	0
<b>TOTAL</b>		<b>841</b>	<b>2,263</b>	<b>2,242</b>	<b>797</b>	<b>1,309</b>

Source : BNN Rehabilitation Center, March 2015

**Diagram 43. Total Drug Abusers at BNN Rehabilitation Center Based on Drug Consumption, 2010 – 2014**



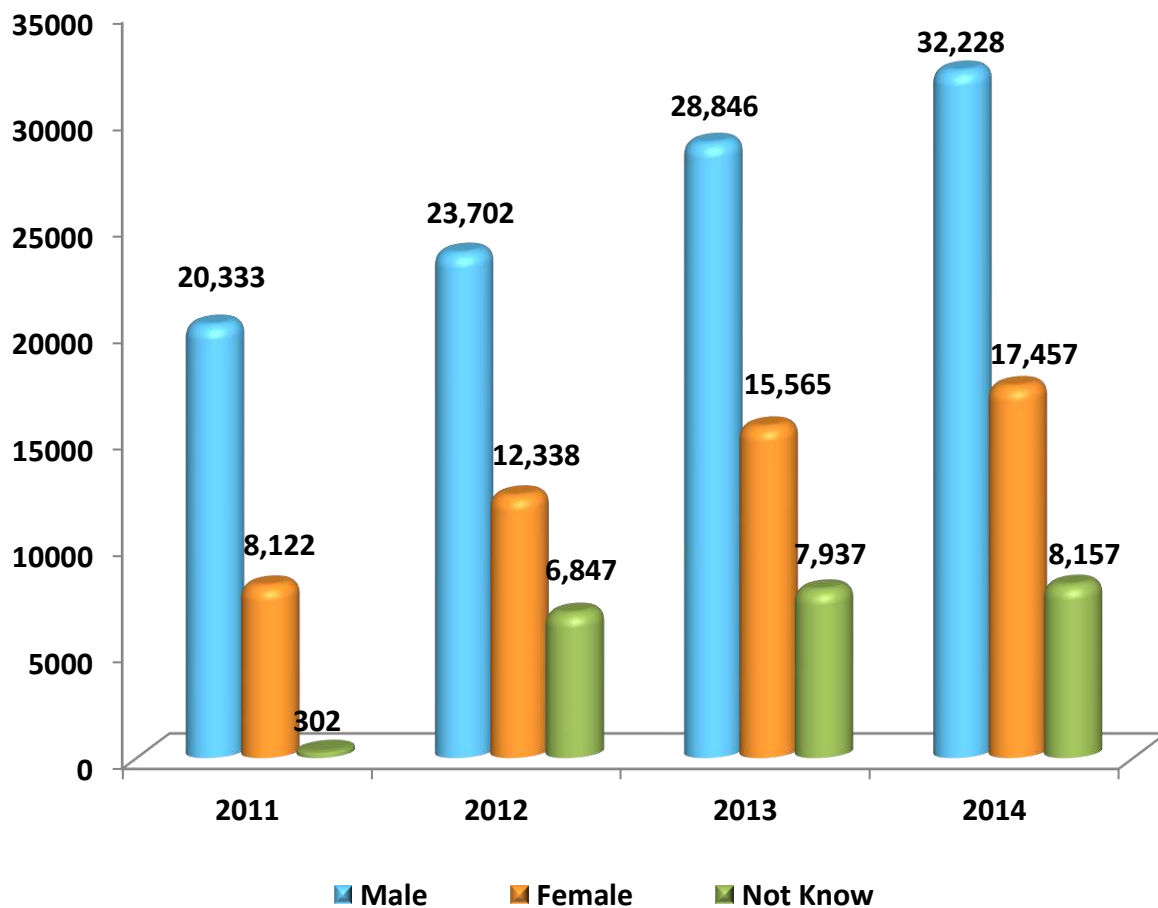
- b. Data on *Injecting Drug User* (IDU) and HIV/AIDS Tahun 2011 – 2014 from Ministry of Health RI.

**Table 178. Total Cumulative AIDS Cases Based on Gender, 2011 – 2014**

NO.	GENDER	TOTAL CUMULATIVE AIDS CASES			
		2011	2012	2013	2014
1	2	3	4	5	6
1.	Male	20,333	23,702	28,846	32,228
2.	Female	8,122	12,338	15,565	17,457
3.	Not Known	302	6,847	7,937	8,157
TOTAL		28,757	42,887	52,348	57,842

Source : Directorate General of PPM & PL , Ministry of Health RI, March 2015

**Diagram 44. Total Cumulative AIDS Cases Based on Gender, 2011 – 2014**

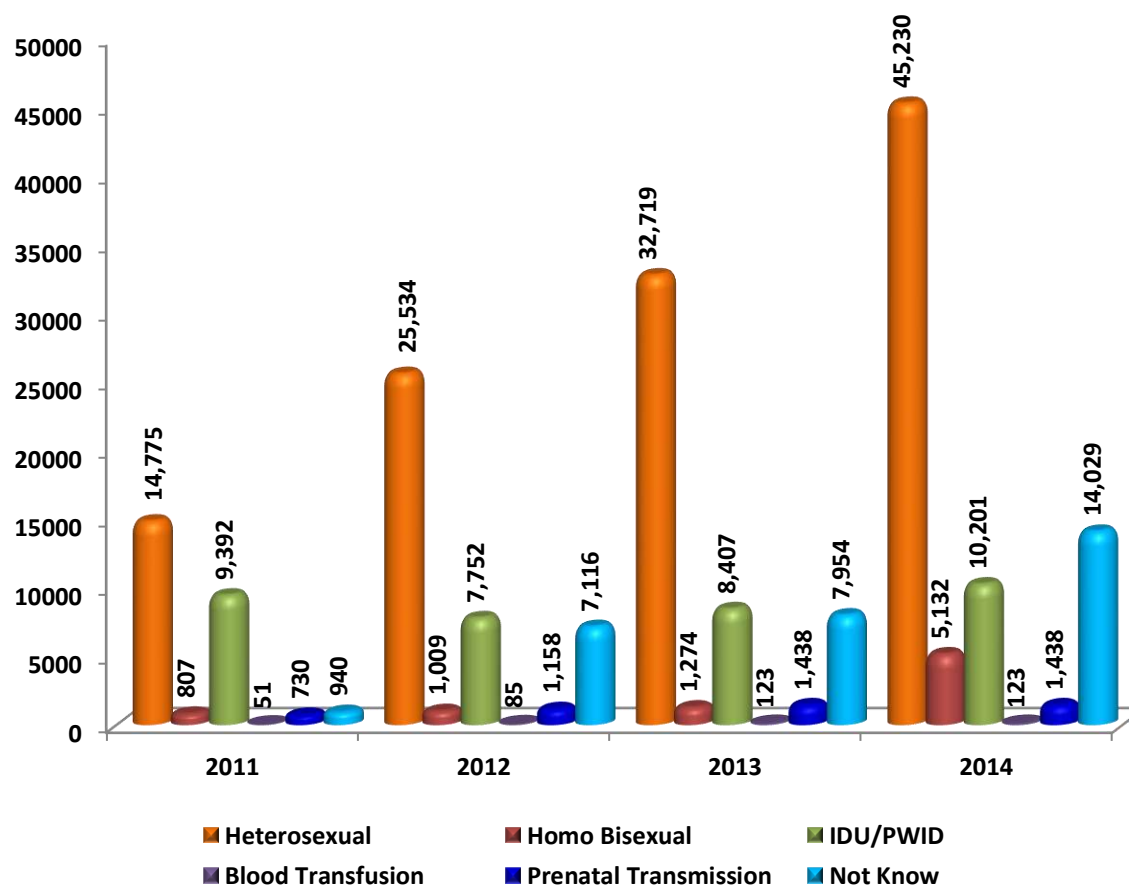


**Table 179. Total Cumulative AIDS Cases Based on Risk Factor, 2011 – 2014**

NO.	RISK FACTOR	TOTAL CUMULATIVE AIDS CASES			
		2011	2012	2013	2014
1	2	3	4	5	6
1.	Heterosexual	14,775	25,534	32,719	45,230
2.	Homo Bisexual	807	1,009	1,274	5,132
3.	IDU/PWID	9,392	7,752	8,407	10,201
4.	Blood Transfusion	51	85	123	123
5.	Prenatal Transmission	730	1,158	1,438	1,438
6.	Not known	940	7,116	7,954	14,029

Source : Directorate of PP & PL, Ministry of Health RI, March 2015

**Diagram 45. Total Cumulative AIDS Cases Based on Risk Factor, 2011 – 2014**

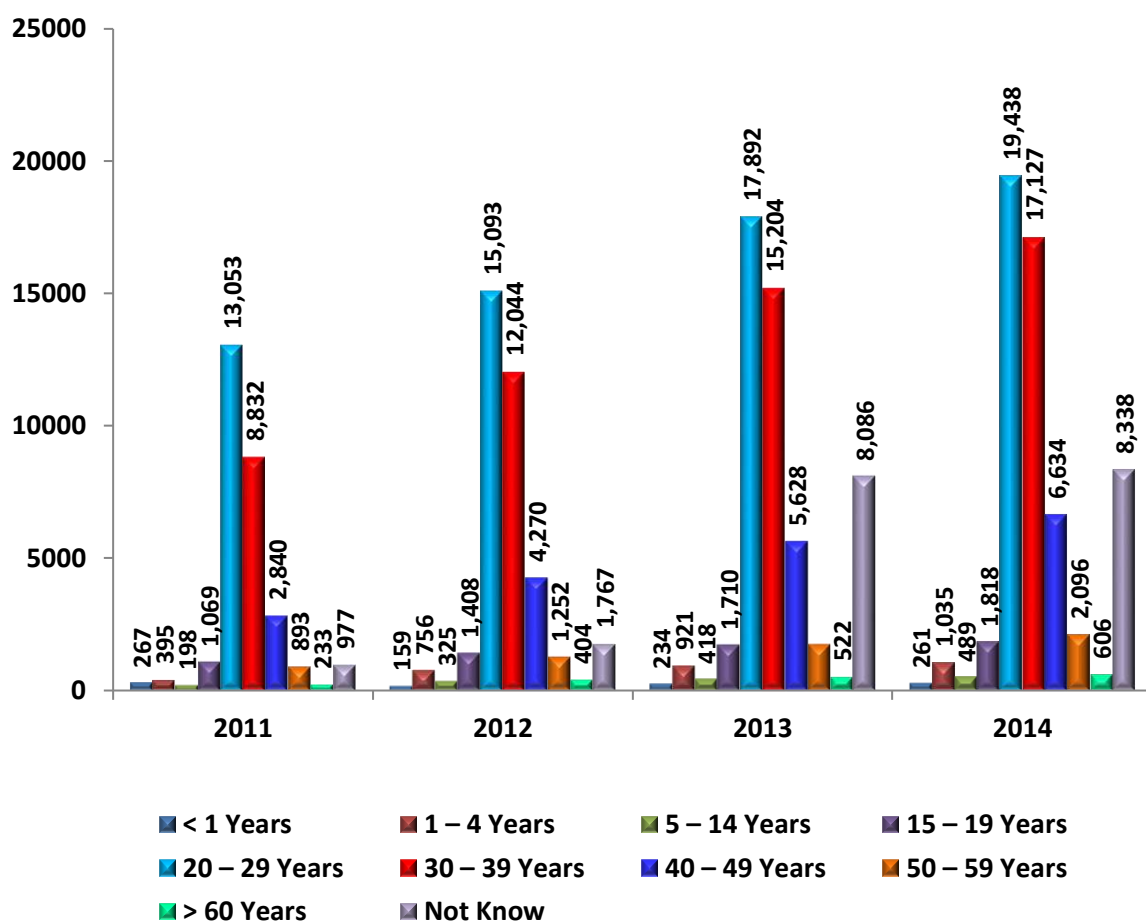


**Table 180. Total Cumulative AIDS Cases Based on Age Group, 2011 – 2014**

NO.	AGE GROUP	TOTAL CUMULATIVE AIDS CASES			
		2011	2012	2013	2014
1	2	3	4	5	6
1.	< 1 Years	267	159	234	261
2.	1 – 4 Years	395	756	921	1,035
3.	5 – 14 Years	198	325	418	489
4.	15 – 19 Years	1,069	1,408	1,710	1,818
5.	20 – 29 Years	13,053	15,093	17,892	19,438
6.	30 – 39 Years	8,832	12,044	15,204	17,127
7.	40 – 49 Years	2,840	4,270	5,628	6,634
8.	50 – 59 Years	893	1,252	1,733	2,096
9.	> 60 Years	233	404	522	606
10.	Not Known	977	1,767	8,086	8,338

Source : Directorate General of PP & PL, Ministry of Health RI, March 2015

**Diagram 46. Total Cumulative AIDS Cases Based on Age Group, 2011 – 2014**

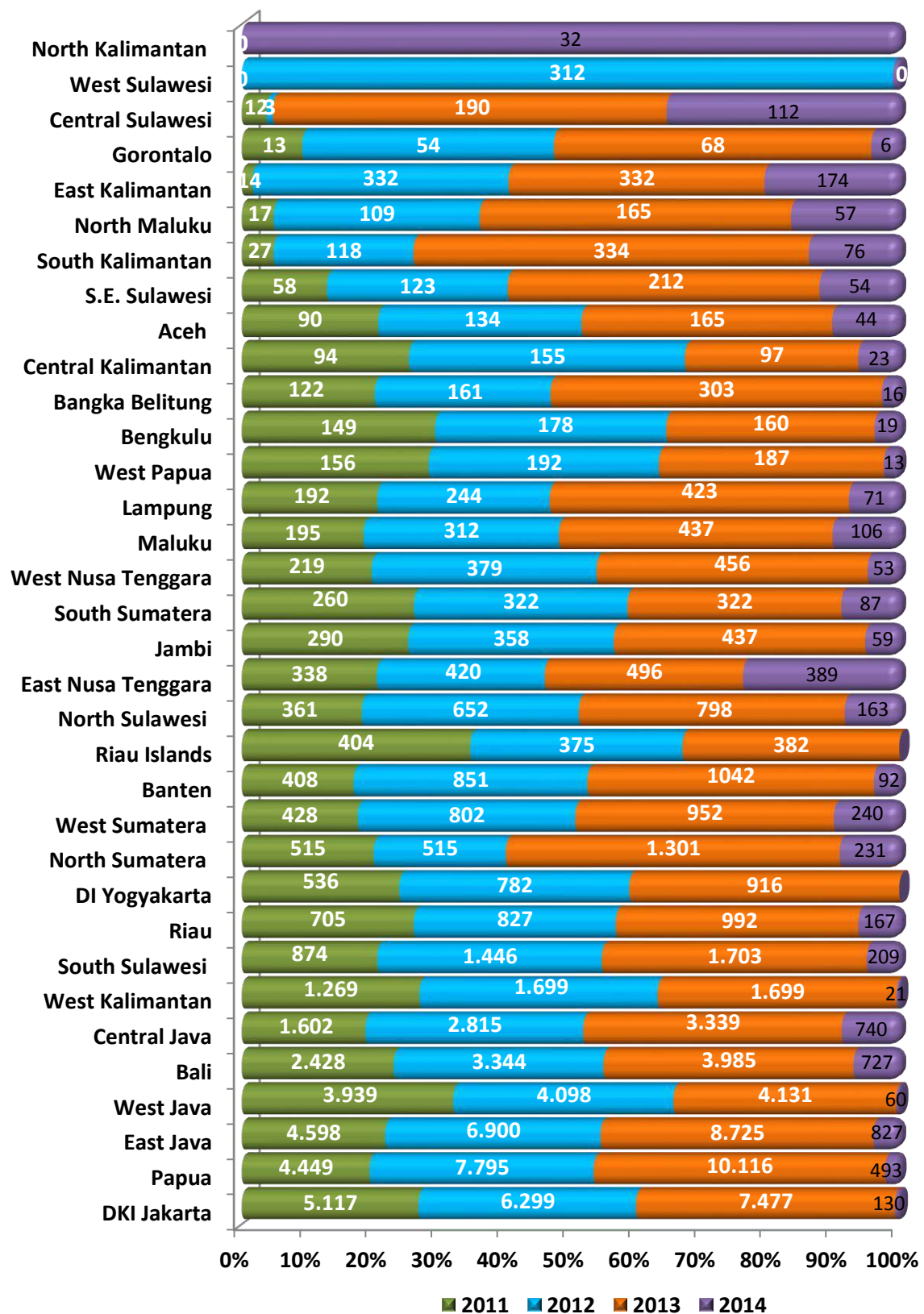


**Table 181. Total Cumulative AIDS Cases By Province, 2011 – 2014**

NO.	PROVINCE	TOTAL CUMULATIVE AIDS CASES			
		2011	2012	2013	2014
1	2	3	4	5	6
1.	DKI Jakarta	5,117	6,299	7,477	7,607
2.	Papua	4,449	7,795	10,116	10,609
3.	East Java	4,598	6,900	8,725	9,552
4.	West Java	3,939	4,098	4,131	4,191
5.	Bali	2,428	3,344	3,985	4,712
6.	Central Java	1,602	2,815	3,339	4,079
7.	West Kalimantan	1,269	1,699	1,699	1,720
8.	South Sulawesi	874	1,446	1703	1,912
9.	Riau	705	827	992	1,159
10.	DI Yogyakarta	536	782	916	916
11.	North Sumatera	515	515	1,301	1,538
12.	West Sumatera	428	802	952	1,192
13.	Banten	408	851	1,042	1,134
14.	Riau Islands	404	375	382	382
15.	North Sulawesi	361	652	798	961
16.	East Nusa Tenggara	338	420	496	885
17.	Jambi	290	358	437	496
18.	South Sumatera	260	322	322	409
19.	West Nusa Tenggara	219	379	456	509
20.	Maluku	195	312	437	543
21.	Lampung	192	244	423	494
22.	West Papua	156	192	187	200
23.	Bengkulu	149	178	160	179
24.	Bangka Belitung	122	161	303	319
25.	Central Kalimantan	94	155	97	120
26.	Aceh	90	134	165	209
27.	S.E. Sulawesi	58	123	212	266
28.	South Kalimantan	27	118	334	410
29.	North Maluku	17	109	165	222
30.	East Kalimantan	14	332	332	506
31.	Gorontalo	13	54	68	74
32.	Central Sulawesi	12	3	190	302
33.	West Sulawesi	0	312	0	3
34.	North Kalimantan	0	0	0	32
<b>JTOTAL</b>		<b>29,879</b>	<b>42,887</b>	<b>52,348</b>	<b>57,842</b>

Source : Directorate General of PP & PL , Ministry of Health RI, March 2015

Diagram 47. Total Cumulative AIDS Cases By Province, 2011 – 2014





c. Results of BNN Surveys, 2010 – 2014.

**Table 182. Results of BNN Surveys, 2010 – 2014**

NO.	YEAR	TITLE	LOCATION	RESULTS
1	2	3	4	5
1.	2010	National Survey on Drug Abuse and Illicit Trafficking Among Women Sex Workers in 15 Provinces in Indonesia (BNN & Puslitkes UI)	15 Province Capital Cities: Medan,Pekanbaru, Batam, Palembang, Jakarta, Bandung, Semarang,Surabaya, Denpasar, Pontianak, Samarinda, Makassar, Menado, Kupang, and Sorong	Drug abuse Prev among Women Sex Workers <b>33,9 % ever used, 25,2% past year use and 17,1 % past month use.</b> ATS and Cannabis are the most popular drugs
2.	2010	National Survey on Drug Abuse and Illicit Trafficking Among Households in 24 Provinces in Indonesia (BNN & Puslitkes UI)	24 Provinces: DKI Jakarta, Banten, DI Yogyakarta, Central Java, East Java, WestJava, Lampung, North Sulawesi, South Sulawesi, S.E.Sulawesi, West Sumatera, North Sumatera, South Sumatera, Jambi, West Kalimantan, East Kalimantan, South Kalimantan, Riau, Riau Island, NTB, NTT, Bali, Maluku, Papua	1. Drug abuse prev. 2.4% ever used; 1 out of 42 between 10-60 years lifetime use; 2. Past year prev. 0.6% (a decrease from 0.8% I 2005 to 0.6% in 2010 ; Popular drugs of abuse: cannabis, shabu, ecstasy, benzodiazepine.
3.	2010	National Survey on Drug Abuse and Illicit Trafficking Among Street children in 15 Provinces in Indonesia (BNN & Kriminologi UI)	15 Provinces : North Sumatera, West Sumatera, South Sumatera, Lampung, Banten, Central Java, East Java, DI Yogyakarta, West Kalimantan, East Kalimantan, South Sulawesi, West Nusa Tenggara, East Nusa Tenggara, DKI Jakarta, West Java	From 5855 total respondents: - 4226 (72,18%) non drug abuser; - 1629 (27,82%) : drug abusers - 1016 (62,23%) from 1629 : no regular abusers - 613 (37,63% ) from 1629 respondents: regular drug users

1	2	3	4	5
4.	2011	National Survey on the Development of Drug Abuse and Illicit Trafficking in Indonesia 2011 (Sosial & Ekonomi)	17 Provinces : North Sumatera, Riau Island, South Sumatera, Lampung, DKI Jakarta, West Java, DI Yogyakarta, East Java, Bali, West Nusa Tenggara, West Kalimantan, East Kalimantan, South Sulawesi, S.E. Sulawesi, North Sulawesi, Maluku, Papua	Prevalence of drug abuse for past year increased from 1.9% in 2008 to 2.2% in 2011, or an estimation of 1 out of 50 between the age 10-59 is a drug abuser in 2008, increased to 1 out of 45 in 2011. Increase of Social & Economic Cost is Rp 32 Trillion (2008) increased to Rp 48.2 Trillion (2011).
5.	2011	National Survey on Drug Abuse and Illicit Trafficking among High School and University Students in Indonesia 2011	16 Provinces: Aceh, North Sumatera, Riau Island, Jambi, South Sumatera, DKI Jakarta, West Java, Central Java, East Java, West Kalimantan, Central Kalimantan, South Sulawesi, North Sulawesi, East Nusa Tenggara, Bali, West Papua	Prevalence of drug abuse for lifetime (4.3%) and past year use (2.9%) Drug abuse prevalence based on level of education, Junior High lifetime use (2.6%), past year use (2%); Senior High: lifetime use (4.7%), past year use (3.3%); Academy/university: lifetime (7.7%), past year (4.5%)
6.	2012	Survey on Drug Abuse and Illicit Trafficking Among Workers, 2012	33 Provinces	<ul style="list-style-type: none"> <li>• Prevalence of past year drug abuse (4.7%)</li> <li>• Past year use based on gender: <ul style="list-style-type: none"> <li>- Male 5,4%</li> <li>- Female 3,6%</li> </ul> </li> </ul>

1	2	3	4	5
7.	2013	National Survey on Drug Abuse and Illicit Trafficking in the Transportation Sector in Indonesia, 2014	23 Provinces : Aceh, South Sumatera, West Sumatera, North Sumatera, Riau, Riau Island, Lampung, Banten, DKI Jakarta, West Java, Central Java, East Java, Bali, West Kalimantan, Central Kalimantan, South Kalimantan, East Kalimantan, South Sulawesi, North Sulawesi, S.E. Sulawesi, NTB, Maluku and Papua	Prev. based on time of drug use: <ul style="list-style-type: none"> <li>• Lifetime 18,9% or, 1 out of 5 workers have used at least once in a lifetime;</li> <li>• Past year use 6,9% ; highest prev. among ASDP (river &amp; ferry transportation) workers (9.7%); land transportation (7.6%)</li> <li>• Past year use 2,5%; highest prev. at ASDP and land transportation</li> <li>• Prev. based on level of dependency: <ul style="list-style-type: none"> <li>- experimental 4,4%</li> <li>- regular 2,0%</li> <li>- non-injecting 0,4%</li> <li>- injecting 0,1%</li> </ul> </li> </ul>
8.	2014	National Survey on the Development of Drug Abuse in Indonesia, 2014	17 Provinces : North Sumatera, Riau Island, South Sumatera, Lampung, DKI Jakarta, West Java, West Kalimantan, East Kalimantan, Bali, East Java, DI Yogyakarta, West Nusa Tenggara, South Sulawesi, North Sulawesi, S.E. Sulawesi, Maluku and Papua	Prev. in 2014 reached 2,18% , or an estimation of 3.8 -4.1 million current users (past year use) in the age group of 10-59 years.

d. BNN Call Center and SMS Center, and Website, 2010 – 2014.

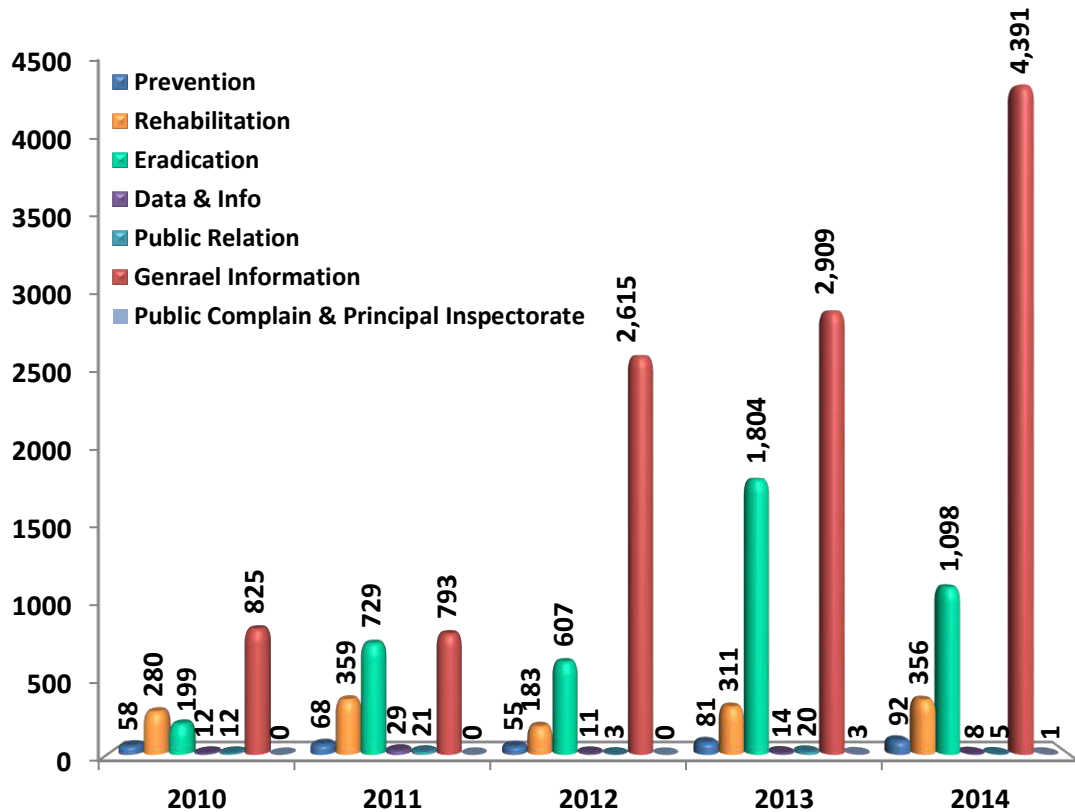
1) BNN Call Center and SMS Center, 2010 – 2014.

**Table 183. Total Incoming Information Received by Call Center and SMS Center Based on Type of Information, 2010 – 2014**

NO.	INFORMATION	YEAR				
		2010	2011	2012	2013	2014
1	2	3	4	5	6	7
1.	Prevention	58	68	55	81	92
2.	Rehabilitation	280	359	183	311	356
3.	Eradication	199	729	607	1,804	1,098
4.	Public Relation	12	21	3	20	8
5.	Data and Information	12	29	11	14	5
6.	General Information	825	793	2,615	2,909	4,391
7.	Public Complaints & Principal Inspectorate	0	0	0	3	1
<b>TOTAL</b>		<b>1,386</b>	<b>1,999</b>	<b>3,474</b>	<b>5,142</b>	<b>5,915</b>

Source : BNN Center of Research, Data and Information, March 2015

**Diagram 48. Total Incoming Information Received by BNN Call Center and SMS Center BNN Based on Type of Information, 2010 – 2014**



## 2) BNN Website 2010 – 2014.

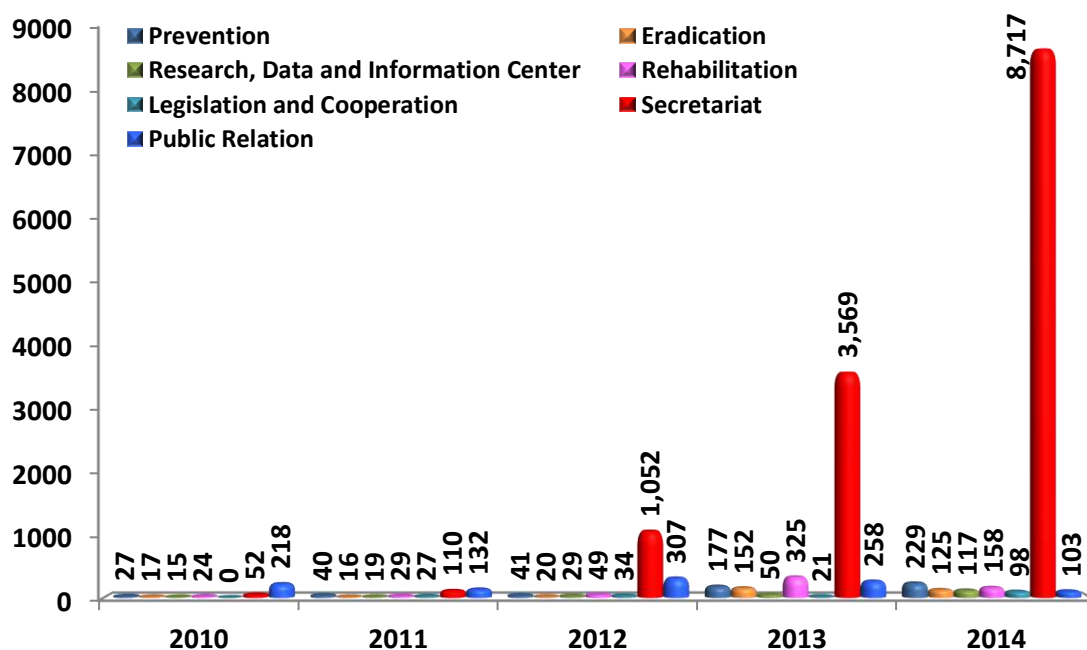
Total Incoming Public Views and Responded by the Respective Work Units 2010 – 2014:

**Table 184. Incoming Public Views Received by BNN Website, 2010 – 2014**

NO.	INFORMATION	YEAR				
		2010	2011	2012	2013	2014
1	2	3	4	5	6	7
1.	Prevention	27	40	41	177	229
2.	Eradication	17	16	20	152	125
3.	Research, Data and Information Center	15	19	29	50	117
4.	Rehabilitation	24	29	49	325	158
5.	Legislation and Cooperation	0	27	34	21	98
6.	Secretariat	52	110	1052	3,569	8,717
7.	Public Relation	218	132	307	258	103
<b>TOTAL</b>		<b>353</b>	<b>373</b>	<b>1,532</b>	<b>4,552</b>	<b>9,547</b>

Source : BNN Center of Research, Data and Information, March 2015

**Diagram 49. Total Incoming Public Views Received by BNN Website, 2010 – 2014**





## CHAPTER IV

# DATA ANALYSIS ON PREVENTION AND ERADICATION OF DRUG ABUSE AND ILLICIT TRAFFICKING

The National Trend of P4GN from 2010 – 2014.

### 1. *Supply Reduction.*

#### a. Trend of Cases, Suspects and Evidence of Drug Crimes from National Police and BNN, 2010 – 2014.

**Table 185. Trend of Drug Cases Based on Drug Classification Kasus, 2010 – 2014**

NO.	CASE	YEAR				
		2010	2011	2012	2013	2014
1	2	3	4	5	6	7
1.	Narcotics	17,898	19,128	19,081	21,269	23,038
	<b>TREND</b>		<b>6.87%</b>	<b>-0.25%</b>	<b>11.47%</b>	<b>8.32%</b>
2.	Psychotropic Subst.	1,181	1,601	1,729	1,612	838
	<b>TREND</b>		<b>35.56%</b>	<b>8.00%</b>	<b>-6.77%</b>	<b>-48.01%</b>
3.	Other Addictive Subst.	7,599	9,067	7,917	12,705	10,885
	<b>TREND</b>		<b>9.32%</b>	<b>-12.68%</b>	<b>60.48%</b>	<b>-14.33%</b>

**Source :** National Police & BNN, March 2015

The above table shows the following trend of drug abuse:

#### 1) **Trend in 2014**

There is an increase in Narcotics with a percentage of 8.32%, from 21,269 cases in 2013 to 23,038 in 2014. The largest decrease of 48,01% relates to psychotropic substances, from 1,612 cases in 2013 to 838 cases in 2014.

2014 indicates the largest increase in narcotics with a total of 23,038 cases.

#### 2) **Trend from 2010 to 2014**

Narcotics indicate the largest number of cases in 2014, a total of 23,038 cases. The lowest in the number of cases concerns psychotropic substances, with 838 cases in 2014. In 2012 the largest increase is seen in the trend of other addictive substances, indicating 60.48% in 2013, and a decrease in cases of psychotropic substances of 48.01% from 2013 to 2014.

**Table 186. Trend of Drug Suspects Based on Drug Classification, 2010 – 2014**

NO.	SUSPECTS	YEAR				
		2010	2011	2012	2013	2014
1	2	3	4	5	6	7
1.	Narcotics	23,975	25,297	25,309	28,788	30,974
	TREND		5.51%	0.05%	13.75%	7.59%
2.	Psychotropic Subst.	1,502	1,997	2,062	1,868	978
	TREND		32.96%	3.25%	-9.41%	-47.64%
3.	Other Addictive Subst.	8,020	9,438	8,269	13,356	11,397
	TREND		17.68%	-12.39%	61.52%	-14.67%

Source : National Police & BNN, March 2015

The above table shows the trend of drug crimes:

**1) Trend in 2014**

The largest number of drug cases related to narcotics (30,974 suspects ) occurred in 2014, an increase of 7.59% from 2013.

The largest decrease of 47.64% in psychotropic cases occurred in 2014, from a total of 1,868 suspects in 2013 to 978 in 2014.

**2) Trend from 2010 to 2014**

In 2014 the largest number relates to narcotic suspects (30,974), and the lowest number of suspects to psychotropic cases (978).

The largest increase of suspects concerns Other Addictive Substances. From 2012 to 2013 an increase of 61.52%, and a decrease in suspects related to psychotropic substances (47.64%) from 2013 to 2014.

**Table 187. Trend of Drug Suspects Based on Nationality, 2010 - 2014**

NO.	NATIONALITY	YEAR				
		2010	2011	2012	2013	2014
1	2	3	4	5	6	7
1.	NATIONAL	33,338	36,....	35,524	43,885	43,159
	TREND		9.70%	-2.86%	23.54%	-1.65%
2.	FOREIGN	159	161	116	127	190
	TREND		1.26%	-27.95%	9.48%	49.61%

Source : National Police & BNN, March 2015



Table 187 above shows as follows:

**1) Trend in 2014**

The largest number of suspects in 2014 involves Indonesian nationals (43,159), but decreased with 1.65% from 2013.

Foreign suspects increased with 49.61%, totaling to 190 if compared to 2013 (127 suspects).

**2) Trend from 2010 to 2014**

The largest number of drug suspects is among Indonesian nationals (43,885) in 2013. The lowest number of drug suspects (116) among foreign nationals.

The largest increase of foreign drug suspects occurred from 2013 to 2014 with 49.61%; the largest decrease among foreign nationals (27.95%) occurred from 2011 to 2012.

**Table 188. Trend of Drug Suspects Based on Gender, 2010 – 2014**

NO.	GENDER	YEAR				
		2010	2011	2012	2013	2014
1	2	3	4	5	6	7
1.	Male	30,635	33,030	32,358	39,715	39,288
	TREND		7.82%	-2.03%	22.74%	-1.08%
2.	Female	2,862	3,702	3,282	4,297	4,061
	TREND		29.35%	-11.35%	30.93%	-5.49%

Source : Naational Police & BNN, March 2015

From Table 188:

**1) Trend in 2014**

Males are dominant in number in 2014, with a total of 39,288 suspects arrested. But shows a decrease of 1.08% from 2013. In the case of female suspects, 2014 shows a decrease of 5.49% from the number of 4,297 in 2013.

**2) Trend from 2010 to 2014**

The largest number of male suspects in 2014 totals to 39,715, and the lowest number of female suspects occurred in 2010 (2,862).

The largest trend of increase is among female suspects from 2012 to 2013, with 30.93%. While the largest decrease among male suspects from 2011 to 2012 with 11.35%.

**Table 189. Trend of Drug Suspects Based on Age Group, 2010 – 2014**

NO.	AGE GROUP	YEAR				
		2010	2011	2012	2013	2014
1	2	3	4	5	6	7
1.	< 16	88	117	132	122	130
	TREND		32,95%	12,82%	-7,58%	6,56%
2.	16 – 19	1.515	1.774	2.106	2.382	2.254
	TREND		17,10%	18,71%	13,11%	-5,37%
3.	20 – 24	4.993	5.377	5.478	6.269	6.555
	TREND		7,69%	1,88%	14,44%	4,56%
4.	25 – 29	8.939	11.718	10.339	16.216	14.195
	TREND		31,09%	-11,77%	56,84%	-12,46%
5.	> 29	17.962	17.746	17.585	19.023	20.325
	TREND		-1,20%	-0,91%	8,18%	6,84%

Sumber : National Police & BNN, March 2015

Table 189 shows:

### 1) Trend in 2014

The year 2014 indicates the largest number of drug suspects who are above the age 29 years, totaling to 20,262. The least suspects are those below 16 years of age (130).

The largest trend in increase is among the group below 16 years, indicating a percentage of 6.56% from 122 suspects arrested in 2013 to 130 in 2014. The largest trend of decrease is indicated in the age group of 25-29 years, a percentage of 12.65%, from 16,216 in 2013 to 14,164 in 2014.

### 2) Trend from 2010 to 2014

The highest number of suspects are above 29 years in 2014 totaling to 20,262 suspects. While the least in number is below 16 years, a total of 88 suspects in 2010.

The largest increase is among suspects between 25-29 years from 2012 to 2013, an increase of 56.84%, and a decrease in the same age group from 2013 to 2014, of 12.65%.

**Table 190. Trend of Drug Suspects Based on Education, 2010 – 2014**

NO.	EDUCATION	YEAR				
		2010	2011	2012	2013	2014
1	2	3	4	5	6	7
1.	Elementary	4,012	5,092	4,980	7,573	7,128
TREND			26.92%	-2.20%	52.07%	-5.88%
2.	Junior High	8,262	10,013	9,768	12,216	12,356
TREND			21.19%	-2.45%	25.06%	1.15%
3.	Senior High	20,280	20,503	19,730	23,086	22,639
TREND			1.10%	-3.77%	.01%	-1.94%
4.	University	943	1,124	1,162	1,137	1,226
TREND			19.19%	3.38%	-2.15%	7.83%

Source : National Police & BNN, March 2015

Table 190 shows:

**1) Trend in 2014**

The largest number of suspects in 2014 are students from Senior High School, totaling to 22,639, but decreased with a percentage of 1.94% from 23,086 in 2013. Suspects with the smallest number are university students, an increase of 7.83% from 1,137 in 2013 to 1,226 in 2014.

**2) Trend from 2010 to 2014**

The largest number of suspects in 2013 are Senior High School graduates totaling 23,086, and suspects with the lowest number are university students (943) in 2010.

The trend with the largest increase of 52.07% are graduates from Elementary School from 2012 to 2013. The largest decrease occurred among elementary education in 2013 to 2014 with a percentage of 5.88%.

**Table 191. Trend of Drug Suspects Based on Occupation, 2010 – 2014**

NO.	OCCUPATION	YEAR				
		2010	2011	2012	2013	2014
1	2	3	4	5	6	7
1.	Civil Servant	251	337	320	413	361
TREND			34.26%	-5.04%	-29.06%	-12.59%
2.	Police/Armed Forces	227	294	287	262	325
TREND			29.52%	-2.38%	-8.71%	24.05%
3.	Private Sector	13,943	17,444	16,071	19,804	18,471
TREND			25.11%	-7.87%	23.23%	-6.73%
4.	Entrepreneur	7,480	7,730	7,545	9,105	11,393
TREND			3.34%	-2.39%	20.68%	25.13%
5.	Farmer	902	1,079	1,388	2,108	1,545
TREND			19.62%	28.64%	51.87%	-26.71%
6.	Labour	3,944	3,525	4,025	4,954	4,561
TREND			-10.62%	14.18%	23.08%	-7.93%
7.	Univ. Student	518	611	710	870	883
TREND			17.95%	16.20%	22.54%	1.49%
8.	Student	531	605	695	1,121	778
TREND			13.94%	14.88%	61.29%	-30.60%
9.	Unemployed	5,701	5,107	4,599	5,375	5,032
TREND			-10.42%	-9.95%	16.87%	-6.38%

Source : National Police & BNN, March 2015

Details of the above Table 191 shows:

### 1) Trend in 2014

Workers in the private sector are the largest number of suspects in 2014, with a total of 18,471. But decreased by 6.73% from 2013. Suspects with the smallest number are members of Police/Armed Forces with a total of 325, but increased 24.05% in 2014 compared to 2013.

The largest increase occurred among students with a percentage of 61.29%. In 2012, 695 were arrested, but increased to 1,121 in 2013. The largest decrease of 30.50% was also among students in 2014 with a total of 778.

## 2) Trend from 2010 to 2014

The highest number in rank are workers in the private sector in 2013, where 19.804 became suspects. In 2010 the lowest rank in number are suspects from Police/Armed Forces totaling to 227.

The largest increase of suspects is seen among students from 2012 to 2014, indicating 61.29%, and decreased from 2013 to 2014 by 30.60%.

**Table 192. Trend of Total Seized Cannabis, 2010 - 2014**

NO.	SEIZED EVIDENCE	YEAR				
		2010	2011	2012	2013	2014
1	2	3	4	5	6	7
1.	Cannabis Herb (Gr)	22,689,916.05	23,891,244.25	<b>22,335,281.98</b>	<b>17,777,141.76</b>	<b>68,398,853.75</b>
TREND			5.29%	-6.51%	-20.41%	284.76%
2.	Cannabis Trees (unit)	449,618.00	<b>1,839,664.00</b>	<b>341,395.00</b>	<b>534,829</b>	<b>92,481</b>
TREND			309.16%	-81.44%	56.66%	-82.71%
3.	Total Area (Ha)	178.40	<b>305.83</b>	<b>89.50</b>	<b>119.9</b>	<b>14</b>
TREND			71.43%	-70.74%	33.97%	-88.32%
4.	Cannabis Seeds (Gr)	<b>750.00</b>	<b>4.38</b>	284.91	12	378.33
TREND			-99.42%	6,404.79%	-95.79%	3,052.75%

Source : National Police & BNN, March 2015

Details of the above Table 192 shows:

### 1) Trend in 2014

The year 2014 indicates a significant increase of 3,052.75% in cannabis seeds, from 12 grams in 2013 to 378.33 grams in 2014. A significant decrease is shown in the eradication of cultivation area of 14 Ha in 2014, from 119.9 Ha in 2013, or a decrease of 88.32%. However, in contrast with increased seizures of cannabis herb and seeds in 2014.

### 2) Trend from 2010 to 2014

The highest in rank of seizures concerns cannabis herbs in 2014 with a total of 68,398,853.75 grams. The lowest occurred in 2013, a total of 17,777,141.76 grams.

Cannabis trees place the highest rank in 2011, with a seizure of 1,839,664 tree units, while the lowest in rank occurred in 2014, with a total of 92,481 tree units.

The largest seizure of cultivation was in 2011 with an area of 305.83 Ha. The lowest in rank in 2014 with an area of 14 Ha.

The largest seizures of cannabis seeds occurred in 2010 totaling 759 grams, and the smallest in 2011, of 4.38 grams.

**Table 193. Trend of Total Seized Narcotics 2010 - 2014**

NO.	SEIZED EVIDENCE	YEAR				
		2010	2011	2012	2013	2014
1	2	3	4	5	6	7
1.	Heroin (Gr)	25,053.44	27,439.81	52,425.24	11,269.94	12,195.44
TREND			9.53%	91.06%	-78.50%	8.21%
2.	Cocaine (Gr)	53.03	66.97	6,736.84	2,035	373.33
TREND			26.29%	9,959.49%	-69.79%	-81.65%
3.	Morphine (Gr)	-	-	-	-	-
TREND		-	-	-	-	-
4.	Hashish (Gr)	4,946.60	230.99	7,836.44	2,067.68	4,237.49
TREND			-95.33%	3,292.55%	-73.61%	104.94%
5.	Ecstasy (Tbl)	424,515.50	826,096.25	4,271,619.00	1,165,178	489,310.75
TREND			94.60%	417.08%	-72.72%	-58.01
6.	Shabu (Gr)	354,065.84	1,092,029.09	2,054,149.51	542,652.32	1,125,068.42
TREND			208.43%	88.10%	-73.58%	107.33%

Source : National Police & BNN, March 2015

Details of the above Table 193 shows:

### 1) Trend in 2014

The highest increase in percentage is for shabu (107.33%) in 2013, from 542,652.32 grams to 1,125,068.42 grams in 2014. The highest percentage in decrease in 2013 is for cocaine (81.65%), from 2,035 grams to 373.33 grams in 2014.

### 2) Trend from 2010-to 2014

The largest seizure of heroin occurred in 2012, a total of 52,425.24 grams. The mallest seizure happened in 2014, a total of 11,269.94 grams.

The largest seizure of cocaine of 6,736.84 grams was in 2012, while the the lowest amount in seizure was 53.03 grams in 2010.

In 2012 a seizure of hashish was made with a total of 7,836.44 grams. The smallest amount seized was in 2011 (230.99 grams).

Ecstasy with the largest seizure was made in 2012: (4,271,619.00 tablets), while the smallest amount seized occurred in 2010, a total of 424,515.50 tablets.

In 2012 the largest seizure of shabu was made (2,054,149.51 grams), while the smallest in 2010 of 354,065.84 grams.

**Table 194. Trend of Total Seized Psychotropic Substances, 2010 - 2014**

NO.	SEIZED EVIDENCE	YEAR				
		2010	2011	2012	2013	2014
1	2	3	4	5	6	7
1.	Benzodia-zepine (Tbl)	785,935.50	518,478.25	512,523.00	460,806.75	356,631
	TREND		-34.03%	-1.15%	-10.09%	-22.61%
2.	Barbiturate (Tbl)	309,596.50	158,578.00	426,793.50	181	9,571
	TREND		-48.78%	169.14%	-99.96%	5,187.85%
3.	Ketamine (Gr)	116,885.00	95,336.90	13,426.00	4,661.51	13,400.09
	TREND		-18.44%	-85.92%	-65.28%	187,.46%
4.	Controlled Medicines (Tbl)	1,976,937.00	1,758,902.50	2,064,302.50	5,869,329.5	14,729,227.75
	TREND		-11.03%	17.36%	184.33%	150.95%

Source : National Police & BNN, March 2015

Table 194 shows:

### 1) Trend in 2014

A significant increase is seen in the total seized barbiturates in 2014, with a percentage of 5,187.85% from 181 tablets in 2013 to 9,571 tablets in 2014.

A decrease of 22.61% is only seen in the seizure of benzodiazepines in 2014, from 460,806.75 tablets in 2013 to 356,631 tablets in 2014.

### 2) Trend from 2010 to 2014

The largest seizure of benzodiazepines occurred in 2010 with a total of 785,935.5 tablets, and the smallest seizure in 2014 with a total of 356,31 tablets.

Barbiturates had the largest seizure in 2012, totaling to 426,793.50 tablets, and the smallest in 2014 totaling to 181 tablets.

The year 2010 indicates the largest seizure of ketamine, with a total of 116,885 grams, and the smallest amount seized in 2014, of 4,661.51grams.

Regarding Controlled medicines, the largest seizure occurred in 2014, totaling 14,729,227.75 tablets, while in 2011 the smallest seizure of 1,758,902 tablets.

**Table 195. Trend of Total Seized Other Addictive Substances, 2010 - 2014**

NO.	SEIZED EVIDENCE	YEAR				
		2010	2011	2012	2013	2014
1	2	3	4	5	6	7
1.	Alcohol (Bottles)	207,970.50	215,914.10	993,489.50	148,161	223,981
	TREND		3.82%	360.13%	-85.09%	51.17%
2.	Alcohol (Litres)	92,973.90	143,684.64	164,780.79	3,022,520.10	16,439,339.45
	TREND		54.54%	14.68%	1,734.27%	443.90%

Source : National Police & BNN, March 2015

Table 195 shows:

**1) Trend in 2014**

A significant increase occurred in the seizure of Alcohol in 2014, a percentage of 443.9%, or from 4,022,520.10 litres in 2013 to 16,439,339.45 litres in 2014.

**2) Trend from 2010 to 2014**

The largest seizure of alcohol occurred in 2012, with a total of 993,489.5 bottles, and the smallest seizure in 2013 of 141,161 bottles.

The largest seizure of alcohol was made in 2014, a total of 16,439,339.45 litres, the smallest in 2010 with a total of 92,973.9 litres.

**b. Trend of Seizures Related to Narcotic Crimes from Ministry of Finance RI, 2012 – 2014.**

**Table 196. Trend of Total and Ranking of Seized Cannabis Herbs at Airports, 2012 – 2014 (Grams)**

NO.	PROVINCE	AIRPORTS	2012		2013		2014	
			TOTAL	RAN-KING	TOTAL	RAN-KING	TOTAL	RAN-KING
1	2	3	4	5	6	7	8	9
1.	Banten	Soekarno Hatta	56.60	II	-	-	-	-
2.	Bali	Ngurah Rai	-	-	7.59	I	-	-
3.	Yogyakarta	Yogyakarta	86.00	I	-	-	-	-
4.	West Java	Bandung	6.48	III	-	-	-	-
TOTAL			149.08	-	7.59	-	-	-
TREND					-94.91%			

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2015



Details of Table 196 shows:

**1) Trend in 2014**

The year 2014 does not indicate any seizures of cannabis herbs. It may be that smugglers took other lanes/routes, used other undetected methods of transportation/smuggling.

**2) Trend from 2010 to 2014**

The year 2012 shows a decrease in the seizure of cannabis herbs until no seizure was made in 2014. It may be possible that smugglers do not use airports for cannabis trafficking, or use other methods that escape control and detection.

**Table 197. Trend of Total and Ranking of Seized Heroin at Airports, 2012 – 2014 (Grams)**

NO.	PROVINCE	AIRPORT	2012		2013		2014	
			TOTAL	RAN-KING	TOTAL	RAN-KING	TOTAL	RAN-KING
1	2	3	4	5	6	7	8	9
1.	DKI Jakarta	Halim	1,056.00	VII	-	-	-	-
2.	Banten	Soekarno Hatta	2,008.00	IV	-	-	-	-
3.	DI Yogyakarta	Yogyakarta	1,175.00	VI	-	-	-	-
4.	Bali	Ngurah Rai	-		372	I	-	-
5.	Aceh	Banda Aceh	1,995.80	V	-	-	-	-
6.	South Kalimantan	Balikpapan	5,198.00	II	-	-	-	-
7.	North Sulawesi	Manado	2,200.00	III	-	-	-	-
8.	North Sumatera	Medan	10,110.10	I	-	-	-	-
<b>TOTAL</b>			<b>23,742.90</b>	-	<b>372</b>			
<b>TREND</b>					<b>-98.43%</b>			

**Source :** Directorate General of Customs & Excise, Ministry of Finance RI, March 2015

Details of Table 197 :

**1) Trend in 2014**

No seizures of heroin in 2014. Smugglers may use other smuggle routes, or other methods that escape detection.

**2) Trend from 2012 to 2014**

From 2012 to 2014 seizures of heroin has been decreasing until no seizure was made in 2014. It may be possible that smugglers very seldom use the air route and have taken other methods or routes.

**Table 198. Trend of Total and Ranking of Seized Cocaine at Airports, 2012 – 2014 (Grams)**

NO.	PROVINCE	AIRPORT	2012		2013		2014	
			TOTAL	RAN-KING	TOTAL	RAN-KING	TOTAL	RAN-KING
1	2	3	6	7	8	9	8	9
1.	Banten	Soekarno Hatta	1,823.50	II	-	-	-	-
2.	Bali	Ngurah Rai	4,794.00	I	-	-	239	I
TOTAL			6,617.50		0	-	239	
TREND								

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2015

Details of Table 198:

**1) Trend in 2014**

Airport Ngurah Rai in Bali made the first seizure of Cocaine.

**2) Trend from 2012 to 2014**

From 2012 to 2013 a sharp decline was seen in the seizures of Cocaine, but with the new seizure of cocaine in 2014 there is estimation that the smuggle of cocaine has not totally stopped, particularly in Bali.

**Table 199. Trend of Total and Ranking of Seized Hashish at Airports, 2012 – 2014 (Grams)**

NO.	PROVINCE	AIRPORT	2012		2013		2013	
			TOTAL	RAN-KING	TOTAL	RAN-KING	TOTAL	RAN-KING
1	2	3	4	5	6	7	8	9
1.	Banten	Soekarno Hatta	2	III	-	-	4,212	I
2.	Bali	Ngurah Rai	4,431	I	103.64	I		
3.	NTB	Mataram	3,715	II	-	-		
TOTAL			8,148	-	103.64	-	4,212	
					-98.73%		3,964.07%	

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2015

Table 199 above shows the following details:

### 1) Trend in 2014

Generally, 2014 indicates a sharp increase in the seizure of hashish at airports, with a percentage of 3,064.07%, from 103.64 grams in 2013 to 4,212 grams in 2014. The seizure was made at Soekarno Hatta Airport.

### 2) Trend from 2012 to 2014

A sharp decreasing trend is seen from 2012 to 2013 in seizures of hashish, but sharply increases in 2014. Special note should be taken in the possible change of smuggling from Ngurah Rai Bali to Soekarno Hatta.

**Table 200. Trend of Total and Ranking of Seized Ecstasy at Airports, 2012 – 2014 (Grams)**

NO.	PROVINCE	AIRPORT	2012		2013		2014	
			TOTAL	RAN-KING	TOTAL	RAN-KING	TOTAL	RAN-KING
1	2	3	4	5	6	7	8	9
1.	Banten	Soekarno Hatta	20.50	III	207,220	I		
2.	East Java	Juanda	-				6,153	I
3.	DKI Jakarta	Halim	-					
4.	Bali	Ngurah Rai	-					
5.	Riau Islands	Hang Nadim	-					
6.	South Sulawesi	Makasar	500.00	II				
7.	West Java	Bandung	500.50	I			6.5	III
8.	North Sumatera	Polonia	-		1.63	I		
		Kuala Namu					7.5	II
TOTAL			1,02100		207,221.63		6,167	
TREND					20,195.95%		-97.02%	

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2015

Details in Table 200 shows:

### 1) Trend in 2014

A significant decrease is seen in the seizures of ecstasy with a percentage of 97.02%, from 207,221.63 grams seized in 2013 to only 6,167 grams in 2014. The largest seizure was made at Juanda airport totaling to 6,153 grams.

### 2) Trend from 2012-2014

A sharp rise is seen in seizures of ecstasy, then a steep decline in 2014. The largest seizure was made in 2013 at Soekarno Hatta Airport, a total of 207,220 grams. One should take serious note in the possibility of a change to a new smuggling route through Juanda Airport.

**Table 201. Trend of Total Seized Shabu at Airports, 2012 – 2014 (Gram)**

NO.	PROVINCE	AIRPORT	2012		2013		2014	
			TOTAL	RAN-KING	TOTAL	RAN-KING	TOTAL	RAN-KING
1	2	3	4	5	6	7	8	9
1.	Aceh	Banda Aceh	1,690.93	V	-			
2.	North Sumatera	Medan	2,029.00	IV	916	X	6,605.7	IV
3.	Riau Isl	Batam	-		-			
4.	Riau	Pekanbaru	101.80	XIII	-			
5.	Banten	Soekarno Hatta	25,766.30	I	31,914	I	76,696	I
6.	DKI Jakarta	Halim	704.20	XI	-			
7.	West Java	Bandung	775.00	X	3,875	V	1,006.54	IX
8.	Central Java	Surakarta	12.00	XIV	-			
9.	DI Yogya	Yogyakarta	1,245.00	VII	2,800	VII	4,006	VI
10.	East Java	Juanda	1,537.90	VI	15,276.2	II	9,766	III
11.	Bali	Ngurah Rai	1,231.00	VIII	6,827	IV	15,425	II
12.	NTB	Mataram	2,634.00	III	-			
13.	South Sulawesi	Makasar	1,000.00	IX	-			
14.	North Sulawesi	Manado	6,000.00	II	3,667	VI		
15.	South Kalimantan	Balikpapan	177.00	XII	-			
16.	Batam	Hang nadim	-		8,619	III	5,819	V
17.	West Sumatera	Minangkabau	-		2,800	VIII	2,325	VII
18.	East Kalimantan	Balikpapan	-		1,534	IX	1,573	VIII
19.	West Kalimantan	Pontianak	-		260	XI		
20.	North Kalimantan	Tarakan	-		-		0.52	X
TOTAL			44,904.13		78.488		123,222.76	
TREND					74.79%		57.00%	

**Source :** Directorate General of Customs & Excise, Ministry of Finance RI, March 2015

Table 201 indicates:

**1) Trend in 2014**

A percentage of 57% increase occurred in 2014 from 78,488 grams shabu in 2013. The largest seizure was made at Soekarno Hatta Airport, a total of 75,696 grams.

**2) Trend from 2012-2014**

An increasing trend is seen from 2012 to 2014 in the seizures of shabu at airports. Data show that the smuggle of shabu is spreading, indicating that shabu may be smuggled through a number of new airports.

**Table 202. Trend of Total and Ranking of Seized Cannabis Herb at Seaports, 2012 – 2014 (Gram)**

NO.	PROVINCE	SEAPORT	2012		2013		2014	
			TOTAL	RAN-KING	TOTAL	RAN-KING	TOTAL	RAN-KING
1	2	3	4	5	6	7	8	9
1.	Riau	Dumai	21.50	II	-			
2.	Riau Isl.	Tanjung Balai Karimun Batam	22.00	I	-		9,542	I
3.	North Sumatera	Teluk Nibung					23.41	III
4.	Jakarta	Tanjung Priok					5,000	II
<b>TOTAL</b>			<b>43.50</b>		-		<b>14,565.41</b>	

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2015

Table 202 indicates:

**1) Trend in 2014**

2014 shows an increase in seizures of cannabis herbs at seaports, while no seizures were made in the previous years. The largest seizure was made at Tanjung Balai Karimun Seaport.

**2) Trend from 2012-2014**

An increasing trend of cannabis herbs is seen from 2012 to 2014. There is a possibility of a new trafficking route through Tanjung Priok.

**Table 203. Trend of Total and Ranking of Seized Heroin at Seaports, 2012 – 2014 (Gram)**

NO.	PROVINCE	SEAPORT	2012		2013		2014	
			TOTAL	RAN-KING	TOTAL	RAN-KING	TOTAL	RAN-KING
1	2	3	4	5	6	7	8	9
1.	Riau	Dumai	1,385	III				
		Balai Karimun	-		11.92	II	39.38	I
2.	Riau Isl.	Tanjung Pinang	4,250	II				
		Batam Centre	5		623	I	1	II
3.	North Sumatera	Teluk Nibung	-					
4.	East Kalimantan	Tarakan	-					
		Nunukan	-					
5.	Central Java	Tanjung Emas	4,500	I				
<b>TOTAL</b>			<b>10,140</b>		<b>635</b>		<b>40.38</b>	
<b>TREND</b>					<b>-93.74%</b>		<b>-93.64%</b>	

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2015

From Table 203:

**1) Trend in 2014**

Seizures of heroin indicate a sharp decrease of 93.64%, from 634 grams in 2013 to 40.38 grams in 2014.

**2) Trend from 2012-2014**

A decreasing trend is seen from 2012 to 2014 in the seizures of heroin. However, data from Riau and Riau Islands show that these routes maintain the smuggling routes for heroin.

**Table 204. Trend of Total and Ranking of Seized Ecstasy at Seaports, 2012 – 2014 (Tabs)**

NO.	PROVINCE	SEAPORT	2012		2013		2014	
			TOTAL	RAN-KING	TOTAL	RAN-KING	TOTAL	RAN-KING
1	2	3	4	5	6	7	8	9
1.	Riau Isl.	2. Batam Centre	-		9,921	I	11,877	I
TOTAL			-		9,921		11,877	
							19.72%	

**Source :** Directorate General of Customs & Excise, Ministry of Finance RI, March 2015

The above table shows a rising trend in the seizures of ecstasy tablets at Batam Center Seaport. This entry point is still being used as the smuggling route of ecstasy.

**Table 205. Trend of Total and Ranking of Seized Ecstasy at Seaports, 2012 - 2014 (Gram)**

NO.	PROVINCE	SEAPORT	2012		2013		2014	
			TOTAL	RAN-KING	TOTAL	RAN-KING	TOTAL	RAN-KING
1	2	3	4	5	6	7	8	9
1.	Riau	1. Dumai	93.50		-			
		2. Bengkalis	24.00		-			
		3. Selat Panjang	4.50		-			
2.	Riau Isl.	1. Tj. Balai Karimun	3,513.50		-		2,4	I
		2. Batam Centre	10.25		-			
3.	DKI Jakarta	Tanjung Priok	378,435.80		-			
TOTAL			382,081.55		-		2,4	
			43,541.52%		-			

**Source :** Directorate General of Customs & Excise, Ministry of Finance RI, March 2015

Table 205 indicates the following:

### 1) Trend in 2014

Only a seizure of 2.4 grams occurred at Tanjung Balai Karimun in 2014.

### 2) Trend 2012-2014

A sharp declining trend is seen in the seizure of ecstasy from 2012 to 2014. Estimation is that ecstasy in powder form is seldom smuggled.

**Table 206. Trend of Total and Ranking of Seized Shabu at Seaports, 2012 - 2014 (Gram)**

NO.	PROVINCE	SEAPORT	2012		2013		2014	
			TOTAL	RAN-KING	TOTAL	RAN-KING	TOTAL	RAN-KING
1	2	3	4	5	6	7	8	9
1.	North Sumatera	Teluk Nibung	258.30	V	724,60	III	4,956.7	III
2.	Riau	1. Bengkalis	156.68	VI				
		2. Selat Panjang	302.30	IV				
		3. Dumai	-		2,437.99	II	1,038.6	VI
		4. Setia Raja	-		450	IV		
		5. Balai Karimun	-		1.12	V	3,938.3	IV
3.	Riau Isl	1. Tanjung Pinang	4,000.00	II			1,909	V
		2. Batam Centre	9,615.00	I	4,402	I	6,910	I
4.	West Sumatera	Teluk Bayur	0.40	VII				
5.	Central Java	Tanjung Emas	3,240.00	III				
6.	Jakarta	Tanjung Priok					5,700	II
7.	East Java	Tanjung Perak					1,500	VII
8.	East Kalimantan	Nunukan					500.6	VIII
TOTAL			17,572.68		8,015.71		26,453.2	
					-54.39%		230.02%	

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2015

Table 206 indicates:

### 1) Trend in 2014

The year 2014 shows an increase in shabu seizures, a percentage of 230.02%. The largest seizure was at Batam Center Seaport.

### 2) Trend from 2012-2014

The year 2013 indicates a decrease, but in 2014 seizures again. Data indicates that sea routes are still favourable for the smuggle of shabu. Butlaw enforcement should also be alert of new seaports being used as entry points of shabu, namely, Tanjung Priok (Jakarta), Tanjung Perak (Surabaya) and Nunukan.

**Table 207. Trend of Total and Ranking of Seized Cannabis at Border Crossings, 2012 – 2014 (Gram)**

NO.	PROVINCE	BORDER CROSSING	2012		2013		2014	
			TOTAL	RAN-KING	TOTAL	RAN-KING	TOTAL	RAN-KING
1	2	3	4	5	6	7	8	9
1.	Papua	Jayapura	2,000	I			100	I
2.	West Papua	PPLB Skow Wutung	-		1,520 500 seeds	I		
3.	Riau	Tj. Balai Karimun	-		1.1	II		
<b>TOTAL</b>			<b>2,000</b>		<b>1,521.1 500 Seeds</b>		<b>100</b>	

**Source :** Directorate General of Customs & Excise, Ministry of Finance RI, March 2015

Table 207 indicates a decrease in the seizures of cannabis. One should be alert of new routes and method are being used for the smuggle of cannabis.

**Table 208. Trend of Total and Ranking of Seized Shabu at Border Crossings, 2012 - 2014 (Gram)**

NO.	PROVINCE	BORDER CROSSING	2012		2013		2014	
			TOTAL	RAN-KING	TOTAL	RAN-KING	TOTAL	RAN-KING
1	2	3	4	5	6	7	8	9
1.	West Kali-mantan	Entikong	28,612.18	I	-			
2.	NTT	Atapupu	5,456.10	II	-		9,030	I
3.	Papua	Jayapura	4,000.00	III	-			
4.	Riau Isl.	Batam Center	-		1.12	II		
5.	Riau	Tj. Balai Karimun	-		4,402	I		
<b>TOTAL</b>			<b>38,068.28</b>		<b>4,403.12</b>		<b>9,030</b>	
<b>TREND</b>					<b>-88.43%</b>		<b>105.08%</b>	

**Source :** Directorate General of Customs & Excise, Ministry of Finance RI, March 2015

Details of Table 208 :

**1) Trend in 2014**

In 2014 an increase is seen in seizures of shabu of 105.08%. Seizures only occurred at Atapupu Border, NTT.

**2) Trend from 2012-2014**

From 2012 to 2014 the smuggle of shabu decreased then increased again. Data show that law enforcement has to maintain control at border crossings, in particular Atapupu NTT.



## 2. Demand Reduction.

### a. Trend of Drug Abusers Receiving Treatment at Rehabilitation Facilities in Collaboration BNN, 2012 – 2014, Data from BNN.

**Table 209. Trend of Total Drug Abusers Receiving Treatment at Rehabilitation Facilities in Collaboration with BNN Based on Gender 2012 - 2014**

NO.	GENDER	TOTAL DRUG ABUSERS		
		2012	2013	2014
1	2	3	4	5
1.	Male	13,109	5,407	3,704
2.	Female	1,401	704	284
<b>TOTAL</b>		<b>14,510</b>	<b>6,111</b>	<b>3,988</b>

Source : BNN Deputy of Rehabilitation, March 2015

Table 209 indicates as follows:

- Generally, the majority of drug abusers who received treatment at the rehabilitation facilities in collaboration with BNN from 2012 to 2014 are males. Besides negative stigmatization, the decrease of drug abusers at rehabilitation facilities are also caused by the less number of BNN-supported rehabilitation facilities.

**Table 210. Trend of Total and Ranking of Drug Abusers Receiving Treatment at Rehabilitation Facilities in Collaboration with BNN Based on Age Group 2012 - 2014**

NO.	AGE GROUP	TOTAL DRUG ABUSERS		
		2012	2013	2014
1	2	3	4	5
1.	< 15 Years	151	85	45
2.	15 – 25 Years	3,533	1,648	1,185
4.	26 – 40 Years	9,972	3,916	2,488
7.	> 40 Years	854	462	233
8.	Not registered	0	0	37
<b>TOTAL</b>		<b>14,510</b>	<b>6,111</b>	<b>3,988</b>

Source : BNN Deputy of Rehabilitation, March 2015

Data of Table 210 indicates:

- The largest number of drug abusers receiving treatment is in the age group 26-40 years, the group of productive age who are able to work and have their own income. These people seek for drugs because of the enormous work pressure or lifestyle in the urban environment with full of nightlife activities. The second in rank is the age group between 15 to 25 years, mainly highschool and university students. Drug taking is an influence of drug abuser peer groups, or problems they encounter in the family.

**Table 211. Trend of Total Drug Abusers Receiving Treatment at Rehabilitation Facilities in Collaboration with BNN Based on Drug Consumption, 2012 - 2014**

NO.	DRUG CONSUMPTION	TOTAL DRUG ABUSERS		
		2012	2013	2014
1	2	3	4	5
1.	Cannabis	4,175	1,243	1,429
2.	Hashish	116	80	-
3.	Heroin/Putaw	3,455	1,695	659
4.	Morphine	197	38	14
5.	Other Opiates	736	195	147
6.	Cocaine	227	26	2
7.	Amphetamine (e.g.: slimming remedy)	153	43	100
8.	Methamphetamines/ Shabu	4,697	1,649	2,463
9.	MDMA/Ecstasy	1,536	282	468
10.	Barbiturates (Luminal, Nembutal, Amytal)	228	10	34
11.	Benzodiazepines (Valium, Xanax, Librium, Ativan)	493	236	355
12.	Diazepam	0	1	-
13.	Others	108	0	8
14.	Tramadol	0	1	12
15.	LSD	21	9	18
16.	Mescaline, Psilocybin	14	96	-
17.	Solvents and Inhalants	23	29	12
18.	DMP (Dextromethorphan)	195	275	34
19.	Double L / Trihexyphenidyl	454	125	54
20.	Kecubung (Atropin)	2	12	18
21.	Ketamine	2	0	6
22.	Subutex	728	40	84
23.	Not registered	0	119	311
<b>TOTAL</b>		<b>17,560</b>	<b>6,204</b>	<b>6,228</b>

Source : BNN Deputy of Rehabilitation, March 2015

Details in Table 211:

- Data from the patients under treatment, the most drug consumed are Shabu, Cannabis, Heroin, Shabu and Ecstasy, continues to increase. Heroin abusers tend to decrease. However, in general, there is an increase in the total number of drug abusers under treatment in 2014 from the previous year.

**b. Trend of AIDS Cases, from Ministry of Health, 2012 - 2014.**

**Table 212. Trend of Total Cumulative AIDS Cases Based on Gender, 2012 – 2014**

NO.	GENDER	TOTAL CUMULATIVE AIDS CASES		
		2012	2013	2014
1	2	3	4	5
1.	Male	23,702	28,846	32,228
2.	Female	12,338	15,565	17,457
3.	Not known	6,847	7,937	8,157
TOTAL		42,887	52,348	57,842

Source : Directorate General of PPM & PL , Ministry of Health RI, March 2015

Table 212 indicates the following:

- In general, the cumulative number of AIDS cases maintains to increase. Based on the available data, males are dominant.

**Table 213. Trend of Total Cumulative AIDS Cases Based on Risk Factor, 2012 – 2014**

NO.	RISK FACTOR	TOTAL CUMULATIVE AIDS CASES		
		2012	2013	2014
1	2	3	4	5
1.	Heterosexual	25,534	32,719	45,230
2.	Homo Bisexual	1,009	1,274	5,132
3.	IDU	7,752	8,407	10,201
4.	Blood transfusion	85	123	123
5.	Prenatal Transmission	1,158	1,438	1,438
6.	Not known	7,116	7,954	14,029

Source : Directorate General of PPM & PL , Ministry of Health RI, March 2015

Table 213 indicates:

- The cumulative number of AIDS cases among IDU/PWID continues to increase from 2012 to 2014 totaling 10,201 cases.

**Table 214. Trend of Total Cumulative AIDS Cases Based on Age Group, 2012 - 2014**

NO.	AGE GROUP	TOTAL CUMULATIVE AIDS CASES		
		2012	2013	2014
1	2	3	4	5
1.	< 1 Years	159	234	261
2.	1 – 4 Years	756	921	1,035
3.	5 – 14 Years	325	418	489
4.	15 – 19 Years	1,408	1710	1,818
5.	20 – 29 Years	15,093	17,892	19,438
6.	30 – 39 Years	12,044	15,204	17,127
7.	40 – 49 Years	4,270	5,628	6,634
8.	50 – 59 Years	1,252	1,733	2,096
9.	> 60 Years	404	522	606
10.	Not known	1767	8,086	8,338

**Source :** Directorate General of PPM & PL , Ministry of Health RI, March 2015

Details in Table 214 shows:

- The number of AIDS patients continues to increase, indicating the largest number in the group of 20-29 years, followed by 30-39 years.

## **CHAPTER V**

### **CROSS TABULATION OF DATA ON THE PREVENTION AND ERADICATION OF DRUG ABUSE AND ILLICIT TRAFFICKING**

Outcomes of the 2014 survey shows that the total of Drug Abusers in 2014 is approx. **4 million**.

1. If compared to the total number of Drug Abusers under treatment in 2012, i.e. **14.510 patients**, only **0.35%** of patients Drug Abusers were treated at BNN Rehabilitation Center.
2. If compared to the total number of Drug Abusers under treatment in 2013, (**6,111 patients**), only **0.15%** of Drug Abusers received treatment at BNN Rehabilitation Center.
3. If compared to the total number of Drug Abusers under treatment in 2014, (**3,988 patients**), only **0.10%** received treatment at BNN Rehabilitation Center.

If comparison is made between the total number of arrest by law enforcement and the total number of patients receiving treatment, the outcome is as follows:

1. In 2012, law enforcement arrested a total of **35.640 individuals** and a total of **14.510 persons** received treatment.
2. In 2013, **44.012 persons** were arrested by law enforcement and **6.111** among them received treatment.
3. In 2014, **43.349 persons** were arrested and **3.988** amongst them received treatment.

When looked upon between the data of the Survey and Drug Addicts under treatment at IPWL facilities all over Indonesia, the conclusion is that from the estimated 4 million of drug abusers in 2014, only 5,414 received treatment at IPWL, or approx. 0.14%.



## **CHAPTER VI**

### **CONCLUSION**

We have great expectation that the 2014 Journal of Data on P4GN 2015 Edition be used as reference in the planning of programs and activities, also in the budget planning of the related agencies and BNN. We also hope that the Journal may become the standard of success and failure in the efforts of P4GN. Also to improve the knowledge and public concept on the growth of the drug danger in Indonesia.

We have also great hopes that through the 2014 Journal of Data Edition 2015 all stakeholders commit themselves and develop a comprehensive and integrated synergy with the public to make the year 2015 the year of rescue for 100,000 drug abusers. We are fully aware that the task of P4GN is not solely the government's cq. BNN's responsibility. Every component of the community is responsible and committed to implement P4GN by improving the individual and family immunity against drug abuse and illicit drug trafficking. It is not an easy task, as the modus operandi of illicit drug trafficking is increasingly developing every year, not only in the cities, but also in the rural areas.

Lastly, we take this opportunity to extend our heartfelt gratitude to all parties that have given their assistance in composing the Journal of Data, and greatly hope that it may be of great use in improving the future efforts of P4GN.

Jakarta, June 2015

**Team of Composers**





## ATTACHMENTS

### LIST OF SUPPORTED COMMUNITY COMPONENT REHABILITATION INSTITUTIONS, LIST OF RECEIVING INSTITUTIONS FOR SELF-REPORTING (IPWL) AND LIST OF DRUG TESTING LABORATORIES FOR NARCOTICS AND PSYCHOTROPIC SUBSTANCES, 2014

#### 1. List of Supported Community Component Rehabilitation Institutions, 2014.

NO.	PROVINC E	INSTITUTION	ADDRESS	CP	METHOD
1	2	3	4	5	6
1.	North Sumatera	Sibolangit Centre	Jln. Medan Brastagi Km. 45 Sibolangit, Kab. Deli Serdang, Sumatera Utara	Zulkarnain 0819.822.542 / Fitri 0819.6067.920	OSC TC
2.		Yayasan Galatea	Jln. Danau Marsabut No. 79 A, Medan 20117	Amri Yahya 0813.6146.0267	ORC
3.		Yayasan Caritas PSE	Jln. Sei Asahan No. 42, Kel. Padang Bulan Selayang I, Sumatera Utara 20131	Eka 0815.7307.3445	ORC
4.		Yayasan Medan Plus	Jln. Jamin Ginting Pasar VII No. 45 Kel. Beringin, Padang Bulan, Medan 20131	Eban Totonta Kaban 0878.6772.0288	ORC
5.		Yayasan Keris Sakti	Jln. Asahan Gg. Air Bersih Nag. Perdagangan II Kec. Bandar	Sahrjal 0852.7772.9722	OSC NTC
6.		Yayasan Narwastu	Jln. Bali No. 04, Pematang Siantar, Kel. Bane, Siantar Utara	Telp: 0622-24255 Hp: 0813-6206-8907	OSC NTC
7.		Yayasan Pemulih- an Kasih Bangsa	Jl. TB. Simatupang No.154 Medan 21147	Pdt. Yakub Ridwan 0813.7897.7009	OSC NTC
8.	West Sumatera	Yayasan Suci Hati	Jln. Kapuk Terpadu RT.004/ RW.004 Kel. Kalumbuk, Kec. Kuranji, Kota Padang	Syafrizal 0852.6390.4097	CBU
9.	Lampung	Yayasan Sinar Jati	Jln. Marga No. 200 Kelurahan Source Rejo Kecamatan Kemiling Bandar Lampung 35153	H. Sukri Atmaja 0815.4099.8761	OSC TC
10.		Lembaga Rehabilitasi Ataraxis	Jln. RA. Basyid Gg. Kelapa III, Desa Fajar Baru, Kec. Jati Agung, Kab. Lampung Selatan	Azis 0812.7901.430	OSC NTC
11.	Riau	Yayasan Siklus	Jln. Bakau Ujung No. 36 Tang- kerang Timur, Pekanbaru, Riau	Bobby Erwin 0838.9003.7690	ORC
12.		Klinik Rehabilitasi Narkoba Ummi Medika	Jln. Garuda Sakti Km.3 Simpang Baru Panam Pekanbaru, Riau	Dr. Uvirda 0813.6578.2658	RJ
13.	Jambi	Yayasan Sikok	Jln. Dara Jingga No. 49 Kel. Rajawali Jambi 36143	Suminah 0812.7430.0312	ORC
14.	Bengkulu	Yayasan Kipas	- Sekr: Jln. Soekarno Hatta 5 No. 3, Anggut Atas, Bengkulu 38222 - Rehab: Jln. Hibrida VII No. 54 Kel. Sidomulyo, Kec. Gading Cempaka, Kota Bengkulu 38229	Merly Yuanda 0852.6763.6005	ORC
15.	Bangka Belitung	Klinik Intan Medika	Jln. Giok I No. 77, Batu Intan, Pangkalpinang Babel 33142	Dr. Hendry Jan 0819.1897.1888	RI
16.	Riau Islands	Yayasan Lintas Nusa	Perum Dotamana Indah Blok F No. 2 Belian - Batam Kota - Batam 29431	Pieter P. 0813.6466.5463 / 0812.7634.6120	ORC

1	2	3	4	5	6
17.	South Sumatera	Yayasan AR Rahman	Jln. Tegal Binangun Jaka Baring Komp. Ponpes Ar Rahman RT.02 Dusun II Desa Kedukan Kec. Rambutan Kab. Banyuasin Sumsel	Sahrizal 0812.7364.021	OSC TC
18.		Yayasan Intan Maharani	Jln. Mayor Salim Batubara Lorong Pendopo No. 164 F RT.02/RW.01 Sekip Ujung Palembang, Sumsel 30137	Syahri 0815.3274.7855	ORC
19.	Banten	Bina Muda Gemilang	Jln. Raya Kresek Km.01 Kp. Pakuhaji RT.03/RW.06 Desa Tobat Kec. Balaraja, Kab. Tangerang, Banten	Bambang 0812.4932.5312	ORC
20.		Yayasan Bani Syifa	Jln. Bendung Baru Pamarayan Barat Desa Panyabrangan Kec. Cikeusal Kab. Serang Prov. Banten 42175	Toni 0856.7373.838	OSC NTC
21.	West Java	Yayasan Sekar Mawar	Jln. Surya Kencana No. 2, Bandung 40132	Dargo 0812.1452.2255 / Jerry 0821.1563.1733	OSC TC
22.		Yayasan Penuai Indonesia	Kampung Ciguntur RT.06/RW.03, Desa Cipendawa, Kec. Pacet, Cianjur 43253	Zainal 0819.3234.0602	OSC TC
23.		Breakthrough Missions Indonesia	Jln. Bali Raya No. 31 Sentul City 16810	Vincent 0878.7072.4625	OSC NTC
24.		Yayasan Adiksifitas	Jln. Dangkul No. 53 RT.02/RW.06 Jatikarya, Bekasi 17435	Subhan 0818.0817.3910	OSC TC
25.		Rumah Cemara Bandung	Jln. Gegerkalong Girang No. 52 Bandung 40154	Acil 0817.9241.645	OSC TC
26.		Fan Campus	Jln. Jurang No. 28 Desa Tugu Utara Cisarua Puncak Bogor 16750	Hendra 0856.9117.5369	OSC TC
27.		Yayasan Pelayanan Agape	Jln. Citeko No. 96 RT.02/RW.04 Kel. Citeko, Kec. Cisarua (Villa Jaksa), Bogor 16750	Hendrik Wowor 0812.8301.299	OSC TC
28.		Cbu Kamboja	Jln. Kamboja No. 18 Depok Lama, Jawa Barat	Ricky 021-9171.4377	CBU
29.		Yayasan Lembaga Kasih Indonesia	Jln. Patuha Raya Blok. 21 No. 7 RT.05/RW.15 Kel. Kayuringin Jaya Kec. Bekasi Selatan, Kota Bekasi 17144	Basuki 0813.9965.1006	ORC
30.		Rumah Singgah Peka	Jln. Cifor No. 50 Sindang Barang Jero - Kampung Pilar I, Bogor 16117	Ucok Hutabarat 0821.1211.8030	ORC
31.		Yayasan Mahakasih	Jln. Ir. H. Juanda No. 72 Lingk. Serang Awirarangan Kuningan Jawa Barat 45511	Jafar 0852.2485.2123	CBU
32.		Klinik Medika Antapani	Jln. Purwakarta No. 3 Antapani Bandung	Dr. Safari 0813.2139.1751	RI
33.		Rumah Sakit Islam Karawang	Jln. Pangkal Perjuangan Km.2 (By Pass) Karawang	Dr. Aviando 0818.871.920	RI
34.		Inabah XV	Yayasan Serba Bakti, PP Surya- laya, Pondok Remaja Inabah XV. Jl. Pagerageung Wetan RT. 01/10 Ds/Kec. Pagerageung Kab. Tasik- malaya 46158	Deni Rahmat 0812.2088.266	OSC NTC
35.		Rumah Cemara Sukabumi	Jln. Sriwidari No. 90 Sukabumi	Ikbal Rachman 0858.6113.1999	ORC
36.		Yayasan Getse- mani Anugerah	Jln. Raya Pekayon No. 30 Bekasi Selatan 14147	Daniel 0878.6875.5660	OSC NTC
37.		Yayasan Gideon	Kampung Bengkok RT.02/RW.11 Desa Sindangjaya Kec. Cipanas Kab. Cianjur 43253	Gideon 0263-513.537	OSC NTC
38.		Victory Outreach	Jl. Flores No.9 GOR Saparua Bandung	Jeffry 0813.2262.9662	ORC

1	2	3	4	5	6
39.	DKI Jakarta	Kapeta	- Jln. Pluto Dalam II No. 8 Villa Cinere Mas - Jln. Warga No. 5 RT.02/RW.07, Ulujami Raya, Pesanggrahan, Jaksel 12250	Erry Wijoyo 0856.9291.2366	OSC NTC
40.		Kambal Care	Jln. Kampung Bali 28 No. 5a Tanah Abang, Jakarta Pusat	Pungky 0812.8204.728	ORC
41.		Yayasan Karitas Sani Madani	Jln. Kikir No. 72/56 RT.07/RW.04 Kayu Putih, Kec. Pulogadung, Jakarta Timur 13210	Ahmad 0815.800.7047	ORC
42.		Yayasan Doulus	Jln. Tugu No.3 RT.04/RW.04 No.3 Cipayung, Jakarta Timur 13840	Royke Manitik 0813.1067.903	OSC NTC
43.		Sahabat Rekan Sebaya	Sekretariat: Komp. Simpang Tiga Kalibata No.16-17 Jl. Raya Pasar Minggu, Jakarta Selatan 12750	Sulaiman 0812.5232.5588	ORC
44.		Yayasan Al Jahu	Jln. Raya Tanjung Barat No.3 Pasar Minggu Jaksel 12510	Julian Sandy 0858.1118.3592	CBU
45.		Yayasan Mutiara Maharani	Jln. Menteng Atas Gg. Lontar V No. 24a, RT.007/RW.015, Kel. Menteng Atas, Kec. Setiabudi, Jaksel	Luri 021.9914.2648 / Fadhil 0812.9579.9931	ORC
46.		Yayasan Rumah Sebaya	Perum Bintara Loka Indah Blok Qq 8 No.1 Bekasi 17134	Dr. Richard	ORC
47.		Klinik Sunter	Jln. Sunter Kemayoran 4 Sunter Agung Tj. Priok 14350	Dukut Sukarto 021-9892.9392	RJ
48.		Natura	Jln. Lebak Bulus Raya 1 No. 9, Jakarta Selatan	Astrid (0811.900.5958) / Ifa (0813.1599.3006)	OSC TC
49.	Central Java	Yayasan Mitra Alam	- Jln. Arif Rahman Hakim No. 66 Kepuntan Tegalharjo Jebres Surakarta 57128 - Jln. Batara Bromo E-3 Perum Gentan Wyakta Gentan Baki Sukoharjo 57194	Walidi 0857.4291.7839	OSC NTC
50.		Yayasan Rumah Damai	Desa Cepoko RT.04/RW.01 Kel. Cepoko, Kec. Gunung Pati, Semarang, Jawa Tengah 50223	Mulyadi Irawan 0818.293.777	OSC TC
51.		Rs H.A. Djunaid	Kawasan Pondok Pesantren Modern "Al Quran" Jln. Pelita II Buaran, Pekalongan 51132	Dr. Bonis Edi Artoko 0813.2685.4040	RI
52.		Rsi Sultan Agung	Jl. Raya Kaligawe Km.4 Semarang 1235	Uun 08122924879	
53.	East Java	Yayasan Bina Hati	- Jln. Barata Jaya XVIII No. 50B Surabaya 60284 - Kebonsari 7a / 17 RT.004/ RW.002 Kec. Gayungsari Surabaya	Temma 0812.3183.0011	ORC
54.		Yayasan Corpus Christi	Jln. Argopuro 40A - Po.Box 116, Lawang, Malang 65216	Samuel Silas 0813.8381.440	OSC TC
55.		Yayasan Bambu Nusantara	Jln. Salak Tengah II No.1 Madiun, Jawa Timur	Andrianus 0817.375.073	ORC
56.		Pondok Pesantren Inabah Xix	Jln. Raya Semampir 43, Kel. Medokan Semampir, Kec. Sukolilo, Surabaya Timur	Sutrisno 0821.3965.9678	OSC NTC
57.		Doulus Jatim	Jl. Arum Dalu No.47 Songgoriti Batu, Jawa Timur T: 0341-591499 pemulihan doulus@hotmail.com/ www.doulusbatu.co.cc	Lodewijk Joseph 0818.371.517	OSC NTC
58.		Mojokerto Copenham	Dusun Tegal Sari, Desa Jabon, Kec. Mojoanyar, Mojokerto	Faisol 0856.462.14751	ORC

1	2	3	4	5	6
59	DI Yogyakarta	Lembaga Rehabilitasi Kunci	Bruderan Karitas RT.01/RW.38 Nandan Sariharjo Ngaglik, Sleman 55581	Agustinus 0815.1682.733	OSC TC
60		Griya Pemulihan Siloam	Jln. Godean Tempel Km.3 RT.01/RW.05 Dusun Klangkapan, Desa Margoluwih, Kec. Seyegan, Kab. Sleman, Diy	Ester 0819.1555.2585	OSC TC
61		Yayasan Charis	Dusun Muntihan RT.02/RW.02 Kel. Madurejo Kec. Prambanan Kab. Sleman 55572	Onwin 0858.6819.1022	OSC NTC
62		Ponpes Al Islami	Padakan Kulon RT.19/RW.09 Kel. Banjarharjo, Kec. Kalibawang, Wates, Kab. Kulonprogo, DIY 55672	Surianto 0821.3351.3311	OSC NTC
63		Yayasan Galilea Elkana	Jln. Panggang - Gunung Kidul	Boni Nainggolan 0821.1718.8652	OSC NTC
64		Rumah Kasih Serambi Salomo	Jln. Purnama Agung VII Blok L No.9 Pontianak Kalbar 78121	Firdaus Sembiring 0812.6390.719	CBU
65		Lsm Merah Putih Kota Singkawang	Jln. Gunung Merapi No. 89, Singkawang, Kalbar 79123	Erki Chandra 0852.5225.5229	ORC
66		Kelima	Jl. Tanjung Raya II, Komp. Bali Lestari No. 8 G	Tlp. 0812-5733-328, 0812-5729-9951	
67	Central Kalimantan	Yayasan Galilea	- Jln. Bandeng 5 Gg.5 No. 7 Palangkaraya, Kalimantan Tengah 73112 - Jln. Tjilik Riwut Km.18, Palangkaraya	Dodi Sitepu 0811.525.705	OSC TC
68	East Kalimantan	Laras	Jln. Suwandi No. 46 Samarinda, Kalimantan Timur 75123	Andi M. Aslam 0811.553.667	ORC
69	North Sulawesi	LKK NU Sulawesi Utara	Jln. Hasanudin 14 No. 45, Kel. Islam, Kec. Tuminting, Kota Manado 95236 (Depan Polsek Tuminting)	Suwarno 0812.4455.850	CBU
70	South Sulawesi	YKP2N	- Jln. Baji Gau I No. 10, Makassar 90134 - Jln. Raya Pendidikan Komp. Balla Panakukang Blok D.10 - Jln. Faisal XII No. 48, Makassar, Sulawesi Selatan	Andi Sulolipu 0812.426.3585	OSC NTC
71		Yayasan Doulos Perwakilan Makassar	Kompleks TNI AU Pai II, Jln. Arung Teko, Lorong Arung Biru, Sudiang, Makassar, Sulawesi Selatan	Anita Hutapea 0815.2404.4803	OSC NTC
72	S.E. Sulawesi	No Inject & Drugs (NOID) Sultra	- Public Health Clinic Jatiraya, Jln. Rambutan, Kel. Wowawanggu Kec. Kadia Kendari, Sulawesi Tenggara 93117 - Jln. Bunga Kolosua No. 31, Kel. Kemaraya, Kec. Kendari Barat, Kota Kendari 93121	Nirmawati 0852.4193.8584	ORC
73		Lembaga Family Rekan Sebaya	Jln. Y. Wayong Lama No.91 Depan Rumkit Bhayangkara Kendari	Syamsul Bachri 0813.3474.4468	ORC
74	West Sulawesi	Amanat Muda Sulbar	Jln. Letjend. Hertasning No. 141 Kasiwa Mamuju, Sulawesi Barat 91511	Darmawi 0821.9060.0105	ORC
75	Bali	Yayasan Dua Hati Bali	Jln. Narakusuma No. 44, Tanjung Bungkak, Denpasar Timur - Bali 80235	Yusuf 0856.6633.007	ORC
76		Yayasan Kasih Kita Bali	Jln. Moh. Yamin IX No. 9A, Renon Denpasar	Era 0819.9902.9252	OSC NTC
77	NTT	Yayasan Tanpa Batas	Ex. Pd Cedana Jln. Percetakan Lama Belakang BRI Cab. Kupang No. 1 Kel. Fontein Kota Kupang NTT	Felix 0852.3743.3299	CBU

1	2	3	4	5	6
78.	NTB	Aksi NTB	Jln. Jepara No. 16 Perum Tanah Aji, Mataram – NTB	Frederik 0818.0370.0511	ORC
79.		Rumah Dampungan Lentera	Jln. Jenderal Sudirman Gg. Solor No.10, Gegutu Barat, Rembiga Mataram	Wirawan 0817.5745.671	ORC
80.	Papua	Pelayan Metanoia	Gbu Jemaat Yoka, Jln. Expo Belakang RT.01/RW.01 Yoka, Kel. Waena, Distrik Heram, Jayapura, Papua	Pdt. Arianito Pabassing 0812.4896.8717	CBU

**Note :**

1. OSC NTC : One Stop Centre - Non Therapeutic Community
2. ORC : Outreach Centre
3. CBU : Community Based Unit
4. OSC TC : One Stop Centre - Therapeutic Community
5. RJ : Outpatient (medical)
6. RI : Inpatient/residentials (medical)

## 2. List of Receiving Institutions for Self-Reporting (IPWL).

### a. List of IPWL under Ministry of Health RI, 2014

NO.	PROVINCE	INSTITUTION	TTL	ADDRESS
1	2	3	4	5
1.	Aceh	Mental Hospital Aceh Province	29	Jl. T. Syarif Thayeb No.25 Banda Aceh
		Cut Nyak Dhien Regional General Hospital		Jl. Gajah Mada, Meulaboh Aceh Barat
		Jantho Regional General Hospital		Jl. Transmigrasi No.1 Bukit Meusara Jantho, Aceh Besar
		Kuta Baru Public Health Clinic		Jl. Blang Bintang Lama Pasar Lam Ateuk Kecamatan Kuta Baro Aceh Besar
		Johan Pahlawan I Public Health Clinic		Jl. T. Dirundeng No.36 Meulaboh, Aceh Barat
		Kota Malaka Public Health Clinic		Jl. Banda Aceh - Medan Km. 19,5, Samahani Aceh Besar
		West Langsa Public Health Clinic (Seuriget)		Jl. Prof. A.Madjid Ibrahim, Kec. Langsa Barat Kota Langsa
		Banda Raya Public Health Clinic Kota Banda Aceh		
		Kota Alam Public Health Clinic, Banda Aceh		
		Bhayangkara Hospital, Banda Aceh		
		Indrapuri Public Health Clinic		
		Mutiara Public Health Clinic		
		Banda Baru Public Health Clinic		
		Public Health Clinic Kuala		
		Public Health Clinic Peureulak		
		Public Health Clinic Bandar Pusaka		
		Public Health Clinic Gunung Meriah		

1	2	3	4	5
		Public Health Clinic Alue Sungai Pinang		
		Public Health Clinic Meureubo		
		Public Health Clinic Kopelma		
		Public Health Clinic Baiturrahman		
		Public Health Clinic Jeulingke		
		Poliklinik Biddokes Polda Aceh		
		Regional General Hospital Datu Beru Kab. Aceh Tengah		
		Regional General Hospital dr. Fauziah Kab Bireuen		
		Regional General Hospital Teuku Umar Kab. Aceh Jaya		
		Regional General Hospital Cut Meutia Kab. Aceh Utara		
		Regional General Hospital Kab. Pidie		
		Regional General Hospital Kab. Aceh Tamiang		
2.	Bali	Province General Hospital Sanglah	8	Jl. Kesehatan Denpasar
		BPKJ Prov. Bali / Mental Hospital Prov. Bali		Jl. Kusuma Yuda Bangli
		Public Health Clinic Kuta I		Jl. Raya Kuta No. 117 Badung Denpasar
		Public Health Clinic Tabanan III		Jl. Gunung Agung No. 82 Tabanan
		Public Health Clinic Abiansemal I		Jl. Ciung Wanara No. 5 Desa Blahkiuh, Kecamatan Abiansemal, Kabupaten Badung
		Public Health Clinic Ubud I		Jl. Dewi Sita Ubud Gianyar
		Public Health Clinic Ubud II		Jl. Kutuh Sayan Ubud Gianyar
		Bhayangkara Hospital Trijata Regional Police Bali		Rumah Sakit Bhayangkara Trijata Polda Bali
3.	Bangka Belitung	Sungai Liat Mental Hospital	8	Jl. Jendral Sudirman No.345 Sungailiat Kab. Bangka Provinsi Kep. Babel, Kode Pos 33215
		Regional General hospital Depati Hamzah		Jalan Soekarno Hatta Pangkalpinang Provinsi Kep. Bangka Belitung, 33140
		Regional General Hospital Sejiran Setason		Jl. Kadur Dalam Muntok, Bangka Barat
		Regional General Hospital Bangka Tengah		Jl. By Pass Koba, bangka Tengah
		Regional General Hospital Toboali Kabupaten, South Bangka		Jl. Raya Gadung Toboali, Bangka Selatan, 33183
		Regional General Hospital Tanjung Pandan		Jl. Melati, Tanjungpandan
		Regional General Hospital East Beltung		Jl. Raya Gantung, Manggar, Belitung Timur
		Regional Police Medical & Health Clinic Bangka Belitung		

1	2	3	4	5
4.	Banten	Regional General Hospital Serang	8	Jl. Rumah Sakit No.1 Serang Banten
		Regional General Hospital Tangerang		Jl. A. Yani No.9 Tangerang, Banten
		Public Health Clinic Cipondoh		Jl. KH. Hasyim Ashari Kelurahan Cipondoh, Kecamatan Cipondoh Tangerang
		Public Health Clinic Cibodasari Banten		Jl. Palem Raya No.5 Kelurahan Cibodas sari, Kecamatan Cibodas Tangerang
		Public Health Clinic Ciputat		Jl. Ki Hajar Dewantoro No.7 Ciputat
		Public Health Clinic Jalan Emas		Jl. Emas Raya No.9A Perumnas III, Kec. Kelapa Dua Tangerang
		Public Health Clinic Curug		Jl. Raya PLP Curug, Sukabakti, Curug
		Medical & Health Clinic Regional Police Banten		
5.	Bengkulu	Drug Dependence Mental Hospital Bengkulu	7	RSJ Bengkulu Jl. Bhakti Husa Lingkar Barat, Bengkulu
		Regional General hospital M Yunus Kota Bengkulu		Jl. Bhayangkara S.Mulyo Bengkulu Kec. Sidomulyo 38229
		Regional General Hospital Hasanuddin Damrah Manna		Jl. Fatmawati Soekarno 31,Manna, Bengkulu Selatan, 38000
		Regional General Hospital Mukomuko		Jalan Jenderal Sudirman Mukomuko Bengkulu
		Regional General Hospital Rejang Lebong		
		Regional General Hospital Arga Makmur		Jalan Siti Khadijah Argamakmur Bengkulu
		Bhayangkara Hospital Bengkulu		Teluk Segara, Kota Bengkulu, Bengkulu 38113
6.	DI Yogya-karta	Dr. Sardjito Province General Hospital	8	Jl. Kesehatan No.1 Sekip, Bulaksumur, Yogyakarta
		Ghrasia Hospital		Jl. Kaliurang KM.17, Pakem, Sleman, Yogyakarta
		Public Health Clinic Umbul Harjo I		Jl. Veteran No.43 Yogyakarta
		Public Health Clinic Gedong Tengen		Jl. Pringgokusuman No.30 Yogyakarta
		Public Health Clinic Banguntapan II		Desa Krobokan, Tamanan, Banguntapan, Bantul, Yogyakarta
		Regional General Hospital Kota Yogyakarta		Jl. Wirosaban No.1 Yogyakarta
		Bhayangkara Hospital DI Yogyakarta		
		Regional Police Medical & Health Clinic DI Yogyakarta		

1	2	3	4	5
7.	DKI Jakarta	Drug Dependence Hospital Jakarta	30	Jl. Raya Cibubur Jak-Tim
		Mental Hospital Soeharto Heerdjan		Jl. Prof. Dr. Latumenten No.1 Jak-Bar
		Province General Hospital Fatmawati		Jl. RS. Fatmawati Cilandak Jak-Sel
		Regional General Hospital Duren Sawit		Jl. Duren Sawit Baru No.2 Jak-Tim
		Public Health Clinic Tanjung Priok		Jl. Bugis No.63 Jak-Ut
		Public Health Clinic Gambir		Jl. Tanah Abang I/10 Jak-Pus
		Public Health Clinic Tebet		Jl. Prof. Supomo SH No.54 Jak-Sel
		Public Health Clinic Jatinegara		Jl. Matraman Raya No.220 Jak-Tim
		Public Health Clinic Tambora		Jl. Krendang Utara No.4 Jak-Bar
		Public Health Clinic Koja		Jl. Walang Permai No.39 Jak-Ut
		Public Health Clinic Cengkareng		Jl. Kamal Raya Jak-Bar
		Public Health Clinic Kemayoran		Jl. Serdang Baru I Jak-Pus
		Public Health Clinic Senen		Jl. Kramat VII/31 Jak-Pus
		Public Health Clinic Kramat Jati		Jl. Raya Inpres No.48 Jak-Tim
		Public Health Clinic Grogol Petamburan		Jl. Wijaya VIII Duta Mas Jak-Bar
		Public Health Clinic Johar Baru		Jl. Tanah Tinggi XIV Jak-Pus
		National Narcotics Board Clinic		Jl. M.T. Haryono No.11 Cawang, Jak-Tim
		Public Health Clinic Cilandak RSUPN Cipto Mangunkusumo		Jl. Komp. BNI 46 no. 57 Jalan Diponegoro No. 71, Salemba, Jakarta Pusat 10430
		Public Health Clinic Penjaringan		Jl. Raya Teluk Gong No. 2
		Public Health Clinic Palmerah		Jl. Palmerah Barat No.120
		Public Health Clinic Duren Sawit		Jl. Haji Dogol (Samping SMUN 71) Jakarta Timur 13440
		Public Health Clinic Tanah Abang		Jl. Kh. MAS Mansyur No.30, Jakarta Pusat 10240
		Public Health Clinic Kepulauan Seribu Selatan		
		1 <sup>st</sup> class Bhayangkara Hospital R. Said Sukanto		Jl. Raya Bogor Kramat Jati Jakarta Timur 13510
		Bhayangkara Hospital Selapa Jakarta		Jl. Ciputat Raya No. 40 Pondok Pinang Kebayoran Lama Jakarta Selatan DKI Jakarta, Indonesia
		Police Medical & Health Center		
		Police Medical & Health Clinic Unit, Medical & Health center		
		Medical & Health Clinic Metro Jaya Regional Police		
		Pengayoman Hospital, East Jakarta		
8.	Gorontalo	Regional General Hospital. dr. H. Aloe Saboe	3	Jl. Sultan Batutihe No.7 Gorontalo
		Bhayangkara Police Hospital Gorontalo		
		Medical & Health Clinic Regional Police Gorontalo		



1	2	3	4	5
9.	Jambi	Mental Hospital Lampung	9	Jalan Raya Gedong Tataan No.13 Bandar Lampung
		General Hospital Abdoel Moeloek		Jl. Dr. Rivai No.6 Bandar Lampung
		Public Health Clinic Kedaton		Jl. Teuku Umar No.62 Kedaton Bandar Lampung
		Public Health Clinic Sukaraja		Jl. Yos Sudarso No.242 Bandar Lampung
		Public Health Clinic Rajabasa Indah		Jl. Pramuka No.1 Bandar Lampung
		Public Health Clinic Metro		Jl. Mayjen Ryacudu No.26 Metro
		Public Health Clinic Kotabumi II		Jl. Soekarno Hatta No.05 Kota Alam Kotabumi, Kab. Lam Ut
		Bhayangkara Hospital, Regional Police, Lampung		Jl Pramuka 88 Bandar Lampung
		Medical & Health Clinic Regional Police Jambi		
10.	West Java	Province General Hospital Hasan Sadikin	23	Jl. Pasteur No.35 Bandung
		Regional General Hospital Tasikmalaya		Jl. Rumah Sakit No.33, Tasikmalaya
		Regional General hospital Syamsudin Sukabumi		Jl. Rumah Sakit No.1 Sukabumi
		Regional Mental Hospital West Java Province		Jl. Kolonel Masturi KM 7 Cisarua Kab. Bandung Barat Jawa Barat
		Marzoeki Mahdi Hospital, Bgr		Jl. Dr. Semeru No.114, Bogor
		Reg General Hsptl Kota Bekasi		Jl. Pramuka No.55, Bekasi
		Regional General Hospital Gunung Jati Cirebon		Jl. Kesambi No.56, Cirebon 45134
		Public Health Clinic Sukmajaya Depok		Jl. Kerinci No. 1, Depok
		Public Health Clinic Bgr Timur		Jl. Pakuan No.6, Bogor 16143
		Public Health Clinic Salam Kota Bandung		Jl. Salam No.27 Cihapit, Bandung
		BNN Rehabilitation Center, Lido Sukabumi		Jl. Raya Bogor Sukabumi, Ds. Wates Kec. Gombong, Lido Bgr
		Public Health Clinic Sukarahayu Subang		Jl Apel Raya No 43 Karang Anyar
		Public Health Clinic Pondok Gede Bekasi		Jl. Raya Jati Waringin Kel. Jati Waringin Kec. Pondok Gede Telp. : 8474402.
		Public Health Clinic Sukabumi Kota Sukabumi		
		Public Health Clinic Sarijadi Bandung		Jl. Sari Asih 76 Bandung
		Public Health Clinic Garuda Bandung		Jl. Dadali No.81 Bandung
		Public Health Clinic Kedung Badak		Jl. Panataran No.1 Komplek Cimanggu Permai 1
		3 <sup>rd</sup> class Bhayangkara Police Hospital Secapa Sukabumi		Jl Aminta Azmali Trip No.59 A Kec GG Puyuh
		Bhayangkara Police Hospital Brimob Kelapa Dua		Jl. Akses Ui Kelapa Dua Cimanggis Depok
		2 <sup>nd</sup> class Bhayangkara Police Hospital Sartika Asih Bandung		Jl. Moh. Toha No. 369 (Seberang Gerbang Tol Moh Toha, Bdg)
		Bhayangkara Police Hospital Bogor		Jl. Kapten Muslihat No. 18 Paledang Bogor. No telp (0251) 8348987 Fax. (0251) 8348987
		Bhayangkara Police Hospital Indramayu		Jl. Losarang Raya KM. 73-75, Losarang, Indramayu, Jabar 45253. Tel: 0234-507877/78
		Medical & Health Clinic Regional Police West Java		

1	2	3	4	5
11.	Central Java	Regional General Hospital dr. Kariadi Semarang	19	Jl. Dr. Soetomo No.16, Semarang
		Regional General Hospital, dr. Muwardi Solo		Jl. Kolonel Soetarto No.132, Surakarta 57126
		Regional General Hospital dr. Margono Purwokerto		Jl. Dr. Gumbreg No.1, Purwokerto 53146
		Mental Hospital Soejarwati Klaten		Jl. Ki Pandanaran KM.2 Danguan, Klaten
		Prov. Mental Hospital Amino Gondohusodo Semarang		Jl. Brigjen Sudiarto No.347, Semarang
		RA. Kartini Hospital Jepara		Jl. Wahid Hasyim No.175 Bapangan, Jepara
		Mental Hospital Soeroyo Magelang		Jl. Ahmad Yani No.169, Magelang
		Public Health Clinic Manahan Solo		Jl. Sri Gunting VII No.11, Surakarta
		Public Health Clinic Poncol Semarang		Jl. Imam Bonjol No.114, Semarang
		Public Health Clinic Sidorejo Salatiga		Jl. Diponegoro No.100 Kec. Sidorejo, Salatiga
		Public Health Clinic Cilacap Selatan		Jl. Wijaya Kusuma I No.9, Cilacap
		Public Health Clinic Parakan		Jl. Kosasih No. 154 Parakan Temanggung
		RSJD Surakarta		Jl. K.H. Dewantoro No. 80, Jebres Surakarta, 57126
		Regional General Hospital Banyumas Kab. Banyumas		Jl. Rumah Sakit No. 1 Banyumas 53192
		Regional General hospital Kraton Kabupaten Pekalongan		
		Regional General Hospital Kabupaten Wonogiri (Regional General Hospital dr. Soediran Mangun Sumarso)		Jl. A. Yani No. 45 Wonogiri
		Regional General Hospital Kabupaten Sukoharjo		Jl Dr Moewardi 47 Sukoharjo
		Bhayangkara Police Hospital Akpol Semarang		
		Bahayangkara Police Hospital Semarang		
		Hospital H.A. Djunaid Pekalongan		
12.	East Java	Regional General Hospital dr. Soetomo	30	Jl. Prof. Dr. Moestopo No.6-8 Surabaya
		Mental Hospital Menur		Jl. Raya Menur 120 Surabaya
		Regional General hospital dr. Syaiful Anwar Malang		Jl. Jaksa Agung Suprpto No.2 Malang
		Regional General Hospital dr. Soedono Madiun		Jl. Dr. Soetomo No.59 Madiun
		Mental Hospital Radjiman Wedyodiningrat Lawang		Jl. A. Yani No.1 Lawang Malang
		Regional General Hospital Soebandi Jember		Jl. Dr. Soebandhi No.124 Jember
		Public Health Clinic Manukan Kulon		Jl. Manukan Dalam No. 18-A Surabaya
		Public Health Clinic Jagir		Jl. Bendul Merisi No.1 Surabaya
		Public Health Clinic Kendal Sari Malang		Jl. Cengger Ayam I/8 Malang

1	2	3	4	5
		Public Health Clinic Gondanglegi Malang		Jl. Diponegoro No.62 Gondang Legi Malang
		Regional General Haji Surabaya		Jalan Manyar Kertoadi Surabaya, Indonesia
		Hospital Bhakti Dharma Husada Surabaya		Jalan Raya Kendung No. 115-117, Sememi, Benowo, Surabaya, Jawa Timur, 60198
		Regional General Hospital Gambiran Kediri		JL. KH. Wahid Hasyim No. 64 Kediri
		Regional General hospital Blambangan		Jl. Letkol Istiqlah no. 49 Banyuwangi
		Regional General Hospital Sidoarjo		Jalan Mojopahit No. 667, Sidokare, Sidoarjo, Jatim, 61215
		Regional General hospital Nganjuk		Jalan Dr. Sutomo No. 62, Kauman, Nganjuk, Jatim, 64415
		Regional General Hospital Ngawi		Jalan Dr. Wahidin No. 27, Karangtengah Kota, Ngawi, Jawa Timur, Indonesia, 63213
		Regional General Hospital dr. Moh. Saleh Kota Probolinggo		Jl. Menj. Panjaitan No. 65, Probolinggo
		Public Health Clinic Bangil		Jl. Mangga No. 548 Bangil
		Bhayangkara Police Hospital Training Center Gasum Porong		Jl. Raya Porong No. 1 Sidoarjo 61274
		Bhayangkara Police Hsptl Brimob Training Cntr Watukosek		JL. Raya Watukosek - Gempol, Pasuruan, 67155
		Bhayangkara Police Hospital HS. Samsoeri Mertojoso		Jalan Jenderal Ahmad Yani No. 116 (Jl. A.Yani no. 166)
		3 <sup>rd</sup> class Bhayangkara Police Hospital Kediri		Jl. KBP. M. Duryat No. 17 Kediri Jawa Timur
		Th class Bhayangkara Police Hospital Nganjuk		
		4 <sup>th</sup> cl. Bhayangkara Police Hospital Tulung Agung		
		4 <sup>th</sup> cl. Bhayangkara Police Hospital Lumajang		
		Bhayangkara Police Hospital Bondowoso		
		Bhayangkara Police Hospital Wahyu Tutuko Bojonegoro		
		Bhayangkara Police Hospital Moh. Dahlan		
		Bhayangkara Police Hospital Hasta Brata Batu Malang		
13.	West Kalimantan	Regional General Hospital Soedarso Pontianak	9	Jl. Dr. Soedarso No. 1 Pontianak
		Mental Hospital Singkawang		Jl. Raya Singkawang, Kode Pos : 79101, Sambas
		Public Health Clinic Sungai Ayak		Ds. Sungai Ayak III, Kec.Belitang Hilir, Kab. Sekadau, Kalbar
		Public Health Clinic Sosok		Jl Raya Sosok II, Ngabang
		Public Health Clinic Singkawang Tengah		JL. Salam Diman NO. 1
		Public Health Clinic Darajuanti - Sintang		Jl. Mensiku Jaya, Kec. Sintang
		Public Health Clinic Lumar Kab. Bengkayang		JL. Raya Sanggau Ledo Km. 16 Mabak
		4 <sup>th</sup> Cl. Bhayangkara Police Hospital Pontianak		Jl. KS. Tubun 14.
		District Mental Hospital Sungai Bangkong		

1	2	3	4	5
14.	South Kalimantan	Mental Hospital Sambang Lihum Banjarmasin	15	Jl. Purwosari Km.4 Tamban Kab.Batola, Barito Kuala
		Public Health Clinic Pekauman		Jl. KS. Tubun No.2 Rt.14 Kec. Banjarmasin Selatan kelurahan Pekauman Kode Pos 70243
		Regional General Hospital Ulin Banjarmasin		Jl. A. Yani No. 43 Banjarmasin
		4 <sup>th</sup> Cl. Bhayangkara Police Hospital Banjarmasin		
		Regional General Hospital Banjarbaru		Jl. Palang Merah No. 2, Banjarbaru
		Regional General Hospital Ratu Zalecha Martapura		Jl. Menteri Empat, Martapura. Banjar. 70614.
		Regional General Hospital Pembalah Batung		Jl Jend Basuki Rachmat 1, Murungsari, Amuntai Tengah
		Regional General Hospital H. Badaruddin Tanjung		Jl. Jaksa Agung Suprpto Tanjung. Tabalong. 71513
		Regional General Hospital H. Boejasin Pelaihari		Jl. H. Boejasin No. 68A, Pelaihari 70814
		RSSU H. Moch Ansari Saleh		Jl Brigjend. H. Hasan Basry No 1, Banjarmasin
		Public Health Clinic Gedang Hanyar		Jl Ade Irma Suryani Nasution 20.Gedang, Banjarmasin Timur. Banjarmasin 70231
		Public Health Clinic Cempaka		Jalan Cempaka Besar No. 13 (Cempaka Besar Street) Banjarmasin, Kalsel 70111
		Public Health Clinic Sungai Pandan		
		Reg. Police Medical & Health Clinic South Kalimantan		
		BNN Receiving Institution for Self-Reporting South Kalimantan Province		
15.	Central Kalimantan	BPKJ Kalawa Atei	3	Jl. D.I. Panjaitan No.01 Palangka Raya Kalimantan Tengah
		4 <sup>th</sup> Cl. Bhayangkara Police Hospital Palangkaraya		
		Reg. Police Medical & Health Clinic Central Kalimantan		
16.	East Kalimantan	RSKD Atma Husada Mahakam	13	Jl. Kakap No.23 Samarinda
		Regional General HospitalL AW Syhanie Samarinda		Jl. Dr. Sutomo Samarinda
		Regional General Hospital dr. Kanujoso Djatiwibowo		Jl. MT. Haryono No.656 Balikpapan
		Unitra Butterfly		Jl. Jend. Sudirman, Balikpapan
		General Hospital Tarakan		Jl. Pulau Irian No.01 Tarakan
		Bontang Hospital		Jl. S. Parman, Bontang
		Parikesit Hospital Tenggarong		Jl. Imam Bonjol, Tenggarong
		Narcotics Clinic Kota Tarakan		
		4 <sup>th</sup> cl. Bhayangkara Police Hospital Balikpapan		
		Public Health Clinic Teluk Lingga		
		Public Health Clinic Muara Wahau II		
		Public Health Clinic Kongbeng		
		BNN Rehabilitation Center Tanah Merah Samarinda		

1	2	3	4	5
17.	Riau Isl.	Reg. General Hospital Kota Batam / Regional General Hospital Embung Fatimah Regional Police Medical & Health Clinic Riau Islands	2	Jl. R. Soeprapto Blok D. 1-9 Batu Aji - Batam
18.	Lampung	Mental HospitalLampung General Hospital Abdoel Moeloek Public Health Clinic Kedaton Public Health Clinic Sukaraja Public Health Clinic Rajabasa Indah Public Health Clinic Metro Public Health Clinic Kotabumi II Regional Polic Bhayangkara Hospital, Lampung Regional Police Medical & Health Clinic	9	Jalan Raya Gedong Tataan No.13 Bandar Lampung Jl. Dr. Rivai No.6 Bandar Lampung Jl. Teuku Umar No.62 Kedaton Bandar Lampung Jl. Yos Sudarso No.242 Bandar Lampung Jl. Pramuka No.1 Bandar Lampung Jl. Mayjen Ryacudu No.26 Metro Jl. Soekarno Hatta No.05 Kota Alam Kotabumi, Kab. Lamut Jl Pramuka 88 Bandarlampung
19.	Maluku	District Dependence Hospital/ RSKD Promal/RSKD Prov Maluku Bhayangkara Police Hospital Ambon	2	Jl. Laksdya Leo Wattimena, Ambon
20.	North Maluku	Regional General Hospital dr. H. Chasan Boesoirie Ternate Bhayangkara Police Hospital Ternate Regional Police Medical & Health Clinic, North Maluku	3	Jl. Tanah Tinggi, Kode Pos 97715 Ternate, Provinsi Maluku Jl. Ciputat Raya 40,Pondok Pinang,Kebayoran Lama
21.	NTB	Mental Hospital, Province NTB 4 <sup>th</sup> cl.Bhayangkara Police Hospital Mataram	2	Jl. A. Yani No.1 Selagalas Mataram
22.	NTT	Prof. Yohanes Hospital, Kupang 4 <sup>th</sup> cl.Bhayangkara Police hospital, Kupang Regional General Hospital, Atambua Regional General Hospital, TC. Hillers Maumere Regional General Hospital, Ende	5	Jl. Moh. Hatta No. 19 Kupang
23.	Papua	Mental Hospital, Abepura 4 <sup>th</sup> cl. Bhayangkara Police Hospital, Jayapura - Papua	2	Jl. RSJ Abepura Jayapura
24.	West Papua	Regional General Hospital, Sorong	1	Jl. Kesehatan No.36 Sorong Papua Barat 98413
25.	Riau	General Hospital Petala Bumi Riau Mental Hospital Tampan Bhayangkara Police Hospital, Pekanbaru 4 <sup>th</sup> cl. Bhayangkara Police Hospital, Dumai - Riau Regional Police Medical & Health Clinic, Riau Reg. General Hospital Purih-sada Tembilahan, Indragiri Hilir District Reg. General Hospital, Dumai	7	Jl. Dr. Soetomo No.65, Pekanbaru Jl. Pekan Baru Bangkinang Km 12,5, Kab. Kampar Jl. Kartini No.14,Pekanbaru

1	2	3	4	5
26.	Sulawesi Barat	Regional General Hospital Prov. West Sulawesi	1	Jl. Marthadinata Mamuju
27.	South Sulawesi	Mental Hospital Dadi Makassar	11	Jl. Lanto Dg. Pasewang No. 34 Makassar
		Govt. General Hospital dr. Wahidin Sudiro Husodo		Jl. Perintis Kemerdekaan Pintu II UNHAS Makassar
		Regional General Hospital Andi Makkasau, Pare Pare		Jl. Nurussamawaty, Kota Pare-Pare
		Public Health Clinic Kasikasi		Jl. Tamalate I No. 43 Makassar
		Public Health Clinic Jumpandang Baru		Jl. Ade Irma Nasution Makassar
		Public Health Clinic Jongaya		Jl. Andi Tonro No.70A Makassar
		Regional General Hospital, Salewangang Maros		Jl. Ujung Pandang KM 3 Maros, 90516
		Regional General Hospital, H. Andi Sulthan Daeng Raja Bulukumba		Jln. Serikaya No 17, Caile, Ujung Bulu, Bulukumba, Sulawesi Selatan
		2 <sup>nd</sup> cl. Bhayangkara Police Hospital, Mappa Oudang		Jl. Ietjen Pol. Andi Mappa Oudang No. 63, Makassar
		Primary Clinic "BNN Rehabilitation Center, Baddoka"		
		First Outpatient Clinic"Adi Pradana BNNP South Sulawesi"		
28.	Central Sulawesi	Mental Hospital, Palu (Mental Hospital Madani)	5	Jl. Talua Konci KM.13 Mamboro Palu Utara
		Bhayangkara Police Hospital, Palu		Jl. Chairil Anwar, Palu, Sulawesi Tengah 94111
		Regional General Hospital Undata Palu		Jl. Dr. Suharso No. 14 Palu
		Regional General Hospital, Anutapura		Jl. Kangkung No. 1 Palu
		Regional Police Medical & Health Clinic, Central Sulawesi		
29.	S.E.Sulawesi	Mental Hospital dr. Suparto Hardjo Husodo	3	Jl. Dr. Sutomo No. 29 Kendari
		4 <sup>th</sup> cl. Bhayangkara Police Hospital, Kendari		
		Reffional Police Medical & Health Clinic, SE. Sulawesi		
30.	North Sulawesi	Govt. General Hospital Prof. Dr. R. D. Kandou, Manado	9	Jl. Tanawangko No.56 Malalayang Manado, PO Box 102 Sulut
		RSJ Prof. dr. V.L. Ratumbuysang		Jl. Bethesda Nomor 77 Manado, Kode Pos : 95115 Sulut
		RS Bhayangkara Manado		
		Reg. General Hospital Bitung		
		Public Health Clinic Kakaskasen		
		Public Health Clinic Tuminting		
		Public Health Clinic Tatelu		
		Public Health Clinic Koya		
		Public Health Clinic Tareran		
31.	West Sumatera	RSJ HB Saanin Padang	14	Jl. Raya Ulu Gadut Padang
		RSUP M. Jamil Padang		Jl. Perintis Kemerdekaan Padang
		Public Health Clinic Perkotaan Bukittinggi		Jl. Umar Gafar Bukittinggi
		Regional General Hospital Dr. Achmad Mochtar		Jl. Dr. A. Rivai Bukit Tinggi 26114

1	2	3	4	5
		Public Health Clinic Biaro		Jln. Raya Bukittinggi KM. 7 Kec. IV Angkek Kab. Agam
		Public Health Clinic Guguk Panjang		Jl. Prof M. Yamin, SH, Kec. Guguk Panjang Bukittinggi
		Public Health Clinic Andalas		Jl. Andalas, Desa andalas Kec.Padang Timur
		Public Health Clinic Seberang Padang		Jl. Adinegoro, Km 15 Padang
		Public Health Clinic Payolansek Kec. Payakumbuh Barat		
		Bhayangkara Police Hospital Padang		
		Regional Police Medical & Health Clinic West Sumatera		
		Public Health Clinic Naras		
		Public Health Clinic Koto Baru		
		Public Health Clinic KTK		
32.	South Sumatera	Public Health Clinic Kutaraya	6	
		dr. Emaldi Bahar Hospital		Jl. Tembus KM 12 Alang-Alang Lebar Kec. Alang-Alang Lebar Palembang
		Public Health Clinic Prabumulih Timur		Jl. Sudirman KM. 5 Prabumulih Timur Kota Prabumulih
		Province General Hospital M. Hoesin Palembang		Jl Sudirman Km 3.5 Palembang 30126
		4 <sup>th</sup> cl. Bhayangkara Police Hospital, Palembang		Jl Jend Sudirman Km 4 PALEMBANG 30126
		Regional Police Medical & Health ClinicPolda South Sumatera		
33.	North Sumatera	RSUP H. Adam Malik	11	Jl. Bunga Lau No.17 Medan
		Public Health Clinic Tanjung Morawa		Jl. Irian No.247 Tanjung Morawa, Deli Serdang
		Mental Hospital Medan		Jl. Tali Air No.21 Padang Bulan Medan
		General Hospital dr. Pirngadi Medan		Jl. Prof. H.Moh. Yamin, SH No. 47 Medan
		Public Health Clinic Paya Lombang, Kab. Serdang Bedagai		Jl. Payalombang Dusun XV Kec. Tebing Tinggi
		Public Health Clinic Stabat, Kab. Langkat		Jl. Palang Merah, Kab. Langkat
		Public Health Clinic Kesatria, Kota Pematang Siantar		Jl. Pendeta Justin Sihombing No. 196 Kec. Siantar Kota
		Public Health Clinic Bromo, Kota Medan		Jl. Rotary Kec. Medan Denai Bromo Ujung
		Regional General Hospital Dr. Djasamen Saragih, Kota Pematang Siantar		Jln.sutomo (No 246), pematangsiantar, Siantar 21004
		2 <sup>nd</sup> cl. Bhayangkara Police Hospital Medan		Jl. K.H. Wahid Hasyim No. 1 Medan 20154
		Bhayangkara Police Hospital, Tebing Tinggi North Sumatera		Jl.Pahlawan No. 17, Tebing-tinggi, North Sumatra 20633
		TOTAL		

- b. List of Reciving Institutions for Self-Reporting (IPWL) under Ministry of Social Affairs, 2014

NO.	PROVINCE	INSTITUTION	TTL	ADDRESS
1	2	3	4	5
1.	Aceh	Yayasan Geutanyo Caritas	1	Jl. Tuan Keramat No.1, Desa Stui, Kec. Lamteumen Timur, Banda Aceh
2.	South Sumatera	Yayasan Ar Rahman Palembang	1	Jl. Tegal Binangun Rt.20/10, Komp. Ponpes, Kec. Plaju Darat
3.	North Sumatera	Sibolangit Center Kab. Deli Serdang	5	Jl. Suka Makmur Km.12, Desa. Suka Makmur, Kec. Sibolangit, Deli Serdang
		PSPP Insyaf Medan		Jl. Berdikari, Desa. Lau Bakeri, Kec. Kutalimbaru, Kota Deli Serdang
		Yayasan Nazar		Jl. Bajak II Gg Jaya No. 11, Ds. Harjosari II, Kec. Medan Amplas, Medan
		Yayasan Minar Christ		Jl. Penampungan Ds. III Namorambe, Deli Serdang
		Medan Plus		Jl. Jamin Ginting Pasar VII No. 45 Padang Bulan Medan
4.	West Sumatera	Yayasan Suci Hati	1	Jl. Kapuk Terpadu RT 004 /IV Kel. Kalumbuk Kec. Kuranji, Padang
5.	Lampung	Yayasan Sinarjati	1	Jl. Marga No.200, Desa. Sambirejo, Kec. Kemiling, Bandar Lampung
6.	Banten	PSPP Khusnul Khotimah	2	Jl. Babakan III Pocis, Desa Babakan, Kec. Pamulung, Tangerang Selatan
		Yayasan Hikmah Syahadah		Jl. Kedondong Ds. Pasir Nangka Kec. Tigaraksa, Tangerang
7.	DKI Jakarta	Madani Mental Health Care	5	Jl. Pancawarga III Rt. 03/04 No.34, Desa Cipinang Besar Selatan, Kec. Jatinegara, Jakarta Timur
		Yayasan Kapeta		Jl. Warga No. 5 Kel. Ulujami, Jakarta Selatan 12250
		Yayasan Karisma		Jl. Layur Selatan No. 21 Rawamangun Jakarta Timur
		Yayasan Adiksifitas		Jl. Lapangan Tembak, Gg. Rukun 1 No.90, Rt.006/02, Cibubur, Jakarta Timur
		Yayasan Kelima		Jl. Jagur Rt.006/004, Desa Cipinang Melayu Kampung Makasar, Jakarta Timur
8.	West Java	PSPP Galih Pakuan	11	Jl. H. Miing No. 71, Desa Putat Nutug, Kec. Parung, Bogor
		BPRSP Binangkit Lembang		Jl. Maribaya No.22, Desa Kayu Abon, Kec. Lembang, Kota Bandung Barat
		Rumah Cemara		Jl. Geger Kalong Girang No.52, Desa Suka Maju, Kec. Cimenyan, Kota Bandung
		Yayasan PEKA Bogor		Jl. Cifor No.50, Sindang Barang Jero, Rt.01/06,
		Inabah II Puteri		Desa. Ciceuri, Ciomas, Kec. Panjulu, Ciamis
		Yayasan Sekarmawar		Jl. Surya Kencana No.2, Bandung



1	2	3	4	5
		PSKN Penuai		Kp. Ciguntur Rt.06/03, Desa. Cipendawa, Kec. Pacet, Cianjur
		Yayasan Nurul Jannah		Jl. Swadaya No.65 Rt.03/06, Desa. Karang Asih, Kec. Cikarang Utara, Bekasi
		Yayasan Al Karomah		Jl. Pelabuhan Ratu Km. 28 No. 33 Kp. Baeud RT 03/03 Ds. Warung Kiara, Sukabumi
		Yayasan Untuk Segala Bangsa		Kel. Tugu Utara, Kel. Cisarua, Kota Bogor
		YAKITA Bogor		Jl. Ciasin No. 21 Ds. Bendungan Kec. Ciawi, Bogor
9.	Central Java	PSPP Mandiri	5	Jl. Amposari II No.4, Desa. Sendangguwo, Kec. Tembalang, Semarang
		Rumah Damai		Desa Cepoko Rt.004/001, Desa. Cepoko, Kec. Gunungpati, Semarang
		YPI Nurul Ichsan Al Islami		Legoksari RT 04/02, Karang Sari, Kalimanah, Purbalingga
		PA. Rehabilitasi At Tauhid		Jl. Gayamsari Selatan II RT 03/03, Sendangguwo, Sendang, Tembalang - Semarang
		Yayasan Cinta Kasih Bangsa		Ds. Susukan, Kec. Ungaran Timur, Kota Semarang
10.	DI Yogyakarta	PSPP Yogyakarta	4	Karangrejo, Desa Purwomartani, Kec. Kalasan, Kota. Sleman
		Yayasan Rehabilitasi Kunci		Rt.01/38, Nandan, Sariharjo, Desa. Nandan, Kec. Sariharjo, Sleman
		Yayasan Griya Pemulihan Siloam		Jl. Godean, Tempel Km. 3 Klangkapan II, RT 01/05, Margoluwih - Sleman
		Yayasan Charis		Ds. Kowang Solo Km. 5 RT 01/01 Taman Martini, Kalasan, Sleman
11.	East Java	UPT Rehsos ANKN Surabaya	6	Jl. Balongsari Dalam No.1, Kec. Balongsari, Surabaya
		Yayasan Pemulihan Doulos		Jl. Arumdaluh No. 47 Songgoriti, Batu, Malang
		Inabah XIX Surabaya		Jl. Raya Semampir 43-47 Surabaya, Desa. Semampir, Kec. Semampir, Surabaya
		Yakita Surabaya		Jl. Taman Indah V/3 RT 03/07 No. 31 Kel. Sepanjang, Kec. Taman, Sukoharjo
		Yayasan Corpus Christi		Argopuro Gg. Manyar No. 1 RT 10/12 Ds. Kalirejo, Kec. Lawang, Malang
		Yayasan Orbit		Jl. Bratang Binangun V c No.19 dan 54 Surabaya
12.	Bali	Yayasan Kasih Kita (yakita) Bali	1	Jl. Tukad Pancoran Gg. III-A/11 Denpasar
13.	Central Kalimantan	Yayasan Galilea Kalteng	1	Jl. Cilik Riwut Km.18, Desa. Marang, Kec. Bukit Batu, Palangkaraya

1	2	3	4	5
14.	East Kalimantan	Pondok Modern Ibadurrahman Kaltim	1	L3 Blok C Rt.21, Jl. Tsani Karim, Desa Bangun Rejo, Kec. Tenggarong
15.	South Kalimantan	Yayasan Lingkar Harapan Banua	1	Jl. Pangeran Hidayatullah Ged. BNNK Komp Perkantoran, Banjarmasin
16.	South Sulawesi	Yayasan YK2PN	2	Jl. Adhyaksa Raya No.11, Desa Masale, Kec. Panakkukang, Makassar
		Yayasan Doulus Perwakilan Makassar		BTN Tonasa Jl.Raci Centre I Blok AA/3 Karampuang Makassar
17.	North Sulawesi	Yayasan Pelayanan Kristen Bunga Bakung	1	Jl. 5 September (Sie Raya) Kel. Malalayang Kota Manado
18.	S.E. Sulawesi	Yayasan Family Rekan Sebaya	1	Jl. La Ode Hadi No. 9 Kota Kendari
<b>TOTAL</b>			<b>50</b>	

**3. List of Drug Testing Laboratories for Narcotics and Psychotropic Substances appointed by Ministry of Health by Decision No 194/Menkes/SK/VI/2012 on the Appointment for the Testing of Narcotics and Psychotropic substances.**

NO.	MINISTRY/ INSTITUTION/ AGENCY	PROVINCE	LOCATION OF LABORATORY	ADDRESS
1	2	3	4	5
1.	Ministry of Health RI	South Sumatera	Health Laboratory Center Palembang	Jl. Inspektur Jazid Km 2,5 Palembang 30216
		DKI Jakarta	Health Laboratory Center DKI Jakarta	Jl. Percetakan Negara No. 23 B Jakarta 10560
			Drug Dependence Hospital	Jl. Lapangan Tembak No. 75, Cibubur
			District Health Laboratory Center DKI Jakarta	Jl. Rawasari Selatan Nomor 2, Jakpus 10510
		East Java	Health Laboratory Center Surabaya	Jl. Karang Menjangan No. 18 Surabaya 60286
		South Sulawesi	Health Laboratory Center Makassar	Jl. Perintis Kemerdekaan Km 11, Tamalanrea, Makassar 90245
		Nanggroe Aceh Darussalam	UPTD Health Laboratory Center Province NAD	Jl. Tengku HM Daud Beureuh No. 168, Banda Aceh 23824
		North Sumatera	Health Laboratory North Sumatera Prov.	Jl. Williem Iskandar, Pasar V Barat 1 No. 4 Medan 20371
		West Sumatera	UPTD Health Laboratory West Sumatera Prov.	Jl. Gajah Mada No. 168 (Gunung Pengilun), Padang 25137
		Jambi	Health Laboratory Jambi	Jl. RM Nur Atmadibrata No. 06, Jambi 36122
		Riau	UPT Health Laboratoty & Environment, Health Office Riau Prov.	Jl. Mustika No. 3 A, Pekanbaru 28111

1	2	3	4	5
		Bengkulu	Sistrict Health Laboratory Bengkulu Prov.	Jl. Indragiri No. 6 Padang Harapan, Bengkulu 38225
		Lampung	UPTD Health Balai Laboratory , Lampung Prov.	Jl. Dr. Sam Ratulangi No. 103 Penengahan, Bandar Lampung 35112
		West Java	Health Laboratory West Java Prov.	Jl. Sederhana No. 5 Bandung 40161
		Central Java	Health Laboratory Provinsi Central Java	Jl. Soekarno-Hatta No. 185, Semarang 50196
		DI Yogyakarta	BHealth Laboratory Yogyakarta	Jl. Ngadinegaran MJ III No. 62 Yogyakarta 55143
		West Kalimantan	Health Laboratory Unit West Kalimantan	Jl. Dr. Soedarso Sie Raya, Pontianak 78124
		Central Kalimantan	Health Laboratory Central Kalimantan	Jl. Letjen Suprpto No. 1 Palangka Raya 73111
		South Kalimantan	Health Laboratory /suth Kalimantan	Jl. Bumi Mas Raya No. 22, Banjarmasin 70249
		East Kalimantan	UPTD Health Laboratory East Kalimantan	Jl. KH. Ahmad Dahlan No. 27 Samarinda 75117
		North Sulawesi	Province Health Support Service. North Sulawesi	Jl. 17 Agustus Komp. Kesehatan Rike, Manado 95117
		Central Sulawesi	UPT Health Laboratory Central Sulawesi	Jl. Undata No. 27 E Palu 94111
		S.E. Sulawesi	Health Laboratory Kendari	Jl. Dr. Ratulangi No. 53 Kendari 93121
		Bali	UPT Health Laboratory Bali Prov.	Jl. Angsoka No. 12, Denpasar 80235
		West Nusa Tenggara (NTB)	Public Health Balai Laboratory Lombok Island	Jl. Ismail Marzuki, Mataram 83231
		East Nusa Tenggara (NTT)	UPTD Health Laboratory Health District Office, NTB	Jl. Arief Rahman Hakim, Kota Baru, Kupang 85228
		Maluku	Health Laboratory NTT	Jl. Kesehatan No. 34 Ambon 97121
		Papua	Health Laboratory Jayapura	Jl. Kesehatan Komplek RSU Jayapura-Papua 99113
2.	National Police RI	DKI Jakarta	National Police Forensic Laboratory Center	Jl. Trunojoyo No. 3 Kebayoran Baru, Jaksel
		North Sumatera	Police Forensic Laboratory Medan Branch	Jl. Sisingamangaraja, Medan
		South Sumatera	Police Forensic Laboratory Palembang Branch	Jl. Jend. Sudirman, Palembang
		Central Java	Police Forensic Laboratory Semarang Branch	Jl. Candi Baru, Semarang

1	2	3	4	5
		East Java	Police Forensic Laboratory Surabaya Branch	Jl. Jend. Ahmad Yani, Surabaya
		Bali	Police Forensic Laboratory Denpasar Branch	Jl. Gunung Sangiang No. 108B, Denpasar
		South Sulawesi	Police Forensic Laboratory Makassar Branch	Jl. St. Alauddin Pa'Baeng, Makasar
		East Kalimantan	Police Forensic Laboratory Balikpapan Branch	
3.	National Agency for Food and Drugs Control (BPOM)	DKI Jakarta	National Center for Drug And Food Testing	Jl. Percetakan Negara No. 23 Jakarta Pusat
			Drug and Food Control Center, Jakarta	Jl. Kesehatan No. 10 Jakarta Pusat
		Nanggroe Aceh Darussalam	Drug and Food Control Center, Banda Aceh	Jl. Tengku H. Moh. Daud Beureuh No. 110, Banda Aceh 23126
		North Sumatera	Drug and Food Control Center, Medan	Jl. Willem Iskandar Pasar V Barat I No. 2, Medan Estate, Medan 20371
		Riau	Drug and Food Control Center, Pekanbaru	Jl. Diponegoro No. 10, Pekanbaru 28111
		West Sumatera	Drug and Food control Center, Padang	Jl. Gajah Mada, Gunung Pangilun, PO BOX 172, Padang 25137
		South Sumatera	Balai Besar Pengawas Obat dan Makanan di Palembang	Jl. Pangeran Ratu Jakabaring Seberang Ulu I, Palembang
		Lampung	Food and Drug control Center, Bandar Lampung	Jl. Dr, Susilo No. 105, Bandar Lampung 35213
		West Java	Drug and Food control Center, Bandung	Jl. Pasteur No. 25 Bandung 40171
		DI Yogyakarta	Drug and Food control Center, Yogyakarta	Jl. Tompeyan Tegalrejo, Yogyakarta 55244
		Central Java	Drug and Food control Center, Semarang	Jl. Madukoro Blok AA-BB No. 8 Semarang
		East Java	Drug and Food control Center, Surabaya	Jl. Karangmenjangan No. 20 Surabaya 60286
		Bali	Drug and Food Control Center, Denpasar	Jl. Cut Nyak Dien, No. 5 Denpasar
		West Nusa Tenggara (NTB)	Drug and Food control Center, Mataram	Jl. Catur Warga, Mataram 83121
		Papua	Drug and Food control Center, Jayapura	Jl. Diponegoro No. 63, Jayapura 99111
		South Sulawesi	Drug and Food control Center, Makassar	Jl. Baji Minasa No. 2 Makassar 90126
		North Sulawesi	Drug and Food control Center, Manado	Jl. Raya Manado–Tomohon KM. 7, Pineleng, Manado
		West Kalimantan	Drug and Food control Center, Pontianak	Jl. Dr. Soedarso, Pontianak 78124

1	2	3	4	5
		East Kalimantan	Drug and Food control Center, Samarinda	Jl. Letjen. Suprpto No. 3, Samarinda 75123
		South Kalimantan	Drug and Food control Center, Banjarmasin	Jl. Brigjen. H. Hasan Basri No. 40, Banjarmasin 70124
		Jambi	Drug and Food Control Office, Jambi	Jl. RM. Nur Atmadibrata No. 11 Telanaipura, Jambi 36122
		Bengkulu	Drug and Food control Office, Bengkulu	Jl. Depati Payung Negara KM. 13 No. 29, Bengkulu
		Central Kalimantan	Drug and Food control Office, Palangka Raya	Jl. Cilik Riwut KM. 3,5 Palangkaraya 73112
		Central Sulawesi	Drug and Food Control Office, Palu	Jl. Undata No. 3 Kel. Besusu, Kec. Palu Timur, Palu 94111
		S.E. Sulawesi	Drug and Food control Office, Kendari	Jl. Komp. Bumi Praja Andounohu, Kendari
		Maluku	Drug and Food Control Office, Ambon	Jl. Dr. Kayadoe SK. 20 Kudamati, Ambon 97116
		East Nusa Tenggara (NTT)	Drug and Food Control Office, Kupang	Jl. RA Kartini, Kotabaru, Kel. Kelapa Lima, Kupang
		Riau Islands	Drug and Food Control Office, Batam	Jl. Hang Jebat, Kel. Batu Besar Kec. Nongsa Batam
		Bangka Belitung	Drug and Food Control Office, Pangkal Pinang	Jl. Pulau Bangka, Air Itam, Pangkal Pinang, Komp. Perkantoran Pemprov Kep. Bangka Belitung
		Banten	Drug and Food Control Office, Serang	Jl. Syech Nawawi Al-Bantani Kel. Banjar sari, Kec. Cipocok Jaya, Serang
		Gorontalo	Drug and Food Control Office, Gorontalo	Jl. Tinaloga, Gorontalo 96123
		West Papua	Drug and Food control Office, Manokwari	Jl. Angkasa Mulyono, Amban, Manokwari, Papua Barat
4.	BNN	DKI Jakarta	BNN Technical Implementation Unit Drug Testing Laboratory (BNN)	Jl. MT. Haryono No. 11 Cawang Jakarta Timur



# SPECIAL NARCOTICS PRISONS IN INDONESIA

List and Addresses of (20) Special Narcotics Prisons:

NO.	PRISON	ADDRESS
1	2	3
1.	Prison Class III Narcotics Langsa	Regional Office,Aceh
2.	Prison Class IIA Narcotics Lubuk Linggau	Regional office South Sumatera
3.	Prison Class IIA Sungguminasa di Bolangi	Jl. Lembaga Desa Tambuseng Kec. Pattalasang Kab. Gowa – Sulsel Telp. (0411) 868547
4.	Prison Class IIA Narcotics Pematang Siantar	Regonal Office, North Sumatera
5.	Prison Class III Narcotics Langkat	Regional Office, North Sumatera
6.	Prison Class III Narcotics Muara Sabak	Regional Office, Jambi
7.	Prison Class IIA Narcotics Tanjung Pinang	Regional Office, Riau Islands
8.	Prison Class III Narcotics Pangkal Pinang	KRegional Office, Bangka Belitung
9.	Narcotic Prison Class IIA Cipinang	Jl. Raya Bekasi Timur No. 170 <sup>a</sup> Cipinang – Jaktim Telp. (021) 85909891, 85910101 (East Jakarta)
10.	Narcotic Prison Class IIA Soekarno Hatta	Jl. Soekarno Hatta 187 Bandung – Jabar Telp. (022) 5202739 (West Java)
11.	Narcotic Prison Class IIA Cirebon	Jl. Wijaya Kusuma Desa Gintung Tengah Ciwaringin Cirebon – Jabar (Wwest Java) Telp. (0231) 204247
12.	Narcotic Prison Class IIA Besi Nusakambangan	Telp. (0282) 4266473 Jl. Nusakambangan – Jawa Tengah (Cenral Java)
13.	Narcotic Prison Class IIA Madiun	Jl. Yos Sudarso Madiun – Jatim (East Java) Telp. (0351) 462161
14.	Narcotic Prison Class IIA Pamekasan	Jl. Pembina No. 1 Pamekasan – (East Java) Telp. (0324) 322245
15.	Narcotic Prison Class IIA Bandar Lampung	Jl. Ryacudu Way Hui Bandar Lampung Telp. (0721) 479198
16.	Prison Class III Narcotics Kasongan	Regional Office, Central Kalimantan
17.	Prison Class III Narcotics Samarinda	Regional Office, East Kalimantan
18.	Prison Class II A Narcotics Karang Intan	Regional Office, South Kalimantan
19.	Narcotic Prison Class IIA Yogyakarta	Jl. Kaliurang Km 17 Pokem Sleman Yogyakarta
20.	Prison Class IIA Narcotics Jayapura	Regional Office, Papua





# HEAD OF BNN REGULATIONS AND IMPLEMENTED MOUS YEAR 2014

## 1. Head of BNN Regulations Issued and Enacted in 2014.

NO.	TITLE	NO OF REGU LATION	DATE OF ENACTMENT	REMARKS
1	2	3	4	5
1.	Head of BNN Regulation on Accountancy and Financial Reporting within National Narcotics Board	No 1 year 2014	22 March 2014	RI State Notice No.530 of 2014 No: 530 dated 2 April 2014
2.	Head of BNN Regulation on the Organization and Work Procedures of National Narcotics Board Rehabilitation Center	No 2 year 2014	18 April 2014	State Notice RI of 2014 No: 705 dated. 15 May2014
3.	Head of BNN Regulation on Guidelines for Standard Operational Procedures within National Narcotics Board	No 3 year 2014	18 April 2014	State Notice RI of 2014 No: 706 Tgl. 15 May 2014
4.	Head of BNN Regulations on the Amendment of Head of BNN Regulation No. 4 year 2010 on the Organization and Work Procedures of Province and District/City National Narcotics Board.	No 4 year 2014	26 August 2014	State Notice RI of 2014 No: 1161 Tgl. 26 Sept 2014
5.	Head of BNN Regulation on the Schedule for Retention of Non-Financial Archives and non-Civil Service	No 5 year 2014	7 November 2014	Atate Notice RI of 2014 No: 1372 Tgl. 20 Nov 2014
6.	Head of BNN Regulation on General Guidelines for BNN Electronic Official Texting	No 6 year 2014	7 November 2014	State Notice RI of 2014 No: 1373 Tgl. 20 Nov 2014
7.	Head of BNN Regulation on the Management of Evidence within BNN	Nomor 8 Tahun 2014	19 December 2014	State Notice RI of 2014 No: 7 Tgl. 6 Jan 2015
8.	Head of BNN Regulation on Procedures of Awards in the Prevention and Eradication of Abuse and Illicit Trafficking in Narcotics and Narcotic Precursors	No 10 year 2014	31 December 2014	State Notice RI of 2014 No: 8 Tgl. 6 Jan 2015

## 2. Implemented MOUs in 2014.

### a. Overseas Parties.

NO.	DESCRIPTION	SUBJECT	DATE
1	2	3	4
1.	MoU Between the National Narcotics Board of the Republic of Indonesia and the General Directorate on Addictive Behaviours and Dependencies of the Portuguese Republic on Cooperation on Drug Demand Reduction	<p>The cooperation between the parties will include:</p> <ol style="list-style-type: none"> <li>1. Exchange of information, experience and best practices related to drug use.</li> <li>2. Exchange of information on strategies, plans, programs and practices, legislative and administrative measures aiming at reducing drug use.</li> <li>3. Sharing experience on the collection, analysis and dissemination of data on drugs.</li> <li>4. Exchange of publications and studies concerning the drug problem.</li> <li>5. Facilitating the mutual participation of experts from the National Narcotics Board and the General Directorate on Addictive Behaviours and Dependencies in seminars/ meetings, organized by each Party on matters under their competence, with the aim to improve their skills, and to share knowledge and expertise.</li> <li>6. Any other areas of cooperation as agreed by the Parties.</li> </ol>	11 December 2014

**b. Domestic.**

NO.	DESCRIPTION	SUBJECT	DATE
1	2	3	4
1.	MoU Between National Narcotics Board (BNN) and PWI (Indonesian Journalists Association)	Dissemination of Information on Preveention and Eradication of Drug Abuse and Illicit Trafficking Through Mass Media	9 February 2014
2.	MoU Between National Narcotics Board and Ministry of Internal Affairs	Prevention and Eradication of Drug Abuse and Illicit Trafficking (P4GN)	20 February 2014
3.	MoU Between National Narcotics Board (BNN) and Ministry of Defense	Prevention and Eradication of Drug Abuse and Illicit Trafficking	28 February 2014
4.	Cooperation Agreement between BNN Deputy of Rehabilitation and Diectorate General of Enforcement and Defense, Ministry of Defense	Prevention and Eradication of Drug Abuse and Illicit Trafficking	28 February 2014
5.	MoU Between National Narcotics Board (BNN) and PT. Telekomunikasi Indonesia, Tbk. PT. Telekomunikasi Selular PT. Indosat, Tbk. PT. XL Axiata, Tbk. PT. Bakrie Telecom, Tbk. PT. Smartfren Telecom, Tbk. PT. Smart Telecom PT. Hutchison 3 Indonesia PT. Sampoerna Teleko- munikasi Indonesia (STI) PT. Pasifik Satelit Nusantara	Installment and Operation of Instrument frfor Telecommunication Information Interception ( <i>Lawful Intercept</i> ) related to the Prevention and Eradication of Illicit Trafficking in Narcotics and Narcotic Precursors (P4GN)	12 June 2014
6.	MoU Between National Narcotics Board (BNN) and BASRI dan SENKOM	Prevention and Eradication of Drug Abuse and Illicit Trafficking	16 July 2014

1	2	3	4
7.	MoU Between National Narcotics Board (BNN) and PT. Jasamarga (Persero), Tbk.	Prevention and Eradication of Drug Abuse and Illicit Trafficking	25 August 2014
8.	MoU Between National Narcotics Board (BNN) and Merdeka University, Malang	P4GN within the University Environment	20 September 2014
9.	MoU Between National Narcotics Board (BNN) and National Agency for Drug and Food Control (BPOM)	Prevention and Eradication of Drug abuse and Illicit Trafficking	19 November 2014
10.	MoU Between National Narcotics Board (BNN) and Ministry for Empowerment of State Apparatus and Bureaucracy Reformation	Prevention and Eradication of Drug Abuse and Illicit Trafficking	21 November 2014

## **WORLD ORGANIZATIONS IN CLOSE COOPERATION WITH INDONESIA**

1.	AMMTC	ASEAN Ministerial Meeting on Transnational Crime	Ministerial Meeting on Transnational Crime
2.	SOMTC	Senior Officials Meeting on Transnational Crime	Meeting of ASEAN Senior Officials on Transnational Crime
3.	ASOD	ASEAN Senior Officials Meeting on Drug Matters	Meeting of ASEAN Senior Officials on Drug Problems
4.	ACCORD	ASEAN & China Cooperative Operation In Response To Dangerous Drugs	4 Task Forces: TF 1 : Civic Awareness TF 2 : Demand Reduction TF 3 : Law Enforcement TF 4 : Alternative Development
5.	HONLEA ASIA - PACIFIC	Heads Of National Narcotic Law Enforcement Agencies	Meeting of Heads of Law Enforcement Agencies, Asia Pacific Region, organized by UNODC
6.	UNODC	United Nation Office on Drugs & Crime	UN organization working with countries in dealing with drug problems and drug-related crime
7.	INCB	International Narcotics Control Board	Located in Vienna, Austria for the control of drug abuse and implementation of international conventions
8.	DAP	Drugs Advisory Programme	Colombo Plan Drug Prevention Program
9.	ADEC	Asia Pacific Drugs Enforcement Conference	Asia Pacific Drug Law Enforcement Conference organized by National Police Agency, Japan
10.	CND	Commission on Narcotic Drugs	UN Commission on Drug Problems located in Vienna, Australia
11.	IASTP	Indonesia Australia Specialist Training Program	Indonesia - Australia cooperation for Training and Improvement of Human Resources in Australia

12.	INL	International Narcotics For Law Enforcement	Cooperation with US State Department
13.	AIDSOTF	Anti Illegal Drug Special Operation Task Forceatia	Cooperationin the Exchange of Drug Information
14.	IDEC	International Drugs Enforcement Conference	Global Forumwith more than 90 Member Countries
15.	ADLOMICO	Anti Drugs Liaison Official Meeting for International Cooperation	Regional Coordination <i>Mechanism for Counter Narcotics Cooperation</i> ± 25 Countries

## BNNP (PROVINCE) AND BNN KAB. (DISTRICT)/KOTA (CITY)

### LIST OF ADDRESSES

NO.	BNNP AND BNN KAB/KOTA	ADDRESS	PHONE	FAX	E-MAIL
1	2	3	4	5	6
1.	BNNP Aceh	Jl. Keuchik Amin Ahmad Banda Aceh 23352	0651-8054310	0651-8016370	bnnp_aceh@bnn.go.id bnnpaceh2015@gmail.com info.bnnpaceh@gmail.com
	BNN Kota Langsa	Jl. Prof. A. Madjid Ibrahim No. 100 Kota Langsa	0641-20377	0641-20379	bnnklangsa@yahoo.co.id bnnklangsa@gmail.com
	BNN Kota Lhokseumawe	Jl. Elak LorongTgk. le Di Bungong Alue Awe Lhoseumawe 24352	0645-47429	0645-47192	bnnkota_lhokseumawe@bnn.go.id bnnk.lhokseumawe@gmail.com
	BNN Kab Bireuen	Jl. Banda Aceh-Medan KM 223 (Desa Cot Bada Tunong) 24261	0644-5353500	0644-5353501	bnnk_bireuen@ymail.com bnnk_bireuen@yahoo.co.id
	BNN Kab South Aceh	Jl. Merdeka No. 70	0656-322806	0656-322806	bnkacehselatan@yahoo.com
	BNN Kab Pidie Jaya				bnnkpidiejaya@yahoo.co.id
	BNN Kab Gayo Lues				drssamsulbahri@yahoo.co.id bnnkgayolues@yahoo.com
2.	BNNP North Sumatera	Jl. William Iskandar Pasar V Barat I No.I-A Medan Estate	061-80032820	061-80032820	bnnpsumut@yahoo.com bnn2013_prov.sumut@yahoo.com
	BNN Kota Pematang Siantar	Jl. Keselamatan Kel. Suka Dame Kota Pematangsiantar	0622-5891880	0622-5891880	bnnkpmatangsiantar@yahoo.co.id
	BNN Kab Deli Serdang	Jl. Karya Utama No. 2 Kompleks Perkantoran Pemkab Deli Serdang	061-7953799	061-7953699	bnnkab_deliserdang@bnn.go.id
	BNN Kab Langkat	Jl. Proklamasi No. 52 Stabat Kab. Langkat 20814	061-8910001	061-8910007	info@bnnklangkat.org
	BNN Kab Asahan	Jl. Jend Sudirman/Lingk. Pemkab Asahan Kisaran, Kab. Asahan, Sumut	0623-345864 0623-347833	0623-345864 0623-347833	bnkasahan@yahoo.com
	BNN Kab Mandailing Natal	Kompleks Perkantoran Paya Loting Panyabungan	0636-326091	0636-326254	bnnkmadina01@gmail.com
	BNN Kab South Tapanuli	Jl. Williem Iskandar Padang Sidempuan 22715	0634-21706 0634-22296	0634-21706	bnnktapsel@gmail.com
	BNN Kab Serdang Bedagai	Jl. Negara KM 58 Nomor 211 A Sei Rempah Kab. Serdang Bedagai	0621-442033	0621-442033	bnnkserdangbedagai@yahoo.com
	BNN Kab Karo				bnnk_tanahkaro@yahoo.com
	BNN Kota Tanjung Balai	Jl. Jend. Sudirman No.9 Tanjung Balai Sel Kota Tanjung Balai Sumut	0623-92104	0623-92104	bnnk_tanjungbalai@yahoo.co.id
	BNN Kota Binjai				info_bnnkotabinjai@yahoo.co.id
	BNNP West Sumatera	Jl. Beringin Ujung Kav. 19 Belanti Timur, Lolong, Padang, Sumbar	0751-7050464	0751-7057414	bnnpsumbar@gmail.com
	BNN Kota Payakumbuh	Jl. Kampung Baru, Bukit Sikumpa Kel. Sawah Padang Kec. Payakumbuh Selatan	0752-90789	0752-95815	bnkpyk@yahoo.com bnnkota_payakumbuh@bnn.go.id

1	2	3	4	5	6
4.	BNNP South Sumatera	Jl. Gubernur H.A. Bastari Komp. Ogan Permata Indah (OPI) Jakabaring Palembang	0711-5620066	0711-5620077	bnnp_sumsel@bnn.go.id agusniartimanap@yahoo.co.id
	BNN Kota Pagar Alam	Komp. Perkantoran Gunung Gate Jl. Laskar Wanita Mentarjo Kota Pagar Alam	0730-625253	0730-621803	bnnkota_pagaralam@bnn.go.id
	BNN Kota Lubuk Linggau	Jl. Depati Djati Kompleks Perkantoran Kec. Lubuk Linggau Barat I Kota Lubuk Linggau	0733-451432	0733-451432	bnnk_llg@yahoo.co.id
	BNN Kota Prabumulih	Komp. Prabumulih Centre Plaza Blok C-12 Jl. Jend. Sudirman KM.6 Prabumulih	0713-3300308	0713-3300308	bnnkota_prabumulih@bnn.go.id
	BNN Kab Empat Lawang	Jl. Poros Tebing - Pendopo KM 3,5 Tebing Tinggi - 31453	0702-7002222	0702-7002222	bnn_kab_4lawang@yahoo.co.id; bnn_kab_4l@yahoo.com
5.	BNNP Jambi	Jl. H. Zainir Haviz No. 1 Kec. Kotabaru - Kota Jambi 36128	0741-446730	0741-446730	bnnp_jambi@bnn.go.id bnnpjambi@gmail.com
	BNN Kota Jambi	Jl. H. Zainir Haviz (Komplek Pemda Kota Jambi) Jambi 36128	0741-42992 0741-445143	0741-42992	bnnkotajambi@yahoo.com
	BNN Kab Batanghari	Jl. Gajah Mada No. 22 Kel Rengas Condong Simpang 4 BBC Muara Bulian	0743-21812	0743-21812	bnnkbatanghari@yahoo.com
6.	BNNP Riau	Jl. Pepaya No. 65 Pekanbaru	0761-859821	0761-859822	bnnp_riau@bnn.go.id riau_bnnp@yahoo.com
	BNN Kota Pekanbaru	Jl. Pepaya No. 65 Pekanbaru	0761-859821	0761-859822	bnnkota_pekanbaru@bnn.go.id bnnkota_pekanbaru@yahoo.com bnnk_pekanbaru@yahoo.co.id
	BNN Kab Kuantan Singingi		0760-2523814	0760-2523815	bnnkkuansing@gmail.com
7.	BNNP Bengkulu	Jl. Indragiri No. 12 Padang Harapan Bengkulu	0736-347800	0736-347800	bnp.bengkulu@yahoo.com bnnp.bengkulu@gmail.com
8.	BNNP Lampung	Jl. Griya Mustika Nomor 7-8 Way Halim Permai Bandar Lampung 35153	0721-770229	0721-770230	sdm.bnnplampung@gmail.com
	BNN Kab South Lampung	Jl. Radin Inten II Lintas Sumatera Desa Merak Belantung, Kec. Kalianda Kab. Lampung Selatan 35515	0727-3330006	0727-3330007	bnnkab_lampungselatan@bnn.go.id bnnklampungselatan@gmail.com
9.	BNNP Kepulauan Bangka Belitung	Komplek Perkantoran dan Pemukiman Terpadu Pemprov Kepulauan Babel Jl. Pulau Lepar Kel. Air Itam Pangkalpinang	0717-4261824 0717-4261823	0717-4261823	bnnp_babel@bnn.go.id bnnpbabel@gmail.com
	BNN Kota Pangkalpinang	Jl. Girimaya RT 004/002 Kel. Bukit Besar Kec. Girimaya Pangkalpinang	0717-423699	0717-423699	bnnk_pkp@yahoo.co.id
	BNN Kab Belitung	Jl. Teuku Umar No. 055 RT/RW : 15/04 Kel. Kampong Damai Belitung - 33416	0719-23170	0719-22670 0719-23170	bnnkbelitung@yahoo.co.id



1	2	3	4	5	6
10.	BNNP Riau Islands	Jl. Hang Jebat KM.3 Batu Besar Nongsa - Batam 29431	0778-761622 0778-761677 0778-761607	0778-761680	ryannisoleha@gmail.com bnnp_kepri@bnn.go.id; bnp.kepri@gmail.com
	BNN Kota Tanjungpinang	Jl. Daeng Kemboja - Senggarang 29123	0771-7012226	0771-7012227	bnnkota_tanjungpinang@bnn.go.id bnnk_tanjungpinang@ymail.com
	BNN Kab Karimun	Jl. R. Oesman Blok AI/II Komp. Balai Garden Tanjung Balai Karimun			tarahman196105@gmail.com bnnk.karimun@gmail.com
	BNN Kota Batam	Komp. Botania Garden Blok F1 No.26-27 Kel. Berlian Kec. Batam Kota Batam	0778-743483	0778-743483	bnnk.kotabatam@gmail.com bnnk.batam@gmail.com bnnkota_batam@bnn.go.id
11.	BNNP Banten	Jl. Syekh Nawawi AL- Bantani No. 7 Banjar Agung Cipocok Jaya Kota Serang - Banten	0254-8241688	0254-8241181	bnn_provbanten@yahoo.com
	BNN Kota South Tangerang	Kantor Pusat Peme- rintahan Tangerang Selatan Setu Jl. Raya Puspitek Serpong No.1 Kec. Setu Kota Tangsel 15314	021-75883828		bnnk.tangsel@gmail.com; heri.istuhariono@gmail.com bnnkota_tangsel@bnn.go.id
12.	BNNP DKI Jakarta	Gedung Nyi Ageng Serang Lt. 4 Jl.HR Rasuna Said Kav. 22 C Kuningan - Jakarta Selatan 12950	021-52961891	021-52961891	info@bnnp-dki.bnn.go.id
	BNN Kota Jakarta Selatan	Gd. Walikota Jaksel Lt.14 Jl. Prapanca	02172788113, ext.7408	021-29306552	bnn.jakartaselatan@yahoo.com
	BNN Kota East Jakarta	Jl. Sumarno Kantor Walikota Jaktim, Gd.B2 Lt.4	021-4800974	021-4800974	bnnk.jakartatimur@gmail.com
13.	BNNP West Java	Jl. Terusan Jakarta No. 50 Antapani Bandung	022-7232847	022-7203765	bnnpjabar@yahoo.co.id
	BNN Kota Depok	Jl. Merdeka No. 10 Kec. Sukmajaya Kota Depok 16411	021-29504433	021-29504433	bnn_kotadepok@yahoo.co.id
	BNN Kab Garut	Jl. Patriot No. 3A Kel. Sukagalih Kec. Taragong Kidul Kab. Garut	0262-242645 0262-240884	0262-242645	bnnkab_garut@bnn.go.id
	BNN Kab Kuningan	Jl. Aruji Kartawinata No. 27 Kuningan 45511	0232-877147	0232-872058	kng.bnnk@yahoo.com
	BNN Kab Ciamis	Jl. Mr. Iwa Kusumasu- mantri Blok 12 Kertasari Ciamis 46213	0265-771899	0265-771899 0265-775093	bnnkciamis@yahoo.com
	BNN Kab Karawang	Jl. Raya Perumnas Blok H 19-20 Teluk Jambe Barat - Karawang	0267-8456876 0267-8456877	0267-8456877	bnnkkarawang@yahoo.co.id bnnkkarawang@gmail.com
	BNN Kota Cirebon	Jl. Sunyaragi No.12 Cirebon	0231-230970	0231-230970	bnn_ciko13@yahoo.com bnnkota_cirebon@bnn.go.id
	BNN Kab Bogor	Gedung Korpri Lt. II Jl. Nyaman Komplek Pembag Bogor - Cibinong	021-87919288	021-87910289	bnn_kabbogor@yahoo.co.id
	BNN Kota Cimahi				bnnkcimahi@gmail.com
	BNN Kota Bandung	Jl. Cianjur No. 4 Bandung	022-87243408	022-91904450	bnnkdbg@gmail.com
	BNN Kab Cianjur	Jl. K.H. Abdullah Bin Nuh RT 001/15 No. 3B Cianjur	0263-2261900	0263-2261900	bnnk.cianjur@gmail.com

1	2	3	4	5	6
14.	BNNP Central Java	Jl. Madukoro Blok BB Semarang 50144	024-7608573	024-7608570	bnnp_jateng@bnn.go.id bnn.provjateng@gmail.com
	BNN Kab Cilacap	Jl. Bromo Timur No. 4 - Cilacap 53212	0282-5253455	0282-5253518	bnnkcilacap@yahoo.co.id
	BNN Kab Kendal	Jl. Gajah Mada Kel Karangsari Kec Kota Kendal - Kab Kendal 51319	0294-388702	0294-388157	bnnkkendal@yahoo.co.id bnnkkendal@gmail.com
	BNN Kab Batang	Jl. A. Yani No. 153 Batang	0285-4495186	0285-4495186	bnnk_batang@yahoo.co.id
	BNN Kab Purbalingga	Jl. Soekarno Hatta No.20B	0281-896191	0281-894330	bnnkpurbalingga@yahoo.co.id bnnkab_purbalingga@bnn.go.id
	BNN Kab Temanggung	Jl. Setiabudi No.1	0293-491048	0293-491313	
15.	BNNP DI Yogyakarta	Jl. Brigjen Katamso Komplek Perkantoran (Selatan Purawisata) Yogyakarta	0274-385378	0274-385378	bnnpjogja@yahoo.co.id
	BNN Kota Yogyakarta				bnnkjogja@gmail.com
	BNN Kab Sleman	Jl. Candisari No. 14 Kel. Brantridadi Sleman	0274-868480	0274-868480	bnksleman@yahoo.com; arifiabima@yahoo.co.id
16.	BNNP East Java	Jl. Ngagel Madya V / 22 Surabaya RT 4 RW 1 Kel Barata Jaya Kec Gubeng Surabaya 60246	031-5023947	031-5043311	bnnp.jatim@hotmail.co.id bnnp.jatim.2013@gmail.com
	BNN Kota Batu	Jl. H. Sutan Hasan Halim Kec Sisir - Kota Batu	0341-511400	0341-5025404	bnnkotabatu@gmail.com
	BNN Kota Malang	Jl. Mayjen Sungkono No. 55 Kota Malang	0341-753377	0341-753344	bnnkota_malang@bnn.go.id bnn_kotamalang@yahoo.com
	BNN Kota Surabaya	Jl. Gayungsari Barat III/47 - 49 Kel. Gayungan Kec. Gayungan Surabaya	031-8292116	031-8290998	bnnkota_surabaya@bnn.go.id bnk_sby@yahoo.com bnn2013_kota.surabaya@yahoo.com
	BNN Kota Kediri	Jl. Selomangleng 03 Kota Kediri	0354-776226	0354-777556	bnnkotakediri@yahoo.co.id bnnkab_kediri@yahoo.com bnnkota_kediri@bnn.go.id
	BNN Kab Nganjuk	Jl. Dermojoyo No. 33 - Kab Nganjuk	0358-330434	0358-322594	bnnknganjuk@yahoo.co.id
	BNN Kab Tulungagung	Jl. Sultan Agung III No. 1A 66226	0355-336868	0355-336868	bnnkab.tulungagung@gmail.com; bnnkab_tulungagung@bnn.go.id
	BNN Kab Malang	Jl. Trunojoyo Kav. 2 Lt. 1 Kepanjen Malang	0341-325555		
	BNN Kab Gresik	Jl. Wahidin Sudirohusodo No. 142 Gresik	031-3983194 031-3983334	031-3983194	bnnkabgresik@gmail.com
	BNN Kab Trenggalek	Jl. I Gusti Ngurah Rai No. 26	0355-7177111	0355-7177111	bnnkab_trenggalek@bnn.go.id
	BNN Kab Lumajang	Jl. Gatot Subroto	0334-893960	0334-893960	bnnklmj@yahoo.co.id
	BNN Kab Blitar	Jl. Kota Baru Kanigoro Blitar	0342-444818	0342-444818	badanNarcoticsblitar@yahoo.com
	BNN Kab Kediri	Jl. Raya Adan-Adan Kec. Gurah Kediri 64181	0354-7415444	0354-7415333	bnnkab_kediri@yahoo.com
	BNN Kab Sidoarjo	Jl. Perum Taman Pinang Blok AA 8 Nomor 1A Sidoarjo 6121	031-8057972 031-5151775	031-5151775	bnnksidoarjo@yahoo.co.id

1	2	3	4	5	6
17.	BNNP West Kalimantan	Jl. Akcaya II Nomor 11 Pontianak 78121	0561-574579 0561-574580	0561-574578	bnnpkalbar@gmail.com
	BNN Kota Singkawang	Jl. Latsitarda No. 88 Kel. Sedau Kec. Singkawang Selatan	0562-4644066 0562-4644069	0562-4644070 0561-574598	bnnkota_singkawang@bnn.go.id
	BNN Kota Pontianak				
	BNN Kab Sanggau	Jl. Jend. Sudirman No. 1A KM 6 Kel. Bunut Kec. Kapuas Kab. Sanggau 78511	0564-23000	0564-23046	bnnkab_sanggau@bnn.go.id
	BNN Kab Pontianak	Jl. Candramidi Mempawah Hili	0561-6693181	0561-6693181	bnn2013_kab.pontianak@yahoo.com
	BNN Kab Bengkayang	Jl. Pahlawan Kel. Bani Emas Bengkayang 79212	0562-441654	0562-441654	af.rommy@yahoo.com bnnk.bky@gmail.com
18.	BNNP South Kalimantan	Jl. Mayjen D.I. Panjaitan No. 34 Lt.2 Banjarmasin	0511-3366071 0511-3366072	0511-3366071 0511-3366072	bnnpkalsel@gmail.com maserup@yahoo.co.id
	BNN Kota Banjarmasin	Jl. P. Hidayatullah Kel. Banua Hanyar Kec. Banjar Timur - Banjarmasin	0511-3201367 0511-6144494	0511-3201367 0511-3300909	bnnkota_banjarmasin@bnn.go.id
	BNN Kota Banjar Baru	Komplek Citra Megah Raya No. 33A Banjarbaru - Kalsel	0511-4780593	0511-4780593	bnnkota_banjarbaru@bnn.go.id
	BNN Kab Balangan	Jl. A. Yani KM 4,5 Paringin Selatan 71662	0526-2029537	0526-2029537	bnn2013_kab.balangan@yahoo.com
19.	BNNP Kalimantan Tengah	Jl. Tangkasiang No. 12 Palangka Raya	0536-3226398	0536-3237981 0536-3235816	bnnp_kalteng@bnn.go.id
	BNN Kota Palangkaraya	Jl. Tangkasiang No. 14	0536-3235816	0536-3235816	bnnk.palangkaraya@gmail.com
20.	BNNP East Kalimantan	Jl. Rapak Indah KM. 1 Samarinda	0541-6276879	0541-6276879	bnnp_kalitim@bnn.go.id
	BNN Kota Samarinda	Jl. Anggur No. 51A RT 57 Kel Sidodadi Kec. Samarinda Ulu - Samarinda	0541-7272485	0541-7272486	samarinda2011@gmail.com bnnkota.samarinda@gmail.com
	BNN Kota Balikpapan	Jl. Abdi Praja RT 067 Kel Sepinggan Baru Kec. Balikpapan Selatan 75115	0542-872638	0542-872638 0542-874122	admin@bnnkbalikpapan.com; candrayudha@bnnkbalikpapan.com
	BNN Kota Tarakan	Jl. Kesuma Bangsa RT 013 RW 05 Kel. Gunung Lingkas Kota Tarakan 77115	0551-2028290	0551-2028291	bnnk_tarakan@yahoo.com
21.	BNNP Sulawesi Barat	Jl. Cik Dik Tiro Kompleks Pemda Blok B No. 3/4 Mamuju 91511	0426-2324200	0426-2324200 0424-21000	bnnp_sulbar@bnn.go.id
22.	BNNP South Sulawesi	Jl. Manunggal No. 22 Kelurahan Macini Sombola Kecamatan Tamalate - Makassar 90244	0411-8112822	0411-8112833	bnnpsulsel@yahoo.co.id
	BNN Kota Palopo	Jl. Pemuda Raya No. 102 Takalula - Kota Palopo	0471-3310675 0471-3310672	0471-3310676	
	BNN Kab Tana Toraja		0423-22464	0423-22464	bnnktator@yahoo.co.id

1	2	3	4	5	6
23.	BNNP Sulawesi Tengah	Kompleks Arena STQ Jabal Nur, Jl. Soekarno Hatta - Palu	0451-452460	0451-4131656	bnnpsulteng@gmail.com
	BNN Kota Palu	Jl. G. Nokilalaki Bo. 26A Palu	0451-428736	0451-428736	bnnkota_palu@bnn.go.id bnnk_palu@ymail.com
	BNN Kab Morowali	Kompleks Kawasan Terpadu Mandiri, Desa Founa Singko Kec. Bungku Tengah - Kab. Morowali	0411-402288	0411-402288	bnnk_morowali@ymail.com
	BNN Kab Donggala	Kompleks Perkantoran Gunung Bale Jl. Ebony No. 3 - Donggala 94531	0457-72160	0457-72160	bnn donggala@ymail.com
	BNN Kab Poso	Jl. H. Agus Salim Kel. Bonesompe Kec. Poso Kota Utara	0452-21870	0452-21870	bnnkposo.keu@gmail.com
	BNN Kab Tojo Una-Una	Pulau Una-Una No. 16 Kel. Uentanaga Atas Kec. Ampana Kota - 94683	0464-22340	0464-22340	bnnkabtouna@yahoo.com bnnktouna@gmail.com
24.	BNNP S.E. Sulawesi	Jl. Haluoleo Kompleks Bumi Praja Andounohu Kendari	0401-3194398	0401-3135209	bnnp_sultra@yahoo.co.id
	BNN Kota Kendari	Jl. Bunggasi Kel. Andounohu Poasia Kendari Sultra 93232	0401-3136044	0401-3136044	bnnkotakendari@ymail.com
	BNN Kota Kolaka	Jl. Pendidikan No. 85 Kelurahan Balandete Kecamatan Kolaka 93517	0405-2321088	0405-2321088	bnnk_kolaka@yahoo.co.id
25.	BNNP North Sulawesi	Jl. Tujuh Belas Agustus No. 3 Manado	0431-852923	0431-852923	bnnp_sulut@bnn.go.id
	BNN Kota Manado	Jl. TNI III No. 216 Tikala Ares, Kecamatan Tikala Manado 95100	0431-874791	0431-874791	bnnk.manado@gmail.com
	BNN Kota Bitung	Jl. Manado - Bitung Kompleks Sari Plaza No. 10, Manembo-nembo - Bitung	0438-21289 0438-37374	0438-21289	bnnk_bitung@yahoo.co.id
26.	BNNP Gorontalo	Jl. 23 Januari No. 186 Kecamatan Kota Selatan - Gorontalo	0435-829400	0435-829400	bnnp_gorontalo@bnn.go.id bnnp.gorontalo@gmail.com
	BNN Kota Gorontalo	Jl. HOS Cokroaminoto No. 5 Kec. Kota Selatan	0435-825865	0435-825865	
	BNN Kab Bone Bolango	Jl. H. Nani Wartabone No. 44 Kelurahan Tumbihe Kecamatan Kabila - Kab Bone Bolango	0435-8591699	0435-8591699	
27.	BNNP Bali	Jl. Kamboja No. 8 Denpasar 80233	0361-232472 0361-7800179 0361-263860	0361-232472	bnnp_bali@bnn.go.id bnnp_bali@yahoo.com
	BNN Kota Denpasar	Jl. Melati No. 21 Denpasar	0361-237958	0361-237958	bnnkota_denpasar@bnn.go.id
	BNN Kab Badung		0361-9006952		
	BNN Kab Gianyar	Kebo Iwa No. 103 X Gianyar	0361-946122	0361-946122	bnnk_gianyar@yahoo.com

1	2	3	4	5	6
28.	BNNP West Nusa Tenggara (NTB)	Jl. Dr. Soedjono Lingkar Selatan - Mataram NTB	0370-6177412 0370-6177418 0370-6177413	0370-6177412 0370-6177418 0370-6177413	bnnpntb@gmail.com bnp_ntb@yahoo.com
	BNN Kota Mataram	Jl. Ahmad Yani No. 99 Mataram	0370-627913 0370-630048	0370-629948	bnnkota.mataram@gmail.com
	BNN Kab West Sumbawa	Jl. Pendidikan No. 63 Telaga Bertong - Taliwang 84355	0372-81223	0372-81179	bnnk.sumbawabarat@gmail.com
29.	BNNP East Nusa Tenggara (NTT)	Jl. Transeda No. 7 Walikota Kupang	0380-8585077	0380-832747 0380-8585077	badanNarcoticsprovntt@yahoo.co.id gendhies_jawi@yahoo.co.id
	BNN Kota Kupang	Jl. R.A. Kartini Kupang	0380-826439	0380-826439 0380-834440	bnnkota_kupang@bnn.go.id bnnkotakupang@yahoo.com
	BNN Kab Rote Ndao	Jl. Pabean No.93 Kel Metina Kec Lobalain BAA- Rote	0380-871097		
30.	BNNP Maluku	Jl. R.A. Kartini No. 22 Karang Panjang Ambon 97121	0911-312000	0911-312000	
	BNN Kota Tual	Jl. Baldu Wahadat - Tual	0916-23041	0916-24079	
31.	BNNP North Maluku	Jl. Tugu Makugawene Kalumatasunlak Kel. Kalumata Kota Ternate	0921-3123180		bnnp_malut@bnn.go.id
	BNN Kota Tidore Islands	Jl. Kemakmuran Kel. Indonesiana	0921-3162366	0921-3162366	
	BNN Kab North Halmahera	Jl. Bhayangkara No. 4 Tobelo - Halmahera Utara	0924-2621602	0924-2621602	bnnkab_halmaherautara@bnn.go.id
32.	BNNP Papua	Jl. Raya Sentani Abepura No. 11A 99351	0967-537666	0967-587778	bnnppapua@bnn.go.id bnnp_papua@bnn.go.id
	BNN Kab Jaya Pura	Jl. Sentani Depapre Gunung Merah Sentani	0967-594092	0967-594092	bnnkab_jayapura@bnn.go.id bnnk_jayapura@yahoo.com
33.	BNNP West Papua	Jl. Drs. Esau Sesa (Jalan Baru) Manokwari Papua Barat	0986-213842	0986-211130	bnnp_papuabarat@bnn.go.id bpb.bnnp@yahoo.co.id pb.bnnp@yahoo.co.id



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