

# **CHAPTER I**

## **INTRODUCTION**

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

#### **a. Drug Abuse and its impact to Health.**

In the year 2013 the estimated number of drug taking people is 246 million (5.2% of the world population between 15 – 64 years), or 1 out of 20 from this age group has consumed drugs. There was an increase of 3 million drug abusers, but tends to be stable. It is estimated that 1 among 10 of them is a problematic drug abuser; or in other words, 27 million (0.6% of the world population in the age group 15-64 years) are drug abusers with problems. So half the number of this group (12.19 million) are injection drug users (IDU), and the estimation is that 165 million have HIV. The mortality rate related to drug abuse (approx 187,100) is stable compared to the previous year.

The abuse of opiates (heroin and opium) remains stable, while cannabis and medical opioids continue to escalate. Consumption of ATS, especially Methamphetamine occurs mainly in South-East Asia. Cannabis is frequently consumed in prisons, and the number of heroin users among the inmates is higher than cocaine, amphetamines or “ecstasy”. NPS are sold as an alternative of drugs that have similar effects as international controlled substances. NPS have increased to 500 including mephedrone.

Consumption of cannabis, cocaine and amphetamines among males is higher than among females. However, the prevalence rate of HIV among female injection drug users has a higher rate. The number of new HIV cases among injection drug users has a decrease of 10%, from approx 110,000 in 2010 to 98,000 in 2013.

#### **b. Drug Supply and Market.**

The production of hashish remains limited only to North Africa, Central and South-West Asia, while cannabis is produced in most of the countries in the world. South America is the largest producer of coca, while South-West Asia (Afghanistan) and South-East Asia (Laos and Myanmar) are the largest producers of opium poppy. Production of ATS is spread all over the world.

The global prevalence of opioid consumption (0.7% among the group of adult population, or 43.4 million) and abuse of opiates (0.4% or 16.5 million) remain stable. In 2014 the global production of opium reached 7,554 tons; but illegal heroin and morphine decreased 6.4% from 2012 to 2013.

Coca production decreased in 2013, and the annual prevalence of cocaine abuse (0.4% of the global adult population) decreased in Central and West Europe, and North America.

The abuse of cannabis maintains to increase, in particular an extremely high increase occurred in West and Central Africa, West and Central Europe, and Oceania, including North America. Europe remains the largest market of hashish. However, its consumption mainly occurs in some particular countries. The consumption of cannabis is evenly spread in European countries. The market of hashish in West and Central Europe was replaced by cannabis. Improvement in the techniques of planting and the use of genetically selected seedlings pushed a potential increase in the harvest of cannabis, and detected an increase in THC content ( $\Delta^9$ -tetrahydrocannabinol) in the last decade. As a result, the potential increase in the cannabis harvest that also affects a serious impact to health. However, seizures of cannabis and hashish increased globally in 2013.

The global market of synthetic drugs is still dominated by methamphetamines, and is increasingly expanding to East and South-East Asia. The consumption of crystal meth increased in some parts of Europe and North America. An almost two-fold escalation of ATS seizures has occurred since 2009 to 144 tons in 2011 and 2012. Seizures remain relatively high in 2013.

Data on seizures reveal that the global market of methamphetamines and amphetamines surpass the market of ecstasy. The largest markets of ecstasy is located in East Asia, South-East Asia and Oceania, although seizures of ecstasy in these regions decreased in 2013.

The large number and multiple types of NPS circulating in the market makes it not easy to detect its prevalence of abuse. This condition also illustrates how great the challenge is in regulating these substances and their impact to health. Until December 2014, 96 countries and regions have reported 541 types of NPS through *UNOC Early Warning Advisory*. *Synthetic cannabinoid* maintains the most reported NPS in 2014 (39%), followed by *phenethylamines* (18%) and *synthetic cathinones* (15%).

#### c. Alternative Development.

Illegal cultivation is motivated by a specific combination of opportunity and vulnerability. All illegal narcotic crops tend to attract farmers as they can return the capital much faster than other crops. Hence, they can provide the short time economic needs of the farmers for survival. Illicit cultivation is likely done in remote and isolated areas, where control is hardly implemented with obscure rights of the land, lack of infrastructure, excessive poverty and crimes, a region where several international institutions are likely to conduct their operations.

Alternative development is an approach in aiming at alleviating and eventually removing the abovesaid vulnerability that ends in illicit cultivation. The UN 20<sup>th</sup> General Assembly Special Session in 1998 defines the process of alternative development as a process to prevent and eliminate illicit cultivation in crops “through the approach of village development that is specifically designed in the context of national growth and nation building in countries that proclaim the fight against drugs, by observing the socio-cultural characteristics of a targeted group or community.

Priority of Alternative Development is given to all producing countries of coca and opium, also producing countries of cannabis, including countries of minor opium production, located in South America, Central Americ, Caribia, Asia and Africa.

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

Based on available data, seizures of shabu tablets and crystal shabu increased in the regions of S.E. Asia and East Asia in 2008 and 2013. Seizures of crystal shabu escalated almost two-fold while crystal shabu eight times the total in the year 2013.

In 2013 crystal shabu placed the highest in rank in Brunei Darussalam, Cambodia, Indonesia, Japan, Malaysia, the Philippines and Republoic of Korea. It places the second in rank in Cina, Singapore and Vietnam. Shabu tablet is the first in rank in Cambodia, Laos People’s Democratic Republic, (PDR) and Thailand, and the second in rank in Cina and Vietnam.

East Asia, S.E. Asia and Oceania are estimated to have the largest market for ATS users in the world. An estimation issued by UNODC iterates that East Asia, SE.Asia and Oceania combined have the largest number of ATS users in the world. (not included ecstasy) totaling to almost 9.5 million, and 3.9 million ecstasy users.

A rapid escalation of ATS seizures were reported in East and S.E. Asia and the shabu seizures increased almost four times from 11 tons in 2008 to nearly 42 tons in 2013. In the same period ecstasy seizures maintained under 1 ton every year in the region, with exception in 2012, when ecstasy seizures increased to approx 2 tons. Seizures of amphetamines in the region were stable, less than 1 ton for several years, but increased to over 2 tons in 2011 and 2013. On the whole, when combined, amphetamines and ecstasy in said regions have contributed a small part in the seizures reported in East and S.E. Asia every year, while shabu contributes 85% of seizures in the same regions reported every year since 2008.

Several countries in the East and S.E. Asia regions were reported to have been producing crystal shabu. In 2013 nearly 390 methamphetamine laboratories were disclosed in Cina, the majority of these laboratories produced crystal shabu. The large number of seizures of ecstasy in East and S.E. Asia and Oceania indicates that this was a result of the high escalation in seizures of ecstasy conducted in Indonesia, from 0.3 ton in 2011 to 1.3 tons in 2012, which was the largest seizure of ecstasy in the world that year. Seizures in Cina have decreased from 0.3 ton in 2009 to 0.1 ton in 2013. Together, countries in the region have contributed less than 0.1 ton of ecstasy seizures every year. In Singapore almost all seizures of ecstasy in 2012 and 2013 and nearly two-third of ecstasy seized in 2011 were reported being traded through Malaysia.

As is the case at global level, the number of NPS reported in East and S.E. Asia and Oceania increased significantly, from 34 in 2009 to 137 substances in 2014 (November).

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

Based on a study by BNN in cooperation with Health Research Center, University of Indonesia entitled *National Survey on Drug Abuse Prevalence among Households* the drug abuse prevalence in Indonesia has reached 2.18%, or approx 3.8 to 4.1 million people have ever consumed drugs in the past year (*current users*) in the age group of 10-59 years.

The most consumed drug in the past year remains cannabis. Approx. 1 of 5 drug abusers maintains to take cannabis (25%), followed by shabu (12%), ecstasy (5%), and tramadol (5%). One out of 8 drug abusers consumes shabu while ecstasy less frequently, i.e. 1 out of 20. Less than 4% consume other drugs.

According to data from BNN Deputy of Rehabilitation in 2015, 21,834 drug abusers in Indonesia underwent Therapy and Rehabilitation, the majority belong to the age group of 21 – 35 years (12,166) or 55.72%. The high rate of drug abusers in this group is a result of the high work pressure, or because of the urban lifestyle with its nightlife. The second high rate of drug abuse is in the age group of 16-20 years (4,590) or 21.02%.

Based on drug classification, the year 2015 indicates an overall increase with the largest increase in narcotic cases, indicating a percentage of 23.58% from 23,134 cases in 2014 to 28,588 in 2015.

Meanwhile, based on the classification of suspects of drug cases in 2015. an overall increase was indicated, placing the largest number among narcotics suspects, i.e. 38,152, or an increase of 7.98% compared to 2014.

In connection with cannabis seizures the highest increase was indicated in the percentage of the detected cannabis fields, namely 1,089.29%, from 14 Ha detected in 2014 to 166.5 Ha in 2015. A significant decrease was seen in the seizures of cannabis seeds, indicating a percentage of 98.34% from 378.33 grams seized in 2014 to only 6.28 grams in 2015. A reverse proportion occurred between the extent of seized cannabis fields and cannabis trees compared to seizures in cannabis herbs and seeds.

In relation with narcotic seizures the highest increase in percentage was indicated by seizures in ecstasy (304.16%), from 490,121.26 tablets in 2014 to 1,980,873 tablets in 2015. The largest decrease in percentage (97.18%) occurred in the seizures of cocaine, from 373.33 grams in 2014 to 10.54 grams in 2015. Seizures in psychotropic substances, benzodiazepines indicated a significant increase of 249.91%, from 356,631 tablets in 2014 to 1,247,895 tablets in 2015. The largest decrease in percentage occurred in seizures of Controlled medicines (88.82%) from 14,729,227.75 tablets in the previous year to 1,646,224.5 tabs in 2015.



# CHAPTER II

## DATA ON THE PREVENTION AND ERADICATION OF DRUG ABUSE AND ILICIT TRAFFICKING, 2015

### 1. Supply Reduction.

- a. Cases, Suspects and Evidence related to Drug Crimes from National Police Republic of Indonesia, 2015.

**Table 1. Total Drug Cases Based on Type of Drug, 2015**

NO.	TYPE OF DRUG	TOTAL CASES
1	2	3
1.	Cannabis	4,417
2.	Heroin	56
3.	Hashish	6
4.	Cocaine	2
5.	Codeine/LSD	1
6.	Ecstasy	1,240
7.	Shabu	22,228
8.	Benzodiazepines/Cathegory III	124
9.	Barbiturates/Cathegory IV	44
10.	Controlled Medicines	717
11.	Alcohol	9,791
12.	Traditional Medicine(Jamu)	21
13.	Cosmetics	12
14.	Food	13
15.	Ketamine	2
16.	Hard drugs	1,473
17.	Limited over-the-counter medicines	99
18.	Over-the-counter medicine-	7
<b>JUMLAH</b>		<b>40,253</b>

Source : National Police Republic of Indonesia, March 2016

**Table 2. Total Drug Cases Based on Drug Classification, 2015**

NO.	CLASSIFICATION	TOTAL CASES
1	2	3
1.	Narcotics	27,950
2.	Psychotropic substances	885
3.	Other addictive substances	11,418
<b>TOTAL</b>		<b>40,253</b>

Source : National Police Republic of Indonesia, March 2016

**Table 3. Total Drug Cases Based on Type of Crime, 2015**

NO.	CRIME	TOTAL CASES
1	2	3
1.	Cultivation	37
2.	Production	9
3.	Distribution	29,527
4.	Consumption	10,680
<b>TOTAL</b>		<b>40,253</b>

Source : National Police Republic of Indonesia, March 2016

**Table 4. Ranking of Successful Disclosures of Narcotics, Psychotropic Substances and Other Addictive Substances by Province, 2015**

NO.	PROVINCE	2015	
		CASES	RANKING
1	2	3	4
1.	East Java	9,893	I
2.	DKI Jakarta / PMJ	5,521	II
3.	North Sumatera	4,687	III
4.	West Java	2,611	IV
5.	South Kalimantan	1,880	V
6.	South Sumatera	1,432	VI
7.	Central Java	1,312	VII
8.	Lampung	1,250	VIII
9.	East Kalimantan	1,247	IX
10.	Aceh	1,177	X
11.	Riau	1,162	XI
12.	South Sulawesi	1,118	XII
13.	Bali	974	XIII
14.	North Sulawesi	872	XIV
15.	West Sumatera	604	XV
16.	Central Kalimantan	529	XVI
17.	Jambi	471	XVII
18.	Riau Islands	457	XVIII
19.	DI Yogyakarta	424	XIX
20.	Police HQ	385	XX
21.	West Kalimantan	354	XXI
22.	S.E. Sulawesi	346	XXII
23.	West Nusa Tenggara	251	XXIII
24.	Bangka Belitung	238	XXIV
25.	Bengkulu	238	XXV
26.	Banten	233	XXVI
27.	Central Sulawesi	228	XXVII
28.	Papua	138	XXVIII
29.	West Papua	53	XXIX
30.	East Nusa Tenggara	52	XXX
31.	Maluku	47	XXXI
32.	North Maluku	44	XXXII
33.	Gorontalo	25	XXXIII
<b>TOTAL</b>		<b>40,253</b>	

Source : National Police Republic of Indonesia, March 2016

**Table 5. Total Drug Suspects Based on Type of Drug, 2015**

<b>NO.</b>	<b>TYPE OF DRUG</b>	<b>TOTAL SUSPECTS</b>
<b>1</b>	<b>2</b>	<b>3</b>
1.	Cannabis	5,662
2.	Heroin	69
3.	Hashish	6
4.	Cocaine	2
5.	Codeine/LSD	3
6.	Ecstasy	1,704
7.	Shabu	29,566
8.	Benzodiazepines/Cathegory III	171
9.	Barbiturates/Cathegory IV	52
10.	Controlled Medicines	777
11.	Alcohol	10,311
12.	Traditional medicine (Jamu)	23
13.	Cosmetics	13
14.	Food	13
15.	Ketamine	2
16.	Hard drugs	1,668
17.	Limited over-the-counter medicines	128
18.	Over-the-counter medicines	8
<b>TOTAL</b>		<b>50,178</b>

Source : National Police Republic of Indonesia, March 2016

**Table 6. Total Drug Suspects Based on Drug Classification, 2015**

<b>NO.</b>	<b>DRUG CLASSIFICATION</b>	<b>TOTAL SUSPCTS</b>
<b>1</b>	<b>2</b>	<b>3</b>
1.	Narcotics	37,012
2.	Psychotropic Substances	1,000
3.	Other Addictive substances	12,166
<b>TOTAL</b>		<b>50,178</b>

Source : National Police Republic of Indonesia, March 2016

**Table 7. Total Drug Suspects Based on Type of Crime, 2015**

<b>NO.</b>	<b>TYPE OF CRIME</b>	<b>TOTAL SUSPECTS</b>
<b>1</b>	<b>2</b>	<b>3</b>
1.	Cultivation	19
2.	Production	16
3.	Distribution	35.810
4.	Consumption	14.333
<b>TOTAL</b>		<b>50.178</b>

Source : National Police Republic of Indonesia, March 2016

**Table 8. Total Drug Suspects Based on Nationality, 2015**

<b>NO.</b>	<b>NATIONALITY</b>	<b>TOTAL SUSPECTS</b>
<b>1</b>	<b>2</b>	<b>3</b>
1.	Indonesian	50,037
2.	Foreign Nationaly	141
<b>TOTAL</b>		<b>50,178</b>

Source : National Police Republicof Indonesia, March 2016

**Table 9. Total Drug Suspects Based on Nationality and Gender, 2015**

<b>NO.</b>	<b>NATIONALITY AND GENDER</b>	<b>TOTAL SUSPECTS</b>
<b>1</b>	<b>2</b>	<b>3</b>
1.	Indonesian	50,037
	Male	45,972
	Female	4,065
2.	Foreign Nationality	141
	Male	133
	Female	8
<b>TOTAL</b>		<b>50,178</b>

Source : National Police Republic of Indonesia, March 2016

**Table 10. Total Drug Suspects Based on Gender, 2015**

NO.	GENDER	TOTAL SUSPECTS
1	2	3
1.	Male	46,105
2.	Female	4,073
<b>TOTAL</b>		<b>50,178</b>

Source : National Police Republic of Indonesia, March 2016

**Table 11. Total Drug Suspects Based on Age Group, 2015**

NO.	AGE GROUP	TOTAL SUSPECTS
1	2	3
1.	<16 Years	69
2.	16-19 Years	2,117
3.	20-24 Years	6,978
4.	25-29 Years	15,080
5.	> 30 Years	25,934
<b>TOTAL</b>		<b>50,178</b>

Source : National Police Republic of Indonesia, March 2016

**Table 12. Total Drug Suspects Based on Education, 2015**

NO.	EDUCATION	TOTAL SUSPECTS
1	2	3
1.	Elementary	6,919
2.	Junior Secondary	12,595
3.	Senior Secondary	29,366
4.	University	1,298
<b>TOTAL</b>		<b>50,178</b>

Source : National Police Republic of Indonesia, March 2016

**Table 13. Total Drug Suspects Based on Occupation, 2015**

<b>NO.</b>	<b>OCCUPATION</b>	<b>TOTAL SUSPECTS</b>
<b>1</b>	<b>2</b>	<b>3</b>
1.	Govt. Employee/Civil Servant	426
2.	Police/Armed Forces	340
3.	Private Sector	20,339
4.	Entrepreneur	14,074
5.	Farmer	1,856
6.	Labour	5,209
7.	University Student	932
8.	Student	855
9.	Unemployed	6,147
<b>TOTAL</b>		<b>50,178</b>

Source : National Police Republic of Indonesia, March 2016

**Table 14. Total Foreign Nationals Involved in Drug Crimes in Indonesia, 2015**

<b>NO.</b>	<b>NATIONALITY/COUNTRY</b>	<b>TOTAL</b>
<b>1</b>	<b>2</b>	<b>3</b>
<b>I. Asia</b>		
1.	Malaysia	37
2.	Singapure	2
3.	Philippines	1
4.	Japan	2
5.	China	19
6.	Hong Kong	5
7.	Taiwan	19
8.	Thailand	3
9.	South Korea	1
10.	India	1
11.	Myanmar	6
12.	Afghanistan	1
13.	Pakistan	1
14.	Srilanka/Ceylon	2
15.	Iran	2
16.	Papua New Guinea	5
<b>II. Europe</b>		
1.	France	2
2.	Netherland	1
3.	Italy	1
4.	Switzerland	1
<b>III. Africa</b>		
1.	Nigeria	20
2.	Siera Leone Republic	2
3.	Kenya	3
4.	Kongo	1
5.	South Africa	1
6.	Tanzania	1
<b>IV. America</b>		
1.	USA	1
<b>TOTAL</b>		<b>141</b>

Source : National Police Republic of Indonesia, March 2016

**Table 15. Ranking of Successful Arrests of Suspects Related to Narcotics, Psychotropic Substances and Other Addictive Substances by Province, 2015**

NO.	PROVINCE	2015	
		SUSPECTS	RANKING
1	2	3	4
1.	East Java	10,945	I
2.	DKI Jakarta	6,855	II
3.	North Sumatera	6,265	III
4.	West Java	3,157	IV
5.	South Kalimantan	2,319	V
6.	South Sumatera	1,859	VI
7.	East Kalimantan	1,748	VII
8.	Lampung	1,745	VIII
9.	Aceh	1,687	IX
10.	Riau	1,627	X
11.	South Sulawesi	1,621	XI
12.	Central Java	1,595	XII
13.	Bali	1,025	XIII
14.	North Sulawesi	998	XIV
15.	West Sumatera	834	XV
16.	Jambi	782	XVI
17.	Central Kalimantan	609	XVII
18.	Riau Islands	587	XVIII
19.	DI Yogyakarta	531	XIX
20.	Police HQ	480	XX
21.	West Kalimantan	472	XXI
22.	S.E. Sulawesi	404	XXII
23.	Banten	372	XXIII
24.	West Nusa Tenggara	313	XXIV
25.	Bangka Belitung	304	XXV
26.	Central Sulawesi	302	XXVI
27.	Bengkulu	299	XXVII
28.	Papua	163	XXVIII
29.	East Nusa Tenggara	72	XXIX
30.	West Papua	69	XXX
31.	Maluku	56	XXXI
32.	North Maluku	50	XXXII
33.	Gorontalo	33	XXXIII
<b>TOTAL</b>		<b>50,178</b>	

Source :National Police Republic of Indonesia, March 2016

**Table 16. Total Seized Cannabis Evidence, 2015**

<b>NO.</b>	<b>EVIDENCE</b>	<b>TOTAL</b>
<b>1</b>	<b>2</b>	<b>3</b>
1.	Cannabis Herbs (Gram)	27,535,562.74
2.	Cannabis Trees	101,185
3.	Cultivation Areal (Ha)	166.5
4.	Cannabis Seeds (Gram)	6.28

Source : National Police Republic of Indonesia, March 2016

**Table 17. Total Seized Narcotics Evidence 2015**

<b>NO.</b>	<b>EVIDENCE</b>	<b>TOTAL</b>
<b>1</b>	<b>2</b>	<b>3</b>
1.	Heroin (Gram)	1,332.37
2.	Cocaine (Gram)	10.54
3.	Hashish (Gram)	184.68
4.	Ecstasy (Tablet)	1,336,455
5.	Shabu (Gram)	2,566,410.64

Source : National Police Republic of Indonesia, March 2016

**Table 18. Total Seized Psychotropic Substances, 2015**

<b>NO.</b>	<b>EVIDENCE</b>	<b>TOTAL</b>
<b>1</b>	<b>2</b>	<b>3</b>
1.	Benzodiazepines (Tablet) / Cathegory III	603,477
2.	Barbiturates (Tablet) / Cathegory IV	7,332
3.	Ketamine (Gram)	6,504.98
4.	Controlled Medicines (Tablet)	1,645,594.5

Source : National Police Republic of Indonesia, March 2016

**Table 19. Total Seized Other Addictive Substances, 2015**

<b>NO.</b>	<b>EVIDENCE</b>	<b>TOTAL</b>
<b>1</b>	<b>2</b>	<b>3</b>
1.	Alcohol (Bottle)	252,952
2.	Alcohol (Liter)	926,046.41

Source : National Police Republic of Indonesia, March 2016

**b. Cases, Suspects and Evidence Related to Narcotics, Narcotic Precursors and Money Laundering, Data from National Narcotics Board (BNN).**

**1) Total Disclosures of Cases Related to Narcotics, Narcotic Precursors and Money Laundering, 2015**

**Table 20. Total Cases of Narcotics, Narcotic Precursors and Money Laundering, 2015**

NO.	CASES/CRIME	TOTAL
1	2	3
1.	Narcotics	638
2.	Narcotic Precursors	6
3.	Money Laundering	15
<b>JUMLAH</b>		<b>659</b>

Source : BNN Deputy of Eradication, March 2016

**Table 21. Total Cases of Narcotics and Narcotic Precursors Based on Type of Drug, 2015**

NO.	CASE	TOTAL
1	2	3
1.	Shabu	568
2.	Cannabis	40
3.	Hashish	1
4.	Ecstasy	29
5.	Heroin	0
6.	Cocaine	0
7.	Narcotic Precursors	6
<b>TOTAL</b>		<b>644</b>

Source : BNN Deputy pf Eradication, March 2016

**Table 22. Total Cases of Narcotics and Narcotic Precursors Based on Narcotic Cathegory, 2015**

NO.	CATHEGORY	TOTAL
1	2	3
1.	Narcotics	638
2.	Precursors	6
<b>TOTAL</b>		<b>644</b>

Source : BNN Deputy of Eradication, March 2016

**Table 23. Total Narcotics and Narcotic Precursors Cases Based on Type of Crime, 2015**

NO.	CRIME	TOTAL
1	2	3
1.	Consumption	131
2.	Distribution	474
3.	Production	17
4.	Cultivation	22
<b>TOTAL</b>		<b>644</b>

Source : BNN Deputy of Eradication, March 2016

**Table 24. Ranking of Successful Disclosures of Narcotics and Narcotic Precursors By Province, 2015**

NO.	PROVINCE	2015	
		TOTAL CASES	RANKING
1	2	3	4
1.	East Java	85	I
2.	Riau Islands	56	II
3.	East Kalimantan	49	III
4.	South Sumatera	40	IV
5.	South Sulawesi	36	V
6.	Lampung	35	VI
7.	North Sumatera	28	VII
8.	Riau	19	VIII
9.	South Kalimantan	19	VIII
10.	Central Sulawesi	17	IX
11.	Jambi	15	X
12.	Central Kalimantan	14	XI
13.	Bali	14	XI
14.	Bangka Belitung	13	XII
15.	Bengkulu	11	XIII
16.	Gorontalo	9	XIV
17.	West Kalimantan	8	XV
18.	Banten	8	XV
19.	DKI Jakarta	7	XVI
20.	SE.Sulawesi	7	XVI
21.	DI Yogyakarta	7	XVI
22.	West Java	6	XVII
23.	Maluku	6	XVII
24.	West Sulawesi	6	XVII
25.	West Sumatera	6	XVII
26.	West Nusa Tenggara	5	XVIII
27.	North Sulawesi	5	XVIII
28.	Papua	5	XVIII
29.	North Maluku	3	XIX
30.	Central Java	3	XIX
31.	West Papua	3	XIX
32.	East Nusa Tenggara	2	XX
33.	Aceh	1	XXI
34.	North Kalimantan	0	-
35.	Pusat	96	-
<b>TOTAL</b>		<b>644</b>	

Source : BNN Deputy of Eradication, March 2016

**2) Total Suspects Related to Narcotics, Narcotic Precursors and Money Laundering, 2015**

**Table 25. Total Suspects Related to Narcotics, Narcotic Precursors and Money Laundering, 2015**

NO.	CASE	TOTAL SUSPECTS
1	2	3
1.	Narcotics	1,140
2.	Narcotic Precursors	14
3.	Money Laundering	17
<b>TOTAL</b>		<b>1,171</b>

Source : BNN Deputy of Eradication, March 2016

**Table 26. Total Suspects Related to Narcotics and Narcotic Precursors Based on Category of Drug, 2015**

NO.	CATHEGORY	TOTAL SUSPECTS
1	2	3
1.	Shabu	1,057
2.	Cannabis	50
3.	Hashish	1
4.	Ecstasy	32
5.	Heroin	0
6.	Cocaine	0
7.	Narcotic Precursors	14
<b>TOTAL</b>		<b>1,154</b>

Source : BNN Deputy of Eradication, March 2016

**Table 27. Total Suspects Related to Narcotics and Narcotic Precursors Based on Type of Crime, 2015**

NO.	CRIME	TOTAL SUSPECTS
1	2	3
1.	Consumption	365
2.	Distribution	718
3.	Production	26
4.	Cultivation	45
<b>TOTAL</b>		<b>1,154</b>

Source : BNN Deputy of Eradication, March 2016

**Table 28. Total Suspects Related to Narcotics and Narcotic Precursors Based on Nationality, 2015**

NO.	NATIONALITY	TOTAL SUSPECTS
1	2	3
1.	Indonesian	1,121
2.	Foreign	33
<b>TOTAL</b>		<b>1,154</b>

Source : BNN Deputy of Eradication, March 2016

**Tabel 29. Total Suspects Related to Narcotics and Narcotic Precursors Based on Gender, 2015**

NO.	GENDER	INDONESIAN SUSPECTS	FOREIGN SUSPECTS
1	2	3	
1.	Male	941	33
2.	Female	180	0
<b>TOTAL</b>		<b>1,121</b>	<b>33</b>

Source : BNN Deputy of Eradication, March 2016

**Table 30. Total Suspects Related to Narcotics and Narcotic Precursors Based on Age Group, 2015**

NO.	AGE GROUP	TOTAL SUSPECTS
1	2	3
1.	< 16 Years	30
2.	16-19 Years	47
3.	20-24 Years	196
4.	25-29 Years	195
5.	> 30 Years	686
<b>TOTAL</b>		<b>1,154</b>

Source : BNN Deputy of Eradication, March 2016 Education

**Table 31. Total Suspects Related to Narcotics and Narcotic Precursors Based on Education, 2015**

NO.	EDUCATION	TOTAL SUSPECTS
1	2	3
1.	Elementary	193
2.	Junior Secondary	170
3.	Senior Secondary	689
4.	University	69
5.	No Schooling	33
<b>TOTAL</b>		<b>1,154</b>

Source : BNN Deputy of Eradication, March 2016

**Table 32. Total Suspects of Narcotic and Narcotic Precursor Cases Based on Occupation, 2015**

NO.	OCCUPATION	TOTAL SUSPECTS
1	2	3
1.	Private Sector	438
2.	Unemployed	236
3.	Labour	74
4.	Farmer	13
5.	Entrepreneur	283
6.	University Student	49
7.	High School Student	19
8.	Govt Employee/Civil Servant	27
9.	Police/Armed Forces	15
<b>TOTAL</b>		<b>1,154</b>

Source :BNN Deputy of Eradication,March 2016

**Table 33. Total Foreign Suspects Involved in Narcotic and Narcotic Precursors Crime, 2015**

NO.	FOREIGN NAATIONALS	TOTAL SUSPECTS
1	2	3
1.	Nigeria	12
2.	Hong Kong/China	8
3.	Pakistan	1
4.	Malaysia	4
5.	Iran	1
6.	Taiwan	2
7.	Vietnam	1
8.	Australia	1
9.	USA	1
10.	Papua New Guinea	1
11.	Singapore	1
<b>TOTAL</b>		<b>33</b>

Source : BNN Deputy of Eradication, March 2016

**Table 34. Ranking of Successful Arrests of Suspects Related to Narcotics and Narcotic Precursors by Province, 2015**

NO.	PROVINCE	2015	
		TOTAL SUSPECTS	RANKING
1	2	3	4
1.	Lampung	228	I
2.	East Java	97	II
3.	Riau Islands	87	III
4.	East Kalimantan	76	IV
5.	South Sulawesi	65	V
6.	South Sumatera	54	VI
7.	North Sumatera	35	VII
8.	South Kalimantan	31	VIII
9.	Jambi	30	IX
10.	Riau	26	X
11.	Bengkulu	21	XI
12.	Central Sulawesi	18	XII
13.	Bangka Belitung	17	XIII
14.	Central Kalimantan	16	XIV
15.	Bali	15	XV
16.	West Kalimantan	13	XVI
17.	DKI Jakarta	12	XVII
18.	SE Sulawesi	12	XVII
19.	DI Yogyakarta	12	XVII
20.	Banten	12	XVII
21.	West Sumatera	11	XVIII
22.	Gorontalo	10	XIX
23.	West Sulawesi	10	XIX
24.	Maluku	7	XX
25.	West Nusa Tenggara	7	XX
26.	West Java	6	XXI
27.	North Sulawesi	5	XXII
28.	Papua	5	XXII
29.	East Nusa Tenggara	4	XXIII
30.	West Papua	4	XXIII
31.	North Maluku	3	XXIV
32.	Central Java	3	XXIV
33.	Aceh	1	XXV
34.	North Kalimantan	0	-
35.	BNN Head Office	201	-
<b>TOTAL</b>		<b>1,154</b>	-

Source : BNN Deputy of Eradication, March 2016

**Table 35. Total Suspects of Money Laundering Cases Based on Nationality, 2015**

NO.	NATIONALITY	TOTAL SUSPECTS
1	2	3
1.	Indonesians	17
2.	Foreign Nationality	-
	<b>TOTAL</b>	<b>17</b>

Source : BNN Deputy of Eradication, March 2016

**Table 36. Total Suspects of Money Laundering Cases Based on Gender, 2015**

NO.	GENDER	NATIONAL	FOREIGN
1	2	3	
1.	Male	16	-
2.	Female	1	-
	<b>TOTAL</b>	<b>17</b>	-

Source : BNN Deputy of Eradication, March 2016

**Table 37. Total Suspects Involved in Money Laundering Based on Age Group, 2015**

NO.	AGE GROUP	TOTAL SUSPECTS
1	2	3
1.	< 16 Years	-
2.	16-19 Years	-
3.	20-24 Years	1
4.	25-29 Years	-
5.	> 30 Years	16
	<b>TOTAL</b>	<b>17</b>

Source : BNN Deputy of Eradication, March 2016

**Table 38. Total Suspects Involved in Money Laundering Based on Education, 2015**

NO.	EDUCATION	TOTAL SUSPECTS
1	2	3
1.	Elementary	1
2.	Junior Secondary	-
3.	Senior Secondary	13
4.	University	3
	<b>TOTAL</b>	<b>17</b>

Source : BNN Deputy of Eradication, March 2016

**Table 39. Total Suspects Involved in Money Laundering Based on Occupation, 2015**

NO.	OCCUPATION	TOTAL SUSPECTS
1	2	3
1.	Private Sector	2
2.	Unemployed	7
3.	Labour	-
4.	Farmer	-
5.	Entrepreneur	7
6.	Univ. Student	1
7.	Civil Servant/Govt. Employee	-
8.	Police/Armed Forces	-
<b>TOTAL</b>		<b>17</b>

Source : BNN Deputy of Eradication, March 2016

**3) Total Evidence Related to Narcotics, Narcotic Precursors and Money Laundering, 2015**

**Table 40. Total Seized Narcotics, 2015**

NO.	SEIZED EVIDENCE	TOTAL
1	2	3
1.	Shabu	1,998,908.97 Gram / 1.2 Liter/ 502 Tabs
2.	Heroin	6.97 Grams
3.	Ecstasy	643,936 Tabs / 168.56 Grams
4.	Cannabis	1,166,312.81Grams
5.	Cannabis Seeds	26
6.	Hashish	14.94 Grams
7.	Benzodiazepines	24,340 Tablets
8.	Controlled Medicines	630 Tablets
9.	Medicines	2,370,980 Tablets
10.	Cannabis Trees	10 Units
11.	Canna Chocolate	95.86 Grams
12.	Happy Cookies	303.2 Grams
13.	Liquid Ephedrine	2,150 Milli Liters
14.	Ephedrine Powder	14.8 Grams
15.	Acetone	4,800 Milli Liters
16.	Toluene	18,553 Milli Liters
17.	Hydrochloric Acid	4,000 Milli Liters
18.	Sulphuric Acid	2,900 Milli Liters

Source : BNN Deputy of Eradication, March 2016

**Table 41. Total Seized Evidence Related to Money Laundering, 2015**

NO.	EVIDENCE	TOTAL	PROCESS	TOTAL
1	2	3	4	5
1.	Vehicles	29	7	36
2.	Motorcycles	7	-	7
3.	House& Apartement	19	5	24
4.	Land	34	-	34
5.	Jewelry	14	-	14
6.	Cash Money	699,134,000	108,700,000	<b>807,834,000</b>
7.	Bank Account	14,719,550,000	-	<b>14,719,550,000</b>
8.	Goods	58,949,587,852	10,737,336,485	<b>69,686,924,337</b>

Source : BNN Deputy of Eradication, March 2016

**Table 42. Details of Seized Evidence Related to Money Laundering, 2015**

NO.	LKN	SUSPECTS	BARANG BUKTI		RE MARKS
			MONEY (CASH)/BANK ACCOUNT (Rp.)	GOODS/ VALUE(Rp.)	
1	2	3	4	5	6
1.	LKN/11-TTPU/II/2015/BNN	Abdullah Bin Zakaria	829,250,000,-	13,149,425,000,-	Phase II
2.	LKN/12-TTPU/II/2015/BNN	Usman alias Raoh alias UH Bin Syeh	45,300,000,-	24,334,025,000,-	Phase II
3.	LKN/13-TTPU/II/2015/BNN	Hamdani Razali alias HAM alias Dani Bin Razali	465,400,000,-	169,000,000,-	Phase II
4.	LKN/42-TTPU/VI/2015/BNN	Adi Hardjo, dkk	1,476,647,000,-	1,759,637,852,-	Phase II
5.	LKN/56-TTPU/VII/2015/BNN	Suwandar alias Koko	108,700,000,-	4,722,336,485,-	Phase II
6.	LKN/62-TTPU/VIII/2015/BNN	Hardinata alias Nata	397,240,000,-	845,000,000,-	Phase II
7.	LKN/64-TTPU/VIII/2015/BNN	Drh. Muzzakir Bin Abdul Samad	9,855,455,000,-	10,800,000,000,-	Phase II
		Ari Firmansyah			Phase II
8.	LKN/65-TTPU/VII/2015/BNN	Fitrony alias Ony alias Sega	861,000,000,-	4,705,000,000,-	Phase II
9.	LKN/74-TTPU/VIII/2015/BNN	Husin Ali Hasan	62,092,000,-	2,157,500,000,-	Phase II
10.	LKN/82-TTPU/IX/2015/BNN	Fiti Funang alias Afu		507,500,000,-	Phase II
11.	LKN/84-TTPU/VIII/2015/BNN	Alvin Jayadi	220,850,000,-	6,015,000,000,-	Process
		Anita Rahayu			Phase II
12.	LKN/92-TTPU/X/2015/BNN	Daud alias Athiam	831,300,000,-	512,500,000,-	Phase II
13.	LKN/04-SIN/II/2015/BNNP Sulsel	Muh. Amir alias Puang Wawi	0	Houses: 2 Units	
14.	LKN/33-SIN/X/2015/BNNP Sulsel	Sutomo alias Tomo	0	Vehicle 1 Unit Gold Earrings 2 pairs	
15.	LKN/48/XI/201/ BNNP Kaltim	Salomon alias Samson	95,000,000,-		

Source : BNN Deputy of Eradication, March 2016

#### 4) Illicit Trafficking Routes Entering Into Indonesia, 2015.

##### a) By Land.

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

**b) By Air.**

- (1) USA–Jakarta.
- (2) Malaysia–Jakarta.
- (3) Malaysia –Tangerang.
- (4) Nairobi–Abu Dhabi – Jakarta.
- (5) China–Jakarta.
- (6) Netherland – 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) Guangzhou – Jakarta.
- (14) Hongkong – Jakarta.

**c) By Sea.**

- (1) Malaysia – Entikong – Sanggau/Pontianak.
- (2) China – Jakarta.
- (3) Malaysia (Sabah/Tawau) – Nunukan – Pare-Pare – Pinrang.
- (4) Malaysia – Pontianak – Semarang – Kediri.
- (5) Malaysia- Port Klang – Tanjung Balai Karimun – Jakarta.
- (6) Malaysia – East Aceh.
- (7) Malaysia – Tanjung Balai – East Aceh.
- (8) Iran – Jakarta – Sukabumi.
- (9) Guangzhou – Java Sea – Jakarta.
- (10) Malaysia – Port Klang – Dumai/Pekanbaru.
- (11) Guangzhou – Port Klang – Surabaya.

**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 Narcotic Evidence from National Narcotics Board, 2015.

**Table 43. Total Destroyed Narcotic Powder Evidence, 2015**

NO.	EVIDENCE	INITIAL QUANTITY	DESTROYED	ISOLATED	REMARKS.
1	2	3	4	5	6
1.	Shabu	1,774,201.38	1,771,901.39	2.299.99	Gram
2.	Heroin	-	-	-	
3.	Cannabis	275,815.72	275,437.72	378.00	Gram
<b>TOTAL</b>		<b>2,050,017.10</b>	<b>2,047,339.11</b>	<b>2,677.99</b>	<b>Gram</b>

Source : BNN Deputy of Eradication, March 2016

**Table 44. Total Destroyed Narcotics Evidence (Tablets), 2015**

NO.	EVIDENCE	INITIAL QUANTITY	DESTROYED	ISOLATED	REMARKS.
1	2	3	4	5	6
1.	Ecstasy Tablets	605,755	604,012	1,743	Tablets
2.	Green Tablets	-	-	-	
<b>TOTAL</b>		<b>605,755</b>	<b>604,012</b>	<b>1,743</b>	<b>Tablets</b>

Source : BNN Deputy of Eradication, March 2016

**Table 45. Total Destroyed Liquid Narcotic Evidence, 2015**

NO.	EVIDENCE	INITIAL QUANTITY	DESTROYED	ISOLATED	REMARKS
1	2	3	4	5	6
1.	Liquid Precursor	38,253.00	38,084.00	169.00	ML
<b>TOTAL</b>		<b>38,253.00</b>	<b>38,084.00</b>	<b>169.00</b>	<b>ML</b>

Source : BNN Deputy of Eradication, March 2016

**Table 46. Total Destroyed Narcotic Evidence in the Form of Food, 2015**

NO.	EVIDENCE	INITIAL QUANTITY	DESTROYED	ISOLATED	REMARKS
1	2	3	4	5	6
1.	Canna Chocolate	95.86	59.44	36.42	Gram
2.	Green Tablets	303.20	285.62	17.58	Gram
<b>TOTAL</b>		<b>399.06</b>	<b>345.06</b>	<b>54.00</b>	<b>Gram</b>

Source : BNN Deputy of Eradication, March 2016

**Table 47. Total Destroyed Narcotic Evidence (Sticks), 2015**

NO.	EVIDENCE	INITIAL QUANTITY	DES-TROYD	ISO-LATED	REMARKS
1	2	3	4	5	6
1.	Cigarettes	19	15	4	Single cigarettes
	<b>TOTAL</b>	<b>19</b>	<b>15</b>	<b>4</b>	<b>Single cigarettes</b>

Source : BNN Deputy of Eradication, March 2016

**Table 48. Total Destroyed Narcotic Evidence (Precursors), 2015**

NO.	EVIDENCE	INITIAL QUANTITY	DESTROYED	ISOLATED	REMARKS
1	2	3	4	5	6
1.	Precursors	3,346.56	3,287.91	58.56	Grams
	<b>TOTAL</b>	<b>3,346.56</b>	<b>3,287.91</b>	<b>58.56</b>	<b>Grams</b>

Source : BNN Deputy of Eradication, March 2016

**Table 49. Total Destroyed Narcotic Evidence (Sheets), 2015**

NO.	EVIDENCE	INITIAL QUANTITY	DESTROYED	ISOLATED	REMARKS
1	2	3	4	5	6
1.	CC4/DOC	5	4	1	Sheets
	<b>TOTAL</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>Sheets</b>

Source : BNN Deputy of Eradication, March 2016

**d. Indonesian Citizens Involved in Overseas Drug Crimes, 2015.**

**Table 50. Total Indonesian Citizens Involved in Overseas Drug Crimes, 2015**

NO.	CRIME SCENE	TOTAL SUSPECTS
1	2	3
1.	Bangkok – Thailand	3
2.	Dili – Timor Leste	9
3.	Frankfurt – Germany	1
4.	Guangzhou – China	4
5.	Hongkong – China	15
6.	Jeddah – Saudi Arabia	7
7.	Songkhla – Thailand	1
	<b>TOTAL</b>	<b>40</b>

Source : Ministry of Foreign Affairs, Republic of Indonesia, January 2016

**Table 51. Total Death Convicted Indonesian Citizens Involved in Overseas Drug Crimes, 2015**

NO.	CRIME SCENE	TOTAL SUSPECTS
1	2	3
1.	Guangzhou – Tiongkok	4
	<b>TOTAL</b>	<b>4</b>

Source : Ministry of Foreign Affairs Republic of Indonesia, January 2016

e. **Seizures and Ranking of Narcotic Evidence from Ministry of Finance Republic of Indonesia, 2015.**

**Table 52. Total Seized Natural Narcotic Evidence at Airports, 2015**

NO.	EVIDENCE	QUANTITY	REMARKS
1	2	3	4
1.	Cannabis (Gram)	244.2	-
2.	Heroin (Gram)	414	-

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2016

**Table 53. Total and Ranking of Seized Cannabis Herb at Airports, 2015**

NO.	PROVINCE	AIRPORT	EVIDENCE		REMARKS
			QUANTITY (GRAM)	RANKING	
1	2	3	4	5	6
1.	Bali	Ngurah Rai	3.2	I	1
	<b>TOTAL</b>		<b>3.2</b>		

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2016

**Table 54. Total and Ranking of Seized Heroin at Airport, 2015**

NO.	PROVINCE	AIRPORT	EVIDENCE		REMARKS
			QUANTITY (GRAM)	RANKING	
1	2	3	4	5	6
1.	Banten	Soekarno Hatta	414	I	1
	<b>TOTAL</b>			<b>414</b>	

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2016

**Table 55. Total Seized Synthetic Narcotics at Airport, 2015**

NO.	EVIDENCE	QUANTITY	REMARKS
1	2	3	
1.	Ecstasy	1,292	Tablet
2.	Shabu	47,531.94	Grams

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2016

**Table 56. Total and Ranking of Seized Ecstasy at Airport, 2015**

NO.	PROVINCE	AIRPORT	EVIDENCE		SEIZURE S
			QUANTITY GRAMS	RANKING	
1	2	3	4	5	6
1.	Banten	Soekarno Hatta	1,292	I	1
2.	Riau	Sultan Syarif Kasim 2	7	II	1
<b>TOTAL</b>			<b>1,299</b>		

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2016

**Table 57. Total and Ranking of Seized Shabu at Airports, 2015**

NO.	PROVINCE	AIRPORT	EVIDENCE		SEIZURE S
			QUANTITY (GRAM)	RANKING	
1	2	3	4	5	6
1.	Banten	Soekarno Hatta	39,076	I	23
2.	West Nusa Tenggara	Lombok	2,775	II	1
3.	Batam	Hang Nadim	2,102	III	3
4.	Bali	Ngurah Rai	1,500,8	IV	2
5.	West Java	Husein Sastranegara	764	V	2
6.	Aceh	Sultan Iskandar Muda	638	VI	1
7.	East Java	Juanda	310	VII	1
8.	North Sumatera	Kualanamu	213.38	VIII	1
9.	Riau	Sultan Syarif Kasim 2	152.76	IX	2
<b>TOTAL</b>			<b>47,531.94</b>		

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2016

**Table 58. Total and Ranking of Seized Cannabis Herbs at Seaport, 2015**

NO.	PROVINCE	SEAPORT	EVIDENCE		RMRKS
			QUANTITY	RANKING	
1	2	3	4	5	6
1.	Riau Islands	Tanjung Balai Karimun	1	I	1
<b>TOTAL</b>			<b>1</b>		

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2016

**Table 59. Total and Ranking of Seized Ecstasy at Seaport, 2015**

NO.	PROVINCE	SEAPORT	EVIDENCE		SEIZUR E
			QUANTITY (GRAM)	RANKING	
1	2	3	4	5	6
1.	Dumai – Riau	Dumai Waters	1,075	I	1
<b>TOTAL</b>			<b>1,075</b>		

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2016

**Table 60. Total and Ranking of Seized Shabu at Seaports, 2015**

NO.	PROVINCE	SEAPORT	EVIDENCE		SEIZUR ES
			QUANTITY (GRAM)	RANKING	
1	2	3	4	5	6
1.	Riau	Dumai	274,847.7	I	2
2.	Lampung	Lampung	63,100	II	3
3.	Batam – Riau Islands	Batam Center	8,842	III	28
4.	East Java	Tanjung Perak	6,993	IV	2
5.	Riau	Teluk Nibung	6,582.11	V	7
6.	Riau Islands	Sri Bintan Pura	4,549	VI	2
7.	North Kalimantan	Tunon Taka	3,417.22	VII	6
<b>TOTAL</b>			<b>368,331.03</b>		

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2016

**Table 61. Total and Ranking of Seized Cannabis at Border Crossing, 2015**

NO.	PROVINCE	BORDER CROSSING	EVIDENCE		SEIZUR E
			QUANTITY (GRAM)	RANKING	
1	2	3	4	5	6
1.	Papua	Skow Wutung	240	I	1
<b>TOTAL</b>			<b>240</b>		

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2016

**Table 62. Total and Ranking of Seized Shabu at Border Crossings, 2015**

NO.	PROVINCE	BORDER CROSSING	EVIDENCE		SEIZURES
			QUANTITY (GRAM)	RANKING	
1	2	3	4	5	6
1.	West Kalimantan	Entikong	5,395.38	I	2
2.	Papua	Skow Wutung	4,000	II	1
<b>TOTAL</b>			<b>9,395.38</b>		

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2016

**Table 63. Total Narcotics Suspects Based on Nationality, 2015**

NO.	NATIONALITY	TOTAL SUSPECTS
1	2	3
1.	Malaysia	15
2.	Indonesia	77
3.	Taiwan	3
4.	China	12
5.	Kenya	2
6.	Hong Kong	5
7.	Tanzania	1
8.	America	2
9.	India	1
10.	Switzerland	1
11.	Vietnam	1
<b>TOTAL</b>		<b>120</b>

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2016

**Table 64. Total Narcotics Suspects Based on Gender, 2015**

NO.	GENDER	TOTAL SUSPECTS
1	2	3
1.	Male	102
2.	Female	18
<b>TOTAL</b>		<b>120</b>

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2016

f. Data on Prisoners and Detainees of Drug Cases from Ministry of Justice and Human Rights RI, 2015.

**Table 65. Total Prisoners and Detainees of Drug Cases by Province in December 2015**

NO.	REGIONAL OFFICE	TOTAL
1	2	3
1.	Aceh	1,923
2.	North Sumatera	6,835
3.	West Sumatera	1,353
4.	Riau Islands	1,586
5.	Riau	3,630
6.	Jambi	1,247
7.	South Sumatera	3,072
8.	Bangka Belitung	687
9.	Lampung	1,299
10.	Bengkulu	515
11.	Banten	3,443
12.	DKI Jakarta	13,027
13.	West Java	6,559
14.	DI Yogyakarta	264
15.	Central Java	2,378
16.	East Java	3,701
17.	West Kalimantan	1,208
18.	Central Kalimantan	651
19.	South Kalimantan	2,283
20.	East Kalimantan	2,732
21.	North Sulawesi	10
22.	Gorontalo	15
23.	Central Sulawesi	234
24.	South Sulawesi	2,132
25.	West Sulawesi	165
26.	S.E. Sulawesi	307
27.	Bali	527
28.	West Nusa Tenggara	112
29.	East Nusa Tenggara	25
30.	Maluku	90
31.	North Maluku	63
32.	West Papua	16
33.	Papua	235
<b>TOTAL</b>		<b>62,324</b>

Source : Ditjen of Ministry of Correctional Institution Ministry of Justice & Human Rights RI, March 2016

**Table 66. Total Prisoners and Detainees of Drug Cases By Province Based on Drug Case in December 2015**

NO.	REGIONAL OFFICE	DRUG CASE		TOTAL
		DEALER/ TRAFFICKER	USER	
1	2	3	4	5
1.	Aceh	1,089	834	<b>1,923</b>
2.	North Sumatera	4,036	2,799	<b>6,835</b>
3.	West Sumatera	781	572	<b>1,353</b>
4.	Riau Islands	1,195	391	<b>1,586</b>
5.	Riau	2,312	1,318	<b>3,630</b>
6.	Jambi	963	284	<b>1,247</b>
7.	South Sumatera	1,507	1,565	<b>3,072</b>
8.	Bangka Belitung	569	118	<b>687</b>
9.	Lampung	498	801	<b>1,299</b>
10.	Bengkulu	346	169	<b>515</b>
11.	Banten	1,478	1,965	<b>3,443</b>
12.	DKI Jakarta	7,666	5,361	<b>13,027</b>
13.	West Java	4,888	1,671	<b>6,559</b>
14.	DI Yogyakarta	151	113	<b>264</b>
15.	Centra Java	1,675	703	<b>2,378</b>
16.	East Java	752	2,949	<b>3,701</b>
17.	West Kalimantan	409	799	<b>1,208</b>
18.	Central Kalimantan	269	382	<b>651</b>
19.	South Kalimantan	1,174	1,109	<b>2,283</b>
20.	East Kalimantan	2,328	404	<b>2,732</b>
21.	North Sulawesi	2	8	<b>10</b>
22.	Gorontalo	0	15	<b>15</b>
23.	Central Sulawesi	161	73	<b>234</b>
24.	South Sulawesi	812	1,320	<b>2,132</b>
25.	West Sulawesi	99	66	<b>165</b>
26.	S.E.Sulawesi	244	63	<b>307</b>
27.	Bali	356	171	<b>527</b>
28.	West Nusa Tenggara	93	19	<b>112</b>
29.	East Nusa Tenggara	11	14	<b>25</b>
30.	Maluku	22	68	<b>90</b>
31.	North Maluku	59	4	<b>63</b>
32.	West Papua	15	1	<b>16</b>
33.	Papua	191	44	<b>235</b>
<b>TOTAL</b>		<b>36,151</b>	<b>26,173</b>	<b>62,324</b>

Source : Ditjen of Ministry of Correctional Institution Ministry of Justice & Human Rights RI, March 2016

**Table 67. Total Prisoners and Detainees at Special Narcotics Prison in Indonesia, 2015**

NO.	WORK UNIT	REGIO-NAL OFFICE	ISI			CAPACITY	% KAPASITAS
			DETA-INEES	PRISO-NERS	TOTAL		
1	2	3	4	5	6	7	8
1.	Narcotics Prison Class II A Bandung	Jabar	384	645	1,029	448	230
2.	Narcotics Prison class II A Jayapura	Papua	23	162	185	308	60
3.	Narcotics Prison class II A Madiun	Jatim	0	15	15	200	8
4.	Narcotics Prison class II A Nusakambangan	Jateng	0	219	219	245	89
5.	Narcotics Prison class II A Sungguminasa	Sulsel	2	667	669	300	223
6.	Narcotics Prison class II A Tanjung Pinang	Kepri	0	239	239	200	120
7.	Narcotics Prison class III Langkat	Sumut	0	291	291	126	231
8.	Narcotics Prison Class III Muara Sabak	Jambi	42	167	209	160	131
9.	Narcotics Prison class II A Bandar Lampung	Lampung	0	875	875	168	521
10.	Narcotics Prison class II A Cipinang (Jakarta)	DKI Jakarta	68	2,754	2,822	1,084	260
11.	Narcotics Prison class II A Cirebon	Jabar	0	452	452	455	99
12.	Narcotics Prison class II A Karang Intan	Kalsel	0	867	867	500	173
13.	Narcotics Prison class II A Lubuk Linggau	Sumsel	66	299	365	198	184
14.	Narcotics Prison class II A Pamekasan	Jatim	0	547	547	1,234	44
15.	Narcotics Prison class II A Pematang Siantar	Sumut	0	367	367	420	87
16.	Narcotics Prison class II A Yogyakarta	DI Yogyo-karta	19	176	195	474	41
17.	Narcotics Prison class III Kasongan	Kalteng	16	214	230	200	115
18.	Narcotics Prison class III Langsa	Aceh	0	185	185	800	23
19.	Narcotics Prison class III Pangkal Pinang	Babel	3	449	452	450	100
20.	Narcotics Prison class III Samarinda	Kaltim	0	677	677	337	201
21.	Narcotics Prison class II A Bangli	Bali	9	40	49	180	27
22.	Narcotics Prison class III Sawahlunto	Sumbar	0	20	20	210	10
23.	Narcotics Prisn class III Palembang	Sumsel	0	209	209	417	50
<b>TOTAL</b>			<b>632</b>	<b>10,536</b>	<b>11,168</b>	<b>9,114</b>	<b>3,027</b>

Source : Ditgen of Ministry of Correctional Institution Ministry of Justice & Human Rights RI, March 2016

**g. Prisoners Involved in Drug Cases from BNN, 2015**

**Table 68. Total Prisoners of Narcotics Cases Based on Nationality, 2015**

NO.	NATIONALITY/COUNTRY	TOTAL PRISONERS
1	2	3
1.	Indonesia	176
2.	Malaysia	1
3.	Nigeria	11
4.	Hong Kong	7
5.	China	1
6.	Iran	1
7.	USA	1
8.	Pakistan	1
9.	Taiwan	2
10.	Vietnam	1
11.	Australia	1
<b>TOTAL</b>		<b>203</b>

Source : BNN Deputy of Eradication, March 2016

**Table 69. Total Prisoners of Narcotic Cases Based on Gender, 2015**

NO.	GENDER	TOTAL
1	2	3
1.	Male	168
2.	Female	35
<b>TOTAL</b>		<b>203</b>

Source : BNN Deputy of Eradication, March 2016

**Table 70. Total Prisoners of Narcotic Cases Based on Age Group, 2015**

NO.	AGE GROUP	TOTAL
1	2	4
1.	< 16 Years	0
2.	16 – 20 Years	1
3.	21 – 25 Years	25
4.	26 – 30 Years	32
5.	31 – 35 Years	49
6.	36 – 40 Years	49
7.	41 – 45 Years	16
8.	46 – 50 Years	17
9.	> 50 Years	14
<b>TOTAL</b>		<b>203</b>

Source : BNN Deputy of Eradication, March 2016

- h. Total Settled Cases of Narcotics and Psychotropic Substances By Province, Death Convicted Foreign Nationals and Indonesian Citizens of Narcotic and Psychotropic Cases, and Executed Death Convicts, data from Attorney General Office RI, 2015**

**Table 71. Total Settled Cases of Narcotics and Psychotropic Substances by Province, 2015**

NO.	PROVINCE	SETTLED CASES		TOTAL
		NARKOTICS	PSYCHOTROPIC SUBSTANCES	
1	2	3	4	5
1.	Aceh	356	18	<b>347</b>
2.	North Sumatera	6,993	5	<b>6,998</b>
3.	West Sumatera	342	7	<b>349</b>
4.	Riau	529	0	<b>529</b>
5.	Jambi	170	0	<b>170</b>
6.	South Sumatera	1,182	0	<b>1,182</b>
7.	Bengkulu	228	0	<b>228</b>
8.	Lampung	1,335	0	<b>1,335</b>
9.	DKI Jakarta	1,901	0	<b>1,901</b>
10.	West Java	1,728	56	<b>1,784</b>
11.	Central Java	634	13	<b>647</b>
12.	DI Yogyakarta	133	5	<b>138</b>
13.	East Java	1,709	34	<b>1,743</b>
14.	West Kalimantan	391	1	<b>392</b>
15.	Central Kalimantan	192	0	<b>192</b>
16.	Kalimantan Selatan	934	3	<b>937</b>
17.	East Kalimantan	1,202	18	<b>1,220</b>
18.	North Sulawesi	34	0	<b>34</b>
19.	Central Sulawesi	168	0	<b>168</b>
20.	S.E.Sulawesi	113	1	<b>114</b>
21.	South Sulawesi	740	19	<b>759</b>
22.	Bali	415	0	<b>415</b>
23.	West Nusa Tenggara	83	0	<b>83</b>
24.	East Nusa Tenggara	29	0	<b>29</b>
25.	Maluku	70	1	<b>71</b>
26.	Papua	31	0	<b>31</b>
27.	North Maluku	54	0	<b>54</b>
28.	Banten	576	16	<b>592</b>
29.	Bangka Belitung	120	37	<b>157</b>
30.	Gorontalo	28	0	<b>28</b>
31.	Riau Islands	317	2	<b>319</b>
<b>TOTAL</b>		<b>22,737</b>	<b>236</b>	<b>22,973</b>

**Table 72. Total Foreign and Indonesian Death Convicted Prisoners of Narcotics and Psychotropic Cases, 2015**

NO.	NATIONALITY/ COUNTRY	PRISON	TOTAL	REMARK S
1	2	3	4	5
1.	Indonesia	LP Pasir Putih Nusa Kambangan	5	
		LP Palembang South Sumatera	1	
		LP Cipinang Jakarta	1	
		LP Wanita (women prison) Tangerang	1	
		LP Batu Nusa Kambangan	1	
		LP Kota Batam	2	
		LP Klas I Bandar Lampung	1	
		LP Gunung Sindur Ciseeng Bogor	1	
		-	12	
2.	Nigeria	LP Cipinang Jakarta	1	
		LP Pasir Putih Nusa Kambangan	7	
		-	1	
3.	Senegal	LP Pasir Putih Nusa Kambangan	1	
4.	UK	LP Batu Nusa Kambangan	1	
		LP Pemuda Kota Tangerang	1	
5.	Malaysia	LP Besi Nusa Kambangan	1	
		LP Klas I Tangerang	1	
		LP Cipinang Jakarta	1	
		LP Lampung	1	
		LP Pasir Putih Nusa Kambangan	1	
		LP Pemuda Kota Tangerang	1	
6.	Zimbabwe	LP Pasir Putih Nusa Kambangan	2	
7.	Netherland	LP Pasir Putih Nusa Kambangan	2	
8.	France	LP Pasir Putih Nusa Kambangan	1	
9.	Malawi	LP Pasir Putih Nusa Kambangan	1	
		-	1	
10.	Vietnam	-	1	
11.	South Africa	LP Denpasar	1	
		-	1	
12.	Brazil	LP Pasir Putih Nusa Kambangan	2	
13.	China	LP Pasir Putih Nusa Kambangan	4	
14.	Philippines	LP Klas II Wirogunan Yogyakarta	1	
15.	Pakistan	LP Pasir Putih Nusa Kambangan	1	
16.	India	LP Pasir Putih Nusa Kambangan	1	
17.	Australia	LP Pasir Putih Nusa Kambangan	1	
		-	1	
18.	Iran	LP Klas I Narkotika Cirebon	1	
		-	2	
<b>TOTAL</b>			<b>68</b>	

Source : Attorney General Office Republic of Indonesia, March 2016

**Table 73. List of Executed Death Convicts of Drug Cases, 2015**

NO.	DATE	NAME	GENDER	NATIONALITY	CASE
1	2	3	4		
1.	18 January 2015	Ang Kiem Soei alias Kim Ho alias Ance Thahir alias Tommi Wijaya	Male	Dutch	Drugs (Banten)
		Rani Andriani alias Melisa Aprilia	Female	Indonesia	Drugs (Banten)
		Namaona Denis	Male	Malawi	Drugs (Banten)
		Marco Archer Cardoso Moreira	Male	Brazil	Drugs (Banten)
		Daniel Enemuo alias Diarrassouba	Male	Nigeria	Drugs
		Tran Thi Bich Hanh Binti Dinh Hoang	Female	Vietnam	Drugs
2.	29 April 2015	Rodrigo Gularde	Male	Brazil	Drugs (Banten)
		Silvester Obiekwe Nwolise	Male	Nigeria	Drugs (Banten)
		Okwudili Oyatenze	Male	Nigeria	Drugs (Banten)
		Martin Anderson alias Belo	Male	Ghana	Drugs (Banten)
		Mgs. Zainal Abidin Bin Mgs. Mahmud Badarudin	Male	Indonesia	Drugs (Sumsel)
		Rahem Agbaje Salami Cordova	Male	Republic of Cordova	Drugs (Banten)
		Myuran Sukumaran	Male	Australia	Drugs(Bali)
		Andrew Chan	Male	Australia	Drugs (Bali)

Source : Attorney General Office Republic of Indonesia, March 2016

i. Results of Laboratory-Tested Evidence Related to Cases of Narcotics, Psychotropic Substances and Other Addictive Substances, Data from National Agency for Drugs and Food Control (BPOM), 2015

**Table 74. Results of Laboratory-Tested Evidence of Narcotic Cases By Province, 2015**

NO.	REGIONAL BPOM OFFICE/ LOCAL OFFICE	TTL SAM- PLES	TESTED SUBSTANCES							TTL
			H E R O I N E	C O C A I N	C A N A B I S	MET- AM- PHE- TA- MIN- ES	AMP HET AMI NE SUL PHA TE	M D M A	NE- GA- TIVE NAR- CO- TICS	
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 Drugs and Food Control (BPOM), March 2016

**Table 75. Total Results of Laboratory Tested Psychotropic Substances as Evidence of Drug Crimes by Province, 2015**

NO.	REGIONAL BPOM OFFICE/LOCAL OFFICE	HASIL PENGUJIAN						TTL
		AL- PRA- ZO- LAM	BRO- MAZE- PAM	CLO- NAZE- PAM	DIAZE- PAM	NITRA- ZEPAM	NEGA- TIVE PSYCH OTRO- PIC 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 for Drugs and Food Control (BPOM), March 2016

**Table 76. Total Results of Laboratory Tested Precursors and Other Drugs as Evidence of Drug Crimes by Province, 2015**

NO.	REGIONAL BPOM OFFICE/ LOCAL BPOM OFFICE	HASIL PENGUJIAN					TOTAL
		E P H E D R I N E	TRI- HEXI- PHE- NIDIL	DEX- TRO- ME- THOR- PHAN 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
<b>TOTAL</b>		<b>2</b>	<b>20</b>	<b>7</b>	<b>6</b>	<b>4</b>	<b>39</b>

Source : National Agency for Drugs and Food Control, March 2016

j. Recommendations issued by BNN for Non Pharmaceutical Precursors in 2015

**Table 77. Total Recommendations for Non Pharmaceutical Precursors Issued in 2015**

NO.	COMPANY	PERMIT	PRECURSOR	IMPORT REQUIREMENT
1	2	3	4	5
1.	PT. Pabrik Kertas Tjiwi Kimia(Paper Factory)	SPE (Export)	Hydrochloric Acid 32%	96 Ton
2.	PT. Sari Sarana Kimia	SPI (Import)	Toluene	46,000 MT
			Methyl Ethyl Ketone	13,000 MT
			Acetone	6,000 MT
3.	PT. Indochemicals Citra Kimia	SPI (Import)	Acetone	300 MT
			Toluene	6,000 MT
			Methyl Ethyl Ketone	2,000 MT
4.	PT. Itochu Indonesia	SPI (import)	Toluene	9,000 Ton
			HCL	20,000 Liter
			MEK	3,000 Ton
			Acetone	3,000 Ton
			Diethyl Ether	30 Ton
5.	PT. Fanindo Chiptronic	SPI (import)	Acetone	1,400 Liters
			Methyl Ethyl Ketone	500 Liters
			Toluene	20,000 Liters
			Sulphuric Acid	2,000 Kgs
			HCL	900 Kgs
6.	PT. Sinar Kimia Utama	SPI (import)	Potassium Permanganate (PK)	20 MT
7.	PT. PKG Lautan Indonesia	SPI (import)	Toluene	5,000 Ton
			Acetone	1,500 Ton
			MEK	1,500 Ton
8.	PT. Halim Sakti Pratama	SPI (import)	Potassium Permanganate BP 2000	40 MT
9.	PT. Udaya Anugerah Jiwa	SPI (import)	Toluene	8,000 MT
			MEK	2,000 MT
			Acetone	1,000 MT
10.	PT. Jatika Nusa	SPI (import)	Piperonal	1,000 kg
			Phenyl Acetic Acid	500 kg
			Potassium Permanganate	80,000 kg
11.	PT. EDF System Integration	Extension of IT appointment		
12.	PT. Pabrik Kertas Tjiwi Kimia, Tbk	PEN	Hydrochloric Acid Liquid 32%	96 Ton
13.	PT. Nagase Impor- Ekspor Indonesia	Extension of IT appointment		

1	2	3	4	5
14.	PT. Karunia Jasindo	Extension of IT appointment		
15.	PT. Multi Eka Chemicalindo	SPI (import)	Hydrochloric Acid 37%	2,500 liter
			Sulphuric Acid 98%	1,250 liter
			Acetone	375 liter
			Toluene	625 liter
16.	PT. Prochem Tritama	SPI (import)	Hydrochloric Acid	67,200 kgs
			Hydrochloric Acid	16,000 kgs
17.	PT. Marga Cipta Selaras	Recommendation for change of address		
18.	PT. Samchem Prasandha	SPI (import)	MEK	800 MT
			Acetone	800 MT
			Toluene	1,500 MT
19.	PT. Rukun Persada Makmur	SPI (import)	Potassium Permanganate	40 MT
20.	PT. EDF System Integration	SPI (import)	Butanone ( MEK )	1,700 Liter
21.	PT. Pabrik Kertas Tjiwi Kimia	SPE (export)	HCL 32%	2,500 Ton
22.	PT. Elang Kurnia Sakti	SPI (import)	HCL	34,000 Kg
23.	PT. Itochu Indonesia	SPI (import)	Toluene	9,000 Ton
			HCL	25,000 Ton
			MEK	3,000 Ton
			Acetone	3,000 Ton
			Dietil Ether	40,000 Ton
24.	PT. PKG Lautan Luas	SPI (import)	Toluene	6,000 Ton
			Acetone	2,000 Ton
			MEK	2,000 Ton
25.	PT. Marga Cipta Selaras	SPI (import)	Acetone	350 MT
			MEK	350 MT
			Toluene	500 MT
26.	PT. Merck Chemicals and Life Sciences	SPI (import)	Aetic Anhydride	700 Liter
			Acetone	38,000 Liter
			Antranilat Acid and its salts	10 kg
			Dietil Ether	38,000 Liter
			Butanone ( MEK )	1,000 Liter
			HCL	135,000 Liter, 3,500 Ampul
			Fenilasetat Acid and its salts	50 Kg
			Piperidine and its salts	20 Kg, 20 Liter 500 Kg, 100 Liter
			Kalium Permanganate	550 Ampul
			Sulphuric Acid	75,000 Liter
			Toluene	18,000 Liter

1	2	3	4	5
27.	PT. Mulya Adhi Paramita	SPI (import)	Acetone	5,500 Ton
			Methyl Ethyl Ketone	5,500 Ton
			Toluene	28,000 Ton
28.	PT. Aik Moh Chemicals Indonesia	SPI (import)	Acetone	30 Ton
			Toluene	11Ton
			MEK	32Ton
			HCL	30 Ton
29.	PT. Indochemical Citra Kimia	SPI (import)	Toluene	46,000 MT
			Methyl Ethyl Ketone	13,000 MT
			Acetone	6,000 MT
30.	PT. Pabrik Kertas Tjiwi Kimia, Tbk	PEN	HCL Liquid 32%	192 Ton
31.	PT. Sari Sarana Kimiatama	SPI	Acetone MEK Toluene	300 MT 2,000 MT 6,000 MT
32.	PT. Karunia Jasindo	SPI	Acetic Anhydride Dietil Ether HCL Sulfuric Acid	160 Liter 3,600 Liter 2,279.5 Liter 2,230 Liter
33.	PT. EDF System Integration	SPI	Butanone (MEK)	1,700 liter
34.	PT. Udaya Anugerah Abadi	SPI	Toluene	8,000 MT
			MEK	2,000 MT
			Acetone	1,000 MT
35.	PT. Prochem Tritama	SPI	Acetone	14,400 Kgs
			MEK	400 Kgs
			HCL	57,600 Kgs
36.	PT. Sinarkimia Utama	SPI	Potassium Permanganate	40 MT
37.	PT. Nagase Impor-Ekspor Indonesia	SPI	HCL 36%	1,600 Kg
38.	PT. Global Satria Aji	Penunjukkan IT		
39.	PT. Samchem Prasandha	SPI	MEK	800 MT
			Acetone	800 MT
			Toluene	1,500 MT
40.	PT. Itochu Indonesia	SPI	Toluene	9,000 Ton
			HCL	8,500 Ton
			MEK	3,000 Ton
			Acetone	3,000 Ton
			Dietil Ether	40 Ton
41.	PT. Marga Cipta Selaras	SPI	Acetone	350 MT
			MEK	350 MT
			Toluene	500 MT

1	2	3	4	5
42.	PT. Printechnindo Raya Utama	SPI	MEK	15,200 Liter
43.	PT. Rukun Persada Makmur	SPI	Potassium Permanganate	40 MT
44.	PT. Multiredjeki Kita	SPI	HCL	25,597,5 Liter
			H2SO4	22,700 Liter
			Acetone	28,252 Liter
			Dietil Ether	17,200 Liter
			Touene	15,552 Liter
45.	PT. PKG Lautan Indonesia	SPI	Toluene	6,000 Ton
			Acetone	2,000 Ton
			MEK	2,000 Ton
46.	PT. Rukun Persada Makmur	SPI	Piperonal	1 MT
47.	PT. Aik Moh Chemicals Indonesia	SPI	Acetone	70 Ton
			Toluene	16 Ton
			MEK	14 Ton
			HCL	10 Ton
48.	PT.Jatika Nusa	SPI	Phenyl Acetic Acid	500 Kg
			PK	80,000 Kg
			Piperonal	2,000 Kg
49.	PT. Mulya Adhi Paramita	Perpanjangan Penunjukkan IT		
50.	PT. Samchem Prasandha	SPI	MEK	240 MT
			Acetone	240 MT
			Toluene	1,500 MT
51.	PT. Karunia Jasindo	SPI	Hydrochloric Acid 37% AR	1,350 MT
			Sulfuric Acid 98% AR	1,350 MT
			Toluene ACS	2,400 MT
			0.1 Mol / L Hydrochloric Acid (N/10)	50 MT
			1 Mo1 / L Hydrochloric Acid	25 MT
			0.05 mo1 / Sulfuric Acid	25 MT
			0.5 Mo1/L Hydrochloric Acid (N/2)	25 MT

Source : BNN Deputy of Eradication, March 2016

**Notes :**

1. SPI : Recommendation for Import Permit of Precursor Chemicals
2. SPE : Recommendation for Export Permit of Precursor Chemicals
3. PEN : Pre Eksport Notification
4. IT : Recommendation for Appointment as Listed Importer of Non Pharmaveutical Precursors
5. Extension for  
IT Appointment : Recommendation for Extension of ApList of pointment as Listed Importer of Precursors

k. Total Results of Laboratory Tested Samples and NPS Circulating in Indonesia in 2015

**Table 78. Total Tested Samples at BNN Drug Laboratory, 2015**

NO.	MONTH	NARKOTICS		PSYCHOTROPIC SUBST		PRECURSORS		NPS		NEGATIVE		TTL
		RAW	SPE-CI-MEN	RAW	SPE-CI-MEN	RAW	SPE-CI-MEN	RAW	SPE-CI-MEN	RAW	SPE-CI-MEN	
1	2	3	4	5	6	7	8	9	10	!1	12	13
1.	January	2,376	138	2	0	0	0	1	0	15	30	2,562
2.	February	1,204	155	0	0	0	0	0	0	5	46	1,410
3.	March	1,278	187	3	0	0	0	0	0	32	61	1,561
4.	April	1,280	161	3	0	8	0	0	0	17	34	1,503
5.	May	1,428	176	2	0	17	0	0	0	31	36	1,690
6.	June	1,739	189	2	0	0	0	0	0	21	39	1,990
7.	July	936	137	1	0	0	0	0	0	12	14	1,100
8.	August	1,050	1,440	2	0	0	0	4	0	12	30	1,242
9.	September	1,265	236	17	0	0	0	16	0	9	38	1,581
10.	October	1,428	149	6	0	0	0	22	0	10	38	1,653
11.	November	1,418	123	4	0	0	0	3	0	18	19	1,585
12.	December	1,187	75	2	0	0	0	0	0	13	30	1,307
<b>TOTAL</b>		<b>16,589</b>	<b>1,870</b>	<b>44</b>	<b>0</b>	<b>25</b>	<b>0</b>	<b>46</b>	<b>0</b>	<b>195</b>	<b>415</b>	<b>19,184</b>

Source : BNN Drug Testing Laboratory, March 2016

**Table 79. List of NPS and its Derivatives in Circulation.**

NO.	NAME OF CHEMICAL SUBSTANCE (IUPAC)		EFFECT	GENERAL NAME	TYPE
	1	2			
<b>Listed in the Annex of Minister of Health Regulation No. 13 year 2014</b>					
1.	2-methylamino-1-(3,4-methylenedioxophenyl)propan-1-one		Stimulant, hallucinogen, insomnia and Sympathomimetic	Methylone (MDMC)	Derivative of Cathinone
2.	(RS)-2-methylamino-1-(4-methylphenyl)propan-1-one		Stimulant, increases heart rate and <i>harmful</i>	Mephedrone (4-MMC)	Derivative 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 and empathogenic effect	MDPV	Derivative of 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.	(1-pentyl-1H-indol-3-yl)-1-naphthalenyl-methanone		Hallucinogen, cannabinoid effect and toxic	JWH-018	Synthetic Cannabinoid
9.	(1-(5-fluoropentyl)-1H-indol-3-yl)2,2,3,3-tetramethylcyclopropyl-methanone		Hallucinogen, cannabinoid effect and toxic	XLR-11	Synthetic Cannabinoid
10.	N,N-2-dimethyl-1-phenylpropan-2-amine		Stimulant, less stronger effect than methamphetamine	DMA (Dimethylamphetamine)	Derivative of Phenethylamine

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
11.	5-(2-aminopropyl)benzofuran	Stimulant, empathogenic	5-APB	Derivative of Phenethylamine
12.	6-(2-aminopropyl)benzofuran	Euphoria	6-APB	Derivative of Phenethylamine
13.	1-(4-methoxyphenyl)-N-methyl-propan-2-amine	Stimulant, hallucinogen, insomnia and Sympathomimetic	PMMA	Derivative of Phenethylamine
14.	2-(4-Bromo-2,5-dimethoxyphenyl)ethanamine	Hallucinogen	2C-B	Derivative of Phenethylamine
15.	1-(4-chloro-2,5-dimethoxy-phenyl)propan-2-amine	Euphoria, archetypal psychedelic	DOC	Derivative of Phenethylamine
16.	2-(4-Iodo-2,5-dimethoxyphenyl)-N-[(2-methoxyphetyl)methyl]ethanamine	Stimulant, hallucinogen, and Toxic	25I-NBOMe	Derivative of Phenethylamine
17.	2-(4-Bromo-2,5-dimethoxyphenyl)-N-[(2-methoxyphetyl)methyl]ethanamine	Stimulant, hallucinogen, and Toxic	25B-NBOMe	Derivative of Phenethylamine
18.	2-(4-Chloro-2,5-dimethoxyphenyl)-N-[(2-methoxyphetyl)methyl]ethanamine	Stimulant, hallucinogen, and Toxic	25C-NBOMe	Derivative of Phenethylamine
<b>Not yet Controlled by Regulation/Legislation</b>				
19.	Catha edulis mengandung cathinone dan cathine	Psychostimulant	5-fluoro AKB 48	Cathinone and Cathine
20.	5-fluoro AKB48	Hallucinogen, cannabinoid effect and toxic	MAM 2201	Synthetic Cannabinoid
21.	MAM 2201	Hallucinogen, cannabinoid effect and toxic	4 APB	Synthetic Cannabinoid
22.	1-benzofuran-4-yl-propan-2-amine	Stimulant, hallucinogen, and Toxic	BZP	Derivative of Phenethylamine
23.	1-Benzylpiperazine	Euphoria, increase heart rate, pupil dilatation, and Toxic	mCPP	Derivative of Piperazine
24.	1-(3-Chlorophenyl)piperazine	Euphoria, increase heart rate, pupil dilated, and Toxic	TFMPP	Derivative of Piperazine
25.	1-(3-Trifluoromethylphenyl)piperazine	Euphoria, increase heart rate, pupil dilated, and Toxic	$\alpha$ -MT	Derivative of Piperazine
26.	2-(1H-indol-3-yl)-1-methyl-ethylamine	Euphoria, empathy, psychedelic, stimulant, and anxiety	Kratom contains mitragynine and speciogynine	Derivative of Tryptamine
27.	<i>Mitragyna speciosa</i> mengandung mitragynine dan speciogynine	opiate dan cocaine like effect	Ketamine	Plant, pollen
28.	2-(2-chlorophenyl)-2-(methylamino)cyclohexan-1-one	Hallucination, euphoria, psychotomimetic	Methoxetamin	Ketamine
29.	(RS)2-(3-methoxyphenyl)-2-(ethylamino)cyclohexanone	Hallucination, euphoria, psychotomimetic	Ethylone (bk-MDEA,MDEC)	Derivative of Ketamin
30.	3,4-Methylenedioxy-N-ethylchatinone	Stimulant, euphoria	Buphedrone	Derivative of Cathinone
31.	4-methyl buphedrone	Stimulant, euphoria	5-MeO-MiPT	Derivative of Cathinone
32.	5-methoxy N,N-methylisopropyltryptamine	Stimulant, hallucinogen	FUB-144	Derivative of Tryptamine
33.	(1-(4-fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone	Hallucinogen, cannabinoid effect and toxic	AB-CHMINACA	Synthetic Cannabinoid
34.	N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide	Hallucinogen, cannabinoid effect and toxic	AB-FUBINACA	Synthetic Cannabinoid
35.	N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-[(4-fluorophenyl)methyl]-1H-indazole-3-carboxamide	Hallucinogen, cannabinoid effect and toxic	5-fluoro AKB 48	Synthetic Cannabinoid

1	2	3	4	5
36.	Naphthalen-1-yl(-4-pentyloxynaphthalen-1-yl) methanone	Hallucinogen, cannabinoid effect and toxic	CB 13	Synthetic Cannabinoid
37.	1-(4-Chlorophenyl)-2-(methylamino)propan-1-one	Stimulant, euphoria	4-chloro metchatinone	Derivative of Cathinone
38.	Methyl 2-({1-[(4-fluorophenyl)methyl]-1H-indazole-3-carbonyl}amino)-3-methylbutanoate	Hallucinogen, cannabinoid effect and toxic	FUB-AMB	Synthetic Cannabinoid
39.	N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide	Hallucinogen, cannabinoid effect and toxic	AB-PINACA	Synthetic Cannabinoid
40.	[1-(5-fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl)methanone	Hallucinogen, cannabinoid effect and toxic	THJ-2201	Synthetic Cannabinoid
41.	1-naphthalenyl(1-pentyl-1H-indazol-3-yl)-methanone	Hallucinogen, cannabinoid effect and toxic	THJ-018	Synthetic Cannabinoid

Source : BNN Drug Testing Laboratory, March 2016

## 2. *Demand Reduction.*

- a. **Drug Abusers Accessing Rehabilitation Services at Supported Community Component Rehabilitation Institutions, Drug Abusers Receiving Treatment at BNN Rehabilitation Institution, BNN Badokka Rehabilitation Center Makassar, BNN Tanah Merah Rehabilitation Center, East Kalimantan, and BNN Loka Rehabilitation Center, Batam Riau Islands, and Ex Drug Addicts Having Followed Post Rehabilitation Program in 2015 Data from BNN.**

**1) *Drug Abusers making Access to Rehabilitation Services at Supported Community Component Rehabilitation Institutions, 2015***

**Table 80. Total Number of Drug Abusers Based on Gender, 2015**

NO.	GENDER		TOTAL
	1	2	
1.	Male		17,415
2.	Female		2,467
<b>TOTAL</b>			<b>19,882</b>

Source : Drug Information System, March 2016

**Table 81. Total Number of Drug Abusers Based on Age Group, 2015**

NO.	AGE GROUP	GENDER		TOTAL
		MALE	FEMALE	
1.	< 15 Years	785	89	874
2.	15 – 20 Years	3,713	540	4,253
3.	21 – 25 Years	3,626	573	4,199
4.	26 – 30 Years	3,034	471	3,505
5.	31 – 35 Years	2,800	364	3,164
6.	36 – 40 Years	1,703	207	1,910
7.	> 40 Years	1,754	223	1,977
<b>TOTAL</b>		<b>17,415</b>	<b>2,467</b>	<b>19,882</b>

Source : Drug Information System, March 2016

**Table 82. Total Number of Drug Abusers Based on Education, 2015**

NO.	EDUCATION	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	Elementary	2,074	326	2,400
2.	Junior Secondary	4,127	713	4,840
3.	Senior Secondary	9,860	1,268	11,128
4.	Academy	467	50	517
5.	University	759	86	845
6.	Drop Out	68	13	81
7.	No Schooling	59	11	70
8.	Not Recorded	1	0	1
<b>TOTAL</b>		<b>17,415</b>	<b>2,467</b>	<b>19,882</b>

Source : Drug Information System, March 2016

**Table 83. Total Number of Drug Abusers Based on Occupation, 2015**

NO.	OCCUPATION	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	High School Students	2,028	291	2,319
2.	University Students	841	108	949
3.	Unemployed	3,605	544	4,149
4.	Labour (Farmer, Craftman, etc)	1,728	166	1,803
5.	Civil Servant/Govt Employee	316	32	348
6.	Armed Forces/Police	81	3	84
7.	Private Sector	4,943	1,042	5,985
8.	Entrepreneur	3,872	372	4,244
9.	Not Recorded	1	0	1
<b>TOTAL</b>		<b>17,415</b>	<b>2,467</b>	<b>19,882</b>

Source : Drug Information System, March 2016

## 2) Drug Abusers Receiving Treatment at BNN Rehabilitation Center, 2015

**Table 84. Total Number of Drug Abusers at BNN Rehabilitation Center Based on Gender, 2015**

NO.	ADMITTANCE	TOTAL
1	2	3
1.	Male	1,130
2.	Female	82
<b>TOTAL</b>		<b>1,212</b>

Source : BNN Rehabilitation Center, March 2016

**Table 85. Total Number of Drug Abusers at BNN Rehabilitation Center Based on Age Group, 2015**

NO.	AGE GROUP	TOTAL
1	2	3
1.	< 16 Years	9
2.	16 – 20 Years	188
3.	21 – 25 Years	297
4.	26 – 30 Years	289
5.	31 – 35 Years	239
6.	36 – 40 Years	118
7.	41 – 45 Years	49
8.	> 46 Years	23
<b>TOTAL</b>		<b>1,212</b>

Source : BNN Rehabilitation Center, March 2016

**Table 86. Total Number of Drug Abusers at BNN Rehabilitation Center Based on Education, 2015**

NO.	EDUCATION	TOTAL
1	2	3
1.	No schooling	10
2.	Not passed Elementary	0
3.	Elementary	61
4.	Junior Secondary	152
5.	Senior Secondary	750
6.	Diploma	93
7.	Undergraduate	139
8.	Master	7
<b>TOTAL</b>		<b>1,212</b>

Source : BNN Rehabilitation Center, March 2016

**Table 87. Total Number of Drug Abusers at BNN Rehabilitation Center Based on Occupation, 2015**

NO.	OCCUPATION	TOTAL
1	2	3
1.	Artist	0
2.	University Student	85
3.	High school student	89
4.	Seaman	3
5.	Farmer	8
6.	Civil Servant/Govt. Employee	58
7.	Police	41
8.	Daily paid labour	20
9.	Private sector	200
10.	Unemployed	385
11.	Motorcycle transportation	0
12.	Entrepreneur	323
<b>TOTAL</b>		<b>1,212</b>

Source : BNN Rehabilitation Center, March 2016

**Table 88. Total Number of Drug Abusers at BNN Rehabilitation Center Based on Referral, 2015**

NO.	REFERRAL AGENCY	TOTAL
1	2	3
1.	BNN Province/City	469
2.	Bantaran	76
3.	Family	615
4.	Police	37
5.	Compulsory Reporting	15
	<b>TOTAL</b>	<b>1,212</b>

Source : BNN Rehabilitation Center, March 2016

**Table 89. Total Number of Drug Abusers at BNN Rehabilitation Center Based on Drug Consumed, 2015**

NO.	CONSUMED DRUG	TOTAL
1	2	3
1.	Opiates	70
2.	Methamphetamine	1,110
3.	THC	481
4.	MDMA	302
5.	Benzodiazepam	93
6.	Cocaine	2
7.	Other Drugs	30
	<b>TOTAL</b>	<b>2,088</b>

Source : BNN Rehabilitation Center, March 2016

**3) Drug Abusers Receiving Treatment at Baddoka Rehabilitation Center, Makassar, 2015**

**Table 90. Total Drug Abusers at Baddoka Rehabilitation Center, Makassar Based on Gender, 2015**

NO.	ADMISSION	TOTAL
1	2	3
1.	Male	285
2.	Female	30
	<b>TOTAL</b>	<b>315</b>

Source : BNN Baddoka Rehabilitation Center, Makassar, March 2016

**Table 91. Total Drug Abusers at Baddoka Rehabilitation Center, Makassar, Based on Age Group, 2015**

NO.	AGE GROUP	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	< 15 Years	0	0	0
2.	15 – 20 Years	73	3	76
3.	21 – 25 Years	63	10	73
4.	26 – 30 Years	53	8	61
5.	31 – 35 Years	54	6	60
6.	36 – 40 Years	26	3	29
7.	> 40 Years	16	0	16
	<b>TOTAL</b>	<b>285</b>	<b>30</b>	<b>315</b>

Source : BNN Baddoka Rehabilitation Center, Makassar, March 2016

**Table 92. Total Drug Abusers at Baddoka Rehabilitation Center Makassar Based on Education, 2015**

NO.	EDUCATION	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	Elementary	12	0	12
2.	Junior Secondary	45	8	53
3.	Senior Secondary	176	20	196
4.	Academy	22	1	23
5.	University	30	1	31
	<b>TOTAL</b>	<b>285</b>	<b>30</b>	<b>315</b>

Source : Baddoka Rehabilitation Center, Makassar, March 2016

**Table 93. Total Drug Abusers At Baddoka Rehabilitation Center Makassar Based on Occupation, 2015**

NO.	OCCUPATION	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	High School Student	38	2	40
2.	University Student	0	0	0
3.	Unemployed	94	19	113
4.	Labour (Farmer, Craftman, etc)	12	0	12
5.	Civil Servant/Govt Employee	8	0	8
6.	Armed Forces/Police	10	0	10
7.	Private Sector	21	1	22
8.	Entrepreneur	102	8	110
	<b>TOTAL</b>	<b>285</b>	<b>30</b>	<b>315</b>

Source : Baddoka Rehabilitation Center Makassar, March 2016

**Table 94. Total Drug Abusers at Baddoka Rehabilitation Center, Makassar Based on Marital Status, 2015**

NO.	STATUS	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	Married	116	10	126
2.	Single	149	8	157
3.	Divorced/Widower/Widow	20	12	32
	<b>TOTAL</b>	<b>285</b>	<b>30</b>	<b>315</b>

Source : Baddoka Rehabilitation Center Makassar, March 2016

**Table 95. Total Drug Abusers at Baddoka Rehabilitation Center Makassar Based on Religion, 2015**

NO.	STATUS	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	Moslem	264	25	289
2.	Christian Protestant	19	5	24
3.	Catholic	0	0	0
4.	Hindu	2	0	2
5.	Budha	0	0	0
6.	Confucius	0	0	0
	<b>TOTAL</b>	<b>285</b>	<b>30</b>	<b>315</b>

Source : Baddoka Rehabilitation Center Makassar, March 2016

**Table 96. Total Drug Abusers at Baddoka Rehabilitation Center Makassar Based on Drug Consumed, 2015**

NO.	DRUG CONSUMED	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	<b>Cannabis Type</b>			
	- Marijuana	12	0	<b>12</b>
2.	<b>Opiate</b>			
	- Heroin/Putauw	2	0	<b>2</b>
4.	<b>ATS (Amphetamine Type Stimulant)</b>			
	a. Methamphetamine (Shabu)	261	29	<b>290</b>
	b. MDMA (Ecstasy)			
5.	<b>Hypnotic - Sedative (Tranquilizer)</b>			
	- Benzodiazepines (Vailum, Xanax, Librium, Ativan, Alprazolam, Kamlet)	0	0	<b>0</b>
8.	<b>Others frequently used</b>			
	- Alcohol	10	1	<b>11</b>
	<b>TOTAL</b>	<b>285</b>	<b>30</b>	<b>315</b>

Source : Baddoka Rehabilitation Center, Makassar, March 2016

**3) Drug Abusers Receiving Treatment at Tanah Merah Rehabilitation Center, East Kalimantan, 2015**

**Table 97. Total Drug Abusers at Tanah Merah Rehabilitation Center, East Kalimantan Based on Gender, 2015**

NO.	ADMITTANCE	TOTL	
		2	3
1.	Male		192
2.	Female		10
	<b>TOTAL</b>		<b>202</b>

Source : Tanah Merah Rehabilitation Center, East Kalimantan, March 2016

**Table 98. Total Drug Abusers at Tanah Merah Rehabilitation Center Based on Age Group, 2015**

NO.	AGE GROUP	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	< 15 Years	0	0	0
2.	15 – 20 Years	39	2	41
3.	21 – 25 Years	44	4	48
4.	26 – 30 Years	41	1	42
5.	31 – 35 Years	34	2	36
6.	36 – 40 Years	19	1	20
7.	> 40 Years	10	0	10
8.	Not recorded	5	0	5
	<b>TOTAL</b>	<b>192</b>	<b>10</b>	<b>202</b>

Source : Tanah Merah Rehabilitation Center, East Kalimantan, March 2016

**Table 99. Total Drug Abusers At Tanah Merah Rehabilitation Center, East Kalimantan, Based on Education, 2015**

NO.	EDUCATION	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	Elementary	24	0	24
2.	Junio High School	52	0	52
3.	Senior High School	98	8	106
4.	Academy	5	0	5
5.	University	8	2	10
6.	Not recorded	5	0	5
<b>TOTAL</b>		<b>192</b>	<b>10</b>	<b>202</b>

Source : Tanah Merah Rehabilitation Center, East Kalimantan, March 2016

**Table 100. Total Drug Abusers at Tanah Merah Rehabilitation Center, East Kalimantan Based on Occupation, 2015**

NO.	OCCUPATION	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	High School Student	1	0	1
2.	University Student	1	0	1
3.	Unemployed	72	6	78
4.	Labour (Farmer, Craftman, etc)	0	0	0
5.	Civil Servant/Govt. Employee	9	0	9
6.	Armed Forces/Police	2	0	2
7.	Private Sector	27	4	31
8.	Entrepreneur	80	0	80
9.	Not Recorded	0	0	0
<b>TOTAL</b>		<b>192</b>	<b>10</b>	<b>202</b>

Source : Tanah Merah Rehabilitation Centeer, East Kalimantan, March 2016

**Table 101. Total Drug Abusers at Tanah Merah Rehabilitation Center, East KalimantanBased on Marital Status, 2015**

NO.	STATUS	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	Married	89	3	92
2.	Single	87	7	94
3.	Divorced/Widower/Widow	16	0	16
<b>TOTAL</b>		<b>192</b>	<b>10</b>	<b>202</b>

Source : Tanah Merah Rehabilitation Centeer, East Kalimantan, March 2016

**Table 102. Total Drug Abusers at Tanah Merah Rehabilitation Center, East Kalimantan Based on Religion, 2015**

NO.	STATUS	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	Moslem	174	9	183
2.	Christian Protestant	5	0	5
3.	Catholic	4	1	5
4.	Hindu	1	0	1
5.	Budha	3	0	3
6.	Confucius	0	0	0
7.	Not Recorded	5	0	5
<b>TOTAL</b>		<b>192</b>	<b>10</b>	<b>202</b>

Source : Tanah Merah Rehabilitation Center, East Kalimantan, March 2016

**Table 103. Total Drug Abusers at Tanah Merah Rehabilitation Center, East Kalimantan Based on Drug Consumed, 2015**

NO.	DRUG CONSUMED	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	<b>Cannabis Type</b>			
	- Marijuana	1	1	2
2.	<b>Opiate</b>			
	- Heroin/Putauw	1	0	1
4.	<b>ATS (<i>Amphetamine Type Stimulant</i>)</b>			
	- Methamphetamine (Shabu)	190	9	199
	- MDMA (Ekstasi)			
<b>TOTAL</b>		<b>192</b>	<b>10</b>	<b>202</b>

Source : Tanah Merah Rehabilitation Center, East Kalimantan, March 2016

**4) Drug Abusers Receiving Treatment at BNN Batam Rehabilitation Facility, Riau Islands, 2015**

**Table 104. Total Number of Drug Abusers at BNN Batam Rehabilitation Facility Riau Islands Based on Gender, 2015**

NO.	ADMISSIONS	TOTAL
1	2	3
1.	Male	198
2.	Female	25
<b>TOTAL</b>		<b>223</b>

Source : BNN Batam Rehabilitation Center, Riau Islands, March 2016

**Table 105. Total Drug Abusers at BNN Batam Rehabilitation Facility, Riau Islands, Based on Age Group, 2015**

NO.	AGE GROUP	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	< 15 Years	2	0	2
2.	15 – 20 Years	26	6	32
3.	21 – 25 Years	51	6	57
4.	26 – 30 Years	48	5	53
5.	31 – 35 Years	37	6	43
6.	36 – 40 Years	21	0	21
7.	> 40 Years	13	2	15
<b>TOTAL</b>		<b>198</b>	<b>25</b>	<b>223</b>

Source : BNN Batam Rehabilitation Center, Riau Islands, March 2016

**Table 106. Total Drug Abusers at BNN Batam Rehabilitation Facility, Riau Islands Based on Education, 2015**

NO.	EDUCATION	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	Elementary	19	3	22
2.	Junior High School	40	6	46
3.	Senior High School	113	15	128
4.	Academy	9	1	10
5.	University	17	0	17
<b>TOTAL</b>		<b>198</b>	<b>25</b>	<b>223</b>

Source : BNN Batam Rehabilitation Center, Riau Islands, March 2016

**Table 107. Total Drug Abusers at BNN Batam Rehabilitation Facility, Riau Islands Based on Occupation, 2015**

NO.	OCCUPATION	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	High School Student	7	1	8
2.	University Student	2	0	2
3.	Unemployed	66	22	88
4.	Labour (Farmer, Craftman, etc)	19	0	19
5.	Civil Servant/Govt Employee	8	0	8
6.	Private Sector	27	1	28
7.	Entrepreneur	67	1	68
8.	Homorary Worker	2	0	2
<b>TOTAL</b>		<b>198</b>	<b>25</b>	<b>223</b>

Source : BNN Batam Rehabilitation Center, Riau Islands, March 2016

**Table 108. Total Drug Abusers at BNN Batam Rehabilitation Facility, Riau Islands Based on Marital Status, 2015**

NO.	STATUS	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	Married	76	14	90
2.	Single	114	11	125
3.	Divorced/Widow/Widower	8	0	8
<b>TOTAL</b>		<b>198</b>	<b>25</b>	<b>223</b>

Source : BNN Batam Rehabilitation Center, Riau Islands, March 2016

**Table 109. Total Drug Abusers at BNN Batam Rehabilitation Center, Riau Islands Based on Religion, 2015**

NO.	STATUS	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	Moslem	166	23	189
2.	Christian Protestant	25	1	26
3.	Catholic	2	0	2
4.	Hindu	1	0	1
5.	Buddhist	4	1	5
	<b>TOTAL</b>	<b>198</b>	<b>25</b>	<b>223</b>

Source : BNN Batam Rehabilitation Center, Riau Islands, March 2016

**Table 110. Total Drug Abusers at BNN Batam Rehabilitation Facility, Riau Islands Based on Drug Consumed, 2015**

NO.	DRUG CONSUMED	GENDER		TOTAL
		MALE	FEMALE	
1	2	3	4	5
1.	<b>Cannabis-Type</b>			
	- Marijuana	77	8	85
2.	<b>ATS (<i>Amphetamine Type Stimulant</i>)</b>			
	- Methamphetamine (Shabu)	207	23	199
	<b>TOTAL</b>	<b>284</b>	<b>31</b>	<b>315</b>

Source : BNN Batam Rehabilitation Center, Riau Islands, March 2016

**5) Total Ex-Addicts Having Attended Nature Conservation-Based Post Rehabilitation Program and Performance-Based Program, 2015.**

**Table 111. Total Ex-Addicts Having Attended Nature Conservation-Based Post Rehabilitation and Performance-Based Program, 2015**

NO.	REMARKS	TOTAL
1	2	3
1.	<b>Participants Attending Nature Conservation-Based Post Rehabilitation Program</b>	
	- Tambling	20
	- Bengo-Bengo (Makassar)	50
	- Tenjo Laut (Kuningan)	145
	- Equitas Surabaya, East Java	20
2.	<b>Participants Attending Performance-Based Post Rehabilitation Program (Half-way House)</b>	
	- Cipayung, DKI Jakarta	73
	- Sahabat Rekan Sebaya (peer group), DKI Jakarta	30
	- Tabina, Aceh	46

<b>1</b>	<b>2</b>	<b>3</b>
- Aftercare Medan, North Sumatera		60
- Bidayatussalikin, DI Yogyakarta		40
- Lingkaran Harapan Banua Banjarmasin, South Kalimantan		28
- Rumah Damai Semarang, Central Java		20
- Rumah Harapan Batam, Riau Islands		40
- YKP2N Makassar, South Sulawesi		65
- Laras Samarinda, East Kalimantan		70
- Rumah Cemara, Bandung, West Java		40
- Plato Surabaya, East Java		45
- Rasa Bogor, West Java		50
- Hidayah Foundation		20
- LKI Bekasi, West Java		20
- Janatul Barokah Cibitung, West Java		20
<b>3.</b>	<b>Participants Attending Post Rehabilitation Services at BNNP/ BNNK (Province/City level)</b>	
- BNN Pusat (Central BNN)		65
- BNNP DKI Jakarta		140
- BNN Kota South Jakarta		70
- BNN Kota East Jakarta		57
- BNNP Aceh		137
- BNNP North Sumatera		96
- BNNP West Sumatera		120
- BNNP South Sumatera		142
- BNNP Riau Islands		55
- BNNP Bengkulu		44
- BNNP Riau		50
- BNNP Bangka Belitung		34
- BNNP Lampung		51
- BNNP Jambi		36
- BNNP West Java		90
- BNNP Banten		60
- BNNP Central Java		25
- BNNP DI Yogyakarta		112
- BNNP East Java		150
- BNNP Bali		125
- BNNP West Nusa Tenggara		59
- BNNP South Kalimantan		81
- BNNP Central Kalimantan		47
- BNNP East Kalimantan		52
- BNNP West Kalimantan		47

<b>1</b>	<b>2</b>	<b>3</b>
- BNNP Central Sulawesi		77
- BNNP West Sulawesi		46
- BNNP North Sulawesi		63
- BNNP S.E. Sulawesi		89
- BNNP South Sulawesi		115
- BNNP Gorontalo		39
- BNNP North Maluku		13
- BNNP Maluku		20
<b>4.</b>	<b>Participants Attending Post Rehabilitation Services at Correctional House/Center (Bapas)</b>	
- Bapas Klas II Banda Aceh		68
- Bapas Medan		129
- Bapas Klas I Padang		88
- Bapas Palembang		68
- Bapas Lampung		90
- Bapas Tanjung Pinang		16
- Bapas Pekanbaru		37
- Bapas Pangkal Pinang		25
- Bapas Jakarta Pusat		90
- Bapas Jakarta Selatan		106
- Bapas Pontianak		36
- Bapas Banjarmasin		90
- Bapas Makassar		166
- Bapas Malang		50
- Bapas Kediri		108
- Bapas Surabaya		44
- Bapas Pamekasan		29
- Bapas Bandung		58
- Bapas Cirebon		120
- Bapas Semarang		22
- Bapas DI Yogyakarta		49
- Bapas Samarinda		24
- Bapas Denpasar		16
- Bapas Jambi		45
- Bapas Banten		90
<b>TOTAL</b>		<b>4,973</b>

Source : BNN Deputy of Rehabilitation, March 2016

- b. Compulsory Reporting, Medical Rehabilitation and Recapitulation on the Development of Methadone Maintenance Program from Ministry of Health Republic of Indonesia, 2015.

**Table 112. Total Number of Receiving Institutions for Compulsory Reporting Drug Abusers (IPWL) and Medical Rehabilitation, 2015**

NO.	IPWL	COM-PUL-SORY REPOR-TING	MEDICAL REHABILITATION					TO-TAL
			METHA-DONE MAINTENANVE	OUT-PATI-ENTS	IN-PATI-ENTS	COURT'S VERDICT	EN-TRUS-TED	
1	2	3	4	5	6	7	8	9
1.	Puskesmas Bangil Pasuruan	0	30	0	0	0	0	30
2.	Puskesmas Banguntapan II	0	7	0	0	0	0	7
3.	Puskesmas Biaro	37	0	0	0	0	0	37
4.	Puskesmas Bogor Timur	0	35	0	0	0	0	35
5.	Puskesmas Cengkareng	0	61	0	0	0	0	61
6.	Puskesmas Cibodasari Banten	0	16	0	0	0	0	16
7.	Puskesmas Cipondoh Banten	0	26	0	0	0	0	26
8.	Puskesmas Ciputat	0	31	0	0	0	0	31
9.	Puskesmas Gambir	0	128	0	0	0	0	128
10.	Puskesmas Gedong Tengen DIY	0	18	0	0	0	0	18
11.	Puskesmas Gondanglegi Malang	0	10	0	0	0	0	10
12.	Puskesmas Grogol Petamburan Jkt	0	86	0	0	0	0	86
13.	Puskesmas Jagir Sby	0	13	0	0	0	0	13
14.	Puskesmas Jalan Mas Banten	0	28	0	0	0	0	28
15.	Puskesmas Jatinegara	0	78	0	0	0	0	78
16.	Puskesmas Johar Baru	0	89	0	0	0	0	89
17.	Puskesmas Jongaya	0	5	0	0	0	0	5
18.	Puskesmas Jumpanjang Baru	0	20	0	0	0	0	20
19.	Puskesmas KasiKasi	0	43	0	0	0	0	43
20.	Puskesmas Kec.Kramat Jati	0	81	0	0	0	0	81
21.	Puskesmas Kec.Senen Jakarta	0	78	0	0	0	0	78
22.	Puskesmas Kedung Badak	0	48	0	0	0	0	48
23.	Puskesmas Kemayoran	0	57	0	0	0	0	57
24.	Puskesmas KendalSari Malang	0	23	0	0	0	0	23
25.	Puskesmas Koja	0	50	0	0	0	0	50
26.	Puskesmas Kuta I Bali	0	27	0	0	0	0	27
27.	Puskesmas Manahan Solo	0	15	0	0	0	0	15
28.	Puskesmas Manukan Kulon Sby	0	13	0	0	0	0	13
29.	Puskesmas Parakan Temanggung	0	12	0	0	0	0	12

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
30.	Puskesmas Perkotaan Rasimah Ahmad 0	55	0	0	0	0	0	55
31.	Puskesmas Plumbon Cirebon	0	25	0	0	0	0	25
32.	Puskesmas Poncol Semarang	0	12	0	0	0	0	12
33.	Puskesmas Pondok Gede	0	42	0	0	0	0	42
34.	Puskesmas Prabumulih	0	2	0	0	0	0	2
35.	Puskesmas Sidorejo Lor Salatiga	0	6	0	0	0	0	6
36.	Puskesmas Sukabumi	0	17	0	0	0	0	17
37.	Puskesmas Sukarahayu Subang	0	15	0	0	0	0	15
38.	Puskesmas Sukma Jaya Depok	0	34	0	0	0	0	34
39.	Puskesmas Tabanan III	0	13	0	0	0	0	13
40.	Puskesmas Tambora	0	101	0	0	0	0	101
41.	Puskesmas Tanjung Morawa	0	19	0	0	0	0	19
42.	Puskesmas Tanjung Priok	0	99	0	0	0	0	99
43.	Puskesmas Tebet	0	91	0	0	0	0	91
44.	Puskesmas Ubud II	0	7	0	0	0	0	7
45.	Puskesmas Umbul Harjo DIY	0	6	0	0	0	0	6
46.	RS Marzoeki Mahdi	7	0	23	9	0	0	39
47.	RS Tentara dr.R.Hardjanto Balikpapan (UNITRA Butterfly)	0	2	0	0	0	0	2
48.	RS Tk. IV Guntur Garut	0	0	0	0	0	0	0
49.	RS Hasan Sadikin Bandung	0	75	0	0	0	0	75
50.	RSJ Alianyang Pontianak	0	42	0	0	0	0	42
51.	RSJ Aceh	0	0	24	50	0	0	74
52.	RSJ Medan	0	0	191	13	0	0	204
53.	RSJ Ratubuysang Manado	0	0	44	0	0	0	44
54.	RSJ Ernaldi Bahar	0	33	387	179	0	0	599
55.	RSJ Grhasia DIY	0	2	43	0	0	0	45
56.	RSJ Menur Sby	0	13	0	17	19	0	49
57.	RSJ West Java	5	0	0	13	10	0	28
58.	RSJ Sambang Lihum	33	0	0	25	0	0	58
59.	RSJ Mataram	0	0	77	32	0	0	109
60.	RSJ Bangli Bali	0	0	2	34	0	0	36
61.	RSJ Soeroyo Magelang	0	0	116	7	0	0	123
62.	RSJ Riau	0	0	83	20	0	0	103
63.	RSJ Soeharto Heerdjan Jakarta	0	0	29	5	0	0	34
64.	RSJ Kepulauan Riau	0	0	84	28	0	0	112
65.	RSJ Bangka Belitung	0	0	2	0	0	0	2
66.	RSJ Gondo Hutomo Semarang	0	0	16	0	0	0	16
67.	RSJ Kalawa Atei Kalimantan Tengah	0	0	109	10	0	0	119

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
68.	RSJD Jambi	0	32	50	192	0	0	274
69.	RSJD Lampung	0	9	64	0	5	3	81
70.	RSKD Atma Husada Mahakam	0	7	47	36	0	0	90
71.	RSKJ Soeprapto Provinsi Bengkulu	33	0	8	24	27	0	92
72.	RSKD Maluku	0	0	0	1	0	0	1
73.	RSKO Jakarta	0	58	1,532	128	0	0	1,718
74.	RSU Andi Makassau	0	2	0	0	0	0	2
75.	RSUD Abdul Azis Singkawang	0	11	0	0	0	0	11
76.	RSUD Bekasi	0	33	0	0	0	0	33
77.	RSUD dr. Djasamen Saragih	0	6	0	0	0	0	6
78.	RSUD Dr. Soedarso Pontianak	0	21	0	0	0	0	21
79.	RSUD Dr. Soedono Madiun	0	3	0	0	0	0	3
80.	RSUD Dr. Soetomo Surabaya	0	23	0	0	0	0	23
81.	RSUD Dr. Syaiful Anwar Malang	0	4	0	0	0	0	4
82.	RSUD Genteng Banyuwaniq	0	10	0	0	0	0	10
83.	RSUD Gunung Jati Cirebon	0	16	0	0	0	0	16
84.	RSUD Kab. Bekasi	0	7	0	0	0	0	7
85.	RSUD Kota Batam	0	8	0	0	0	0	8
86.	RSUD Margono	0	7	0	0	0	0	7
87.	RSUD Muwardi Solo	0	14	0	0	0	0	14
88.	RSUD Petala Bumi Pekanbaru	0	8	0	0	0	0	8
89.	RSUD Prof. Dr. H. Aloei Saboe Kota Gorontalo	8	0	0	0	0	0	8
90.	RSUD Serang	0	5	0	0	0	0	5
91.	RSUD Sukabumi	0	6	0	0	0	0	6
92.	RSUD Tasikmalaya	0	10	0	0	0	0	10
93.	RSUP Adam Malik Medan	0	82	0	0	0	0	82
94.	RSUP Dr. Sardjito Yogyakarta	0	3	0	0	0	0	3
95.	RSUP Fatmawati	0	124	0	0	0	0	124
96.	RSUP M. Djamil Padang	0	2	0	0	0	0	2
97.	RSUP Sanglah Denpasar	0	56	78	9	0	0	143
<b>TOTAL</b>		<b>178</b>	<b>2,351</b>	<b>3,009</b>	<b>832</b>	<b>61</b>	<b>3</b>	<b>6,434</b>

Source : Ministry of Health RI, March 2016

**Table 113. Recapitulation on the Development of Methadone Maintenance Therapy Program, 2015**

NO.	INSTITUTION	TOTAL NUMBER OF PATIENTS											
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1.	RSKO Jakarta	56	56	58	58	58	55	53	53	51	51	51	51
2.	PKM Tanjung Priok	85	85	91	99	99	99	98	98	97	104	104	104
3.	PKM Tebet	88	88	89	91	92	92	92	92	91	95	95	95
4.	PKM Jatinegara	78	78	80	78	78	78	78	78	78	68	68	68
5.	PKM Tambora	101	101	101	101	101	101	101	100	100	100	100	100
6.	PKM Gambir	120	120	128	128	121	115	115	115	108	108	108	108
7.	PKM Koja	65	65	65	50	50	49	49	49	36	33	33	33
8.	PKM Cengkareng	66	66	63	61	59	59	59	59	56	57	57	57
9.	PKM Kemerayoran	55	55	58	57	56	56	54	52	52	63	63	63
10.	Lapas Narkotika Cipinang	53	53	48	45	45	45	42	42	40	40	40	40
11.	Lapas Klas I Cipinang	18	18	18	19	19	19	17	17	17	14	14	14
12.	Rutan Salemba	9	9	9	11	11	9	7	7	6	6	6	6
13.	Rutan Pondok Bambu	9	9	7	8	10	10	10	9	9	7	7	7
14.	RSJ Emaldi Bahar	33	33	33	33	33	33	33	34	34	36	36	36
15.	Puskesmas Prabumulih	2	2	2	2	2	2	2	2	2	2	2	2
16.	RSHS Bandung	70	71	74	75	72	68	68	69	69	67	67	67
17.	Lapas Klas II Banceuy	3	3	5	5	5	4	4	4	2	2	2	2
18.	RSUD Bekasi	32	32	32	33	33	31	31	30	30	30	30	30
19.	RSUD Kab. Bekasi	6	6	7	7	7	7	7	7	7	8	8	8
20.	RSUD Sukabumi	4	4	7	6	6	5	5	7	6	7	7	7
21.	RSUD Tasikmalaya	9	9	10	10	8	9	9	9	8	8	8	8
22.	RSUD Gunung Jati Cirebon	20	16	16	16	16	16	16	14	15	15	22	22
23.	Rutan Klas I Kebon Waru	2	1	1	1	0	0	0	10	0	0	0	0
24.	PKM Bogor Timur	36	34	34	35	35	34	34	35	35	35	35	35
25.	PKM Sukarayu Subang	16	15	15	15	15	15	15	15	14	14	13	13
26.	PKM Sukma Jaya Depok	31	33	34	34	33	32	32	32	32	34	34	34
27.	PKM Pondok Cabe	43	43	44	42	42	35	35	39	40	40	42	42
28.	Puskesmas Kedung Badak	45	46	49	48	48	46	46	46	49	48	49	49
29.	Puskesmas Sukabumi	16	17	17	17	17	18	18	18	17	15	15	15
30.	Puskesmas Plumpon Cirebon	18	23	24	25	26	16	16	27	22	8	8	8

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>
31.	RS Tk. IV Guntur Garut	0	0	0	0	0	3	3	3	4	4	4	4
32.	RSUP Sanglah Denpasar	49	50	53	56	55	49	51	53	50	51	51	50
33.	Lapas Klas II Krobokan	31	32	29	28	25	31	21	20	20	19	19	20
34.	PKM Kuta I Bali	28	25	24	27	24	28	22	23	23	21	21	24
35.	PKM Ubud II	7	7	7	7	7	7	8	8	8	8	8	8
36.	PKM Tabanan III	12	12	13	13	13	12	13	13	13	13	13	12
37.	PKM Abianse- mal I	0	0	0	0	0	0	0	0	0	0	0	0
38.	RSUD Dr. Soe- tomo Sby	29	23	23	23	25	23	23	23	23	23	23	23
39.	PKM Manuk- an Kulon Sby	11	13	13	13	14	13	11	11	11	11	11	11
40.	PKM Jagir Sby	13	13	13	13	13	12	11	11	11	11	11	11
41.	RSJ MenurSby	9	11	12	13	12	12	13	13	13	13	13	13
42.	PKM Bangil Pasuruan	29	30	31	30	30	30	29	29	29	29	29	29
43.	RSUD Gen- teng Banyu- wangi	0	0	0	10	11	11	9	9	9	9	9	9
44.	RSUD Dr. Syaiful Anwar Malang	4	4	4	4	4	4	4	4	5	6	6	6
45.	PKM Kendal- sari Malang	19	19	22	23	23	22	21	24	20	20	20	20
46.	PKM Gondang legi Malang	11	11	11	10	10	10	8	8	11	8	8	8
47.	RSUD Dr. Soe- dono Madiun	4	4	4	3	4	4	3	3	4	4	4	4
48.	RSWS Makassar	0	0	0	0	0	0	0	0	0	0	0	0
49.	PKM Jumpan- dang Baru	21	21	21	20	19	19	19	22	22	22	22	22
50.	PKM Kasikasi	43	43	43	43	43	44	44	44	42	45	45	45
51.	PKM Jongaya	5	5	5	5	5	5	5	9	9	8	8	8
52.	RSU Andi Makassau	1	1	1	2	2	2	2	3	2	2	2	2
53.	RSJ Prof. Dr. V.L. Ratumbuysang	0	0	0	0	0	0	0	0	0	0	0	0
54.	RSUP Fatma- wati	118	117	126	124	120	120	113	114	114	114	114	114
55.	PKM Kec. Senen Jakarta	74	80	79	78	78	79	78	74	72	72	72	72
56.	PKM Kec. Kramatjati	70	74	80	81	81	79	75	72	70	70	70	70
57.	PKM Grogol Petamburan Jkt	79	77	82	86	80	81	80	80	80	80	80	80
58.	PKM Ciboda- sari Banten	17	16	16	16	16	16	16	15	15	15	15	15
59.	PKM Jl. Mas Banten	30	28	28	28	28	28	27	27	26	26	26	26
60.	Lapas Pemuda Tangerang	7	8	8	7	7	8	10	10	11	11	9	8
61.	PKM Cipon- doh Banten	28	25	27	26	26	26	26	25	26	26	26	26
62.	PKM Johar- baru	89	92	90	89	87	85	82	83	78	78	78	78

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>
63.	PKM Ciputat	33	32	34	31	32	28	30	30	29	29	29	29
64.	RSUD Kab. Tangerang	0	0	0	0	0	0	0	0	0	0	0	0
65.	RSUD Serang	5	5	5	5	5	3	3	3	3	3	3	3
66.	RSUD Kota Batam	8	8	8	8	8	8	8	8	8	8	7	8
67.	RSUD Petala-bumi Pknbaru	12	12	8	8	8	8	8	8	8	8	8	8
68.	RSJD Lam-pung	9	9	9	9	9	9	8	9	9	9	9	9
69.	RSJD Jambi	32	32	32	32	32	32	32	32	32	32	32	32
70.	RSUP M. Djamil Padang	1	1	1	2	1	1	1	1	1	2	1	1
71.	RSUP Adam Malik Medan	80	80	82	82	83	80	80	75	69	67	62	62
72.	PKM Tanjung Morawa	25	21	19	19	19	19	19	20	20	20	21	21
73.	Rutan Klas I Medan	28	29	30	30	31	31	31	24	22	22	20	20
74.	RSUD Dr.Djas-men Saragih	7	6	6	6	7	8	8	8	7	7	7	7
75.	RSUP Dr. Sardjito DIY	1	2	2	3	3	2	5	2	2	2	2	2
76.	RSJ Grhasia DIY	3	3	3	2	2	2	2	2	2	2	2	2
77.	PKM Gedong Tengen DIY	21	19	20	18	18	18	18	16	16	16	16	16
78.	PKM Umbul Harjo DIY	6	5	6	6	6	7	6	6	6	6	6	6
79.	PKM Bangun-tapan II	7	7	7	7	7	7	7	7	7	7	7	7
80.	RSUD Dr. Soe-darso Pon-tianak	21	21	21	21	21	21	21	21	21	21	21	21
81.	RSJ Alianyang Pontianak	46	42	43	42	42	45	45	40	37	37	37	37
82.	RSUD Abdul Azis Sing-kawang	11	11	11	11	11	11	11	11	11	11	12	12
83.	RSKD Atma Husada Mahakam	8	7	7	7	7	7	7	7	7	7	7	7
84.	RS Tentara Dr. R. Hardjanto Balikpapan (UNITRA Butterfly)	2	2	2	2	2	2	2	2	3	3	3	3
85.	RSUP Dr. Karyadi Semarang	0	0	0	0	0	0	0	0	0	0	0	0
86.	PKM Poncol Semarang	10	9	12	12	10	12	11	11	11	11	11	11
87.	RSUD Margono	7	6	6	7	7	6	8	9	9	9	9	9
88.	PKM Parakan Temanggung	18	14	13	12	12	11	9	11	11	11	11	11
89.	Lapas Klas I Semarang	1	1	1	1	1	0	0	0	0	0	0	0
90.	PKM Sidorejo Lor Salatiga	0	7	4	6	6	4	3	4	4	4	4	4
91.	RSUD Muardi Solo	13	13	15	14	13	13	12	14	10	10	10	10
92.	PKM Mana-han Solo	19	17	14	15	14	14	13	13	13	11	11	11
<b>TOTAL</b>		<b>2,461</b>	<b>2,453</b>	<b>2,471</b>	<b>2,506</b>	<b>2,476</b>	<b>2,399</b>	<b>2,353</b>	<b>2,386</b>	<b>2,298</b>	<b>2,310</b>	<b>2,298</b>	<b>2,300</b>

Source : Minisitry of Health RI, March 2016

c. Self-Reporting Drug Abusers to IPWL, from Ministry of Social Affairs RI, 2015.

**Table 114. Total Self-Reporting Drug Abusers to IPWL Based on Rehabilitation Institution, 2015**

NO.	IPWL	ESTIMA-TION OF TOTAL KPN	TOTAL CLIENTS	GENDER		RE-MARKS
				MALE	FE-MALE	
1	2	3	4	5	6	7
I.	Aceh	73,201				
	1. Tabina		584	584	0	
	2. Yakita		16	16	0	
II.	North Sumatera	300,134				
	1. Kasih Anugrah		145	139	6	
	2. Getsemane		27	27	0	
	3. Bukit Doa T Getsemane		164	127	37	
	4. YR Menara Doa Ministry		29	24	5	
	5. Medan Plus		168	168	0	
	6. Minar Christ		74	66	8	
	7. Caritas PSE Medan		160	136	24	
	8. Nazar Medan		125	116	9	
	9. Persekutuan Doa Matius 5		66	65	1	
	10. PSPP Insyaf Medan		252	252	0	
	11. Lembaga Rehab Sibolangit		80	80	0	
	12. Sungai Jordan		35	35	0	
	13. Kuasa Pemulihan		16	13	3	
	14. Amanat Agung		52	50	2	
	15. Kolam Bethesda		30	30	0	
	16. Rahmani Kasih		37	36	1	
	17. Pondok Trenkely		98	90	8	
	18. Pemulihan Kasih Bangsa		72	56	16	
	19. Minyak Narwastu		95	90	5	
	20. Keris Sakti		62	57	5	
	21. Datuk Etam		30	30	0	
	22. Rumah Idaman		13	13	0	
III.	Riau	90,453				
	1. Yayasan Satu Bumi		130	130	0	
IV.	Yayasan Mercusuar		30	30	0	
	West Sumatera	65,208				
V.	1. RBM Chimpago		37	28	9	
	2. Yayasan Suci Hati		105	103	2	
	3. New Padoe Jiwa		224	200	24	
VI.	Jambi	47,064				
	1. Yayasan Kalimosodo		26	20	6	
	2. Al Baroah		65	65	0	
	3. Sahabat Jambi		340	316	24	
VI.	South Sumatera	98,329				
	1. Yayasan Ar Rahman		124	123	1	
	2. Yayasan Mitra Mulia		30	30	0	

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>VII.</b>	<b>Bengkulu</b>	<b>25,784</b>				
	1. Yayasan KIPAS		<b>46</b>	40	6	
<b>VIII.</b>	<b>Riau Islands</b>	<b>41,767</b>				
	1. LSM Sahabat Anak Indonesia		<b>42</b>	33	9	
<b>IX.</b>	<b>Lampung</b>	<b>89,046</b>				
	1. Yayasan Sinar Jati		<b>68</b>	59	9	
<b>X.</b>	<b>DKI Jakarta</b>	<b>364,174</b>				
	1. Sembilan		<b>280</b>	279	1	
<b>XI.</b>	2. Karisma		<b>30</b>	30	0	
	3. Madani		<b>71</b>	70	1	
	4. Kelima		<b>177</b>	161	16	
	5. Khusnul Khotimah		<b>200</b>	200	0	
	6. Kapeta		<b>80</b>	80	0	
	7. Stigma		<b>95</b>	91	4	
	8. Natura		<b>158</b>	141	17	
	9. Al Jahu		<b>60</b>	60	0	
	10. Sahabat Rekan Sebaya		<b>35</b>	35	0	
	<b>Banten</b>	<b>177,110</b>				
<b>XII.</b>	1. Hikmah Syahadah		<b>45</b>	30	15	
	2. Nururohman		<b>85</b>	85	0	
	3. Bani Syifa		<b>40</b>	40	0	
	4. YRM Dira Sumantriwintoha		<b>20</b>	20	0	
<b>West Java</b>	<b>792,206</b>					
	1. Yakita Bogor		<b>20</b>	18	2	
	2. Agape Bogor		<b>40</b>	33	7	
	3. As Sabur		<b>65</b>	60	5	
	4. Maha Kasih		<b>517</b>	514	3	
	5. Rumah Asa Bogor		<b>30</b>	30	0	
	6. Adiksifitas Bogor		<b>38</b>	38	0	
	7. GMDM Bekasi		<b>30</b>	28	2	
	8. Penuai Indonesia		<b>483</b>	465	18	
	9. Fan Campus		<b>65</b>	61	4	
	10. Inabah II Putri		<b>45</b>	0	45	
	11. Inabah XV		<b>69</b>	69	0	
	12. Galih Pakuan Bogor		<b>300</b>	300	0	
	13. Sekar Mawar		<b>19</b>	19	0	
	14. Al Karomah		<b>25</b>	20	5	
	15. Rumah Cemara		<b>60</b>	60	0	
	16. Peka		<b>40</b>	32	8	
	17. BPRSP Lembang		<b>77</b>	67	10	
	18. Nurul Janah		<b>110</b>	110	0	
	19. Ianatush Syibyan		<b>65</b>	64	1	
	20. Breakthrough Missions		<b>32</b>	32	0	
	21. RNT Pelita Bangsa		<b>75</b>	75	0	

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>XIII.</b>	<b>Central Java</b>	<b>452,743</b>				
	1. At Tauhid		<b>153</b>	148	5	
	2. Balai Mandiri		<b>165</b>	128	37	
	3. Nurul Ichsan Al Islami		<b>138</b>	129	9	
	4. Rumah Damai		<b>58</b>	58	0	
	5. Cinta Kasih Bangsa		<b>22</b>	22	0	
	6. Pemulihan Pelita		<b>70</b>	64	6	
	7. Maunatul Mubarok		<b>40</b>	39	1	
	8. Nurussalam		<b>67</b>	59	8	
	9. Sinai		<b>140</b>	128	12	
	10. An Nur		<b>90</b>	67	23	
	11. Mitra Alam		<b>114</b>	112	2	
	12. Al Ma'la		<b>55</b>	54	1	
<b>XIV.</b>	<b>DI Yogyakarta</b>	<b>62,028</b>				
	1. Galilea Elkana		<b>34</b>	34	0	
	2. Kunci		<b>22</b>	22	0	
	3. Indocharis		<b>325</b>	264	61	
	4. PSPP Yogyakarta		<b>100</b>	95	5	
	5. Siloam		<b>40</b>	40	0	
	6. Tetirah Dzikir		<b>40</b>	40	0	
	7. Al Islami		<b>133</b>	119	14	
<b>XV.</b>	<b>East Java</b>	<b>568,304</b>				
	1. ANKN Surabaya		<b>100</b>	95	5	
	2. Corpus Christi		<b>21</b>	19	2	
	3. Doulos Malang		<b>35</b>	30	5	
	4. Bambu Nusantara		<b>120</b>	110	10	
	5. Inabah XIX		<b>89</b>	89	0	
	6. Orbit		<b>60</b>	40	20	
<b>XVI.</b>	<b>Bali</b>	<b>66,785</b>				
	1. Yakeba		<b>20</b>	20	0	
	2. Yakita		<b>43</b>	38	5	
<b>XVII.</b>	<b>West Nusa Tenggara</b>	<b>51,519</b>				
	1. Aksi		<b>41</b>	40	1	
<b>XVIII.</b>	<b>East Nusa Tenggara</b>	<b>51,298</b>				
	1. Warna Kasih		<b>83</b>	78	5	
<b>XIX.</b>	<b>South Kalimantan</b>	<b>57,929</b>				
	1. Lingkar Harapan Banua		<b>90</b>	85	5	
	2. Serba Bhakti		<b>70</b>	70	0	
<b>XX.</b>	<b>Central Kalimantan</b>	<b>35,811</b>				
	1. Galilea		<b>110</b>	98	12	
<b>XXI.</b>	<b>East Kalimantan</b>	<b>59,195</b>				
	1. Ibadurrahman		<b>138</b>	131	7	
	2. Laras		<b>20</b>	13	7	
<b>XXII.</b>	<b>West Kalimantan</b>	<b>69,164</b>				
	1. LSM Merah Putih		<b>20</b>	17	3	
	2. Bumi Khatulistiwa		<b>42</b>	30	12	

1	2	3	4	5	6	7
XXIII.	West Sulawesi	18,887				
	1. Amanat Muda		225	148	77	
XXIV.	South Sulawesi	125,643				
	1. YKP2N Makassar		371	363	8	
XXV.	2. Doulos Makassar		45	41	4	
	North Sulawesi	38,307				
	1. Jamila Husen Ministry		10	5	5	
XXVI.	2. Bunga Bakung MNDO		107	97	10	
	S.E.Sulawesi	27,328				
	1. Family Rekan Sebaya		193	184	9	
XXVII	Maluku	27,328				
	1. LP2B Ambon		83	83	0	
<b>TOTAL</b>			<b>11,447</b>	<b>10,658</b>	<b>789</b>	

Source : Ministry of Social Affairs RI, March 2015

**d. Data on *Injecting Drug Users (IDUs)* and HIV/AIDS from Ministry of Health RI, 2015.**

Drug abuse gives harmful impact to the health of drug abusers, particularly those who share the needle. As a result, they become infected to HIV/AIDS, Hepatitis B and Hepatitis C. Report from Directorate General of Control and Eradication of Diseases (P2P), Ministry of Health RI states that AIDS cases from 1 January to 31 December 2015 totaled to 6,081 cases.

**Table 115. Total AIDS Cases Based on Gender, 2015**

NO.	GENDER	TOTAL
1	2	3
1.	Male	3,806
2.	Female	2,274
3.	Unknown	1
<b>TOTAL</b>		<b>6,081</b>

Source : Directorate General of P2P, Ministry of Health RI, January 2016

**Table 116. Total AIDS Cases Based on Risk Factor, 2015**

NO.	RISK FACTOR	TOTAL
1	2	3
1.	Heterosexual	5,034
2.	Homo Bisexual	492
3.	IDU	159
4.	Blood Transfusion	10
5.	Prenatal Transmission	242
6.	Unknown	99
<b>TOTAL</b>		<b>6,081</b>

Source : Directorate General of P2P, Ministry of Health RI, January 2016

**Table 117. Total AIDS Cases Based on Age Group, 2015**

NO.	AGE GROUP	TOTAL
1	2	3
1.	< 1 Years	39
2.	1 – 4 Years	134
3.	5 – 14 Years	85
4.	15 – 19 Years	110
5.	20 – 29 Years	1,677
6.	30 – 39 Years	2,212
7.	40 – 49 Years	1,170
8.	50 – 59 Years	481
9.	> 60 Years	112
10.	Unknown	61
<b>TOTAL</b>		<b>6,081</b>

Source : Directorate General of P2P, Ministry of Health RI, January 2016

**Table 118. Total AIDS Cases By Province, 2015**

NO.	PROVINCE	TOTAL
1	2	3
1.	Aceh	49
2.	North Sumatera	53
3.	West Sumatera	0
4.	Riau	253
5.	Jambi	52
6.	South Sumatera	175
7.	Bengkulu	24
8.	Lampung	111
9.	Bangka Belitung	61
10.	Riau Islands	212
11.	DKI Jakarta	130
12.	West Java	657
13.	Central Java	963
14.	DI Yogyakarta	91
15.	East Java	647
16.	Banten	134
17.	Bali	957
18.	West Nusa Tenggara	89
19.	East Nusa Tenggara	0
20.	West Kalimantan	179
21.	Central Kalimantan	26
22.	South Kalimantan	0
23.	East Kalimantan	254
24.	North Kalimantan	43
25.	North Sulawesi	180
26.	Central Sulawesi	112
27.	South Sulawesi	145
28.	S.E. Sulawesi	60
29.	Gorontalo	25
30.	West Sulawesi	0
31.	Maluku	62
32.	North Maluku	104
33.	West Papua	7
34.	Papua	226
<b>TOTAL</b>		<b>6,081</b>

Source : Directorate General of P2P, Ministry of Health RI, January 2016

e. **Harm Reduction Program for Injection Drug Users from National Commission Against AIDS (KPAN), 2015.**

1) **Community-Based Recovery from Addiction (PABM).**

The PABM program was initiated in 2009 by National Commission Against AIDS (KPAN). It is an alternative for the already existing modality for drug dependence in Indonesia. This program offers a choice for medication that is centered on the client, and refers to drug-related harm reduction that will improve the client's quality of life. PABM provides with a choice of service, in particular to the injection drug user (IDU) that is integrated in the Harm Reduction Program.

PABM aims to improve the client's quality of life physically, psychologically, socially and the environment of the client. PABM does not merely focus on achieving abstinence but also strengthens the client to live a better and productive life, to reduce the use of drugs, improve self-confidence, change to a positive behavior, reduce the harmful effect of injecting drug use, among others, the transmission of HIV, and improve the access to health-related prevention and dealing with HIV and AIDS.

The approach of PABM is a *voluntary based treatment*, using a therapy modality that is designed to conform the needs of the client and meets the minimum standard of service. The minimum standard of PABM program is 2 months inpatient and 4 months outpatient. The medical referral system is also designed to facilitate the relation with the health treatment, including primary treatment, mental health, and harm reduction.

Since its establishment by KPAN in cooperation with 11 community-based organizations, the model of Indonesian Community-Based Addiction Recovery has proven to be an effective alternative, voluntary, evidence-based, and contains the basics of Human Rights in the models of treatment implemented in Indonesia and in the South East Asia region. Until August 2015 this program has been implemented in 20 facilities of the community-based organization in 15 cities, and has reached 2,154 clients.

**Table 119. Total IDUs Having Accessed PBAM, 2015**

NO.	REGION	TOTAL
1	2	3
1.	North Sumatera	39
2.	South Sumatera	16
3.	DKI Jakarta	17
4.	West Java	114
5.	DI Yogyakarta	22
6.	East Java	8
<b>TOTAL</b>		<b>216</b>

Source : National Commission Against AIDS, March 2016

## **2) Sterile Needle Service (LASS).**

The LASS program is a series of activities at the community health clinic in providing sterile needles for IDUs, and destroying waste/used needles. This program includes education, information and communication with the aim to change the risk behavior and prevent the blood-transmission of infectious diseases.

The LASS Program aims to :

- 1) Distribute sterile needles to IDUs.
- 2) Facilitate easyaccess to needles for IDUs.
- 3) To interrupt the link of HIV and AIDS and other blood carried viruses among IDUs.
- 4) To safeguard the public from transmission of infectious diseases by destroying waste needles.
- 5) Provide a reference for the initial collection of data for the purpose of epidemiology and accountability of activity implementation.

**Table 120. Total IDUs in Accessing LASS from July-December 2015**

NO.	REGION	TOTAL
1	2	3
1.	Bali	275
2.	Banten	1
3.	DIYogyakarta	60
4.	DKI Jakarta	1,375
5.	West Java	1,557
6.	Central Java	255
7.	East Java	849
8.	West Kalimantan	69
9.	East Kalimantan	53
10.	Lampung	30
11.	South Sumatera	19
12.	West Nusa Tenggara	64
13.	South Sulawesi	492
14.	North Sulawesi	176
15.	North Sumatera	205
<b>TOTAL</b>		<b>5,480</b>

**Source :** National Commission Against AIDS, March 2016

f. Activities of BNN Deputy of Prevention, 2015.

**Table 121. Total Participants in Activities managed by Directorate of Advocacy, BNN Deputy of Prevention, 2015**

NO.	ACTIVITIES	TOTAL
1	2	3
<b>A. Activities of Budget Based Projects (DIPA)</b>		
<b>1.</b>	<b>Advocacy (70 Activities)</b>	
a.	Government Institutions	65
b.	State-owned Corporations (BUMN)	26
c.	Private Sector Agencies	47
d.	Armed Forces(Agencies)	2
e.	High School students/High Schools	30
f.	University students/Campuses	40
g.	Public (NGO/Groups)	70
<b>2.</b>	<b>Assistance (50 Activities)</b>	
a.	Govt. Institutions	48
b.	State-owned Corporations/Agencies	20
c.	Private Sector/Agencies	31
d.	Armed Forces/Agency	1
e.	High School Students/High Schools	19
f.	University Students/Campuses	31
g.	Public (NGO/Group)	35
<b>3.</b>	<b>Supervision (30 Activities)</b>	
d.	Govt. Institutions	28
e.	State-owned Corporations/Agency	20
f.	Private Sector/Agency	31
d.	Armed Forces/Agency	1
e.	High School Students/High Schools	6
f.	University Students/Campuses	24
h.	Public (NGO/Group)	20
<b>B. Non Budget Based Project Activities (Non DIPA)</b>		
	Socialization of DIPA/Non DIPA	
a.	High School Students	6,480
b.	Govt. Institutions(Employees)	17,530
c.	Public (Persons)	14,720
d.	University Students	19,940
e.	Private Sector (Workers)	1,100
f.	students	14,220

**Table 122. Total Participants of DIPA and Non DIPA Activities, Directorate of Information Dissemination, BNN Deputy of Prevention, 2015**

NO.	ACTIVITY	TOTAL ACTIVITIES/TARGETS				
		FAMILY	STUDENTS (UNIV. & HIGH SCHOOL)	WOR- KERS	PUB LIC	HEALTH SECTOR
1	2	3	4	5	6	7
I.	<b>DIPA-BASED ACTIVITIES</b>					
1.	Socializaion of Drug Abuse Prevention (vis-a-vis)	13	16	19	35	8
2.	Cultural Performance	1	-	3	1	-
3.	Talkshow at TVRI (television media)	-	-	-	29	-
4.	Radio drama	-	-	-	17	-
II.	<b>NON DIPA ACTIVITIES</b>					
1.	Socialization of Drug Abuse Prevention (vis-à-vis)	-	13	10	7	-
<b>TOTAL</b>		<b>14</b>	<b>29</b>	<b>32</b>	<b>89</b>	<b>8</b>

Source : BNN Deputy of Prevention, March 2016

**g. Activities of BNN Deputy of Community Empowerment, 2015.**

**Table 123. Total Urine Tests Conducted by BNN Deputy of Community Empowerment, 2015**

NO.	AGENCY	TOTAL AGENCIES	TOTAL URINE TESTS	POSITIVE	%
1	2	3	4	5	6
1.	Govt. Institutions	69	11,376	11	
2.	Private Institutions	6	1,685	2	
3.	Educational Sector	14 Campuses	1,743	4	
4.	Public	1 Kp Ambon	125	2	
<b>TOTAL</b>			<b>14,929</b>	<b>19</b>	

Source : BNN Deputy of Community Empowerment, March 2016

**Table 124. Total Urine Tests conducted by BNNP, 2015**

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	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.	S.E. 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 Empowerment, March 2016

**Table 125. Total Farmers Having Changed to Other Crops Cultivation, 2015**

NO.	REGION	TOTAL FARMERS	CANNABIS FIELDS	OTHER CROPS
1	2	3	4	5
1.	Aceh Besar (Lamteuba and Kutamalaka)	44 Person	20 Ha	Cocoa 20 Ha
2.	Province Aceh	44 + 10 (BNNP Aceh) = 54 Person	20 + 10 Ha (BNNP Aceh) = 30 Ha	Cocoa

Source : BNN Deputy of Community Empowerment, March 2016

**h. Results of BNN National Survey on the Prevalence of Drug Abuse Among Households, 2015.**

**1) Drug Abuse Rate**

The drug abuse rate is measured by two (2) conditions, namely *ever used* and *current users*. *Ever used* means having consumed a drug the minimum of one time as an experiment or once in their lifetime. This illustrates the extent of the drug problem in a certain region/district. Past year use or current user is the group that have ever used a drug, or still actively take a drug in the past 12 months from the time the survey was conducted. The rate illustrates the present extent of the drug problem.

**a) Ever used.**

The group of ever used in their lifetime among households is 1.7% in 2015, or 17 out of 1000 have ever used drugs. There is not much difference in prevalence between the group of 20-29 years and over 30 years. The prevalence rate at city level (1.9%) is somewhat higher than at district level (1.4%). The highest city-level prevalence rate (2.1%) is the same in the group of 20-29 years and above 30-ies. While at district level the rate is higher in the age group above 30 years (1.6%).

The trend of prevalence rate tends to decrease in the past 5 years (2.4%), while between 2010 and 2005 it was relatively stable. From a detailed study the number of drug abusers in the group of 20-29 years tends to decline from 0.7% (2010) to 0.9% (2015). This prevalence rate tends to decrease in the past 15 years, from 5.1% to 1.8%. However, an increase is seen in the age group of 10-19 years, from 0.7% (2010) to 0.9% (2015). No great disparity is seen in the percentage at city and district level, except in the group of 20-29 and above 30 years.

The prevalence rate among males is higher compared to women at city as well as at district level. The higher the education among drug abusers, the higher also is the prevalence rate of drug abuse among males. The prevalence among those who are unemployed is greater (4.5%) than workers (3.5%) among the males. Male drug abusers have more frequently lived in another city at least one month in the past 5 years than women drug abusers. (Table A-10).

Meanwhile, boarding households in the group of ever used (lifetime use) have a higher prevalence rate than among the common households. This indicates that drug trafficking is found in certain spots of the society. At the level of boarding households among lifetime drug abusers the prevalence of drug abuse is likely to decline from 13.1% (2005) to 5.6% (2005). Likewise in the age group of above 30 years, as was indicated in 3 surveys. However, this is not the case with other age groups, that tends to go up from 2010 to 2015.

**Table 126. Prevalence Rate of Lifetime Drug Use and Past Year Drug Use**

	LIFETIME						PAST YEAR					
	2005		2010		2015		2005		2010		2015	
	HH	BRD	HH	BRD	HH	BRD	HH	BRD	HH	BRD	HH	BRD
<b>Overall</b>	<b>2.4</b>	<b>13.1</b>	<b>2.4</b>	<b>7.5</b>	<b>1.7</b>	<b>5.6</b>	<b>0.8</b>	<b>5.2</b>	<b>0.6</b>	<b>4.0</b>	<b>0.6</b>	<b>3.6</b>
<b>Age Group</b>												
10 - 19 yrs	1.2	8.9	0.7	0.0	0.9	1.7	0.8	3.3	0.4	0.0	0.3	1.0
20 - 29 yrs	5.1	14.3	4.2	2.8	1.8	6.1	1.8	5.9	1.5	1.9	0.9	4.3
Above 30	1.7	9.9	2.3	8.3	1.9	7.5	0.3	2.5	-	4.2	0.6	3.6

Note: HH – Household BRD – Boarding

In the group of lifetime use among boarding households the majority is seen at entertainment facilities (14.5%), followed by campus (6.1%), and market (4.6%). At entertainment spots females take the most drugs (12%), in particular in the group of 20-29 years (8%). In campus males are the majority. From the view of education the highest rate is placed among women who have passed Junior High school (5%), in the age group 20-29 (4%). While among males who have passed Senior High school (4.3%), which is a bit higher compared to those who have passed Junior High (4.1%). Related to occupation, the majority are male students of high school and university (4.9%), with little disparity from the unemployed. Among the females, the prevalence of (2.5%) is seen among working females.

**b) Past year drug use.**

The prevalence rate of past year drug use (current user) in 2015 is 0.6%, or 6 out of 1000 consumed drugs in the past year. The majority is found in the group of 20-29 years, mostly in the city males are above 30 while in the district they are in the age of 10-19 years. Most of the males and females have passed Senior High school. While among the males more are unemployed, but among females the majority have a job. Most of the males have lived out of town at least 1 month in the past 5 years compared to females, particularly over 30 years.

The prevalence rate in past year drug use is relatively stable since the past 5 years (2010), but tends to decline since the past 10 years (2005). However, this pattern is not indicated in the group of over 30 years. The prevalence of drug abuse in the city is likely to go down in the past year. On the other hand, it is likely to increase in the district. However, 2015 shows relatively no difference in the city and district, especially related to age group. The highest prevalence of drug abuse is in the group of 20-29 years.

The proportion of males in the city who take drugs (3.4%) is greater compared to the district (2.4%). While among females the disparity is relatively small between females in the city (0.5%) and in the district (0.4%). The higher the level of education the greater the number of drug abusers, both among males and females. Among the males those who are unemployed have a greater proportion especially in the age of 20-29 years. However, this pattern is the reverse among females, which is greater among working females, in particular in the group of 10-19 years. Males who migrate to other cities are greater in proportion. The older their age, the greater the proportion of migration. Migration means living in another city (besides the city under survey) for at least 1 month in the past 5 years (Table A-10).

In boarding houses the estimation 38 out of 1000 take drugs in the past year (3.8%). The majority of drug abusers belong to the group of 20-29 years (4.6%). Males are greater in number (6.4%) than females (1.6%). The majority of drug abusers live in boarding houses near entertainment locations, campuses and markets. Most of male drug abusers are found in the campus, while women drug abusers in the entertainment environment. From the view of education, most of male drug abusers have passed Senior High School, while among the women they have passed the minimum of Elementary or lower. The highest prevalence among males belong to the age between 20-29 years in the campus environment. Among females the age is above 30 years at entertainment facilities.

Viewing the trend, the prevalence of drug abuse tends to decline in the group of boarding drug abusers as indicated in the 3 surveys, from 6.2% (2005) to 3.8% (2015). Looking at the age group, there is a fluctuation of prevalence in all groups. Worth noted is the increase in prevalence from 2010 to 2015 in all age groups. In the entertainment environment the prevalence of drug abuse is high in the 3 surveys conducted, ranging from 7.3% to 9.6%. Among the women the prevalence tends to decrease from 3.9% (2005) to 1.6% (2015), but in contrast with male drug abusers, that is likely stable.

c) **Drug Abuser's characteristics**

The year 2015 indicates that more than half the number of past year drug users in the household are above 30 years (59%). This group tends to gradually increase in each of the surveys. However, there is no disparity between the proportion of males and females. The majority have passed Senior Secondary education (68%). This proportion inclines to decrease in the 3 surveys, but there is a tendency of increase among those who passed Junior Secondary. More than  $\frac{3}{4}$  th of males in the survey are unemployed, while in the two previous surveys the percentage of unemployed ranges between 14% to 16%. More than  $\frac{3}{4}$  th of respondents have an income above 1.5 million Rupiah. This group increasingly escalates from 14% to 79%. 1 out of 5 respondents have lived the minimum of 1 month in another city in the past 5 years. The percentage fluctuates in each of the 3 surveys, but inclines to decline.

Among Special households or boarding households, more than  $\frac{1}{3}$  rd of respondents are in the age 20-29 years (79%), the proportion of males greater than females. Related to age group, the distribution in 2015 does not differ greatly with that in 2010. In general, drug abusers have passed Senior High school, mainly the males. More than half of respondents are students of high school or university, in particular among males (64%). Among females the majority have a job (86%). The proportion of this group increasingly escalates in the 3 surveys. The estimated income of most drug abusers is more than Rupiah 1,500,000.00/month (84%). Approx 1 out of 4 respondents has ever lived in another city for the minimum of 1 month in the past 5 years.

**d) History of Drug Abuse**

The average age of the first drug use is 19 years, with a range of the oldest age 45 and the youngest 12 years. The average oldest age of drug use is found in West Papua (25) and the youngest in Jambi (15). The most mentioned reason for drug use is wanting to try/to experiment (65%), persuaded by a friend (55%), have a good time (19%). In certain study locations like East Java, Bali, East Nusa Tenggara, East Kalimantan, North Kalimantan and Maluku, one of the reasons mentioned by all respondents is to experiment with drugs.

The first drug mostly used is cannabis (45%), followed by benzodiazepines (8%), shabu (6%), ecstasy (3%) and tramadol (2%). In West Papua, Bali and East Nusa Tenggara all respondents mentioned cannabis as the first try of a drug. To note, in the 2015 survey more than 1/4<sup>th</sup> of respondents are reluctant to mention the first drug of abuse and answered they do not remember. Cannabis is the most used as the first drug in the districts (47%) compared to in the cities (43%). In the group of benzodiazepines and shabu the greatest proportion of first drug of use is in the cities, while ecstasy and trihexyphenidyl are more found in the districts. Viewing its trend, a fluctuation is seen in cannabis, indicating a decline, from 65% (2005) to 44% (2015), but escalated to 71% in 2010. Ecstasy inclines to increasingly decline from 10% (2005) to 3% (2015). Shabu is relatively stable with a range of 6%-6% in each survey. Benzodiazepines show an increase from 1% (2005) to 8% (2015).

**e) Consumed Drugs**

**(1) Ever Used/Lifetime Use**

The most used drug in the classification of *Ever used/lifetime use* is cannabis (57%), followed by shabu (23%), and ecstasy (15%). Other drugs are heroin/putauw, benzodiazepines, dextromethorphan, trihexyphenidyl and rohypnol/mogadon, ranging from 5% to 10%. The four last mentioned drugs are controlled drugs that can be purchased at a pharmacy with a doctor's prescription. However, in reality it is sold without a prescription, or with a forged doctor's prescription.

The prevalence of lifetime use for cannabis in the city (59%) is higher than the prevalence rate in the district (50%). Most interesting is the prevalence of ecstasy in the district (22%) which is higher than in the city (12%). The same pattern is seen for shabu, which is somewhat higher in the district (25%), and (22%) in the city. This indicates a shift in the prevalence, as in the two previous surveys the prevalence rates for ecstasy and shabu are higher in the city. It also indicates that trafficking in certain drugs are already invading the district.

Related to the first drug of abuse by respondents, cannabis inclines to decrease, from 85% (2005) to 57% (2015). The same pattern is seen in the prevalence of ecstasy, but not for shabu, that has a fluctuating trend. From 2005 to 2010 it goes up, then down from 2010 to 2015. In the 2015 survey drugs are more variable. Some names emerged like tramadol, trihexyphenidyl, CC4 rohypnol/mogadon, dumolid, catinon, valdimex. In the two previous surveys these names were not mentioned in detail.

## **(2) Past Year Use**

Cannabis maintains to be the most consumed drug in the past year. 1 out of 5 drug abusers maintains to consume cannabis (25%). The next are shabu (12%), ecstasy (5%) and tramadol (5%). One out of 8 drug abusers take shabu. Ecstasy and tramadol are less frequently used, namely, 1 out of 20 drug abusers. Other drugs are less than 4%.

Cannabis, ecstasy and shabu are more consumed in the district than in the city in 2015. While in the 2 previous surveys the consumption percentage of cannabis, shabu and ecstasy is higher in the city. This indicates that a shift has occurred in the circulation of drugs from the city to the district. This phenomenon is likely the result of a limited action in supply reduction in the district, causing drug dealers moving more freely in finding new targets in the district in the last 5 years. This also indicates that drug trafficking is increasingly spreading widely in other regions of Indonesia. One matter that should also be paid attention to is that at district level the sale of controlled drugs becomes more thriving than in the city. People can buy these drugs like tramadol, trihexyphenidyl, dumolid and rohypnol freely at pharmacies and dispensaries.

The trend of cannabis is relatively stable in the past 15 years, although it did decrease from 2005 to 2010, mainly at district level. Ecstasy is likely to decline from 10% (2005) to 5% (2015). It is interesting that consumers of shabu and ecstasy are increasingly adding in number in the districts than in the cities. While at city level ecstasy tends to decrease, and shabu is relatively stable. Heroin/putauw inclines to decrease in the past 15 years, but shows some increase from 2010 to 2015, especially in the districts.

**f) Injecting Drug.**

Approx 1 out of 22 drug abusers in the common household has ever injected a drug (4.6%). A greater proportion is found among boarding households (6.5%). The year 2015 shows a greater proportion of people practising injecting the drug in the district. In the two previous surveys this practice was more done in the city. The trend of injecting drugs indicates a decrease from 12% (2005) to 5% (2015) in the general household.

The estimation is that 1 out of 200 drug abusers practise injecting drug use in the past year. The ratio has not changed significantly from the survey in 2010. However, a sharp decrease is seen if compared to the survey in 2005. This indicates that injection drug use has declined increasingly in the past 15 years, but inclines to be stable in the past 10 years.

Approx half the number of injecting drug users have shared the needle in 2015, particularly in DKI Jakarta, West Java, DI Yogyakarta and Maluku. The proportion has not changed but is the same as in the survey of 2010. Approx. half of the above number still share the needle in 2015. The proportion has increased in the 3 surveys among the common households. The drugs mostly injected are heroin/putauw, followed by barbiturates, shabu and ecstasy.

**g) Efforts in Treatment and Rehabilitation**

Almost half the number of households have sought for treatment (42%) to get free from the influence of drugs. However, the proportion among boarding households is smaller (18%). The tendency of seeking treatment has increased from 29% (2005) to 42% (2015). The proportion in the city in seeking access to treatment is greater than in the district. Even 1/3<sup>rd</sup> of the drug abusers in the general household have sought treatment services.

This pattern is also seen among special households, and this proportion is escalating in each of the surveys. It is an indication that awareness has increased among drug abusers to improve themselves to get free from drug dependence. Most of the drug abusers practised abstinence (39%), followed by medical detoxification (18%) and non medical detoxification (14%).

Approx 1 out of 5 drug abusers in the household has made some effort to overcome drug dependence and admit had a relapse, but the proportion of a relapse is greater among boarding households (27%). The reason for their relapse is mainly because of a friend's offer to take drugs, suggestion, or offered by a dealer/trafficker. Those who refuse to overcome their addiction is because they are afraid of being caught by the police (17%).

**h) Overdose.**

1 out of 19 drug abusers in the household have experienced an overdose, but does not occur in the special household. 6 survey locations have reported overdose, ie. Aceh, DKI Jakarta, West Java, D.I. Yogyakarta, South Sulawesi and Maluku. The proportion of overdose is relatively not much different with the survey in 2010. Those who had an overdose live mostly in the city. In 2015 approx. 1 out of 5 drug abusers had an overdose in the past year. The proportion of overdose inclines to escalate in the 3 surveys.

The prevalence rate of drug abuse in the past year is 0.7%, with a greater percentage among males (1.4%) than among females (0.1%). Jakarta indicates the highest rate of prevalence (3/4%), followed by Makassar (1.5%), DI Yogyakarta, Medan, and Manokwari respectively 0.8%. Looking at each of the surveys there is a variable fluctuation in the prevalence in every city.

**i) Source of Drugs and Hangouts of Drug Consumption.**

The source of the first drug of abuse is mostly from friends (95%). Respondents in East Kalimantan admit getting the drug from a pharmacy/dispensary, while in Maluku respondents accessed from a drug dealer/trafficker. These 2 accesses are the most used, i.e. friends and a pharmacy/dispensary, except in East Kalimantan, where the drugs are mostly obtained from pharmacies. To get the drug the majority of drug abusers spend their pocket money that they received from the parents (35%), or get the drug free from a friend (24%).

There are 4 hangouts that drug abusers frequently select for drug consumption, i.e. a friend's house (45%), the street (12%), respondent's home (19%), and the park (12%). A friend's home is the most frequently used in Bali and Bangka Belitung. In Yogyakarta, North Sumatera and Bangka Belitung the most favorite location is the street. In West Kalimantan, East and North Kalimantan respondents mostly take the drug at home.

The majority of drug abusers take the drug with a friend (96%), or alone (13%), and with a dealer/trafficker (5%). However, only half the number of drug abusers remains taking the drug with a friend.

## **2) Social Environment Condition.**

Prone to drug abuse is closely related to the situation and social condition of the residence's environment. Less conducive environment, the permissive attitude of the community towards the drug abuse problem, and concentration of drug trafficking are risk factors in affecting the high rate of drug abuse in a certain area. Such a condition was identified by the surveys conducted earlier where pockets of drug trafficking cause the high rate of drug abuse in certain areas.

In this next survey the vulnerable condition to drug abuse in the environment, is estimated by questioning the respondent's perception and knowledge on certain matters, e.g. the existence of a dealer/trafficker, experience related to an offer to drugs, also exposure to friends or people in the environment who take drugs, and the respondent's experience related to drug abuse.

In some cities the survey identified community groups that have their own activities, like care for drugs and HIV/AIDS by young people of the mosque, church and neighborhood youth association. Religious lectures also inform on the dangers of drugs. The public hopes that these activities are supported by the government through the coordination of the local BNN that has the competence in delivering information.

*"It is very common in the church to mention in the sermon about drugs, about alcoholic drinks, even about corruption..."* (In-depth interview, Family of a drug abuser, West Papua).

**a) The Threat of Drug Abuse and the Existence of Drug Dealers/Traffickers**

Results of the survey on households indicate that most of the respondents in all locations (37%) view that the drug problem is still a threat in the environment of their residence. The community's perception on the vulnerability to drugs is very variable in certain regions, depending on the risk factors, such as the presence of drug dealers, or the existence of drug abuse in the neighborhood of their residence. The community's perception on the prone condition to drugs in their neighborhood has declined if compared with the previous two surveys (2005 and 2010), namely 63%. Meanwhile, the level of anxiety felt by respondents of special households (boarding households) towards the threat of drug abuse is higher : 42%.

Only 7% of the total respondents in all locations stated that there are still drug dealers or traffickers in their neighborhood, in particular DKI Jakarta, North Sumatera and Aceh. The rate (7%) is relatively the same among general households and boarding households, especially in North Sumatera (13%).

In-depth interviews and guided group discussions show a variation of views in some of the regions on drug trafficking and vulnerability to drugs. Some of the informants view that drug trafficking has flourished extensively, and some others stated that the condition is not alarming. Based on field officers' observation drug trafficking in the study location is not so obvious as the community is rather closed. However, they perceive that the condition is quite affected, looking at the prosperous trafficking and abuse of shabu.

In-depth interviews and guided group discussions reveal that in the neighborhood they heard of the existence of drug abusers and dealers. Drug trafficking tends to escalate which is seen from the increase in the number of shabu users; that drug trafficking has spread to all sub-districts; that they can get drugs from their co-workers or from outside the environment. Nevertheless, some informants insist that drug trafficking in their district is still trivial and not yet alarming.

**b) Drug trafficking : A Friend taking Drugs, Drug Offer, Involved in A Drug transaction.**

14% of respondents in the general household admit they have a drug abuser friend, neighbor, or a relative, with a median of 3 people. The majority of drug abusers (82%) live in the same city as the respondents, while the remaining in the district. Most of these respondents are from Aceh, DKI Jakarta, Yogyakarta and North Sumatera. 28% of the boarding households have a friend, neighbor, or a relative as a drug abuser.

Respondents of the general household (5%) admit they have heard of a friend, neighbor or relative who died from drug abuse in the past year, in particular respondents from DKI Jakarta (19%), while in other cities the percentage is under 10%. The average mortality rate from drug abuse is 1-2 people.

Drug trafficking threatens anybody, even the closest person can become the risk factor for a person to become a drug abuser. Almost in all the study locations there is a respondent who admits being offered drugs by another person. 6 out of 100 respondents admit they were offered a drug by a person, with an average of 1-2 offers. Boarding respondents are more vulnerable; 1 out of 6 respondents have ever received an offer (18%). Most of them from a friend (91%) in the general household, and 95% in the boarding household. Some of the respondents also received an offer from dealers, even from a friend, relative, boy/girl friend, partner.

1 out of 4 drug abusers offered drugs to other people. In East Kalimantan and Maluku all respondents have ever offered drugs to an average of 7 other people, ranging from 1 to 50 people.

### **3) Smoking and Drinking Behavior.**

#### **a) Smoking.**

The prevalence rate of smoking is divided into 2 parts, namely among the general population (10-60 years), and among drug abusers.

##### **(1) Prevalence of Smoking Among the Common Household.**

***Lifetime Smoking.*** The prevalence of lifetime smoking among all age groups (10-60 years) as a whole decreased from 36% (2005) to 28% (2015). The decrease from 2010 to 2015 is not significant. The greater the number of age the higher the prevalence rate of smoking. The prevalence of smoking among males is much higher than among females in the survey among the general household as well the special household. In the survey of 2010 and 2015 the proportion of females who start smoking at a younger age is greater, particularly in the city. The prevalence at the higher level of education is relatively the same as at the lower level. The prevalence rate among workers is higher since they have a greater buying capacity.

**Past Year Smoking.** A decrease is seen in the prevalence of past year smoking from 29% (2005) to 24% (2010 and 2015), or, one out of three (2005), and one out of four (4) (2010 and 2015) continues smoking in the past year. The pattern is relatively similar to lifetime smoking in the age group and gender. In the surveys of 2010 and 2015 the women surpass smoking at the age of becoming an adult (20-29). There is no disparity between the prevalence between the city and district in the 2005 survey. However, in the surveys of 2010 and 2015 the prevalence rate indicates a somewhat higher level in the district.

**Past Month Smoking.** The prevalence of past month smoking is relatively the same with past year smoking. This condition indicates that those who are actively smoking in the past year shall continue smoking to the time of the interview.

**History of Smoking in General.** The average age people smoke for the first time is 17 years (2010 and 2015), and 18 years (2005). Among the males the average age of the first smoke is relatively the same (17), but among the women it becomes increasingly younger, from 19 years (2005) to 18 (2010). The average number of cigarettes smoked in a week has decreased from 81 (2010) to 25 (2015). In the group of lifetime smoking the majority continues active smoking until the time of the survey. The majority are males. However, among the women an increase is seen in the number of active smokers from 46% (2005) to 71% (2010), and increased again to 91% (2015). This indicates that women who have ever smoked only a small number can stop from smoking.

An increase is seen in the number of respondents who try to stopsmoking, from 10% (2005) to 37% (2015). The reason for giving up is on their own will/awareness, regulations in the workplace that prohibit smoking, or for health reasons (frequently suffer pain in the chest, breathing problems, cough). Unfortunately, half of them still smoke at home, and may extremely harm other members of the family who do not smoke. They may become passive smokers in their own home.

## (2) Prevalence of Smoking Among Drug Abusers

The prevalence rate of drug abuse among smokers is higher than non-smokers at all age groups in the three surveys. The highest prevalence of smoking at the age between 20-29 is the highest (3%), between 10-19 (2.5%), especially among the males. Among females the highest rate is 30 years and above.

Among non-smoking drug abusers the highest rate of prevalence is the same in the group of 10-19 and 20-29 (0.2%). In the boarding group the highest prevalence of smoker drug abusers is at the age of 20-29 years (12%) and almost the same rate among males and females.

The trend in the prevalence rate tends to decrease among smoking drug abusers from 2005 to 2015 in the group of 10-19 and 20-19 years, in particular among the males in the general household. The women are successful in retaining the prevalence rate at the younger age, but not those over 30 years.

In the group of boarding households the same pattern is seen, namely the tendency in the decrease of prevalence among smoking drug abusers at all age groups.

**b) Alcohol.**

In analyzing the prevalence of alcohol, the same method is used, i.e. by dividing the population into two groups, namely the general population (10-59) and drug abusers.

**(1) The Prevalence of Drinking Among the General Population**

**Lifetime of Alcohol Drinking.** The prevalence of lifetime alcohol drinking has decreased from 32% (2005) to 8% (2015), mainly among males. The majority of alcohol drinking is at the age between 20-29 years, except in 2015 where the same prevalence is seen in the group of 30 and above. The higher the educational background the greater the number of alcohol drinkers, also among workers (See Table A.22). Among boarding respondents this tendency of decrease is also seen, from 61% (2005) to 20% (2015), with almost the same pattern in the general household.

**Past Year Alcohol Drinking.** The prevalence of active past year alcohol drinking tends to decrease from 14% (2005) to 5% (2015). The highest rate of prevalence in the 3 surveys maintains in the group of males, but a tendency is seen of an increase among the women, from 1.1% (2005 and 2010) to 2.6% (2015). Seen from the age group, most of the drinkers belong to the age of 20-29 in the last 15 years. In the two previous surveys the majority have passed Senior High school plus, in the year 2015 most have finished Junior High. The majority of alcohol drinkers have a job. In the boarding group the pattern is similar to that in the general household, where a tendency of decrease in prevalence occurs in the past 15 years from 51% (2005) to 13% (2015).

### **History of Alcohol Drinking.**

The average age of the first alcoholic drink is approx. 23 years (2015). In the two previous surveys the average age is 19 (2010) and 20 years (2005). The average frequency of drinking is 2x a week, which has not changed much from the earlier two surveys. The weekly alcohol drinkers inclines to decrease in number from 32% (2005) to 15% (2010).

Those who try to break off from alcohol dependency is increasingly amounting where one-third of the respondents (32%) have once tried to abstain drinking in the 2010 survey, and increased to 72% in 2015. More than half the number of respondents stated their reasons to stop from drinking is for their health condition.

This survey indicates the prevalence of alcohol consumption among boarding tenants is three times greater than among the general household. The home (69%) and stall (25%) are the most selected places for alcohol drinking among the general households, while boarding households prefer at home (56%) and discoteque/bar/café (42%).

### **(2) Prevalence of Alcohol Drinking Among Drug Abusers**

In the 3 surveys the prevalence of lifetime alcohol drinking among drug abusers tends to be higher than among non-drinking drug abusers. The age group of 20-29 has the highest prevalence rate. But in the group of 10-19 years the prevalence inclines to decrease from 19% (2005) to 7% (2015) in the last 15 years. Males show a higher prevalence. The women between 20-29 years consume much alcohol, while the non-drinker drug abusers indicate a relatively stable prevalence in every age group at each survey, indicating a range from 0.1% to 1.4%.

The same pattern is seen in the special households, or boarding households. The prevalence rate shows a higher level among drinking drug abusers than non-drinking drug abusers, the highest in the group of 20-29 years, particularly among the males.

#### **4) Knowledge about Drugs and Behavior**

The knowledge about drugs and behavior are important indicators to measure the level of drug abusers in getting communication, information and education on the dangers of drugs.

##### **a) Knowledge about Drugs.**

Knowledge means information combined with understanding and the capacity to guide the action in a person's mind. A person with knowledge has the ability of predictionon something coming from the processing of information, for example, knowledge about drugs. The following explains in detail what is related to the knowledge about drugs.

###### **(1) Drug Perception.**

Almost all respondents in the household (96%) have ever heard the term "drugs", the smallest proportion in Bali (88%), and the greatest in East Nusa Tenggara, Yogyakarta and Jambi (100%). Most of the respondents are able to spontaneously mention some types of drugsthey have heard, like cannabis (71%), methphetamines/shabu (59%), ecstasy (59%), heroin (24%), morphine and koplo pil. However, after some probing respondents mentioned differently. The most consumed in excess is headache pills (43%), heroin/putauw (37%), morphine (31%), methphetamines/shabu (25%), and ecstasy (30%).

The pattern found in the boarding households is relatively the same. Almost all respondents (99%) have heard about drugs, the smallest proportion in Jakarta and the largest in East Java. Most of the respondents can mention some of the drug types they have ever heard such as cannabis (81%), methphetamines (66%), ecstasy (38%) and heroin (30%). Other drugs in a small proportion.

After some probing what came out from respondents is similar, the most mentioned is cannabis (87%), methphetamines/shabu (71%), ecstasy (61%), hashish (59%), cocaine (26%), koplo pill (22%) and mushroom (16%).

###### **(2) Understanding of Drugs.**

Every respondent has his/her own perception about the meaning of drugs. Most of them stated that a drug is a "prohibited medicine/forbidden", and "a medicine that causes dependency/addiction", and "a drug is a pil that makes a person in a drunken state". The pattern of understanding in all provinces is almost the same, in the general household as well the boarding household.

Qualitative data collection indicates that the majority of informants are aware of the importance of information dissemination on the dangers of drugs, but this effort is not evenly implemented at all levels of the community. So far people understand that drugs are a dangerous substance that can be deadly. However, they have little understanding on the effect of drugs, how to prevent and how should they act or handle if they encounter a drug addict.

**(3) Source of Information.**

The primary sources of information on drugs received by household respondents are television (95%), newspaper/magazine (30%), friend (24%), internet (16%), and school (20%) and banner (13%). Television is the most effective method in reaching the public, either local or national. Also in reaching general households as well as boarding household. The source of information in boarding houses is somewhat different, where respondents find information from the internet (44%), friend (47%), newspaper/magazine (36%) and school/campus (38%).

**(4) Effect of Drug Abuse.**

All household respondents agree that drug consumption is dangerous. This is an excellent perception. In other words, the message delivered by the policy makers and prevention program that drugs are dangerous has reached the public. However, the knowledge about drugs is still insufficient, in the range of 4% to 53%. The public know about 4 consequences of drug abuse, namely, 1) Brings physical harm and a bad impact to health, and causes accidents (61%). 2) ends in death and overdose; 3) causes mental damage (49%), and finally, 4) ends in addiction (40%). Generally, the level of knowledge among respondents in the general household is similar to boarding households.

**(5) The Way to Avoid Drugs.**

The knowledge of how to avoid somebody who takes drugs is relatively still minimum, indicating a range from 17-58% in the survey on households, and 21-65% among boarding respondents. The most mentioned are two answers in avoiding drugs: a good and true friend; the response is 58% from the households, and 65% from boarding respondents; a safe and clean environment from drugs, households (53%), boarders (54%). Knowledge is very important as it fortifies family members and the community to evade oneself from the use of drugs.

In relation with the transmission of HIV a comprehensive understanding seems not yet adequate among households, most of them only know that HIV is transmitted through sexual contact (91%), blood transfusion (26%), and the use of unsterile needles (56%). There is little knowledge about the connection between drug abuse and unsterile needles. In line with their little knowledge the only method to prevent from HIV/AIDS is not having sexual contact (87%), use sterile needles (42%), and be faithful to the spouse/partner (40%).

Likewise with the knowledge of boarding households concerning the same matter mentioned above, on the transmission of HIV/AIDS. Most of the respondents (91%) reported the sexual contact, unsterile needles (64%), and blood transfusion (40%). The same with their knowledge on prevention. The majority responded no sexual contact (86%), the use of sterile needles (47%), and be faithful to the spouse/partner and the use of a condom (32%).

**b) Attitudes Toward Drugs.**

Most of the respondents stated they should better stay away from drugs, because of the dangerous effect, but some respondents show some hesitation. 90% of respondents refuse the statement '*using drugs may bring pleasure*' and 78% disagree with the saying '*using drugs makes somebody happy*'. Likewise with the statement '*taking drugs is far dangerous than anything else*', is accepted by (81%) and '*young people should better not use drugs*' was agreed by 92%.

Furthermore, the community is very positive against drug crimes, the consequence of drug abuse, and the institution's role related to drugs. 83% of respondents strongly agree that drug abuse makes life uncontrollable, and shall cause much regret. 90% of the community strongly agree that drug abuse is the worst crime in a country. 93% of the public also agree that there should be a more rigid legal stipulation against drug abuse. People greatly expect the role of the school in educating the students on the dangers of drugs (92%). But two-third of the population are in doubt and do not fully agree if the police apprehend a young person for trying to use drugs (33%).

As regard the public's perception on the risk of drug abuse the majority of respondents are convinced that 'maybe and it's very possible that serious harm will eventually occur'. An average of 33% of respondents are very certain that harmful effects will happen if a person takes drugs. For example, will be scolded by the parents, deal with the police, school grades will go down, will be expelled by the shool, and become a drug addict, encounter financial problems.

However, the wrong perception on the effects of drugs remains relatively strong, such as, *drugs make a person more self confident, forget all problems, have lots of friends*, etc. The effects the community believes in may be true, but only for a short duration and not proportional to the risk that comes afterwards when addiction occurs. Self confidence is lost and problems return to haunt if there is no drug, so the person is likely to return to drug consumption and eventually ends in addiction.

So community education should continue as it would not be easy to change people's conviction. It is important to correct these perceptions that are in the people's mind and drug dealers will make advantage of these perceptions in getting new drug users. Respondents' perception on the risks of drugs vary according to the type of drug and its frequency of consumption. 77% stated that drug abuse brings consequences, either once or regularly used, but 10% of respondents are still convinced that taking the drug only once, whatever type of drug, will not bring any risk or, if there is a risk, it will not be significant/serious.

Another 20% of respondents are still hesitant, either they do not know or do not reply on the question about the consequences of drugs, taken only once or frequently. Besides, consuming cannabis only once may be tolerated than taking heroin, ecstasy or shabu.

The perception of boarding households on the risks of drug abuse is more or less the same with general household respondents, the level of permissiveness in taking cannabis only once in a while is higher (23%) than the general household (17%). While the permissive attitude towards four other drugs (cannabis, heroin, ecstasy and shabu) among the boarding households is only 12%.

##### **5) Access to P4GN Information (Prevention & Eradication of Drug Abuse and Illicit Trafficking).**

The access indicator to P4GN information illustrates the intervention implemented by parties concerned with the prevention of drug abuse and eradication of illicit trafficking, also in the dissemination of information and the respondents' involvement in the activities of P4GN program. P4GN activities have been conducted in many cities, the most in schools, workplace/office and drug abuse community. In general these activities are information on drug abuse. Activities aimed for drug addicts are information and intervention by NGOs in the change of behavior of drug abusers to reduce harmful effects of drug abuse.

a) **Socialization of P4GN.**

Almost half the number of respondents in the general household (44%) have seen or heard socialization and promotive activities on the dangers of drugs. Most of the respondents received the information from the school/campus (60%), TV (57%), social media (30%), books/magazines/newspapers (20%), leaflets/banners/posters (18%), and billboards (15%). While in boarding facilities socialization is less (35%) than among the general households. Most of the boarding households have heard from TV (66%) and in the school/campus (34%).

Some of the informants stated that information given through the electronic media is effective since it can reach a wide range of viewers. However, information through television is expensive, and is broadcasted only once in a while, and eventually not broadcasted any more. The radio may be an alternative since the cost of broadcasting is less expensive. In several cities the local radio stations are frequently used for discussions and interactive programs with the listeners.

Information activities on drug abuse in schools, and for the public, in particular the young people is quite appropriate, but we suggest to allocate more time for questions and answers, so that the listeners have ample opportunity to ask as many questions on anything related to drugs and drug abuse. We also suggest to display pictures on the harmful effect of drug abuse.

*"I think here there is only information to young people, and nothing more. I think it is proper so the youth can directly ask and get the answer straight from the source. But it would be better if the government provide with other media so that those who do not attend the information program can also be informed ...yes, ...the community at large, tv is the best. So the viewers will also be informed" (Interview with a drug abuser family, Denpasar).*

The internet is an appropriate medium in extending information on P4GN. Indonesia is one of the countries with substantial use of the internet. The users cover all ages, from the young ones to the adults. Other social media such as Facebook, Twitter, and other online media are excellent tools to place advertisements related to P4GN. The information is designed as an interactive program informing locations or hotlines that provide drug-related information for those who are eager to get further information.

**b) Involved in P4GN Activities.**

Only a few respondents in the general household have been actively involved in P4GN activities in 2015, namely 1 out of 8 (12%), the largest proportion is seen in North Sumatera (21%). The activities known by the respondents are Lectures/information (80%), discussions/interactive dialogue/guided group discussions (31%) and film/stage performance/ concert (17%). Approx 12% of respondents understand about urine test. Boarding households admit the proportion of respondents who have been involved in activities dealing with the dangers of drugs is relatively the same with the general household (12%). The pattern of activities are also the same.

Many parties view that community participation in the P4GN program is not quite enough. Some examples of active community participation in the survey locations are seen in Denpasar and Pontianak. Their involvement in the P4GN program in Bali and West Kalimantan is because they are motivated by a member in the family who has become a victim of drug abuse, their desire to know about the dangers of drugs, about attractive activities. The community very likes P4GN activities combined in an art festival. The people do not get bored to attend such programs.

*"Usually those who are actively involved are very motivated. They certainly have experienced somebody close who take drugs, so they have an urge to help their fellow man (In-depth interview, drug abuser, Denpasar).*

**c) Understanding the message in the activities.**

Respondents who have ever participated in prevention activities against the dangers of drugs only 11% understand the message in the information. One-third of respondents admit are “very likely” to avoid drug taking, and 22% are of the opinion “maybe”. Approx 2% replied “not likely” 32% of respondents stated they want to participate in creating a drug-free environment in their neighborhood. The highest percentage is seen in Aceh (71%), S.E. Sulawesi and Bali respectively 65%. On the contrary with the boarding households. The portion is much higher (92%) for those who understand the message in the information, who have participated in prevention activities, and in dealing with the dangers of drugs. Even 3/4<sup>th</sup> of respondents admit the message is “very clear” and 1/4<sup>th</sup> (22%) admit “clear”.

**d) Forms of P4GN participation.**

The type of participation respondents want to be involved in the P4GN program is extending information and explanation on the dangers of drugs (49%), report a drug transaction (32%), report a drug abuser (30%), report a drug victim who needs treatment, and become an anti-drug volunteer respectively 21%. In the group of boarding households the intention to participate in creating a drug-free environment the percentage is lower. The type of participation is extending information and explanation related to drug dangers (70%), become an anti-drug volunteer (32%), report a drug transaction (18%), report a drug abuser (16%), and report a victim of drug abuse for treatment (17%).

Almost all informants suggest that activities be centered in the environment of the general public to get the message by many people. They suggest to focus the activities to the young people who are prone to the influence of drugs. The most appropriate activity is information given by the government, c.q. BNN, BNNP, Police and the related agencies. After giving information there should be a location as the center for young people to do positive activities. A place that becomes the forum for young people to develop their creative ideas.

*“What most important is make a center for the activities of children, for the youth in the environment, yes, both for children and the youth. It can be a center for religious activities, yes, it can, a center for creative activities, what else? An economic center yes, it can, to make them busy. These centers where young people and children can express themselves”* (In-depth interview, Community leader, North Sumatera).

**e) IPWL- Receiving Institute for Compulsory Reporting.**

Very little among the general household (5%) have heard about “receiving institution for compulsory reporting (IPWL)”, in particular in Maluku, Aceh, Riau Islands and DI Yogyakarta. The source of information on IPWL is mostly given by the Police (46%), from BNN/BNNP/BNNK (25%), and from Television (22%). Regretfully, the percentage is very small (3%) among the boarding household, with a range of 1% to 6% compared to the general household. The main source of information is from the Police (58%), Television (30%), Internet/social media (26%), and from school/campus/teacher/lecturer (19%).

One of the implemented policies in the prevention and eradication of drugs is IPWL. Socialization on the IPWL program has started, but not evenly spread to the target groups. If they have heard something about IPWL, the information is not fully comprehended. Injecting drug users know more about IPWL, since most of them are supported by NGOs, but the understanding about IPWL is still insufficient.

In the Province of North Sumatera, informants and the health agency are responsible for the IPWL program. They stated that besides giving assistance in the rehabilitation of drug abusers, they also conduct socialization on the dangers of drugs in the school, campus and to the public. Socialization is implemented by groups consisting of ex-drug addicts who have been trained and assisted by a physician.

*"We are conducting activities that not only include rehabilitation, but we visit the schools, campuses and also the public/community for the socialization on the dangers of drugs. We form groups that consist of ex-drug abusers who have been trained for that purpose, and we are assisted by a doctor."* (Guided group discussion, Health Agency/IPWL North Sumatera).

The main obstacle in the IPWL program is the lack of complete information known by the families and community of drug abusers that makes them hesitant to report as they are afraid of being put in prison.

## 6) Factors of Support and Obstruction in P4GN Activities.

### a) Supporting Factor.

#### (1) Commitment of the Local Administration and Integrity of the Related Sector.

The local administration's commitment is the main resource in the prevention and handling of drugs in the district. However, it needs support as the spirit for the actual movement frequently weakens, and even stops halfway. People are aware that drug abuse is a serious problem. The Mayor has a commitment instructing all stakeholders and the local administration to implement the program. However, not all stakeholders take serious action.

*"The Mayor has issued a statement that drugs is a serious problem for the city of Medan. It is the district head's commitment to consistently conduct P4GN. The budget for these activities has been allocated, but it is necessary to get support from the stakeholders"* (Guided Cross Sector Group Discussion, North Sumatera).

In some of the cities cross-sector coordination has been running well, but some are not well coordinated. The cross-sector coordination between the Police and the related stakeholders is well managed. For instance, between BNNP/K with the Police, while coordination with other sectors have not been fully implemented. The reason is the busy schedule of other sectors so the problem is always finding the right time for coordination.

**(2) Organizations, Community Social Institutions Involved in Drug Abuse Prevention.**

Organizations, Social Institutions and other potential institutions are not yet systematically programmed in implementing the P4GN program. Evaluation is needed for better coordination with BNN.

*"Many of the community and youth organizations have made campaigns in P4GN, but only partial in nature. It is not systematically programmed as the messages pass by. If planned systematically and if coordinated by BNN, there will be better results. For example, what messages are most appropriate for the district. (Cross-sector guided group discussion, North Sumatera).*

NGOs are effective in implementing IPWL activities. So far IPWL was conducted in limited circles, but after establishing partnership with NGOs working in drug abuse prevention, the results were quite effective in extending the scope of IPWL.

*"We are cooperating with government and private rehabilitation institutions that are any time ready to accept drug ausers.....yes... always ready". (Cross-sector guided discussion, Jakarta)*

*"Community-based rehabilitation Sir, they are assisted by NGOs, we work together with Batavia Membahana, an NGO that is concerned in dealing with drug abuse. We enlighten them with information and they are committed....so if there is a drug abuser in the community who wants to change the drug behavoir, the organization assists in guiding the social rehabilitation." (Cross-sector guided discussion, Jakarta).*

The close relationship with stakeholders sometimes influences the work performance of the program. A case example is found in West Kalimantan. Drug abuse is handled through a quick process as there is a relation between the stakeholders. A complex process is not an obstacle in settling the problem. The basis of cooperation is the trust embedded among the stakeholders.

*".... Then, after investigation we disclose a case, there is no prove that we can test whether the suspect is a drug abuser for further process, to bring the suspect to justice we seek coordination with BNN, and they come to visit us to assess the problem. We also keep asking whether the suspect is a victim of drug abuse or the perpetrator. How we socialize the message of rehabilitation to make them willing to be rehabilitated. The baseline is awareness."*

*We are not tired of sending messages through radio Sonora in Pontianak, including socialization". "But we apologize for directing our coordination to the province level, why, because the wife of my boss, the head of the Drug Unit is from BNN." (Cross-sector guided discussion, West Kalimantan).*

**b) Factor of Obstruction.**

**(1) Commitment, Coordination, and The Need for the Strengthening of Other Institutions.**

A smooth coordination among the sectors is the strengthening factor in the prevention and handling of drug problems. On the other hand, this problem often rises in some of the districts and becomes an obstacle in the prevention and dealing with drugs. The execution of cross-sectoral coordination is inadequate. Agencies are working on their own, and keep their respective sectoral ego. The lack of MoU between the sectors become an obstacle in the implementation of P4GN.

*"It is true what is said by the Police. We seem to go by ourselves, because it is so difficult to unite the related agencies' perception. We all know that our condition is a drug emergency, but why do we keep our sectoral ego idealism? (Cross-sectoral guided group discussion, North Sumatera).*

*"For many years we have insufficient capital. We have to urge the heads of the local administration to commit themselves to the policy of P4GN. This is not merely a story, so we beg you all to forward to stakeholders and counterparts of P4GN in Medan to push their seriosity to the level of their commitment, that's all." Cross-sectoral guided discussion, North Sumatera).*

Another problem related to the Main Task and Function of the related implementor of P4GN is the Governor's Regulation, or Local Regulation that has not been issued to clarify/affirm the Minister of Internal Affairs' Regulation of 2013 on facilitating the prevention of the drug danger. The related stakeholders in the region eagerly hope that the Governor's Regulation or the regional regulation be issued soon to clarify the Regulation of the Minister of Internal Affairs, for the establishment of organization and special structural function on drug abuse at the Kesbangpol agency. Kesbangpol is expected to be able to participate to the maximum in handling the drug problem in the future according to its distinct main task and function.

*"After the issue of Minister of Internal Affairs' Regulation Number 21 of the year 2013 on the facilitation of drug prevention, in which was mentioned....in Chapter 2 on facilitating in the prevention and handling of drugs, Article 3 mentions that the implementation in the facilitation means the prevention of drugs is coordinated by the head of SKPD that handles the nation's unity and politics, but the Minister's regulation has to be followed up by a regional regulation or a governor's regulation, and that has until this moment not been processed..."* (Inter-sectoral Guided group discussion, Jakarta).

Not all stakeholders have the same perception on dealing with the drug problem: handling of IPWL. In Act No. 35 of the year 2009 some of the articles collide with each other. Sometimes the related stakeholders, Police, Office of Prosecution, Office of Judicial Affairs, and BNN have different perceptions. For example, Article 112 related to possession of drugs is in contrast with Article 127 that regulates rehabilitation. However, the informant is convinced that it is a process in seeking a better standard of the law.

*"I understand the problem faced by the Police....especially the difficulties in the collision of articles...but this assessment helps to solve some of the problems. Like this....I have a package only one of 0.5 grams. They ask, do you use it.....nnn...but I have in my possession, 112...should be 112...first, but at the assessment 127 comes up....mmm...because it is indeed difficult to settle...the articles collide with each other..."* (Inter-sectoral Guided group discussion, Jakarta).

Inter-sectoral coordination is most important in achieving themaximum results. Each sector needs clarification on their respective tasks in the P4GN program. Some cases emerge because of the lack of clarity in the task andallocation of funds. This problem certainly affects the inter-sectoral performance.

*"The drug problem cannot be solved individually. We, from the health agencyhave many programs, and I always warn the people in the drug section. Every time we draw up a budget for the drug problem, they discard it. I said "we have BNN, but the program at the health agency is different", we are more promotif, ....anything else. That is the constraint we encounter that makes us hesitate what action to take. But if BNN needs data they come to us for sure. So we need a meeting, the health agency and BNN. We still provide data to BNN but we have our own regulations". So that is what I want to tell. Maybe cannabis is not the only problem what I saw, but also the problem of DNP. It was during a break that I saw 5 boxes of comic books. When I wanted to see what the comic books they are I saw DNP that was adulterated with coca ammonium."* (Inter-sectoral guided group discussion, West Kalimantan).

## **(2) Extensive Area of Work, Limited Human Resources and Budget**

Extensive work area becomesa constraint in the eradication of drugs. An extensive area and limited police officers is truly an obstacle in the the police's task to implement P4GN program. The problem gets more serious if there is a pattern of migration from the village/district to the city, back to the district again, bringing new habits with them. For example, alcohol drinking and drug taking, the city's lifestyle being introduced to the district's inhabitants.

*"Geographically wise, indeed, it is extensive, and needs extra supervision. Number two, the culture of absorbing. For example, many people from Buleleng work in Denpasar, and when they return they bring souvenirs,..."* (Cross-sectoral guided discussion, Jakarta).

There are districts that lack an institution/agency with the special task of handling drug abuse. However, the task of P4GN is given to SKPD, so each SKPD/district work unit still works alone.

*"It is my opinion that the activities in the prevention of drug abuse is not yet integrated, Each work unit (SKPD) works on its own," (Inter-sectoral guided group discussion, East Java).*

The continuity of budgeting, the progress of coverage becomes frequently a problem of obstruction in implementing the program. For example, limited budget and the number of cases to be handled in the correctional institution. The total received budget is usually based on the proposal forwarded in the previous year. The total number of inmates has developed and exceeds the number as forwarded in the budget proposal for rehabilitation.

*".... The program realization is possible if we forward a budget proposal for the coming year. So the present program is planned on last year's proposal. This year the program is planned according to the respective items. We work together with BNNfor rehabilitation, we are also thankful to BNN, but we also have to think hard how to run the program, that is the minister's instruction, the special drug prison becomes a rehabilitation facility in cooperation with central BNN." (Inter-sectoral guided discussion, South Sulawesi).*

### **(3) Stigma on the Drug Abuser's Family.**

Today the IPWL program is stimulated, but still small in coverage. One of the factors is the people's perception that drug abuse is a disgrace, and the family of a drug abuser becomes closed. An informant stated that this issue seriously influences the coverage of IPWL program. People are reluctant to voluntarily report to an institution with rehabilitation facility. Another factor is not using the appropriate communication channels for the promotion of IPWL. Much of the promotion is done through TV, radio and other printing media, while the program's target is drug abusers who seldom listen to, look or be informed with said promotion. On the other hand, NGOs that are active in drug prevention are not efficiently used to the maximum in the program.

*"...Drug users are looked upon as a disgrace so they hesitate to report, while our program at BNN is the IPWL program, a receiving institution for compulsory reporting. So if the drug abuser reports on his/her own will to BNN, BNNP, he/she will not be put in prison or punished, but goes to rehabilitation after an assessment is made on the person for experimenting in drug use, or depending on the medical, or psychological assessment in our office...." (Cross-sectoral guided discussion, Jakarta).*

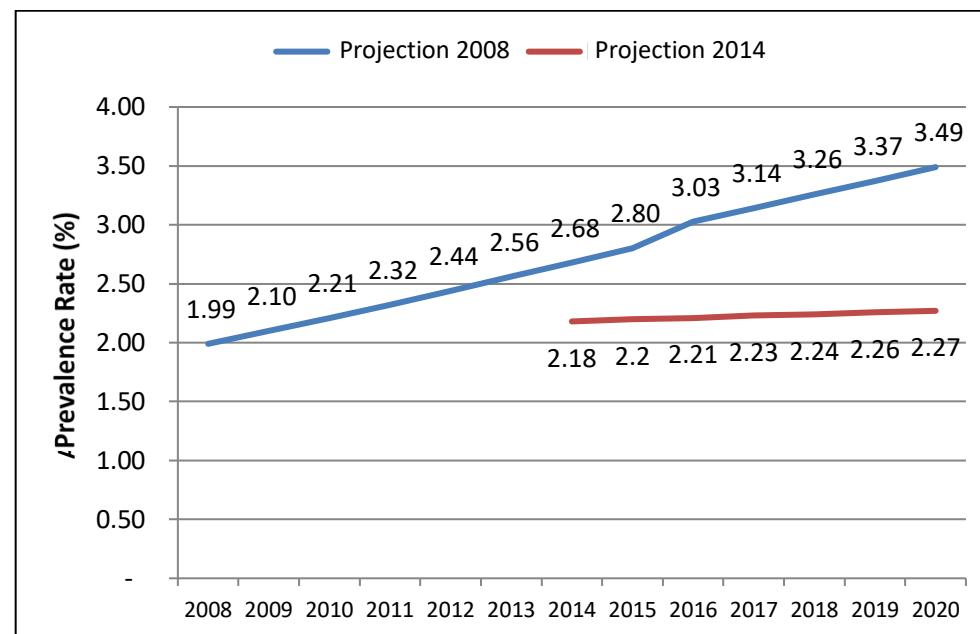
On the other hand, many cases of drug abusers prefer to be put in jail than in a rehabilitation facility. Their reason, the punishment in jail is much minor than rehabilitation. The informant views that this perception is ‘homework’ for the executor of P4GN activities in the future.

*"It is true....it is somewhat difficult, that's the reason we process investigation, meaning that the suspect is detained for three days or more, and we can extend the restraining order so we have prove the suspect is a user or a dealer. Those people are very clever, they admit they are only a user but in fact a dealer. They ask the investigator...please, charge me as a user...while the seized evidence consists of three or four packages of shabu, it doesn't make sense. So we check the evidence, but they are smart they understand very well the punishment for a dealer. When we arrest a drug user, the suspect does not ask for rehabilitation, but ask for imprisonment, to get a lighter punishment. It is very rare a drug abusers asks for rehabilitation..." (Cross-sectoral guided group discussion, Jakarta).*

## **7) Drug-free Indonesia 2015.**

Referring to the ASEAN commitment launched in 2000 for a drug-free ASEAN, with the aim to eliminate production, processing, trade in, and consumption of narcotics before 2015. Indonesia is one of the first countries in declaring her commitment. The question now, is Indonesia able to fulfil this commitment? To overcome drug abuse is like a war against drugs.

In cooperation with Health Research Center University of Indonesia (2008) BNN released an estimation and projection of the prevalence rate of drug abuse from 2008 to 2013, then regressed back to 2020. This prevalence is made a reference for policies and programs in dealing with and eradication of drugs in Indonesia. This prevalence is the base of reference in measuring the level of success of the program for a drug-free Indonesia 2015. The perception of drug-free is able to restrain the minimum increase of prevalence rate, the basic projection made in 2008.



In 2014 BNN, again with Health Research Center, University of Indonesia released the latest estimation and projection with the same method of 2008, i.e. by referring to 3 surveys on high school/university students, workers and households. The difference in the three surveys is the data in measuring the latest and most complete data of 2014 from the 3 surveys, namely from 2005 up to 2013.

The projection of drug abuse prevalence of 2014 indicates a higher result, than that in 2008. For example, in 2015 the latest prevalence rate is 2.2% (2014) lower than 2008, which is 2.8%, while in 2020 the estimation is a decrease from 3.49% (2008) to 2.27% (2014). According to the latest prevalence rate the increase does not indicate a sharp slope, from 2.18% (2014) to 2.27 % in 2020. The pattern of increase is not linear as is seen in the 2008 projection. This indicates that BNN is successful to withhold the speed of drug trafficking in the last 7 years. Ultimately Indonesia has achieved the target of a drug-free ASEAN 2015.

The next challenge till 2020 shall be more severe. BNN has to correct the projection made in 2008 by taking as reference the 2014 protection. The slightly slope means BNN has to make more effort to strengthen its policies and program through greater involvement of the community, that will eventually hamper the movement of drug dealers and traffickers, considering that drug distribution has become more extensive in all regions of Indonesia.

**8) Conclusion and Suggestion.**

**a) Conclusion.**

- (1) Lifetime drug use among households inclines to decrease from 2010 to 2015. However, past year use is stable from 2010 to 2015. This tendency of decline is seen in the prevalence of drug abuse among boarding households in the 3 surveys. However, this prevalence rate maintains rather high since the prevalence among boarding tenants is much more higher than the prevalence rate among the common household, an indication that drug abuse and trafficking have their own pockets in the community.
- (2) The level of knowledge on the dangers of drugs is quite sufficient, but low related to prevention; even less on the prevention of HIV/AIDS, in addition to the very minimum knowledge on the transmission through sexual relation. Much more should be done on communication, education and information, in particular on the topic on drug prevention, and include the issue of HIV/AIDS through the transmission of needle sharing.
- (3) Community participation in dealing with drugs is not yet satisfying. On the other hand, approx one-fourth of the community feel threatened by drug trafficking in their neighborhood, for several reasons, such as drug-taking friends/family member, death because of drugs, actions of drug dealers/traffickers in the residence environment.
- (4) Some indicators on drug prevalence show positive signs, e.g. the decline of prevalence rate among smokers and alcohol drinkers. Also the indicator of HIV/AIDS related to the prevalence of injection drug use. On the other hand, attention should be paid on indicators in the tendency of escalation among women and to a younger age group.

- (5) Drug trafficking maintains in existence as activities in offering and being offered continue. A great part of the community identify their environment as a place for drug trafficking, and at the same time the tendency in the decline of anti-drug movements in the community. There is an urgent need for socialization and intensification of anti-drug movements by the existing fora and institutions in the community.
- (6) The constraints met in the regions are the lack of a special institution/agency that is responsible in dealing with drug abuse, or appoint a District Work Unit. Consequently, no maximum result in the implementation and realization of P4GN program. Also the weak commitment of the local administration in coordinating the related agencies under its command. Another constraint is the limited human resources and budget for the continuation of the program.
- (7) IPWL is still hampered by the perception and stigma that drug abusers are considered as a deviation and not the victims of drug abuse. So they are a disgrace that should be kept secret. Families are reluctant to report a drug abuser member of the family to IPWL.

**b) Suggestion.**

- (1) Data in the Survey on Attitude
  - (a) Permissive towards drug abuse.
  - (b) Existing perception related to positive effects of drug use.
  - (c) High Tolerance on cannabis use compared to other drugs.

**Recommendation**

- (a) Improve comprehensive communication, information and education (CIE) to the community on drug information, by developing the concept of *community based unit* (CBU).
- (b) This concept should be integrated into the existing community social activities (Quran reading, PKK/Family Welfare Education, Neighborhood Youth Association, culture, etc) for the continuity of IPWL.
- (c) The pro's and contra's of cannabis legalization should immediately be settled to avoid debate that confuses the public.

Deputies of Implementation

- (a) Deputy of Prevention.
  - (b) Deputy of Law and Cooperation.
- (2) Survey on Smoking, Drinking and Drug Abuse
- (a) The majority of drug abusers are also drinkers of alcohol.
  - (b) The prevalence rate of drug abuse is higher among Boarding Households than the Common Household.
  - (c) Male drug abusers are far greater in proportion than the females.
  - (d) Male drug abusers indicate a stable trend in drug abuse compared to the females, that shows a declining trend.
  - (e) Cannabis, shabu and ecstasy are still dominant in drug abuse.
  - (f) The use of cannabis and ecstasy is very prominent among Boarding Households.
  - (g) The prevalence rate of drug abuse maintains at a high level in DKI Jakarta.
  - (h) Three surveys conducted in the same locations (2005, 2010 and 2015) indicate that the trend of drug abuse is increasingly escalating, mainly in DKI Jakarta, D.I Yogyakarta, Papua and South Sulawesi.
  - (i) A friend is the greatest risk factor of drug abuse.
  - (j) Cannabis is the most used drug for the first time.
  - (k) The number of injecting drug users is declining, but a new trend is seen in injecting other substances besides heroin/putauw, like shabu, benzodiazepines (Xanax, tramadol, valium, etc) or substitution drugs (subuxon and methadone).

Recommendation.

- (a) The application of drug-related CIE material to be integrated in the formal and informal education for children in the early ages, through adoption of the LSE (*Life Skill Education*) concept with the expectance that a child will be able to say 'no' to drugs in the earliest ages, including rejecting smoking and drinking.
- (b) Strict supervision on children in their earliest ages against smoking as it is the gate to drug abuse, in particular cannabis through the method of smoking.

- (c) Establish peer group counselors or facilitators for the dissemination of accurate and appropriate information on P4GN through the concept of TOT (*Training of Trainers*).
- (d) Improve coordination with related parties and schools, parents, workplace, religious leaders, community leaders, by empowering the community in strengthening their knowledge on P4GN and enabling them to protect their children from drug abuse in the school environment, family as well as in the residence neighborhood.
- (e) Improve control and services in the therapy and Methadone Maintenance program in relation with the method of injecting drugs/substitution substance
- (f) Control on boarding houses needs improvement considering the high rate of drug abuse prevalence.
- (g) Improve coordination with owners and managers of boarding houses in developing standard regulations to minimize drug abuse and trafficking in the neighborhood.

#### Deputies of Implementation

- (a) Deputy of Prevention.
- (b) Deputy of Community Empowerment.
- (c) Deputy of Eradication.
- (d) Deputy of Law and Cooperation.

#### (3) Data of Survey on Treatment.

- (a) The rate in the access to treatment to be free from drug addiction is very low.
- (b) A very high rate of relapse
- (c) Insufficient understanding of IPWL

#### Recommendation

- (a) Enhance cooperation with health facilities, medical clinics, etc., for development of standard therapy and rehabilitation of drug abusers (in the quantity, quality of facilities and infrastructure, and human resources).
- (b) Establish associations in the monitoring of treatment process by medical institutions.
- (c) Improve coordination with related agencies (including NGOs) for aftercare services to minimize post therapy relapse.

- (d) Improve family participation in supporting the drug abuser to seek access for treatment.
- (e) Improve socialization on IPWL as one of the endeavors in helping drug addicts to access treatment services.
- (f) Similarity of perception and agreement on the IPWL concept to be implemented by all related agencies.
- (g) Socialization on IPWL facilities in the regions.
- (h) Ensure confidentiality and security of compulsory reporting participants.
- (i) Establish cooperation with NGOs in increasing IPWL coverage.

#### Deputies of Implementation

- (a) Deputy of Rehabilitation.
- (b) Deputy of Community Empowerment.
- (c) Deputy of Law and Cooperation.

#### (4) Data of Survey on P4GN Information

- (a) The Rate of Access to & Community Involvement in P4GN is low (<40%).
- (b) Preparedness of the community in being involved in creating a drug-free environment is very insufficient.
- (c) Low level of community knowledge related to prevention
- (d) P4GN is more focused on students, while very minimum on the general public.

#### Recommendation

- (a) Urge the government/stakeholders to launch more events on the progress of P4GN in order to arouse motivation in the community to be more creative in finding activities and direct involvement in the implementation of the P4GN program (e.g. village drug-free contest).
- (b) Form work groups and secretariat for P4GN activities in the community in order to ensure a better continuation of the program.
- (c) Integrate P4GN activities in the planning of government administrated districts/sub-regencies/regencies annual budget program for a well-arranged and planned program.

(d) Develop guidelines for CIE on drug abuse for cadres, teachers, task forces and counselors in the implementation of a drug abuse prevention program.

(e) Offer a reward to officers with good performance in the P4GN program.

(f) Intensification of information dissemination through printing and electronic media including the application of smartphone.

#### Deputies of Implementation

(a) Deputy of Community Empowerment.

(b) Deputy of Prevention.

#### (5) Data of Survey on the Social Environment Condition.

(a) Drugs maintain a threat as indicators of drug abuse cases and death from drugs are found in the residential's environment.

(b) Some pockets of drug trafficking are still found and the permissive attitude of the community. People are directly involved in the protection of their environment when law enforcement conducts a raid.

(c) Lack of awareness in protecting the environment from drug abuse.

(d) Protection is still focused on the family respectively.

(e) Lack of community participation to report a drug case in the neighborhood because they are afraid of being threatened by the drug trafficker.

(f) Lack of human resources for the implementation of P4GN.

#### Recommendation

(a) Enhance cooperation and coordination with the related parties such as Police, social organizations for the supervision and control of hangouts in the district suspected of being a vulnerable area to drug abuse, e.g. empty houses, entertainment facilities, parking lots, etc.)

(b) Enhance inter-community coordination, with the local administration, religious leaders and community leaders, in conducting P4GN activities, considering the extensive implication of drug abuse and illicit trafficking (e.g. to health, economy, social).

- (c) Focus P4GN activities from *bottom up*, implemented by the local community and coordinated by community and religious leaders.
- (d) Establish drug task forces in the districts and sub-districts by involving the community in the environment.
- (e) Conduct socialization of a *call center* for receiving information from the public when there is indication of drug abuse and trafficking in the environment.

#### Deputies of Implementation

- (a) Deputy of Law and Cooperation.

- (b) Deputy of Community Empowerment.

- (c) Deputy of Eradication.

#### (6) Data of Survey on Policies and Coordination.

- (a) P4GN not fully implemented due to the lack of commitment from the districts and related agencies.

- (b) Lack of understanding from the District Work Units (SKPD) on the implementation of P4GN.

- (c) Lack of maximum coordination among SKPD and BNNP/BNNK in the districts.

#### Recommendation

- (a) Urge the related stakeholders to effectuate P4GN since the Presidential Instruction No. 12 of 2011 on the duty of all Ministries/Institutions and District Work Units to implement P4GN activities is a strong legal foundation.

- (b) Improve the role of BNN, BNNP and BNNK as the leading sector in coordinating Ministries and Institutions, the local administration, and every District Work Unit in enhancing P4GN activities.

- (c) Improve coordination between the central government and the province, or city/district with the village administration in maximizing the village otonomy to develop the concept and budget allocation for P4GN activities in accordance with Village Act No. 6 of the year 2014.

#### Deputy of Implementation

- Deputy of Law and Cooperation.

i. **BNN Contact Center BNN and Website.**

**1) BNN Contact Center.**

**Tabel 127. Total Information Received Based on Type of Information, 2015**

NO.	TYPE OF INFORMATION	TOTAL INFORMATION	RMRKS
1	2	3	4
1.	Prevention	166	
2.	Rehabilitation	684	
3.	Eradication	2,421	
4.	Public Relation	47	
5.	Data & Information	58	
6.	General Information	2,917	
7.	Community Complaints, Principal Inspectorate	18	
<b>TOTAL</b>		<b>6,311</b>	

Source : BNN Research and Information Center, March 2016

**2) BNN Website.**

Total public views received and replied based on respective work units year 2015 as follows :

**Tabel 128. Public Views Visiting BNN Website, 2015**

NO.	TYPE OF INFORMATION	TOTAL PULIC VIEWS	REMARKS
1	2	3	4
1.	BNN Principal Secretary	1,113	
2.	Prevention	51	
3.	Eradication	142	
4.	Rehabilitation	283	
5.	Law and Cooperation	43	
6.	Research and Information Center	27	
7.	Public Relation	22	
<b>TOTAL</b>		<b>1,681</b>	

Source : BNN Research and Information Center, March 2016



# CHAPTER III

## DATA ON THE PREVENTION AND ERADICATION OF DRUG ABUSE AND ILLICIT TRAFFICKING, 2011 – 2015

### 1. Supply Reduction.

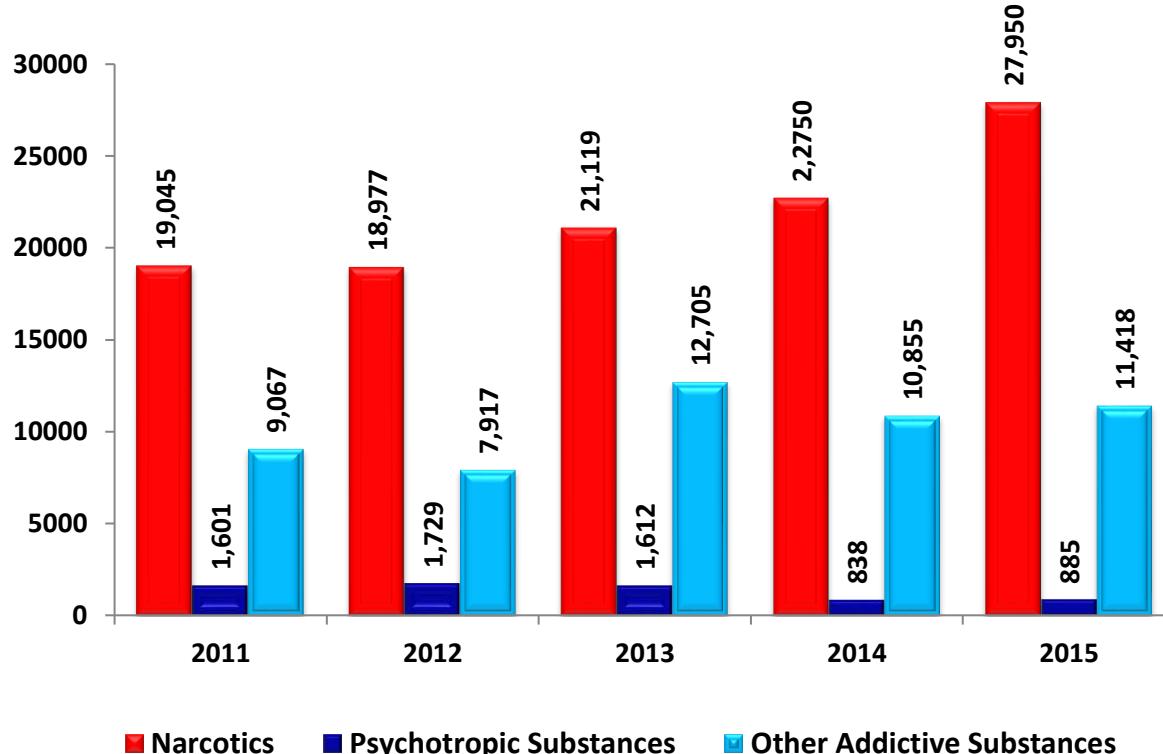
#### a. Cases, Suspects and Seized Evidence Related to Drug Crimes from National Police, 2011 – 2015.

**Table 129. Total Drug Cases Based on Drug Classification, 2011 – 2015**

NO.	CASE	YEAR					TOTAL
		2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8
1.	Narcotics	19,045	18,977	21,119	22,750	27,950	<b>109,841</b>
2.	Psychotropic Substances	1,601	1,729	1,612	838	885	<b>6.665</b>
3.	Other Addictive Substances	9,067	7,917	12,705	10,855	11,418	<b>51.962</b>
<b>TOTAL</b>		<b>29,713</b>	<b>28,623</b>	<b>35,436</b>	<b>34,443</b>	<b>40,253</b>	<b>168,468</b>

Source : National Police Republic of Indonesia, March 2016

**Diagram 1. Total Drug Cases Based on Drug Classification, 2011–2015**

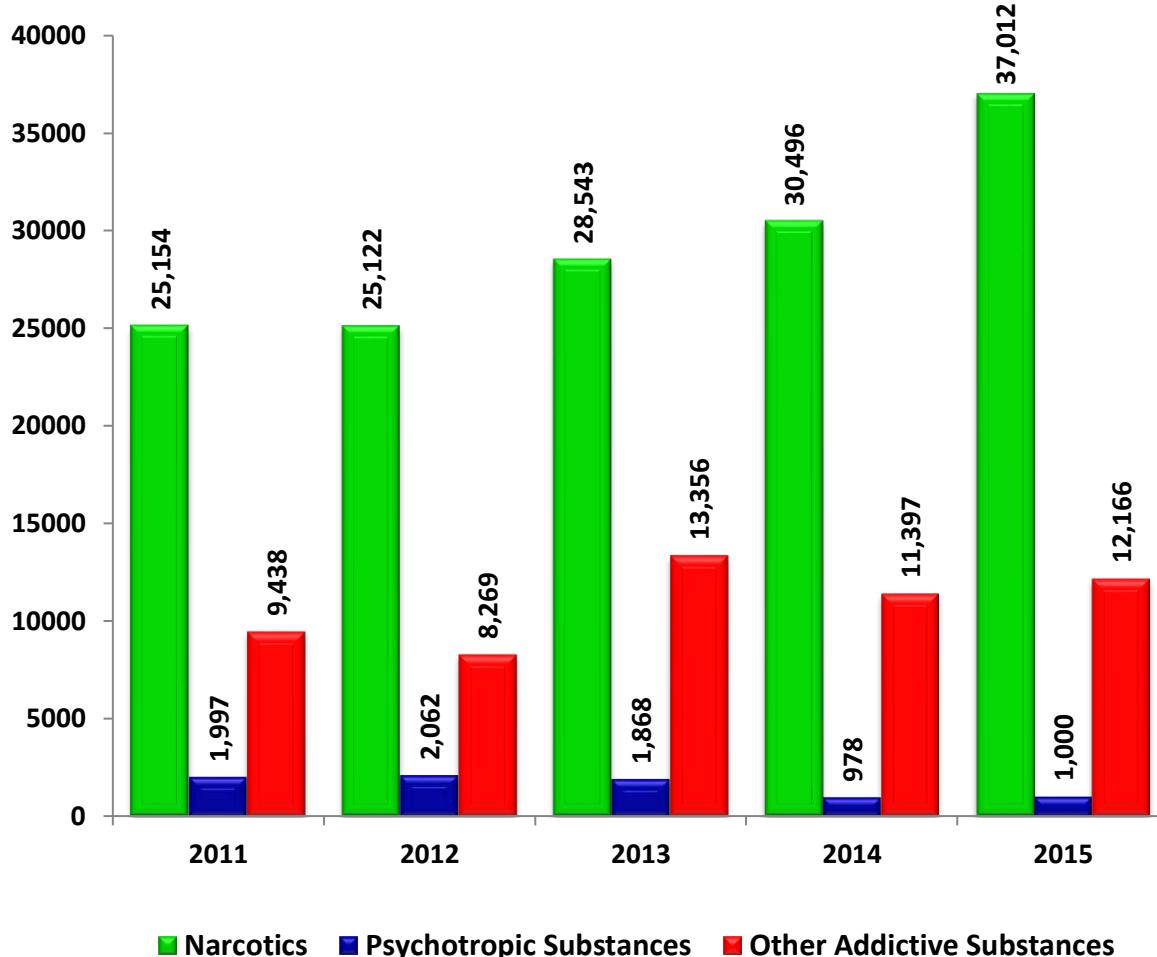


**Table 130. Total Drug Suspects Based on Drug Classification, 2011 – 2015**

NO.	CLASSIFICATION	YEAR					TTL
		2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8
1.	Narcotics	25,154	25,122	28,543	30,496	37,012	146,327
2.	Psychotropic Substances	1,997	2,062	1,868	978	1,000	7,905
3.	Other Addictive Substances	9,438	8,269	13,356	11,397	12,166	54,626
<b>TOTAL</b>		<b>36,589</b>	<b>35,453</b>	<b>43,767</b>	<b>42,871</b>	<b>50,178</b>	<b>208,858</b>

Source : National Police RI, March 2016

**Diagram 2. Total Drug Suspects Based on Drug Classification, 2011 – 2015**

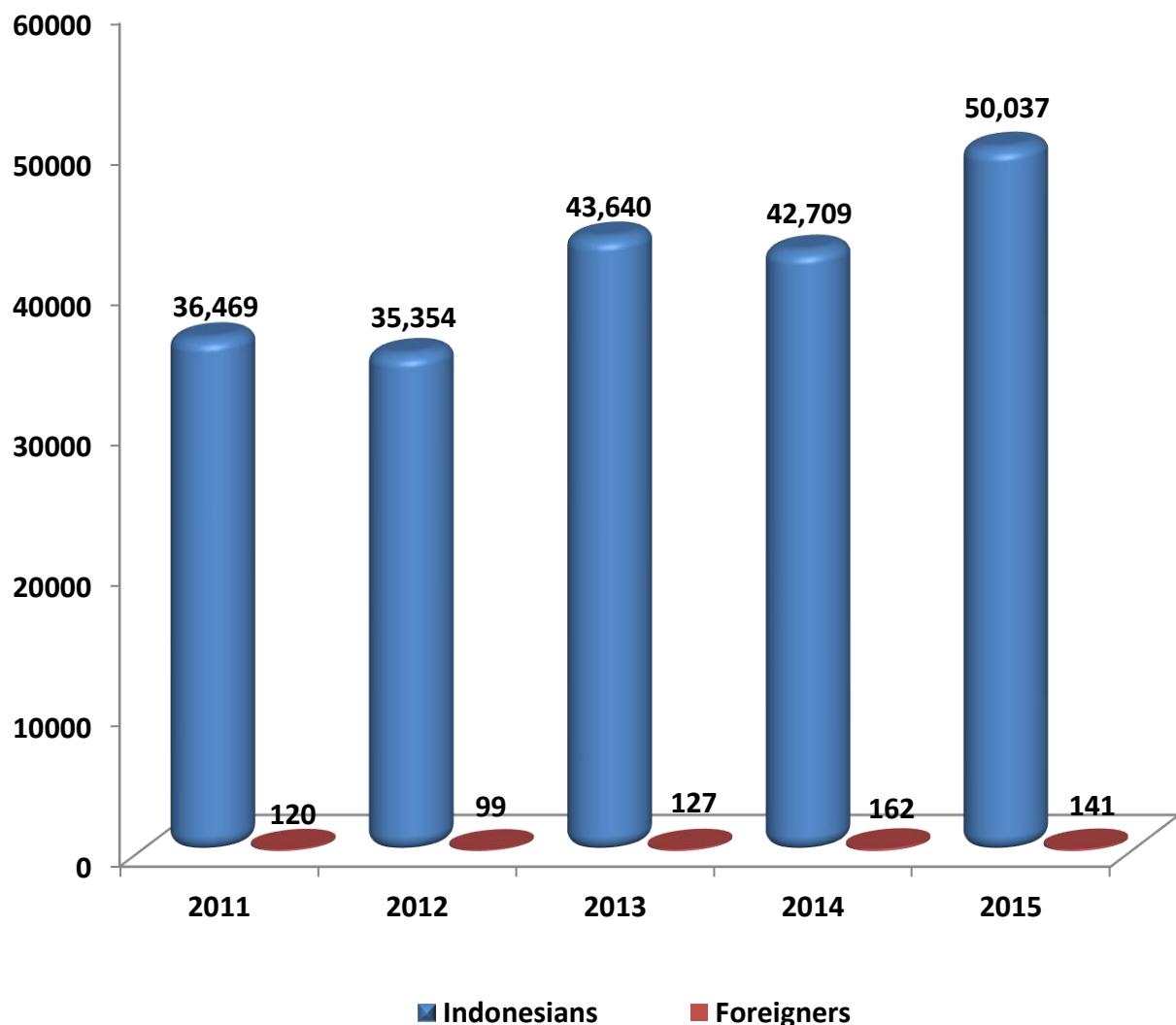


**Table 131. Total Drug Suspects Based on Nationality, 2011 – 2015**

NO.	NATIONALITY	YEAR					TTL
		2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8
1.	Indonesians	36,469	35,354	43,640	42,709	50,037	<b>208,209</b>
2.	Foreigners	120	99	127	162	141	<b>649</b>
<b>TOTAL</b>		<b>36,589</b>	<b>35,453</b>	<b>43,767</b>	<b>42,871</b>	<b>50,178</b>	<b>208,858</b>

Source : National Police Republic of Indonesia, March 2016

**Diagram 3. Total Drug Suspects Based on Nationality, 2011 – 2015**

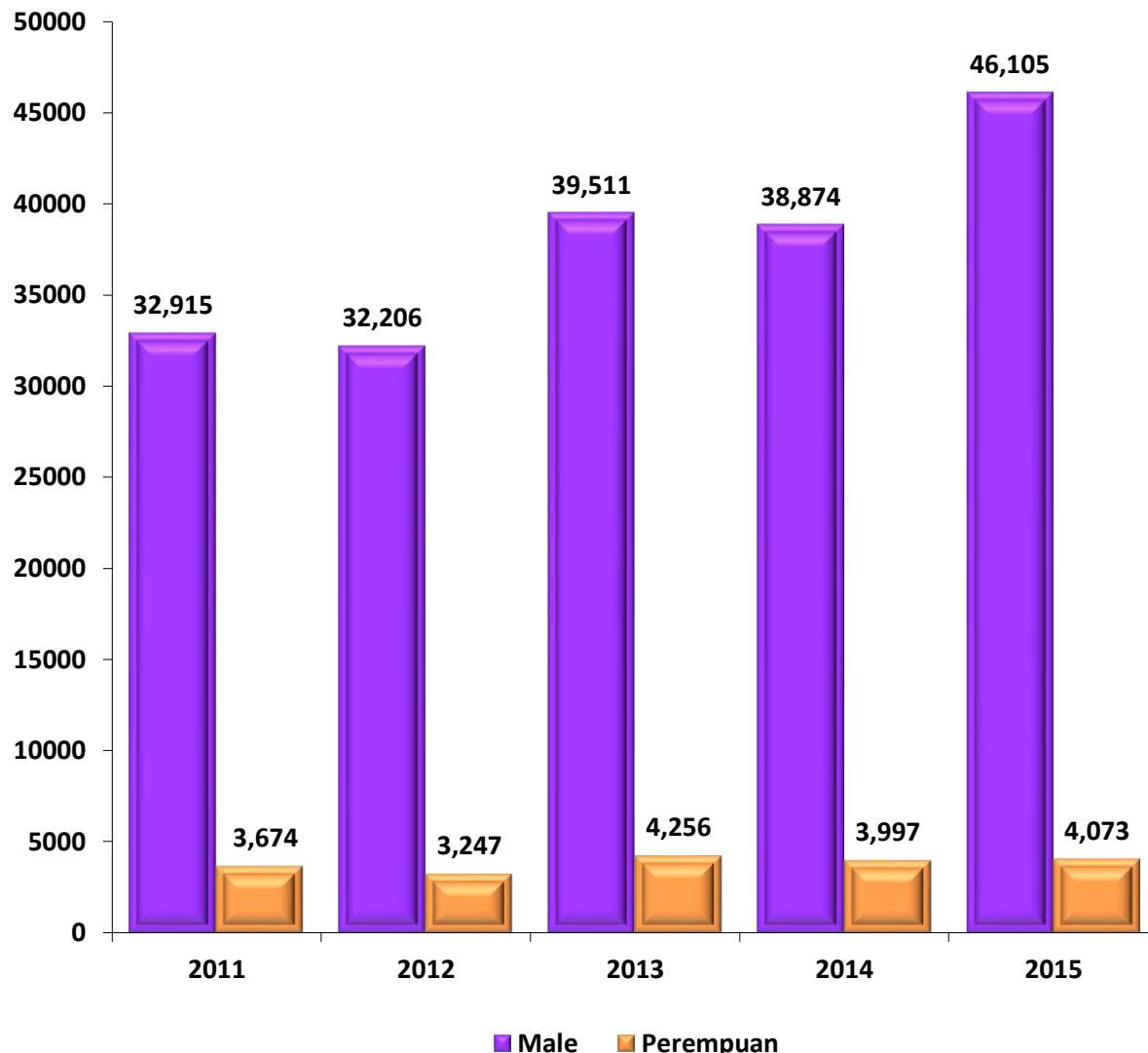


**Table 132. Total Drug Suspects Based on Gender, 2011 – 2015**

NO.	GENDER	YEAR					TTL
		2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8
1.	Male	32,915	32,206	39,511	38,874	46,105	<b>189,611</b>
2.	Female	3,674	3,247	4,256	3,997	4,073	<b>19,247</b>
<b>TOTAL</b>		<b>36,589</b>	<b>35,453</b>	<b>43,767</b>	<b>42,871</b>	<b>50,178</b>	<b>208,858</b>

Source : National Police Republic of Indonesia, March 2016

**Diagram 4. Total Drug Suspects Based on Gender, 2011 – 2015**

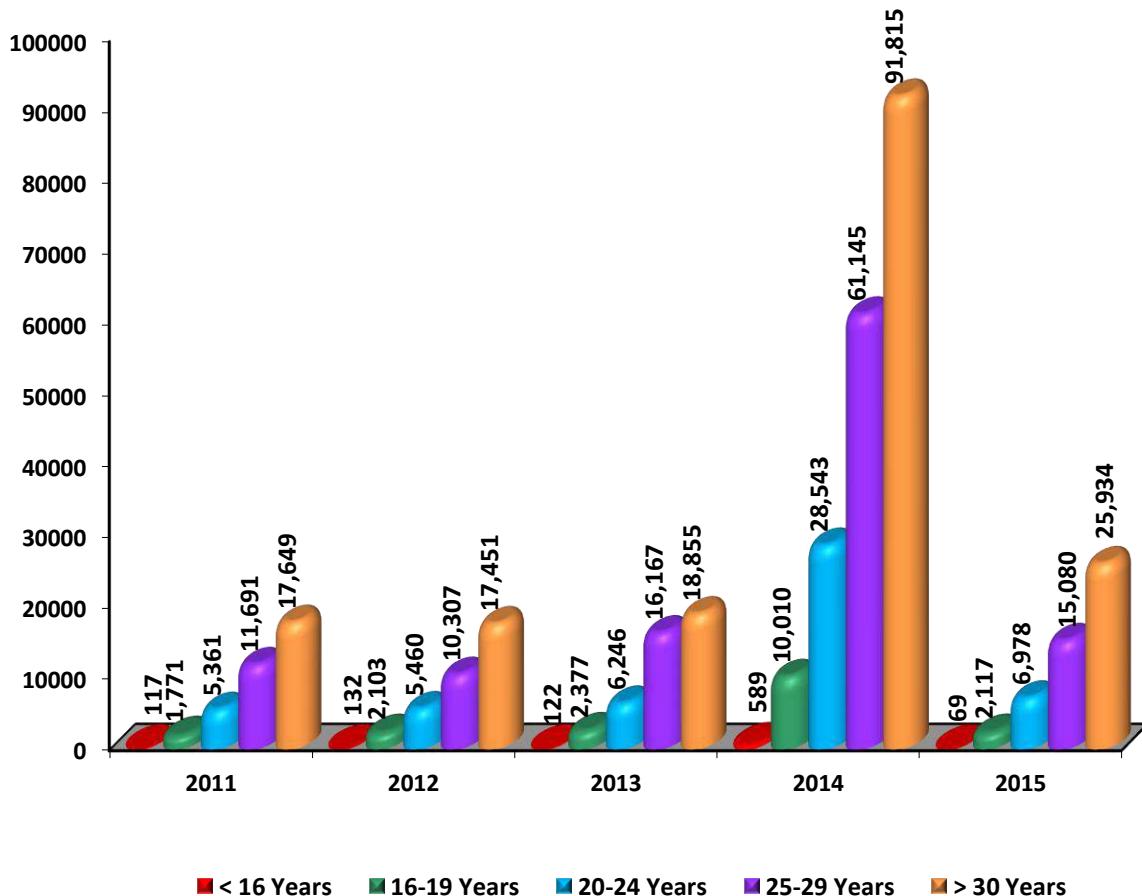


**Table 133. Total Drug Suspects Based on Age Group, 2011 – 2015**

NO.	AGE GROUP	YEAR					TTL
		2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8
1.	< 16 Years	117	132	122	130	69	<b>570</b>
2.	16 – 19 Years	1,771	2,103	2,377	2,244	2,117	<b>10,612</b>
3.	20 – 24 Years	5,361	5,460	6,246	6,489	6,978	<b>30,534</b>
4.	25 – 29 Years	11,691	10,307	16,167	14,065	15,080	<b>67,310</b>
5.	> 30 Years	17,649	17,451	18,855	19,943	25,934	<b>99,832</b>
<b>TOTAL</b>		<b>36,589</b>	<b>35,453</b>	<b>43,767</b>	<b>42,871</b>	<b>50,178</b>	<b>208,858</b>

Source : National Police Republic of Indonesia, March 2016

**Diagram 5. Total Drug Suspects Based on Age Group, 2011 – 2015**

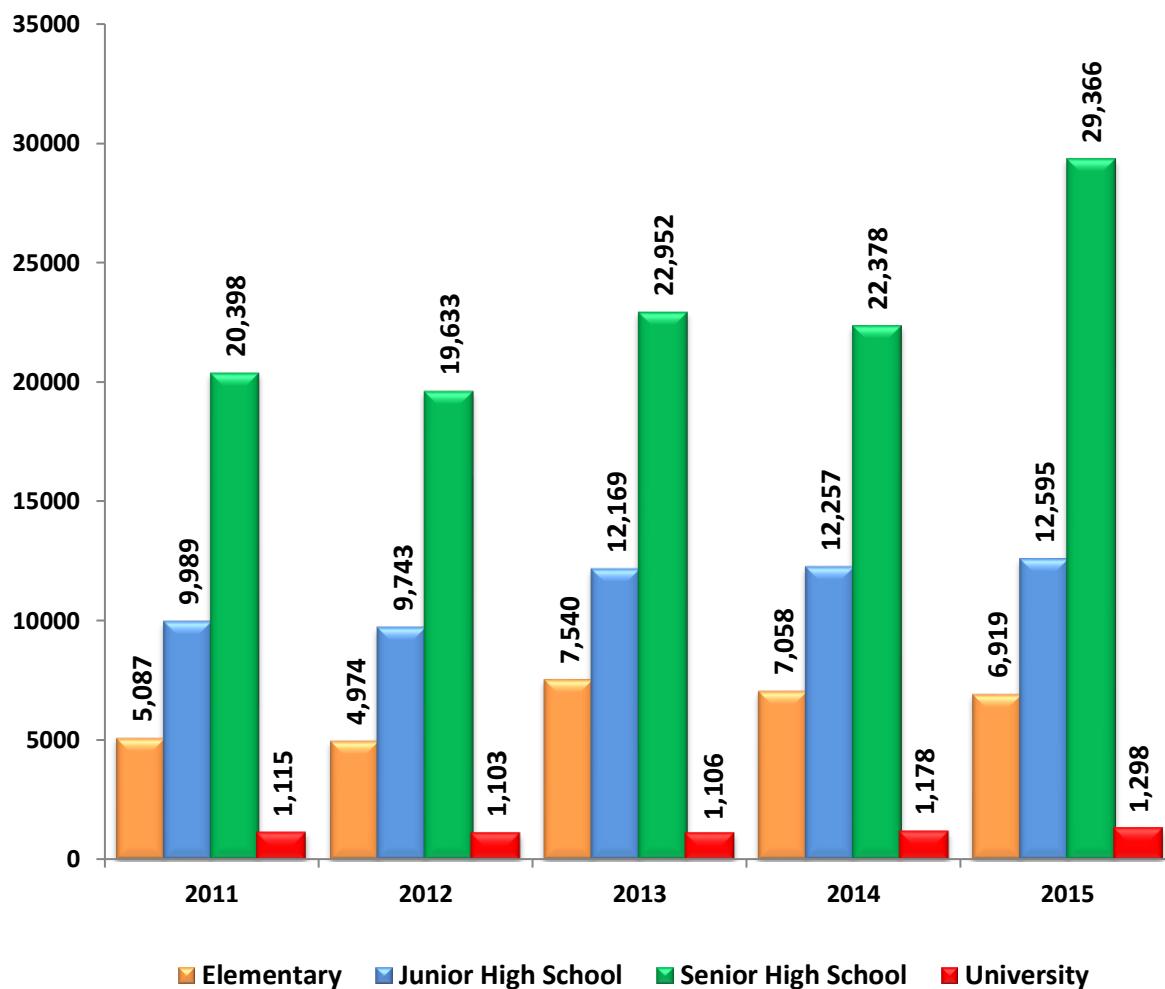


**Table 134. Total Drug Suspects Based on Education, 2011 – 2015**

NO.	EDUCATION	YEAR					TTL
		2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8
1.	Elementary	5,087	4,974	7,540	7,058	6,919	<b>31,578</b>
2.	Junior High School	9,989	9,743	12,169	12,257	12,595	<b>56,753</b>
3.	Senior High School	20,398	19,633	22,952	22,378	29,366	<b>114,727</b>
4.	University	1,115	1,103	1,106	1,178	1,298	<b>5,800</b>
<b>TOTAL</b>		<b>36,589</b>	<b>35,453</b>	<b>43,767</b>	<b>42,871</b>	<b>50,178</b>	<b>208,858</b>

Source : National Police Republic of Indonesia, March 2016

**Diagram 6. Total Drug Suspects Based on Education, 2011 – 2015**

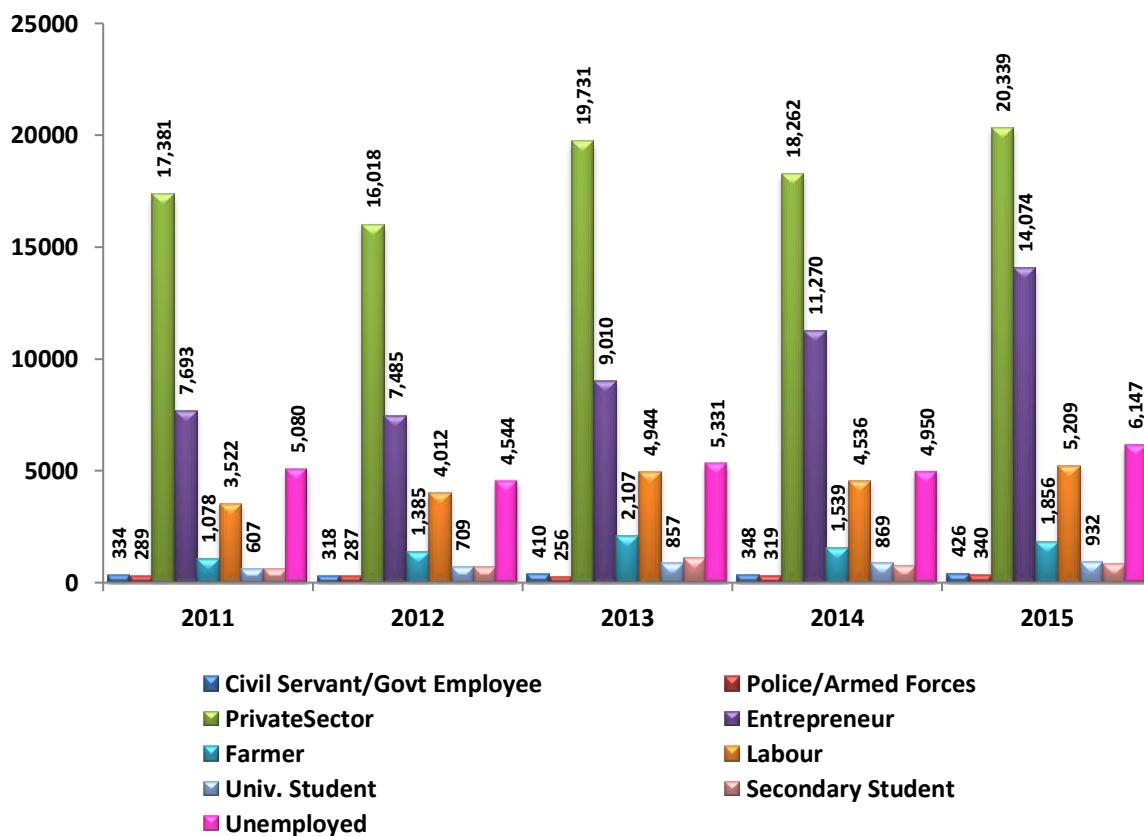


**Table 135. Total Drug Suspects Based on Occupation, 2011–2015**

NO.	OCCUPATION	YEAR					TTL
		2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8
1.	Civil Servant/Govt Employee	334	318	410	348	426	1,836
2.	Police/Armed Forces	289	287	256	319	340	1,491
3.	PrivateSector	17,381	16,018	19,731	18,262	20,339	91,731
4.	Entrepreneur	7,693	7,485	9,010	11,270	14,074	49,532
5.	Farmer	1,078	1,385	2,107	1,539	1,856	7,965
6.	Labour	3,522	4,012	4,944	4,536	5,209	22,223
7.	Univ. student	607	709	857	869	932	3,974
8.	Secondary student	605	695	1,121	778	855	4,054
9.	Unemployed	5,080	4,544	5,331	4,950	6,147	26,052
<b>TOTAL</b>		<b>36,589</b>	<b>35,453</b>	<b>43,767</b>	<b>42,871</b>	<b>50,178</b>	<b>208,858</b>

Source : National Police Republic of Indonesia, March 2016

**Diagram 7. Total Drug Suspects Based on Occupation, 2011 – 2015**

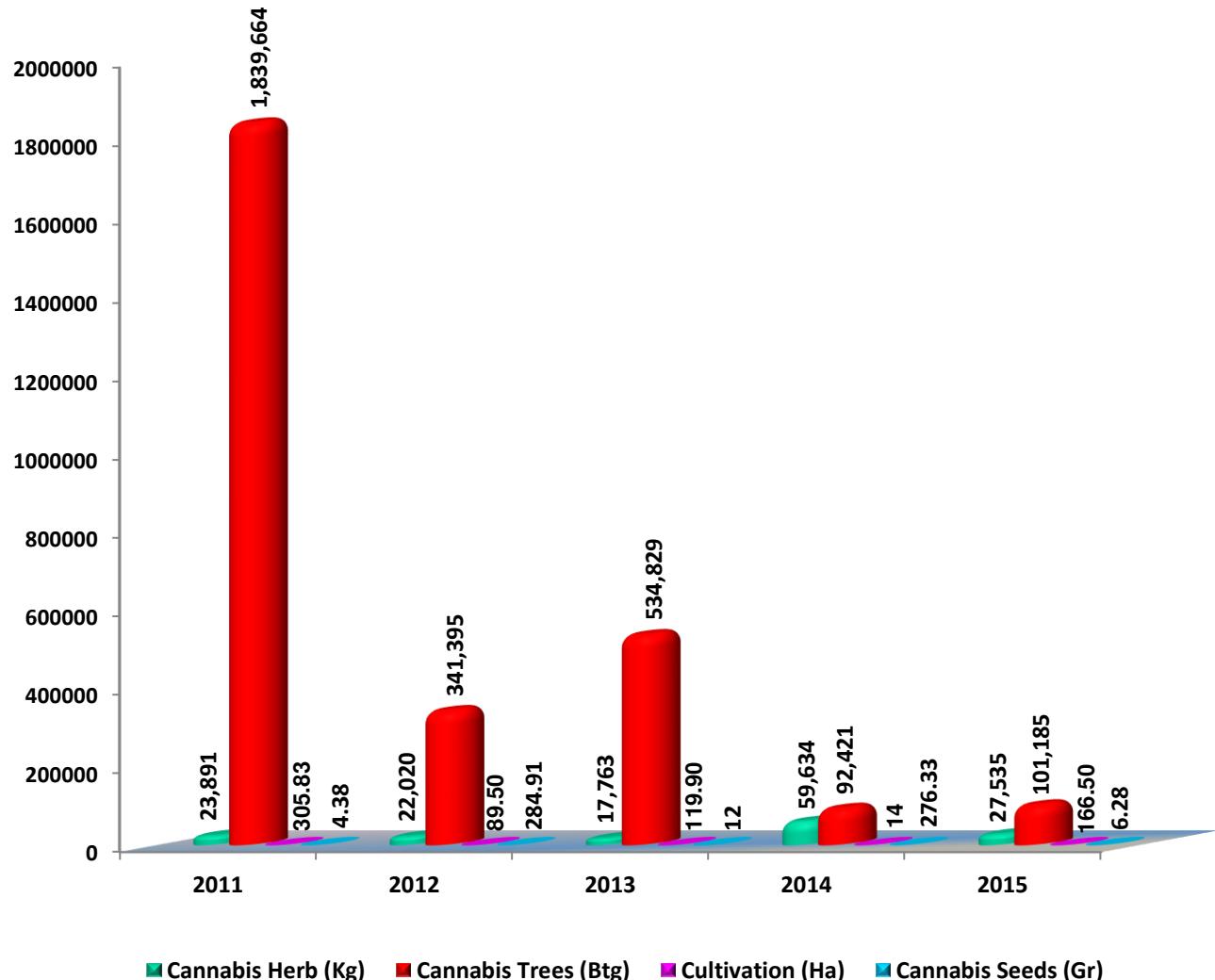


**Table 136. Total Seized Cannabis Evidence, 2011 – 2015**

NO.	SEIZED EVIDENCE	YEAR					TOTAL
		2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8
1.	Cannabis Herb (Gr)	23,891,244.25	22,019,933.68	17,763,959.76	59,634,166.06	27,535,562.74	150,844,866.50
2.	Cannabis trees (unit)	1,839.64	341,395	534,829	92,421	101,185	2,909,494
3.	Cultivation (Ha)	305.83	89.5	119.9	14	166.50	695.73
4.	Cannabis Seeds (Gr)	4.38	284.91	12	276.33	6.28	583.90

Source : National Police Republic of Indonesia, March 2016

**Diagram 8. Total Seized CannabisEvidence, 2011 – 2015**

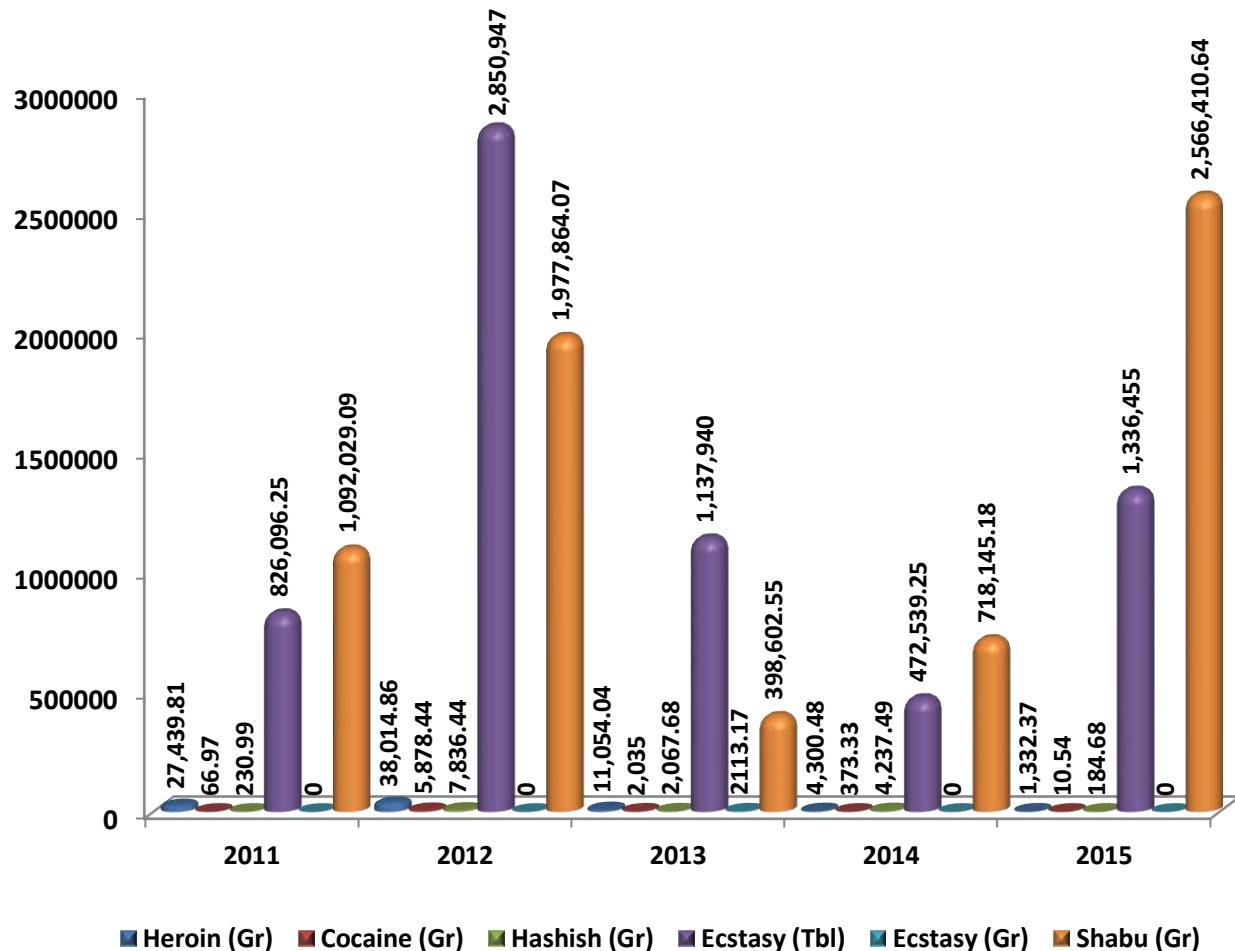


**Table 137. Total Seized Narcotics Evidence, 2011 – 2015**

NO.	SEIZED EVIDENCE	YEAR					TTL
		2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8
1.	Heroin (Gr)	27,439.81	38,014.86	11,054.04	4,300.48	1,332.37	<b>82,141.56</b>
2.	Cocaine (Gr)	66.97	5,878.44	2,035	373.33	10.54	<b>8,364.28</b>
3.	Hashish (Gr)	230.99	7,836.44	2,067.68	4,237.49	184.68	<b>14,557.28</b>
4.	Ecstasy (Tbl)	826,096.25	2,850,947.00	1,137,940	472,539.25	1,336,455	<b>6,623,977.50</b>
5.	Ecstasy (Gr)	-	-	2,113.17	-	-	<b>2,113.17</b>
6.	Shabu (Gr)	1,092,029.09	1,977,864.07	398,602.55	718,145.18	2,566,410.64	<b>6,753,051.53</b>

Source : National Police Republic of Indonesia, March 2016

**Diagram 9. Total Seized Narcotics Evidence, 2011 – 2015**

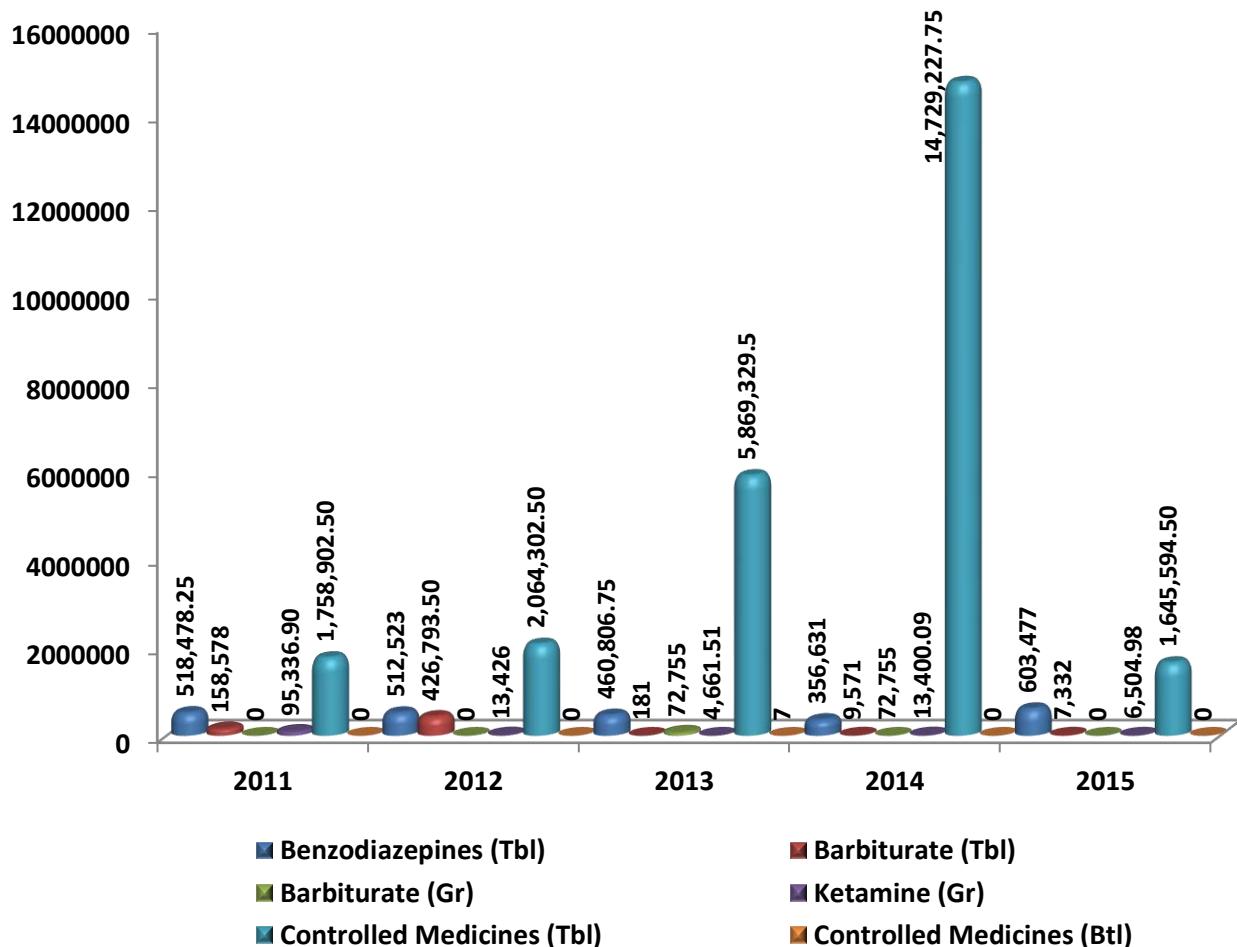


**Table 138. Total Seized Psychotropic Substances, 2011 – 2015**

NO.	SEIZED EVIDENCE	YEAR					TTL
		2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8
1.	Benzodiazepines (Tbl)	518,478.25	512,523.00	460,806.75	356,631	603,477	<b>2,451,916</b>
2.	Barbiturate (Tbl)	158,578.00	426,793.50	181	9,571	7,332	<b>602,455.50</b>
3.	Barbiturate (Gr)	-	-	7,275.50	-	-	<b>727,550</b>
4.	Ketamine (Gr)	95,336.90	13,426.00	4,661.51	13,400.09	6,504.98	<b>133,329.48</b>
5.	Controlled Medicines (Tbl)	1,758,902.50	2,064,302.50	5,869,329.50	14,729,227.75	1,645,594.5	<b>26,067,356.75</b>
6.	Controlled Medicines (Btl)	-	-	7	-	-	<b>7</b>

Source : National Police Republic of Indonesia, March 2016

**Diagram 10. Total Seized Psychotropic Substances, 2011 – 2015**

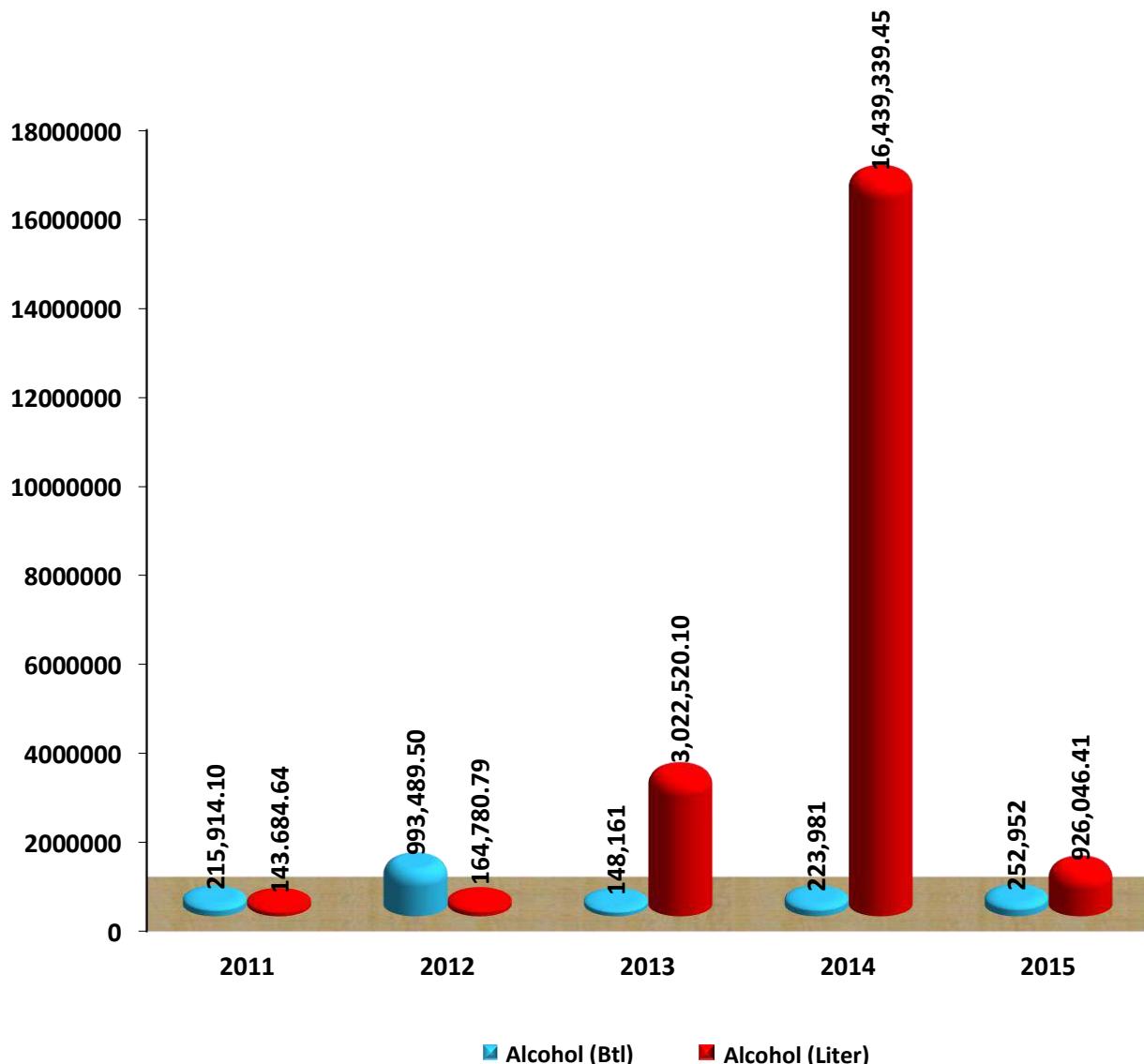


**Table 139. Total Seized Other Addictive Substances, 2011 – 2015**

NO.	SEIZED EVIDENCE	YEAR					TTL
		2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8
1.	Alcohol (Btl)	215,914.10	993,489.50	148,161	223,981	252,952	1,834,497.60
2.	Alcohol (Liter)	143,684.64	164,780.79	3,022,520.10	16,439,339.45	926,046.41	20,696,371.39

Source : National Police Republic of Indonesia, March 2016

**Diagram 11. Total Seized Other Addictive Substances, 2011– 2015**



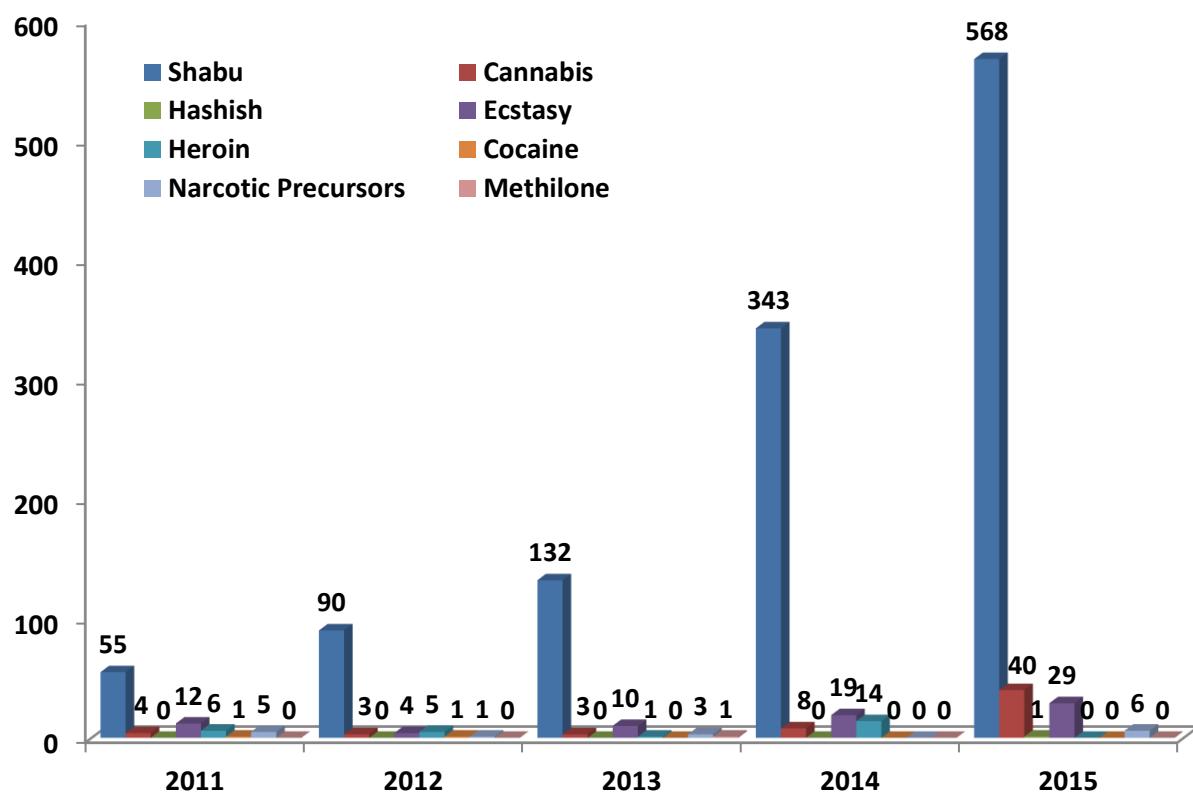
**b. Cases, Suspects and Seized Evidence of Narcotics and Narcotic Precursors Crimes from BNN, 2011 – 2015.**

**Table 140. Total Cases of Narcotics and Narcotic Precursors, 2011 – 2015**

NO.	CASE	YEAR					TOTAL
		2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8
1.	Shabu	55	90	132	343	568	<b>1,188</b>
2.	Cannabis	4	3	3	8	40	<b>58</b>
3.	Hashish	0	0	0	0	1	<b>1</b>
4.	Ecstasy	12	4	10	19	29	<b>74</b>
5.	Heroin	6	5	1	14	0	<b>26</b>
6.	Cocaine	1	1	0	0	0	<b>2</b>
7.	Narcotic Precursors	5	1	3	0	6	<b>15</b>
8.	Methilone	0	0	1	0	0	<b>1</b>
<b>TOTAL</b>		<b>83</b>	<b>104</b>	<b>150</b>	<b>384</b>	<b>644</b>	<b>1,365</b>

Source : BNN Deputy of Eradication, Mach 2016

**Diagram 12. Total Cases of Narcotics and Narcotic Precursors, 2011 – 2015**

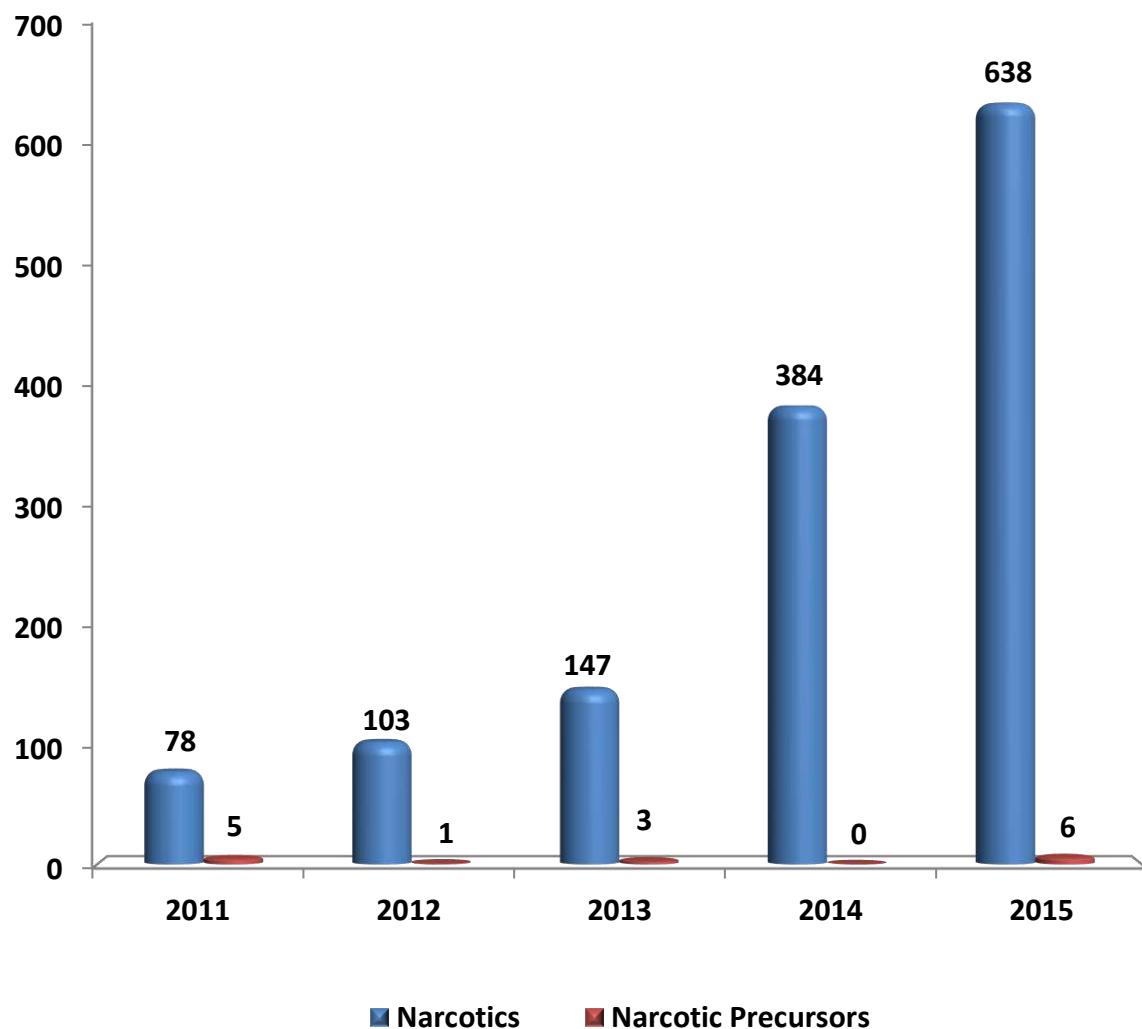


**Table 141. Total Cases of Narcotics and Narcotic Precursors Based on Drug Classification, 2011 – 2015**

NO.	CASES	YEAR					TOTAL
		2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8
1.	Narcotics	78	103	147	384	638	1,350
2.	Narcotic Precursors	5	1	3	0	6	15
	TOTAL	83	104	150	384	644	1,365

Source : BNN Deputyof Eradication, March 2016

**Diagram 13. Total Cases of Narcotics and Narcotic Precursors Based on Drug Classification, 2011– 2015**

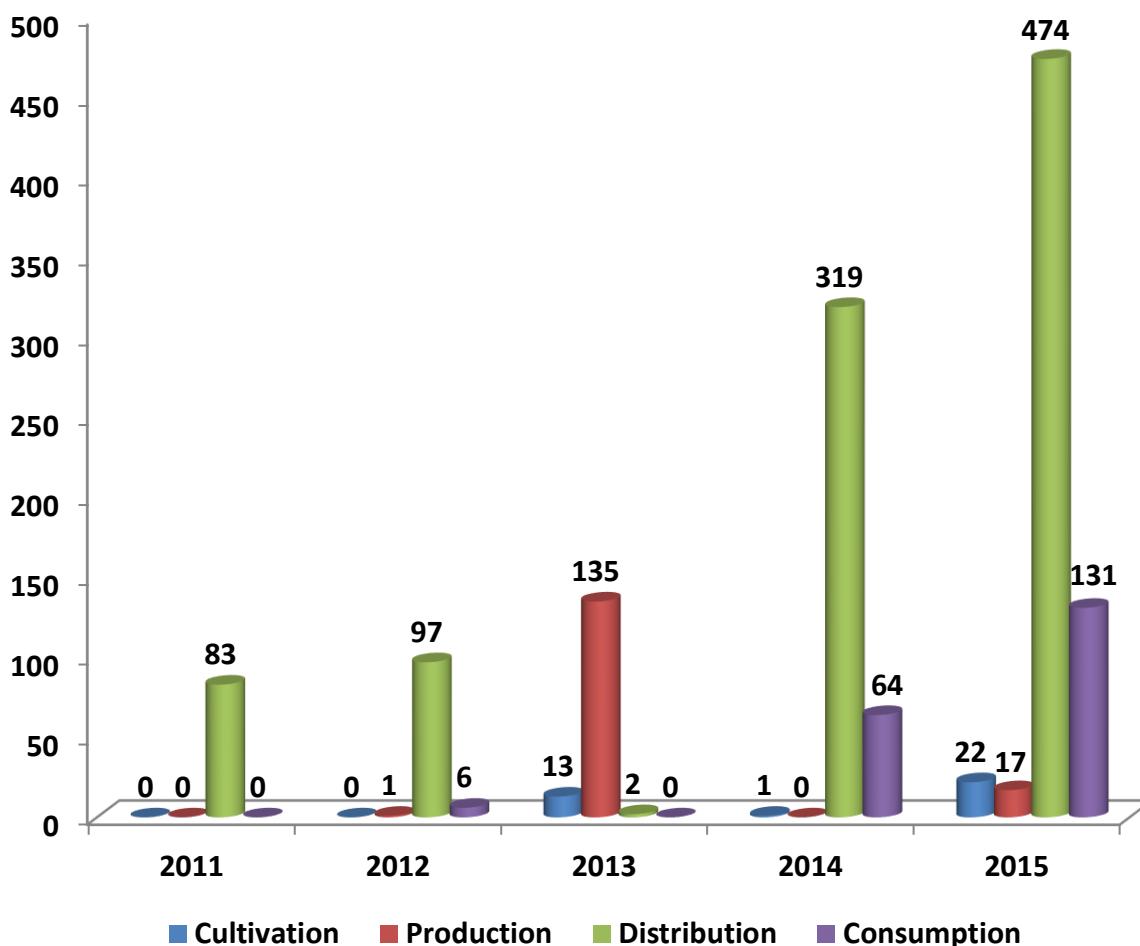


**Table 142. Total Cases of Narcotics and Narcotic Precursors Based on Type of Crime, 2011– 2015**

NO.	CASE/CRIME	YEAR					TOTAL
		2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8
1.	Cultivation	0	0	13	1	22	36
2.	Production	0	1	135	0	17	153
3.	Distribution	83	97	2	319	474	975
4.	Consumption	0	6	0	64	131	201
TOTAL		83	104	150	384	644	1,365

Source :BNN Deputy of Eradication, March 2016

**Diagram 14. Total Cases of Narcotics and Narcotic Precursors Based on Type of Crime, 2011 – 2015**

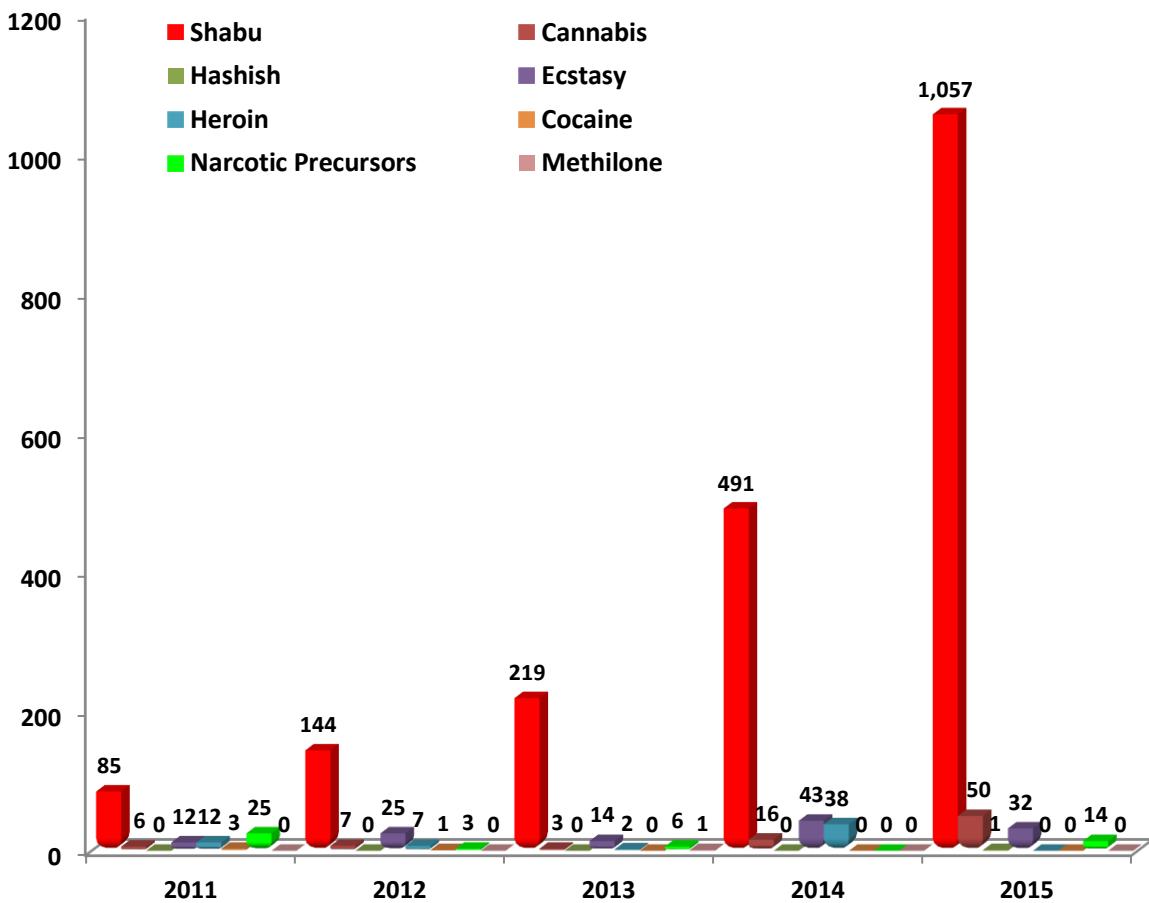


**Table 143. Total Cases of Narcotics and Narcotic Precursors, 2011 – 2015**

NO.	CASES	YEAR					TOTAL
		2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8
1.	Shabu	85	144	219	491	1,057	1,996
2.	Cannabis	6	7	3	16	50	82
3.	Hashish	0	0	0	0	1	1
4.	Ecstasy	12	25	14	43	32	126
5.	Heroin	12	7	2	38	0	59
6.	Cocaine	3	1	0	0	0	4
7.	Narcotic Precursors	25	3	6	0	14	48
8.	Methilone	0	0	1	0	0	1
	TOTAL	143	187	245	588	1,154	2,317

Source : BNN Deputy of Eradication, March 2016

**Diagram 15. Total Cases of Narcotics and Narcotic Precursors, 2011 – 2015**

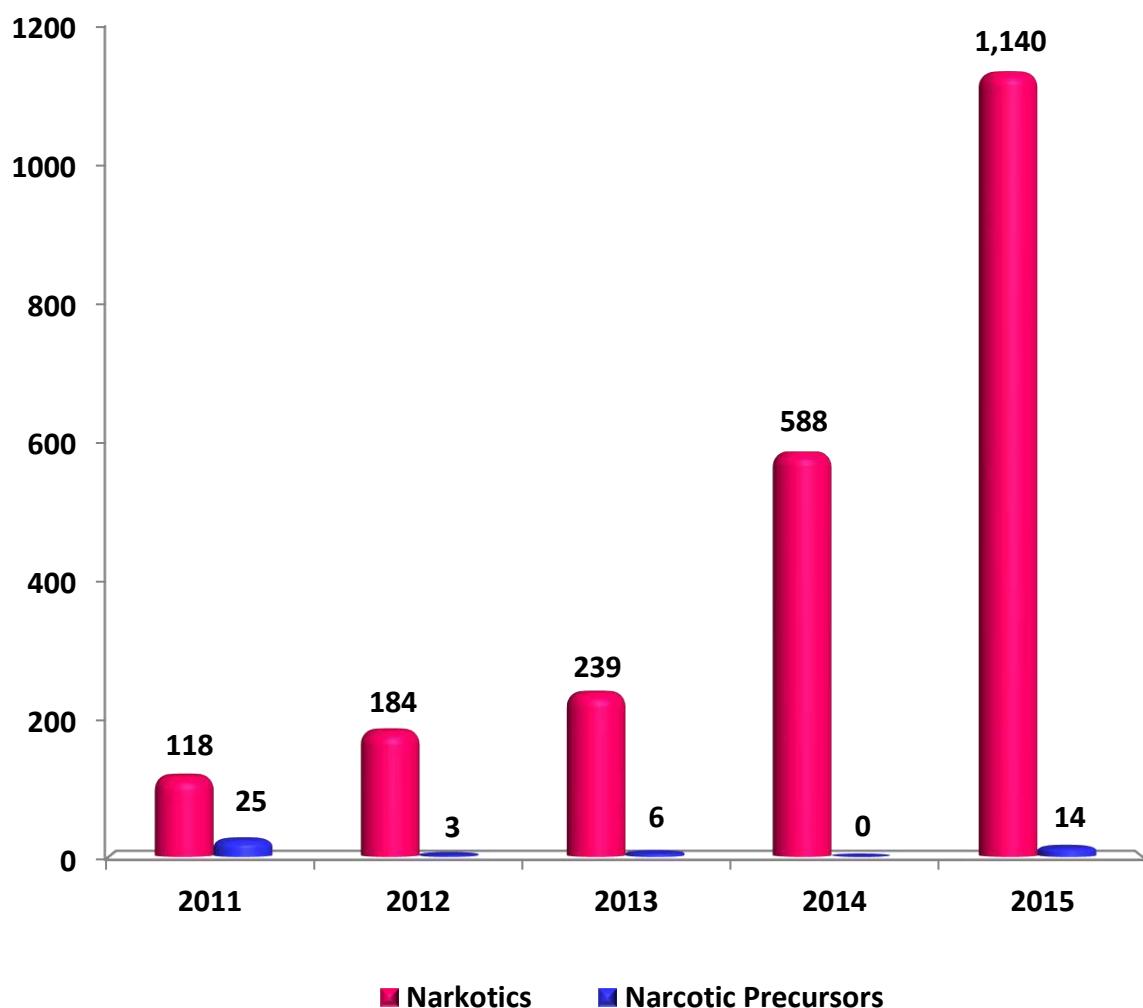


**Table 144. Total Suspects of Narcotics and Narcotics Precursors Based on Classification of Crime, 2011– 2015**

NO.	TYPE OF CRIME	YEAR					TOTAL
		2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8
1.	Narcotics	118	184	239	588	1,140	2,269
2.	Narcotic Precursors	25	3	6	0	14	48
	TOTAL	143	187	245	588	1,154	2,317

Source : BNN Deputy of Eradication, March 2016

**Diagram 16. Total Suspects of Narcotics, Psychotropic Substances and Precursors, 2011– 2015**

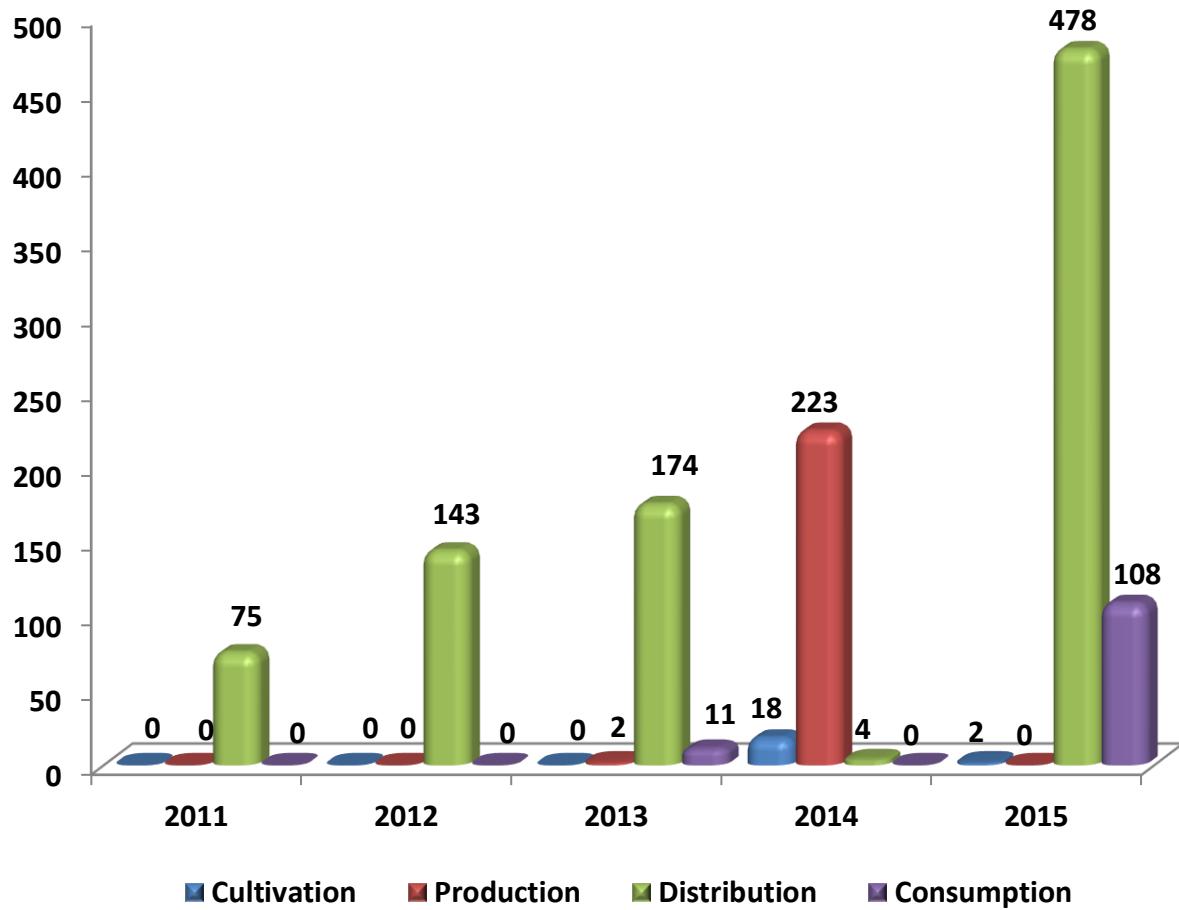


**Table 145. Total Suspects of Narcotics and Narcotic Precursors Based on Type of Crime, 2011– 2015**

NO.	TYPE OF CRIME	YEAR					TOTAL
		2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8
1.	Cultivation	0	0	18	2	45	65
2.	Production	0	2	223	0	26	251
3.	Distribution	143	174	4	478	718	1,517
4.	Consumption	0	11	0	108	365	484
<b>TOTAL</b>		<b>143</b>	<b>187</b>	<b>245</b>	<b>588</b>	<b>1,154</b>	<b>2,317</b>

Source : BNN Deputy of Eradication, March 2016

**Diagram 17. Total Suspects of Narcotics and Narcotic Precursors Based on Type of Crime, 2011– 2015**

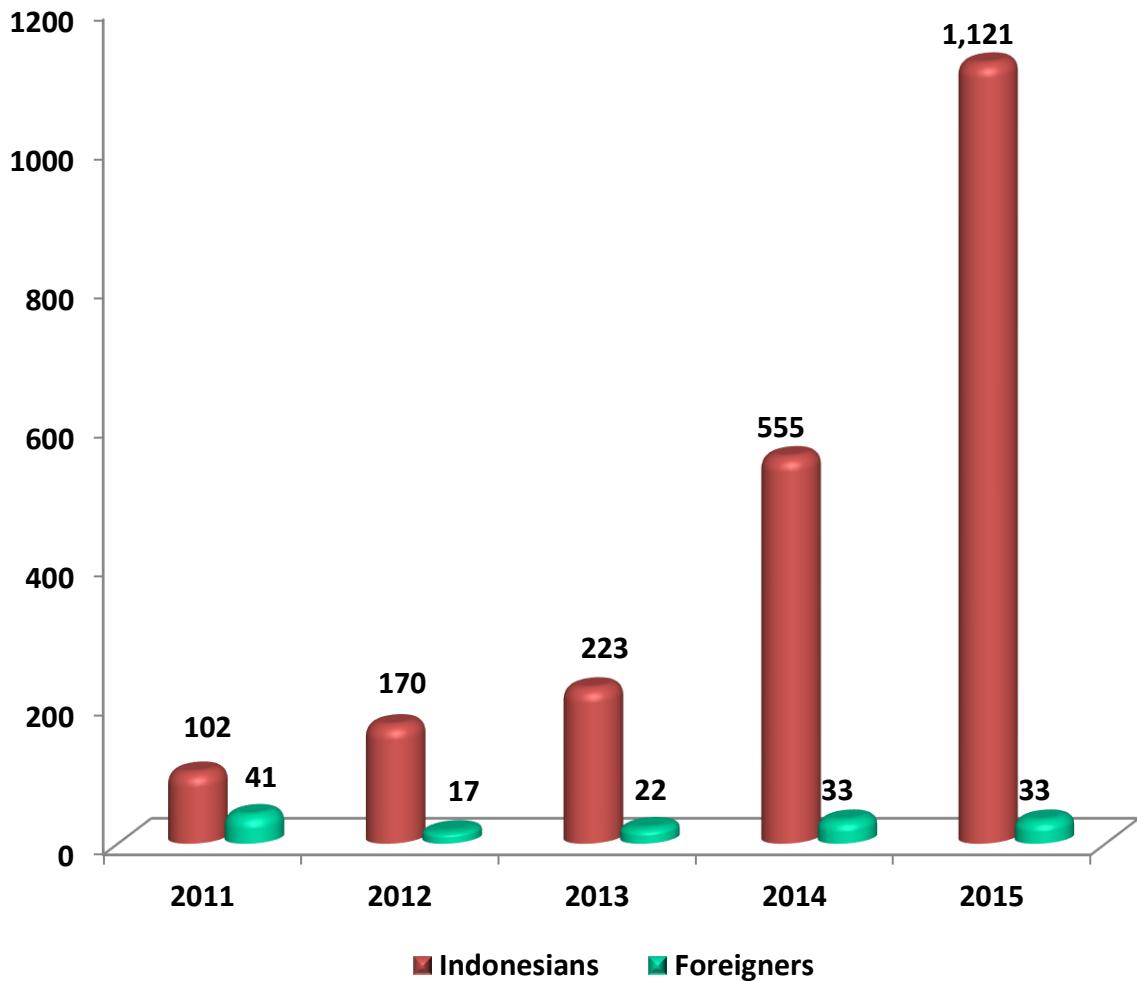


**Table 146. Total Suspects of Narcotics and Narcotic Precursors Based on Nationality, 2011 – 2015**

NO.	NATIONALITY	YEAR					TOTAL
		2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8
1.	Indonesians	102	170	223	555	1,121	2,171
2.	Foreigners	41	17	22	33	33	146
<b>TOTAL</b>		<b>143</b>	<b>187</b>	<b>245</b>	<b>588</b>	<b>1,154</b>	<b>2,317</b>

Source : BNN Deputy of Eradication, March 2016

**Diagram 18. Total Suspects of Narcotics and Narcotic Precursors Based on Nationality, 2011 – 2015**

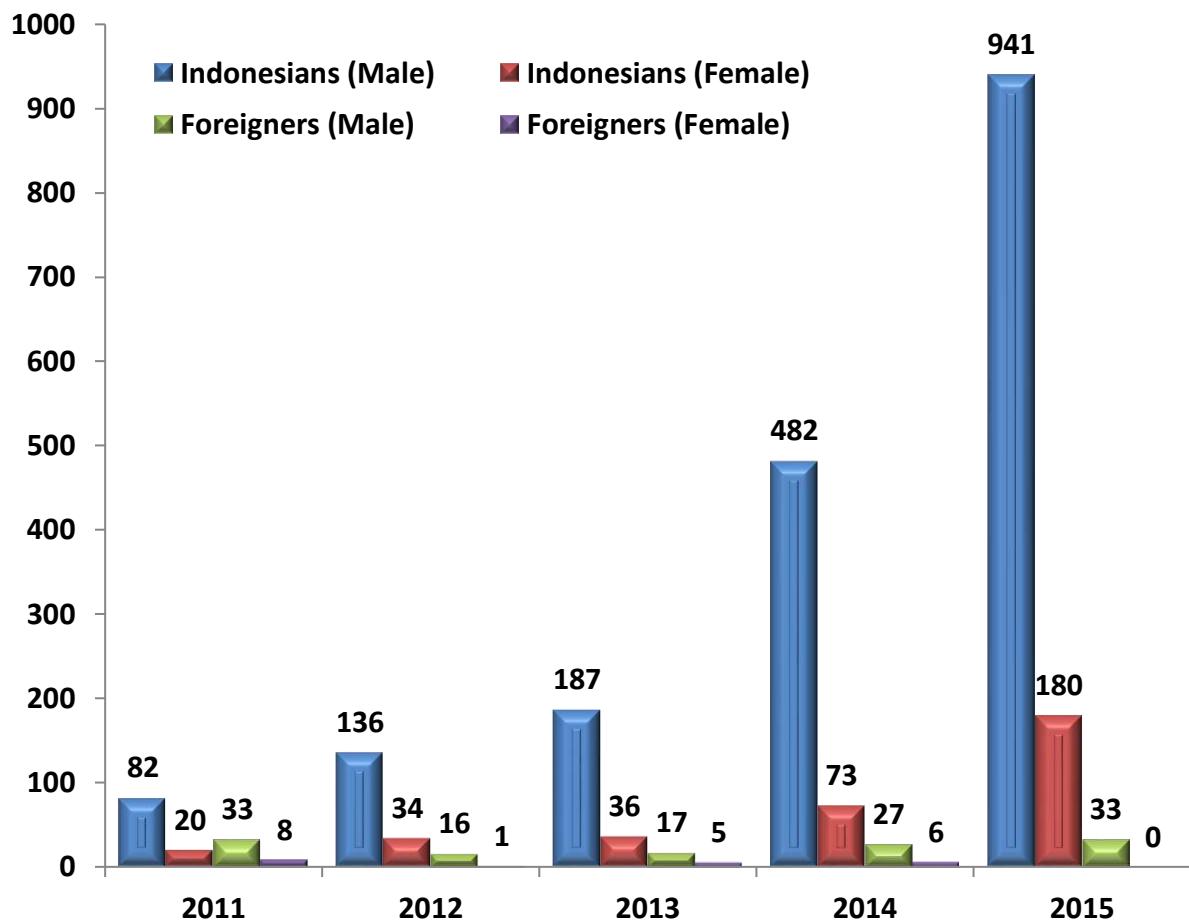


**Table 147. Total Suspects of Narcotics and Narcotic Precursors Based on Nationality and Gender, 2011 – 2015**

NO.	NATIONALITY	GENDER	YEAR					TOTAL
			2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8	9
1.	Indonesians	Male	82	136	187	482	941	1,828
		Female	20	34	36	73	180	343
2.	Foreigners	Male	33	16	17	27	33	126
		Female	8	1	5	6	0	20
TOTAL			143	187	245	588	1,154	2,317

Source : BNN Deputy of Eradication, March 2016

**Diagram 19. Total Suspects of Narcotics and Narcotic Precursors Based on Nationality and Gender, 2011 – 2015**

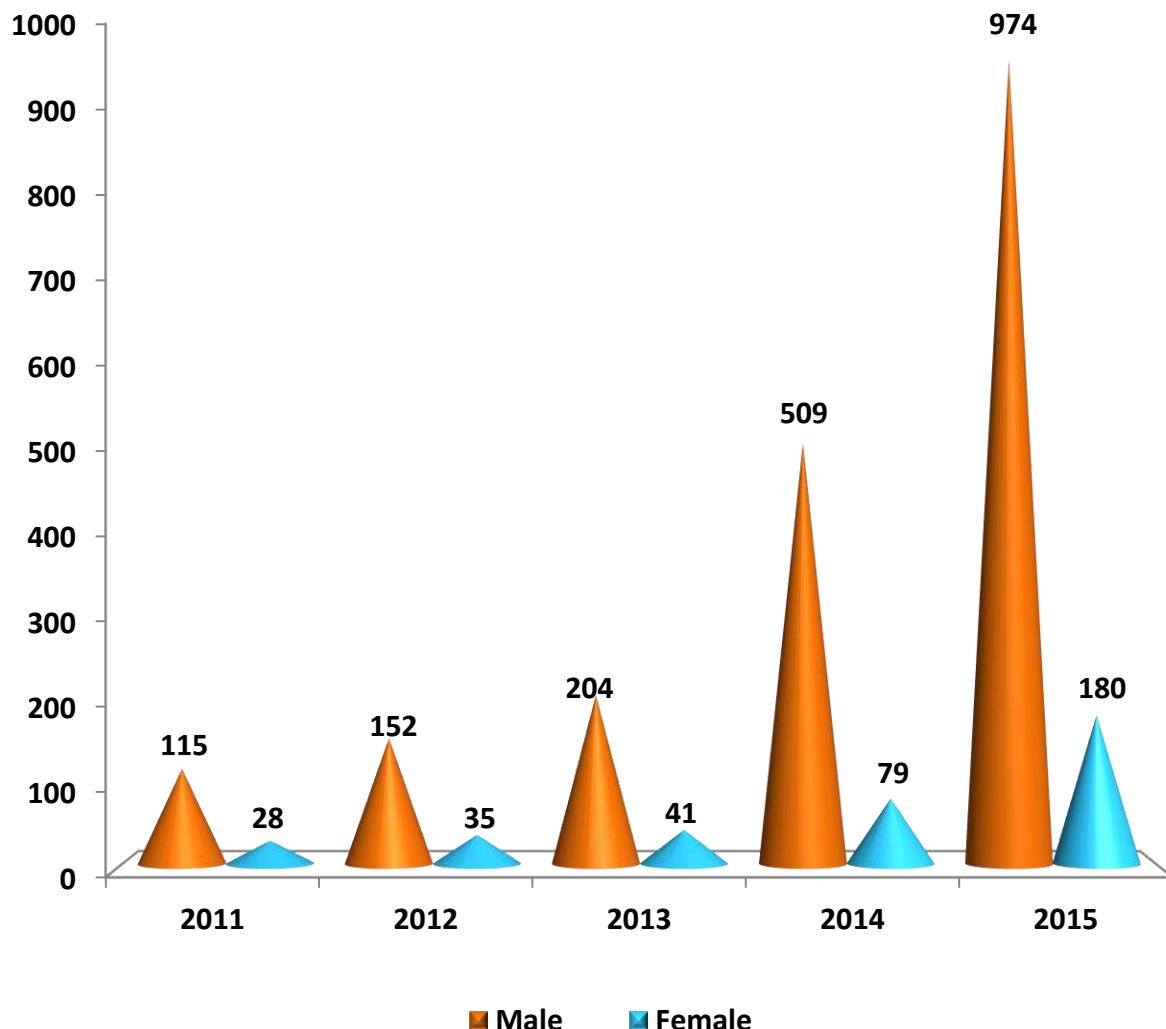


**Table 148. Total Suspects of Narcotics and Narcotic Precursors Based on Gender, 2011 – 2015**

NO.	GENDER	YEAR					TOTAL
		2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8
1.	Male	115	152	204	509	974	1,954
2.	Female	28	35	41	79	180	363
<b>TOTAL</b>		<b>143</b>	<b>187</b>	<b>245</b>	<b>588</b>	<b>1,154</b>	<b>2,317</b>

Source : BNN Deputy of Eradication, March 2016

**Diagram 20. Total Suspects of Narcotics and Narcotic Precursors Based on Gender, 2011 – 2015**

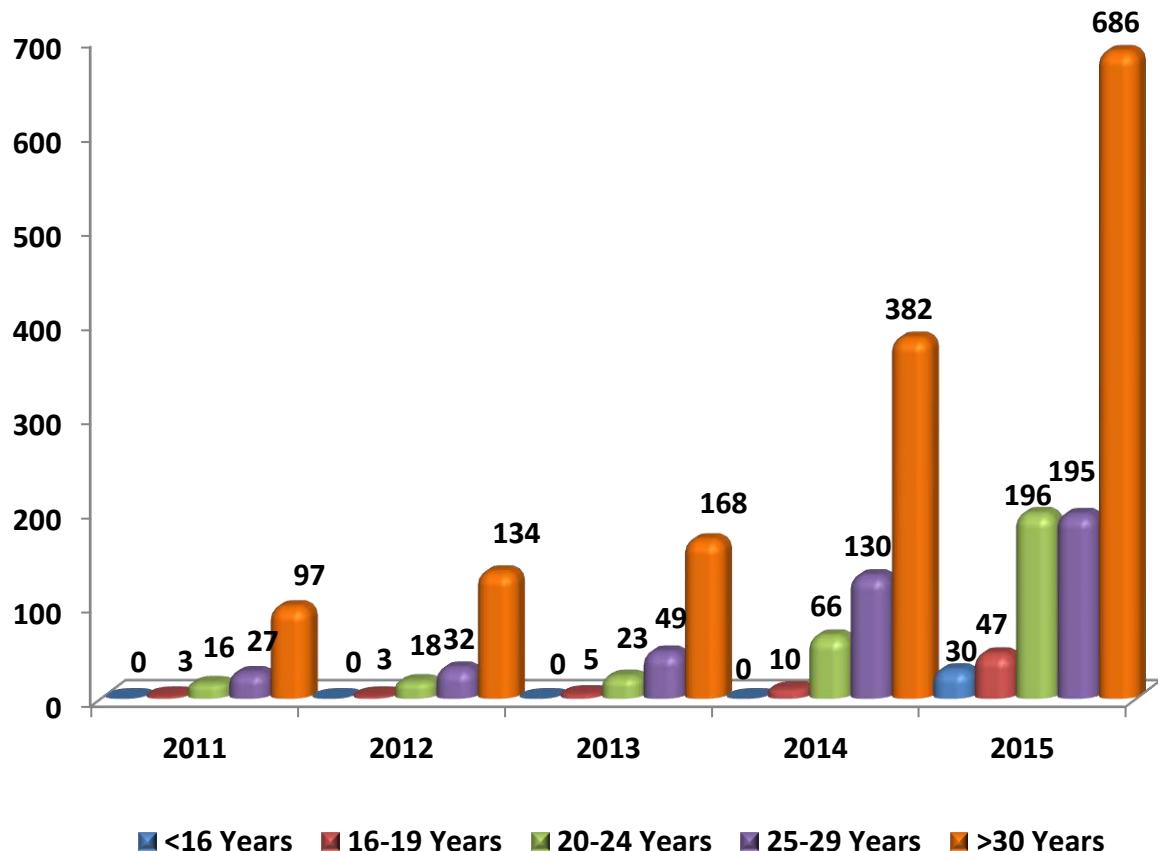


**Table 149. Total Suspects of Narcotics and Narcotic Precursors Based on Age Group, 2011 – 2015**

NO.	AGE GROUP	YEAR					TOTAL
		2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8
1.	< 16 Years	0	0	0	0	30	<b>30</b>
2.	16 – 19 Years	3	3	5	10	47	<b>68</b>
3.	20 – 24 Years	16	18	23	66	196	<b>319</b>
4.	25 – 29 Years	27	32	49	130	195	<b>433</b>
5.	> 30 Years	97	134	168	382	686	<b>1,467</b>
<b>TOTAL</b>		<b>143</b>	<b>187</b>	<b>245</b>	<b>588</b>	<b>1,154</b>	<b>2,317</b>

Source : BNN Deputy Eraadication, March 2016

**Diagram 21. Total Suspects of Narcotics and Narcotic Precursors Based on Age Group, 2011 – 2015**

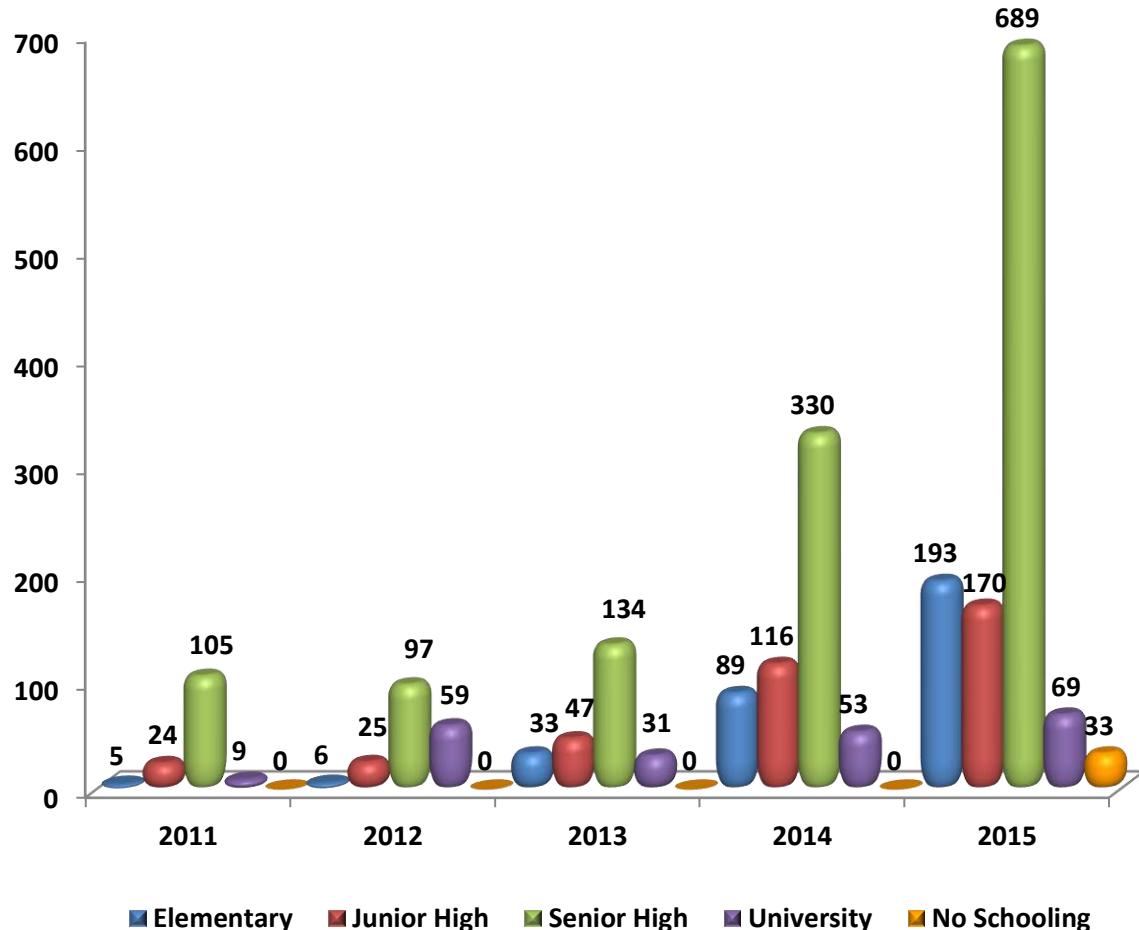


**Table 150. Total Suspects of Narcotics and Narcotic Precursors Based on Education, 2011 – 2015**

NO.	EDUCATION	YEAR					TOTAL
		2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8
1.	Elementary	5	6	33	89	193	326
2.	Junior High	24	25	47	116	170	382
3.	Senior High	105	97	134	330	689	1,355
4.	University	9	59	31	53	69	221
5.	No Schooling	0	0	0	0	33	33
<b>TOTAL</b>		<b>143</b>	<b>187</b>	<b>245</b>	<b>588</b>	<b>1,154</b>	<b>2,317</b>

Source : BNN Deputy of Eradication, March 2016

**Diagram 22. Total Suspects of Narcotics and Narcotic Precursors Based on Education, 2011 – 2015**

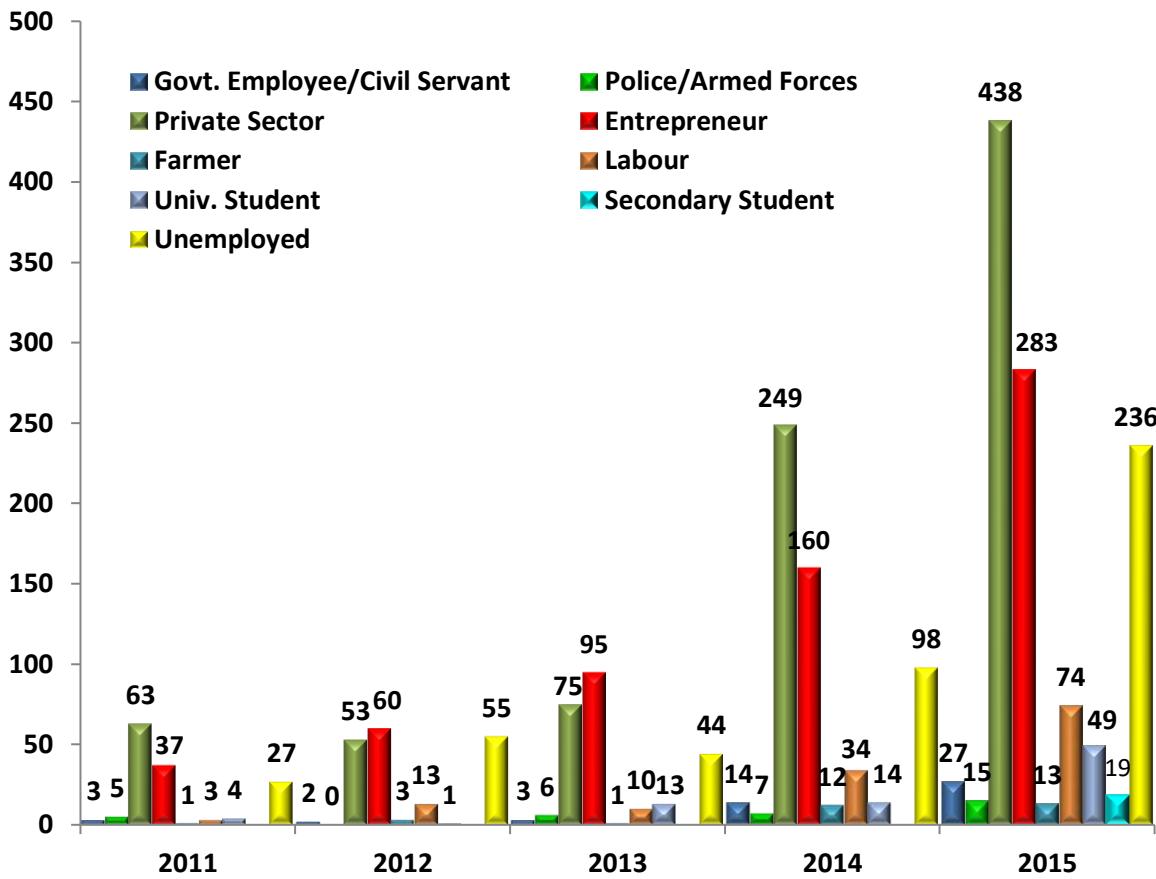


**Table 151. Total Suspects of Narcotics and Narcotic Precursors Based on Occupation, 2011 – 2015**

NO.	OCCUPATION	YEAR					TOTAL
		2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8
1.	Govt. Employee/Civil Servant	3	2	3	14	27	49
2.	Police/Armed Forces	5	0	6	7	15	33
3.	Private Sector	63	53	73	249	438	876
4.	Entrepreneur	37	60	95	160	283	635
5.	Farmer	1	3	1	12	13	30
6.	Labour	3	13	10	34	74	134
7.	Univ. Student	4	1	13	14	49	81
8.	Secondary Student	0	0	0	0	19	19
9.	Unemployed	27	55	44	98	236	460
TOTAL		143	187	245	588	1,154	2,317

Source : BNN Deputy of Eradication, March 2016

**Diagram 23. Total Suspects of Narcotics and Narcotic Precursors Based on Occupation, 2011 – 2015**



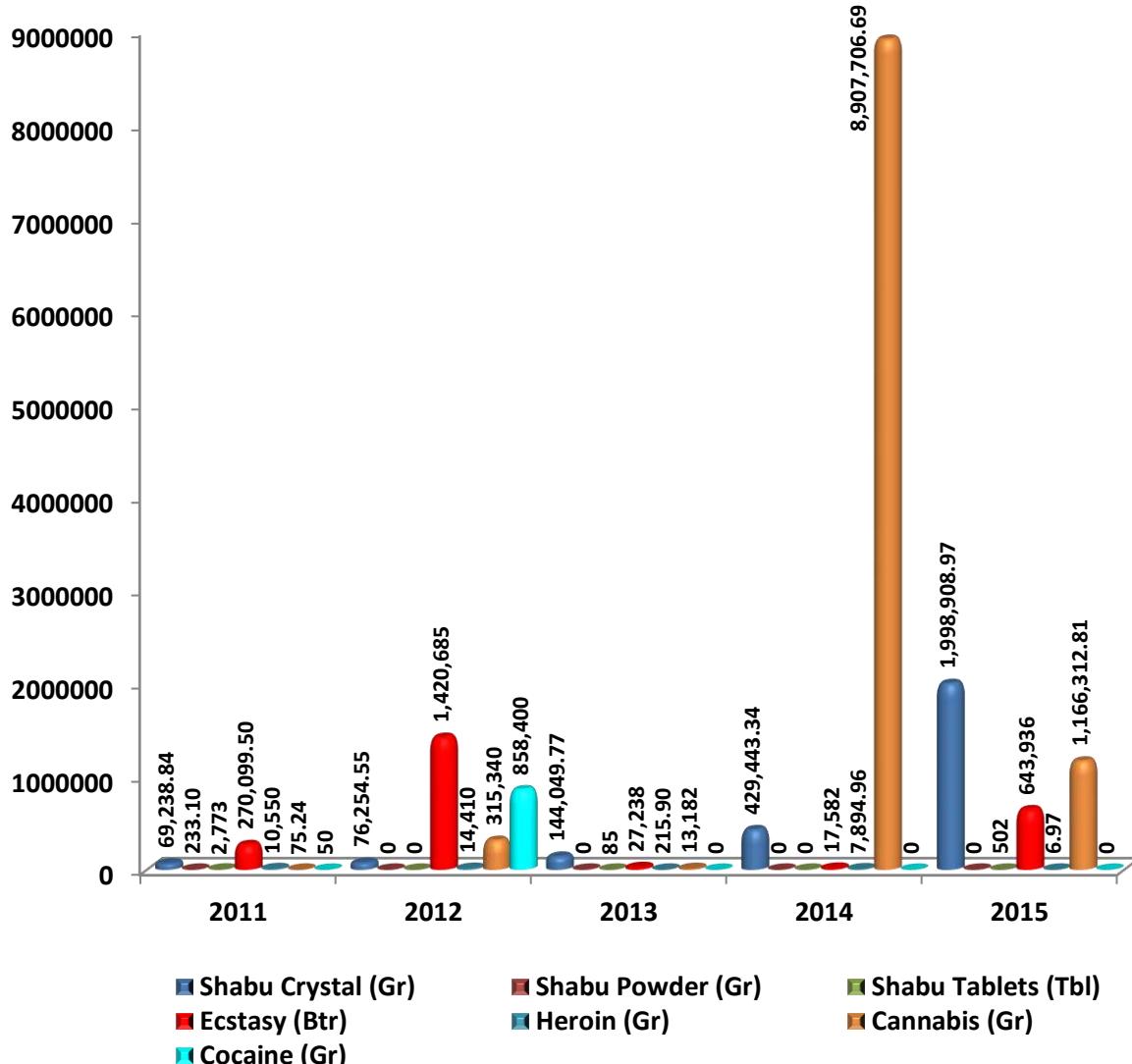
**Table 152. Total Seized Narcotic Evidence, 2011 – 2015**

NO.	EVIDENCE	YEAR				
		2011	2012	2013	2014	2015

1	2	3	4	5	6	7
1.	Shabu Crystal (Gram)	69,238.84	76,254.55	144,049.77	429,443.36	1,998,908.97
2.	Shabu Powder (Gram)	233.10	0	0	0	0
3.	Shabu Tablets (Tablet)	2,773.00	0	85	0	502
4.	Ecstasy (Tbl)	270,099.50	1,420,685.00	27,238	17,582	643,936
5.	Ecstasy (Gram)	0	0	0	5,447.66	168.56
6.	Heroin (Gram)	10,550.00	14,410.00	215.9	7,894.96	6.97
7.	Cocaine (Gram)	50.00	858,400.00	0	0	0
8.	Cannabis (Gram)	75.24	315,340.00	13,182	8,907,706.69	1,166,312.81
9.	Cannabis Trees (Unit)	0	0	0	60	10
10.	Cannabis Seeds (Gram)	0	0	0	102	26

Source : BNN Deputy of Eradication, March 2016

**Diagram 24. Total Seized Narcotic Evidence, 2011 – 2015**



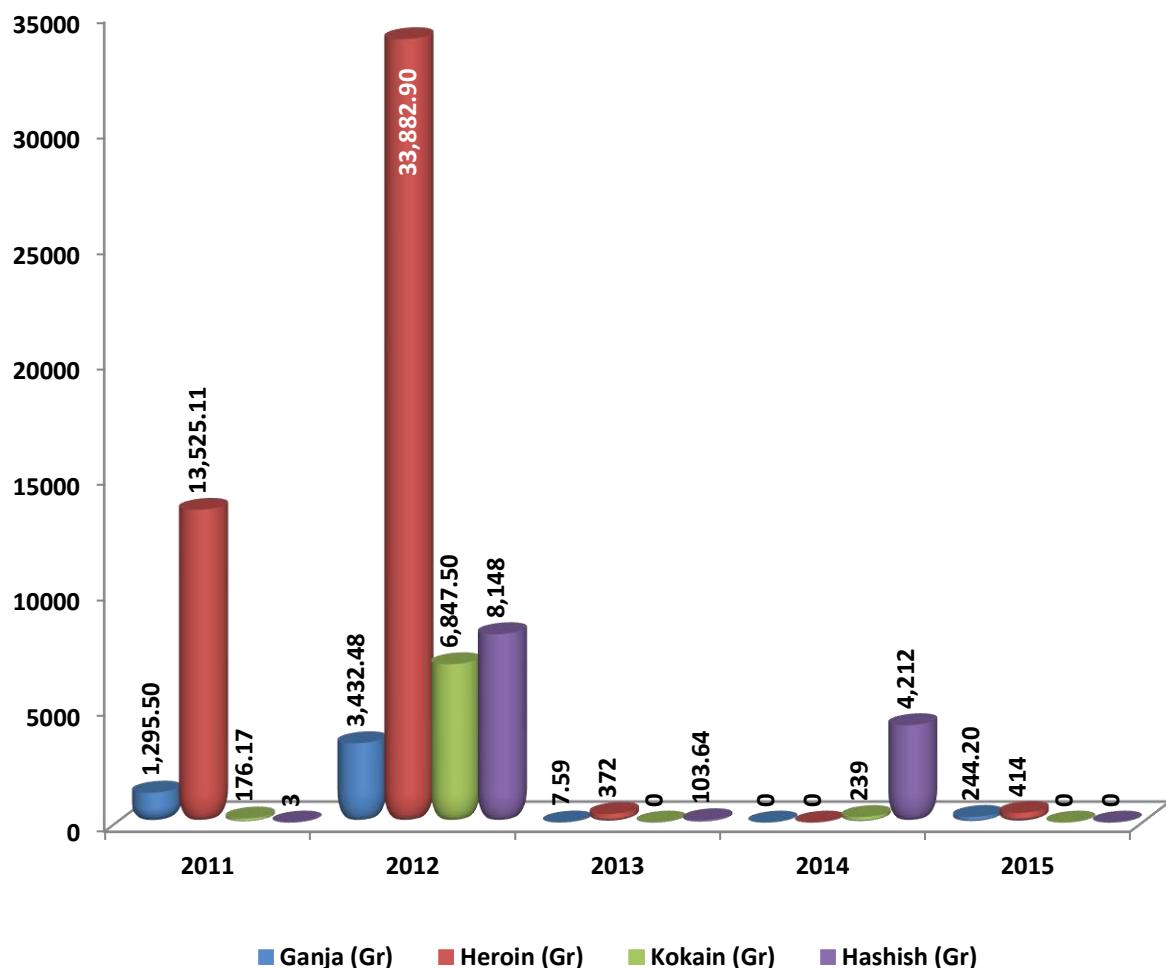
c. Evidence and Suspects of Narcotic Crimes from Ministry of Finance RI, 2011 – 2015.

**Table 153. Total Natural Narcotics Seized at the Airport, 2011 – 2015**

NO.	SEIZED EVIDENCE	YEAR					TOTAL
		2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8
1.	Cannabis (Gram)	1,295.50	3,432.48	7.59	0	244.2	4,979.77
2.	Heroin (Gram)	13,525.11	33,882.90	372	0	414	48,194.01
3.	Cocaine (Gram)	176.17	6,847.50	0	239	0	7,262.67
4.	Hashish (Gram)	3.00	8,148.00	103.64	4,212	0	12,466.64

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2016

**Diagram 25. Total Natural Narcotics Seized at the Airport, 2011 – 2015**



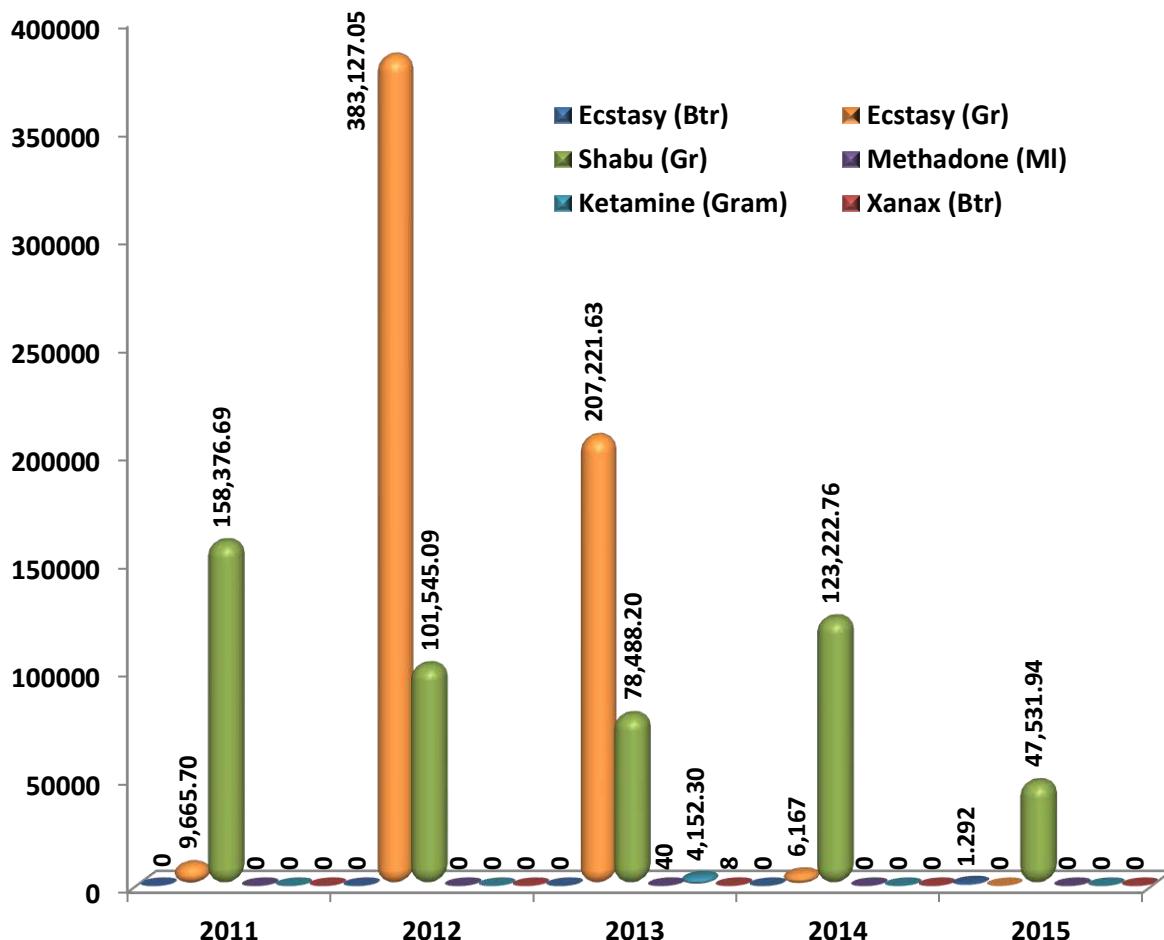
**Table 154. Total Synthetic Narcotics Seized at the Airport, 2011 – 2015**

NO.	SEIZED	YEAR	TOTAL
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1	EVIDENCE	2011	2012	2013	2014	2015	8
1	2	3	4	5	6	7	
1.	Ecstasy (Tbl)	0	0	0	0	1,292	<b>1,292</b>
2.	Ecstasy (Gr)	9,665.70	383,127.05	207,221.63	6,167	0	<b>606,181.4</b>
3.	Shabu (Gr)	158,376.69	101,545.09	78,488.2	123,222.76	47,531.94	<b>509,164.7</b>
4.	Methadone (MI)	0	0	40	0	0	<b>40</b>
5.	Ketamine (Gr)	0	0	4,152.3	0	0	<b>4,152.3</b>
6.	Xanax (Tbl)	0	0	8	0	0	<b>8</b>

Source : Directorate General of Customs & Excise, Ministry of Finance RI March 2016

**Diagram 26. Total Synthetic Narcotics Seized at the Airport, 2011 – 2015**



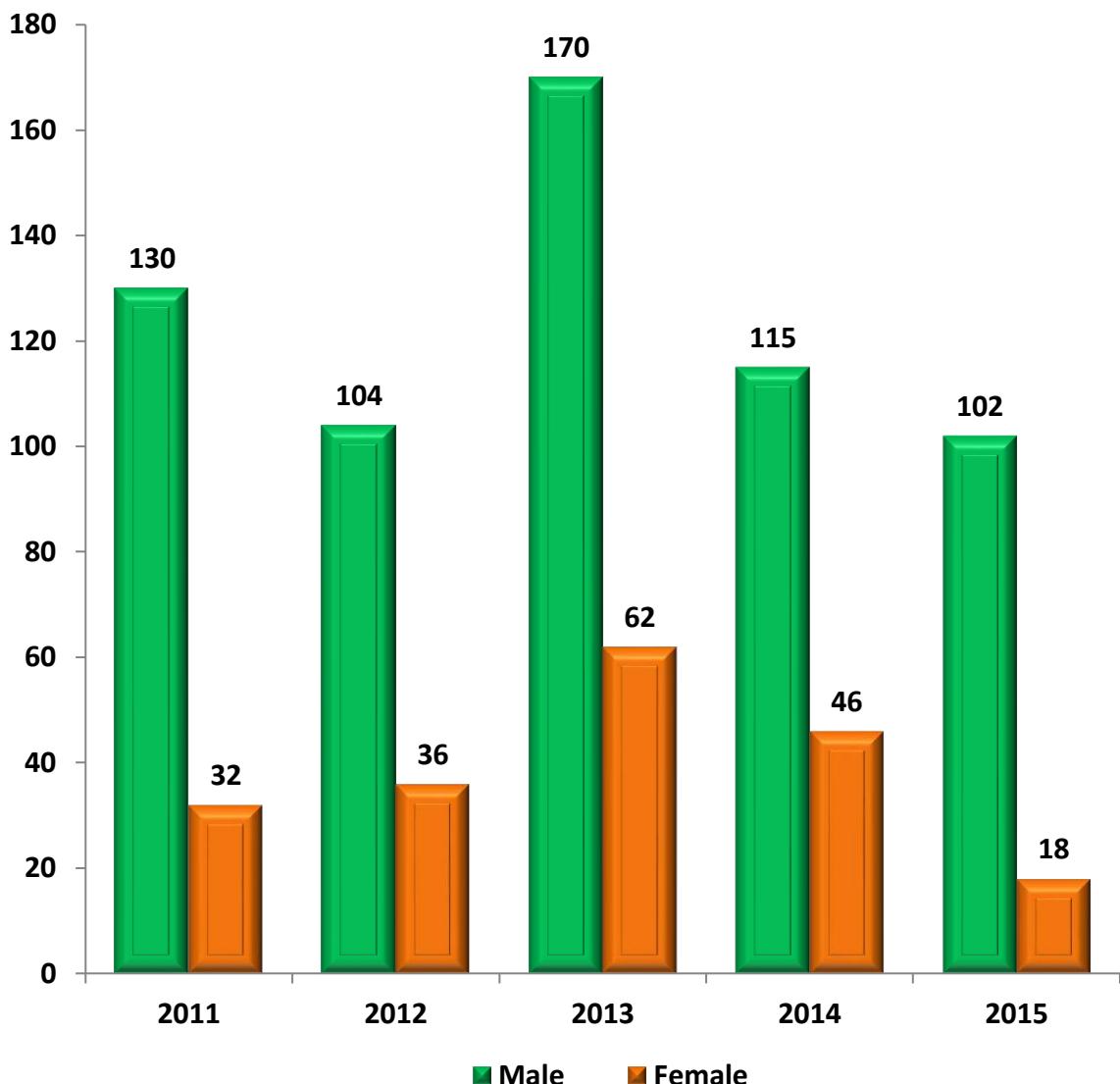
**Table 155. Total Suspects of Narcotics Based on Gender, 2011 – 2015**

NO.	GENDER	YEAR	TOTAL
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		2011	2012	2013	2014	2015	
1	2	3	4	5	6	7	8
1.	Male	130	104	170	115	102	621
2.	Female	32	36	62	46	18	194
	<b>TOTAL</b>	<b>162</b>	<b>140</b>	<b>232</b>	<b>161</b>	<b>120</b>	<b>815</b>

Source : Directorate Geeneral of Customs & Excise, Ministry of Finance RI, March 2016

**Diagram 27. Total Narcotic Suspects Based on Gender, 2011 – 2015**



- d. Prisoners and Detainees of Drug Cases from Ministry of Justice and Human Rights RI, 2011 – 2015.

**Table 156. Total Prisoners and Detainees of Drug Cases By Province, 2011 – 2015**

NO.	REGIONAL OFFICE	YEAR				
		2011	2012	2013	2014	2015
1	2	3	4	5	6	7
1.	Aceh	2,036	659	1,706	1,654	1,923
2.	North Sumatera	6,291	2,595	64	9,266	6,835
3.	West Sumatera	924	233	1,149	1,115	1,353
4.	Riau Islands	856	531	1,209	1,198	1,586
5.	Riau	1,624	234	2,689	3,011	3,630
6.	Jambi	452	195	906	973	1,247
7.	South Sumatera	1,560	838	2,275	2,632	3,072
8.	Bangka Belitung	357	110	483	568	687
9.	Lampung	1,158	505	1,715	1,161	1,299
10.	Bengkulu	323	43	438	416	515
11.	Banten	2,544	904	3,502	3,260	3,443
12.	DKI Jakarta	6,509	3,623	10,026	11,262	13,027
13.	West Java	5,953	2,327	7,111	7,461	6,559
14.	DI Yogyakarta	340	1,387	319	260	264
15.	Central Java	1,662	164	3,237	2,606	2,378
16.	East Java	3,126	1,301	4,055	4,310	3,701
17.	West Kalimantan	595	243	811	837	1,208
18.	Central Kalimantan	444	1,184	688	721	651
19.	South Kalimantan	1,746	446	3,249	3,522	2,283
20.	East Kalimantan	1,526	194	1,592	1,885	2,732
21.	North Sulawesi	3	227	64	73	10
22.	Gorontalo	38	149	56	70	15
23.	Central Sulawesi	184	9	342	279	234
24.	South Sulawesi	949	356	1,125	1,796	2,132
25.	West Sulawesi	73	30	78	81	165
26.	S.E. Sulawesi	109	55	213	273	307
27.	Bali	540	109	459	392	527
28.	West Nusa Tenggara	309	26	375	335	112
29.	East Nusa Tenggara	26	9	25	33	25
30.	Maluku	64	21	87	103	90
31.	North Maluku	77	27	70	68	63
32.	West Papua	30	15	28	36	16
33.	Papua	148	-	37	160	235
<b>Total</b>		<b>42,576</b>	<b>18,749</b>	<b>55,671</b>	<b>61,819</b>	<b>62,324</b>

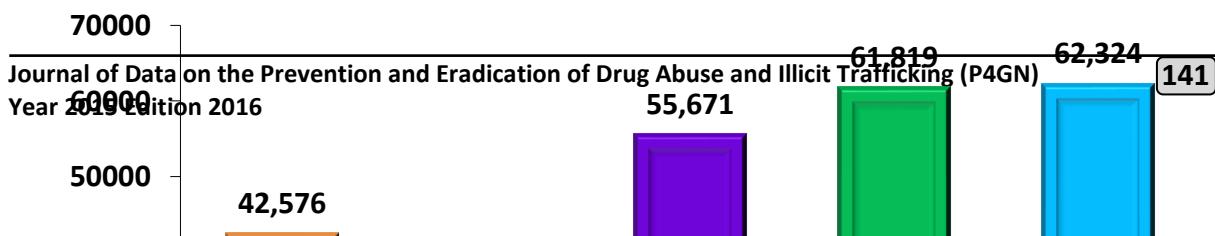
Source : Ditgen of Correctional Institutions, Ministry of Justice and Human Rights RI, March 2016

**Table 157. Total Prisoners and Detainees of Drug Cases by Province Based on Their Role as Drug Dealer and Drug User, 2014 – 2015**

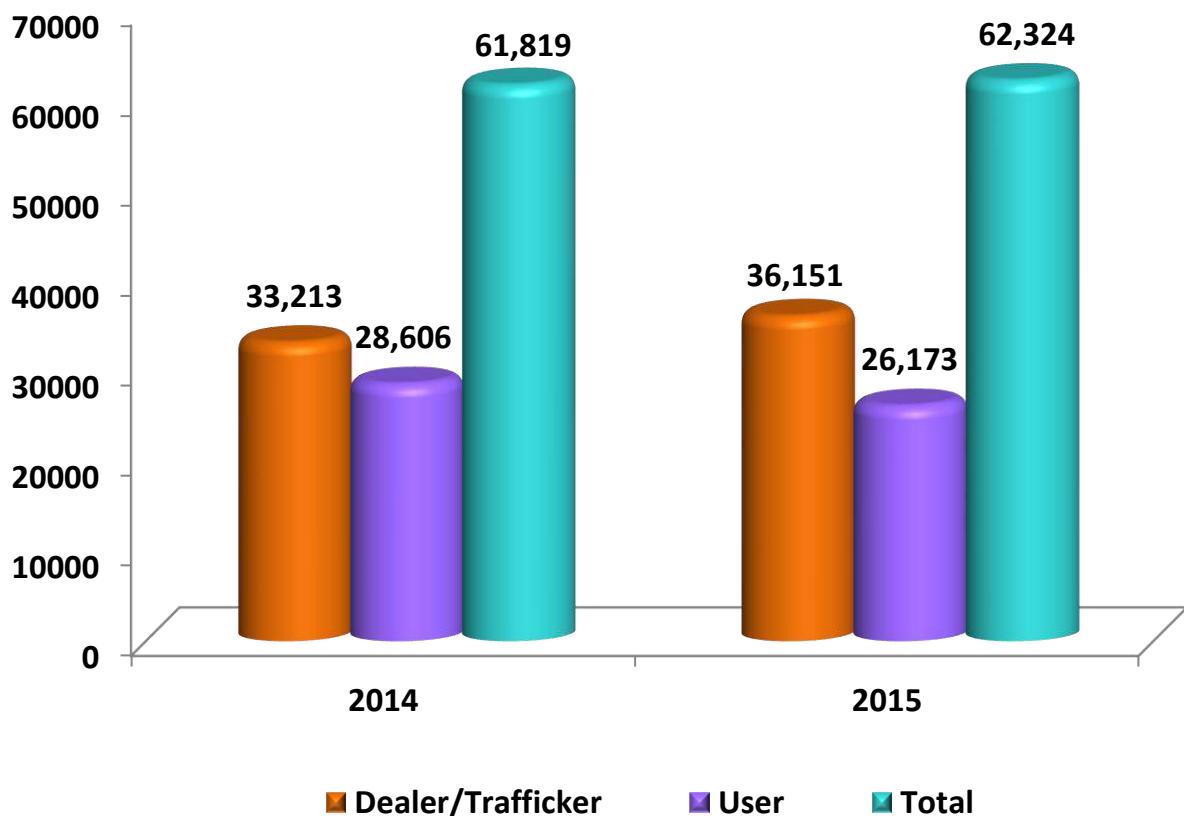
NO.	REGIONAL OFFICE	DRUG CASE					
		2014			2015		
		DEALER/ TRAFFICKER	USER	TOTAL	DEALER/ TRAFFICKER	USER	TOTAL
1	2	3	4	5	6	7	8
1.	Aceh	1,170	484	1,654	1,089	834	1,923
2.	North Sumatera	4,625	4,641	9,266	4,036	2,799	6,835
3.	West Sumatera	517	598	1,115	781	572	1,353
4.	Riau Islands	830	368	1,198	1,195	391	1,586
5.	Riau	1,909	1,102	3,011	2,312	1,318	3,630
6.	Jambi	657	316	973	963	284	1,247
7.	South Sumatera	1,017	1,615	2,632	1,507	1,565	3,072
8.	Bangka Belitung	478	90	568	569	118	687
9.	Lampung	478	683	1,161	498	801	1,299
10.	Bengkulu	297	119	416	346	169	515
11.	Banten	1,425	1,835	3,260	1,478	1,965	3,443
12.	DKI Jakarta	6,294	4,970	11,262	7,666	5,361	13,027
13.	West Java	4,388	3,073	7,461	4,888	1,671	6,559
14.	DI Yogyakarta	179	81	260	151	113	264
15.	Central Java	1,668	938	2,606	1,675	703	2,378
16.	East Java	1,249	3,061	4,310	752	2,949	3,701
17.	West Kalimantan	360	477	837	409	799	1,208
18.	Central Kalimantan	302	419	721	269	382	651
19.	South Kalimantan	2,216	1,306	3,522	1,174	1,109	2,283
20.	East Kalimantan	1,330	555	1,885	2,328	404	2,732
21.	North Sulawesi	41	32	73	2	8	10
22.	Gorontalo	0	70	70	0	15	15
23.	Central Sulawesi	198	81	279	161	73	234
24.	South Sulawesi	543	1,253	1,796	812	1,320	2,132
25.	West Sulawesi	59	22	81	99	66	165
26.	S.E. Sulawesi	210	63	273	244	63	307
27.	Bali	245	147	392	356	171	527
28.	West Nusa Tenggara	295	40	335	93	19	112
29.	East Nusa Tenggara	3	30	33	11	14	25
30.	Maluku	22	81	103	22	68	90
31.	North Maluku	47	21	68	59	4	63
32.	West Papua	18	18	36	15	1	16
33.	Papua	143	17	160	191	44	235
<b>TOTAL</b>		<b>33,213</b>	<b>28,606</b>	<b>61,819</b>	<b>36,151</b>	<b>26,173</b>	<b>62,324</b>

Source : Ditjen of Correctional Institutions, Ministry of Justice and Human Rights RI, March 2016

**Diagram 28. Total Prisoners and Detainees of Drug Cases,  
2011 – 2015**



**Diagram 29. Total Prisoners and Detainees of Drug Cases  
Based on their Role as Dealer/Trafficker and User, 2014 – 2015**



e. Detainees of Narcotic Cases 2011 – 2015 from BNN.

**Table 158. Total Drug Detainees Based on Nationality, 2011–2015**

NO.	NATIONALITY/ COUNTRY	TOTAL DETAINEES				
		2011	2012	2013	2014	2015
1	2	3	4	5	6	7
1.	Indonesian	118	182	223	163	176
2.	Iran	7	2	0	5	1
3.	Malaysia	6	2	1	1	1
4.	U.S.A.	0	0	0	0	1
5.	Nigeria	5	11	5	4	11
6.	India	0	0	3	0	0
7.	Tiongkok	7	0	2	6	1
8.	Taiwan	6	0	1	0	2
9.	Mozambique	1	0	0	0	0
10.	France	1	0	0	0	0
11.	Philippines	1	0	0	0	0
12.	Kenya	1	1	0	2	0
13.	Sweden	1	0	0	0	0
14.	Thailand	1	0	1	1	0
15.	England	1	0	1	1	0
16.	Turkey	1	0	0	0	0
17.	Botswana	1	0	0	0	0
18.	Sierra Leone	0	1	0	0	0
19.	Cameroon	0	1	0	0	0
20.	South Africa	0	1	1	0	0
21.	Ivory Coast	0	1	1	0	0
22.	Vietnam	0	0	1	0	1
23.	Mali	0	0	1	0	0
24.	Germany	0	0	2	0	0
25.	Pakistan	0	0	1	1	1
26.	Austria	0	0	1	0	0
27.	Hong Kong	0	0	0	2	7
28.	Liberia	0	0	0	1	0
29.	Canada	0	0	0	1	0
30.	Australia	0	0	0	0	1
<b>TOTAL</b>		<b>159</b>	<b>202</b>	<b>245</b>	<b>188</b>	<b>203</b>

Source : BNN Deputy of Eradication, March 2016

**Diagram 30. Total Detainees of Narcotics Cases Based on Nationality, 2011–2015**

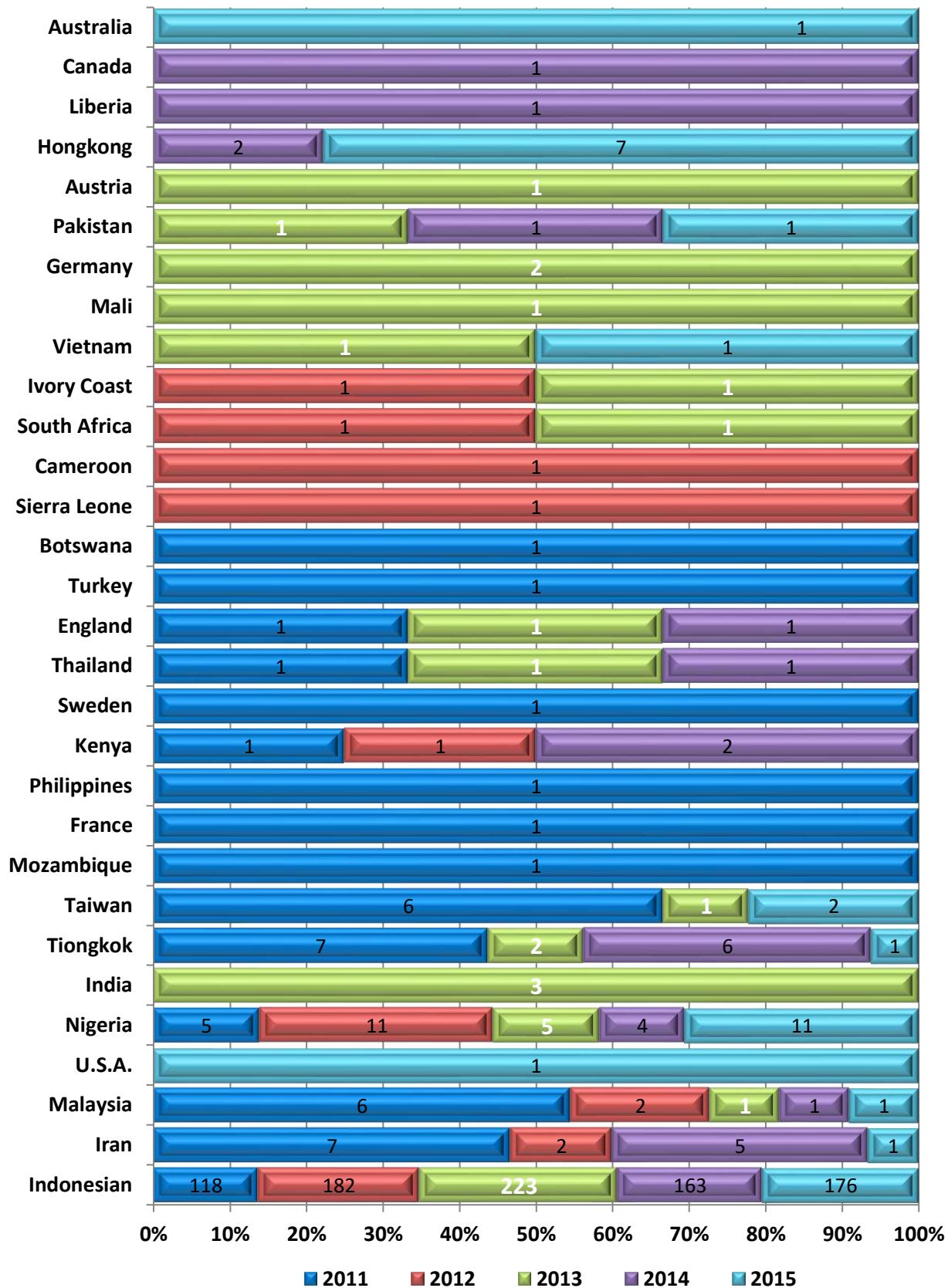
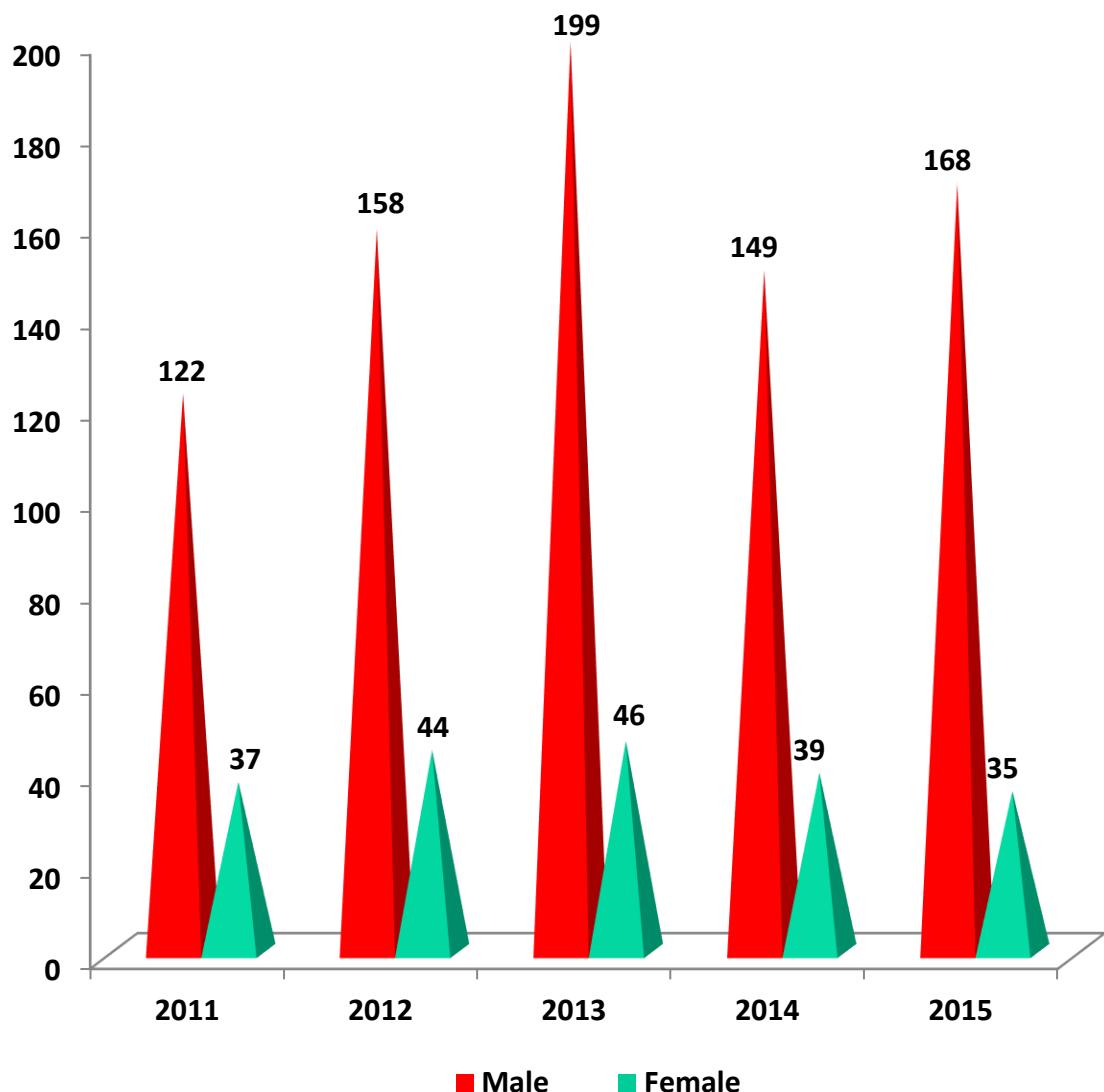


Table 159. Total Detainees of Narcotic Cases Based on Gender, 2011 – 2015

NO.	GENDER	TOTAL DETAINEES				
		2011	2012	2013	2014	2015
1	2	3	4	5	6	7
1.	Male	122	158	199	149	168
2.	Female	37	44	46	39	35
TOTAL		159	202	245	188	203

Source : BNN Deputy of Eradication, March 2016

**Diagram 31. Total Detainees of Narcotic Cases Based on Gender, 2011 – 2015**

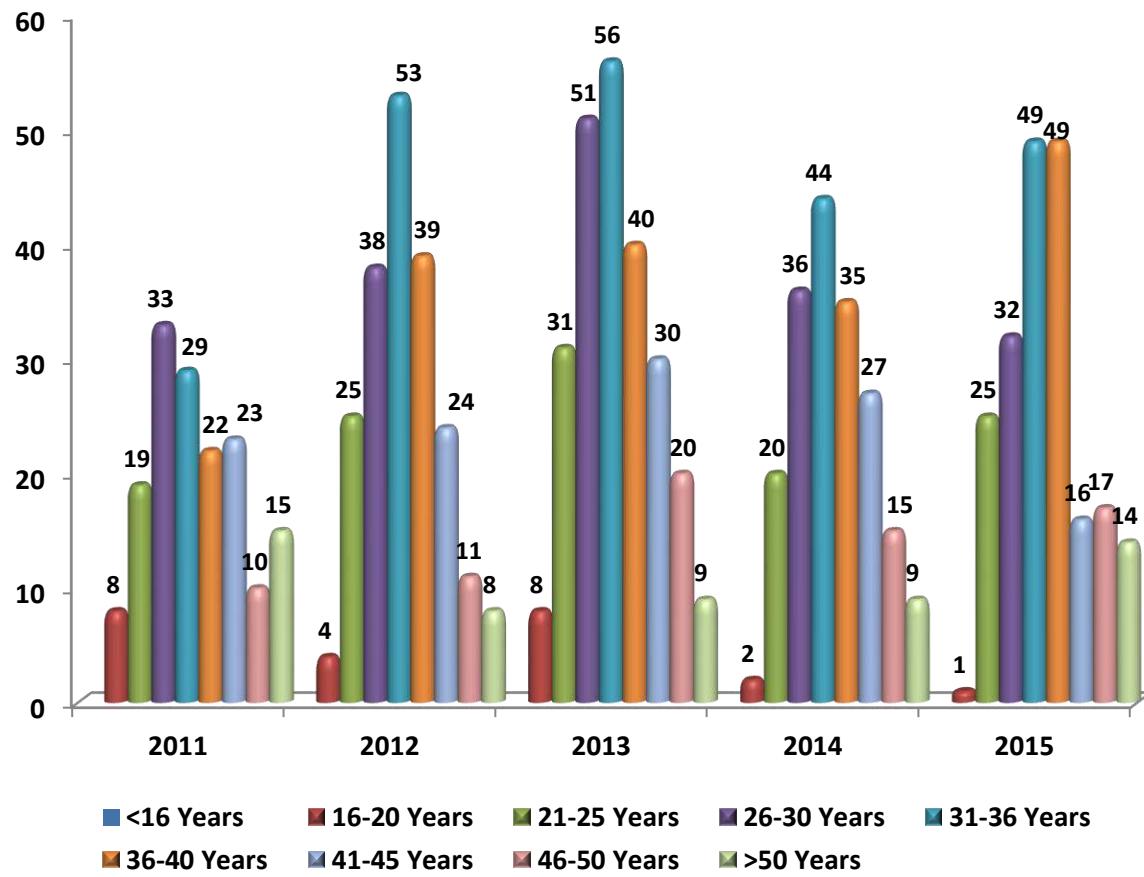


**Table 160. Total Detainees of Narcotic Cases Based on Age Group, 2011 – 2015**

NO.	AGE GROUP	TOTAL DETAINEES				
		2011	2012	2013	2014	2015
1	2	3	4	5	6	7
1.	< 16 years	0	0	0	0	0
2.	16 – 20	8	4	8	2	1
3.	21 – 25	19	25	31	20	25
4.	26 – 30	33	38	51	36	32
5.	31 – 35	29	53	56	44	49
6.	36 – 40	22	39	40	35	49
7.	41 – 45	23	24	30	27	16
8.	46 – 50	10	11	20	15	17
9.	> 50	15	8	9	9	14
<b>TOTAL</b>		<b>159</b>	<b>202</b>	<b>245</b>	<b>188</b>	<b>203</b>

Source : BNN Deputy of Eradication, March 2016

**Diagram 32. Total Detainees of Narcotic Cases Based on Age Group, 2011 – 2015**



## 2. Demand Reduction.

a. Drug Abusers Accessing Rehabilitation Service at Supported Community-Based Rehabilitation Institution 2011-2015, and Drug Abusers Receiving Treatment at BNN Rehabilitation Institution data from BNN, 2011– 2015.

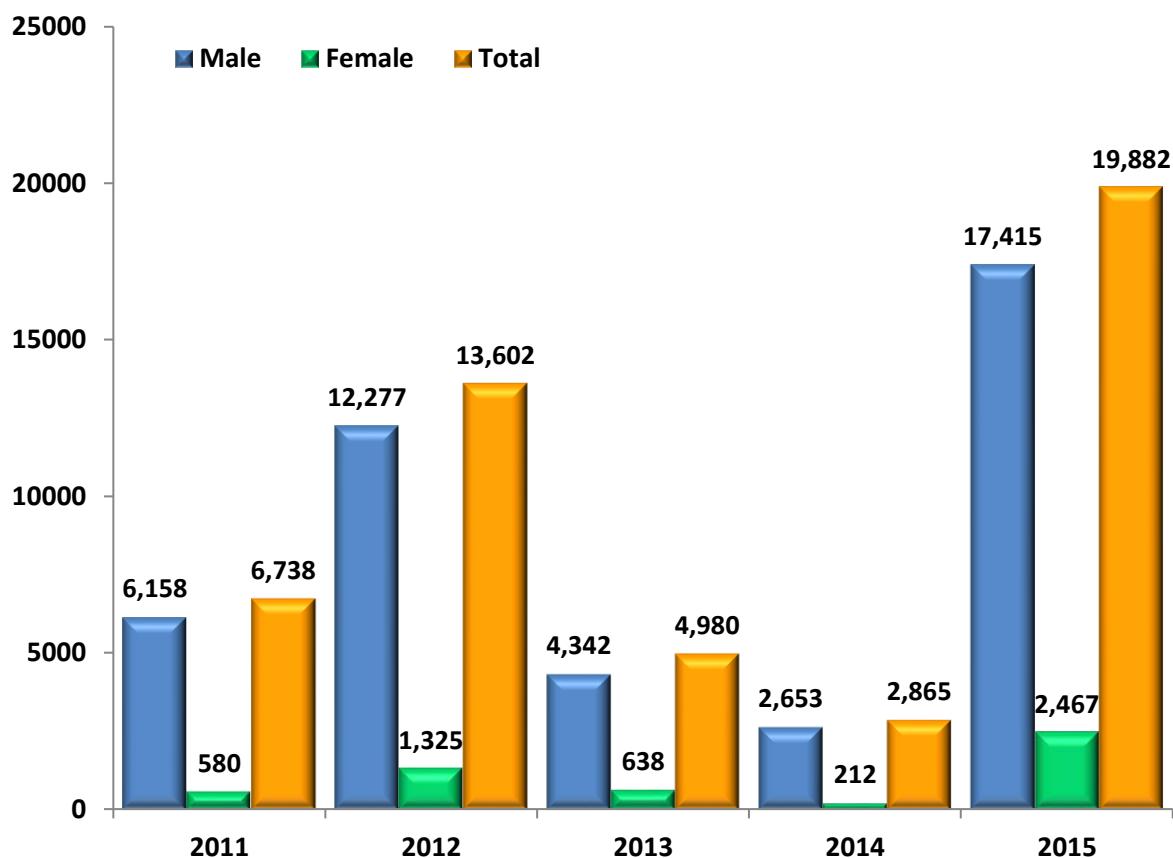
**1) Drug Abusers Accessing Supported Community-Based Rehabilitation Institutions, 2011 – 2015**

**Table 161. Total Drug Abusers Based on Gender, 2011– 2015**

NO.	GENDER	TOTAL CLIENTS				
		2011	2012	2013	2014	2015
1	2	4	5	6	7	8
1.	Male	6,158	12,277	4,342	2,653	17,415
2.	Female	580	1,325	638	212	2,467
	TOTAL	6,738	13,602	4,980	2,865	19,882

Source : BNN Deputy of Rehabilitation, March 2016

**Diagram 33. Total Drug Abusers Based on Gender, 2011 – 2015**

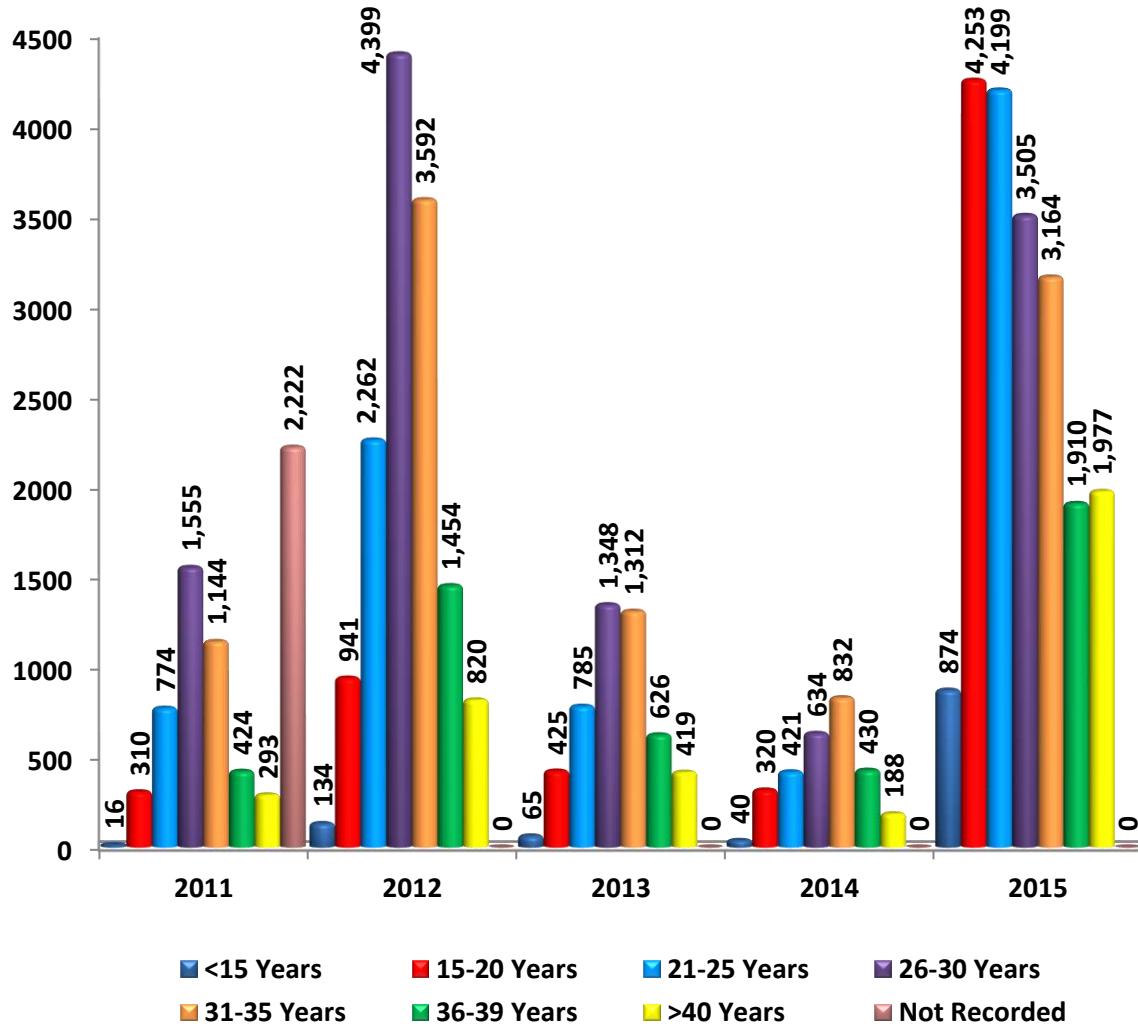


**Table 162. Total Drug Abusers Based on Age Group, 2011– 2015**

NO.	AGE GROUP	TOTAL DRUG ABUSERS				
		2011	2012	2013	2014	2015
1	2	3	4	5	6	7
1.	< 15 Years	16	134	65	40	874
2.	15 – 20 Years	310	941	425	320	4,253
3.	21 – 25 Years	774	2,262	785	421	4,199
4.	26 – 30 Years	1,555	4,399	1,348	634	3,505
5.	31 – 35 Years	1,144	3,592	1,312	832	3,164
6.	36 – 39 Years	424	1,454	626	430	1,910
7.	> 40 Years	293	820	419	188	1,977
8.	Not Recorded	2,222	0	0	0	0
TOTAL		6,738	13,602	4,980	2,865	19,882

Source : BNN Deputy of Rehabilitation, March 2015

**Diagram 34. Total Drug Abusers Based on Age Group, 2011 – 2015**



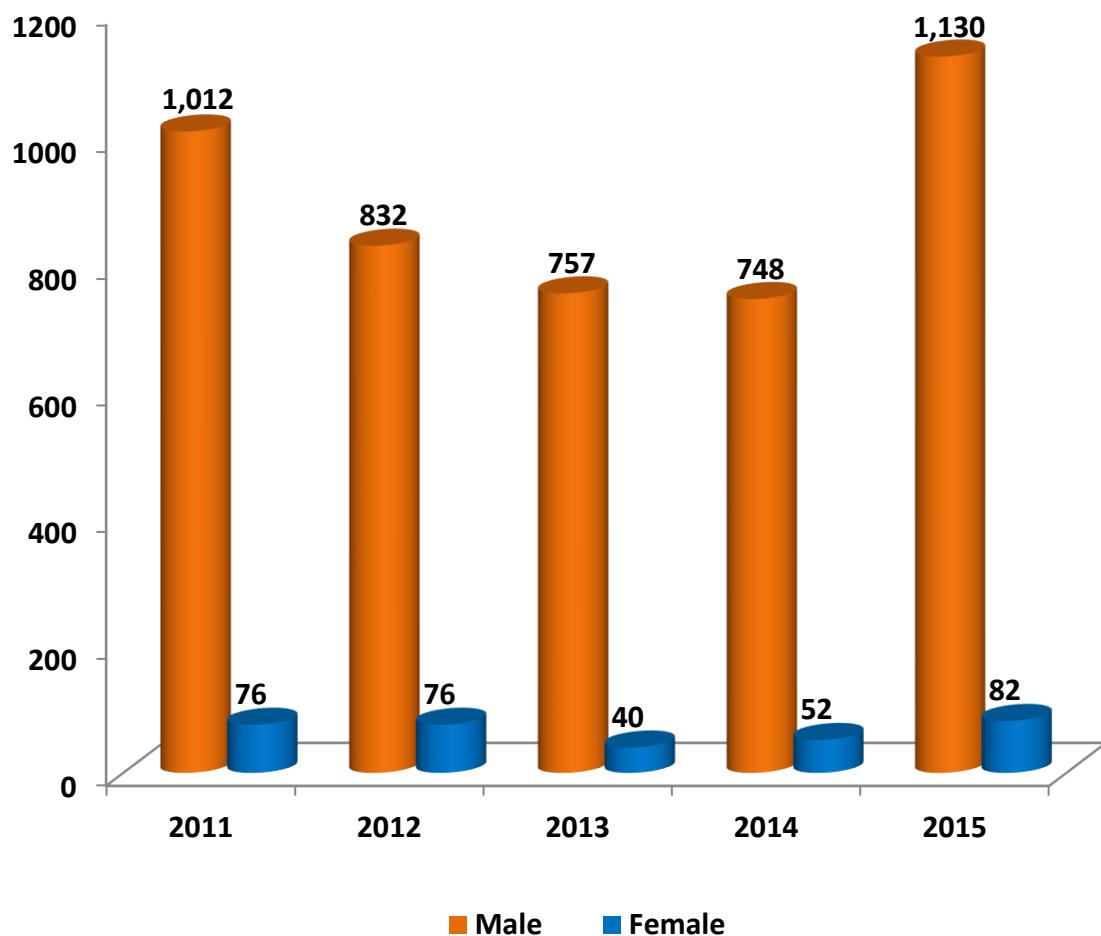
## 2) Drug Abusers Receiving Treatment at BNN Rehabilitation Center, 2011–2015

**Table 163. Total Drug Abusers at BNN Rehabilitation Center Based on Gender, 2011 – 2015**

NO.	GENDER	TOTAL DRUG ABUSERS				
		2011	2012	2013	2014	2015
1	2	3	4	5	6	7
1.	Male	1,012	832	757	748	1,130
2.	Female	76	76	40	52	82
<b>TOTAL</b>		<b>1,088</b>	<b>908</b>	<b>797</b>	<b>800</b>	<b>1,212</b>

Source : BNN Rehabilitation Center, March 2016

**Diagram 35. Total Drug Abusers at BNN Rehabilitation Center Based on Gender, 2011 – 2015**

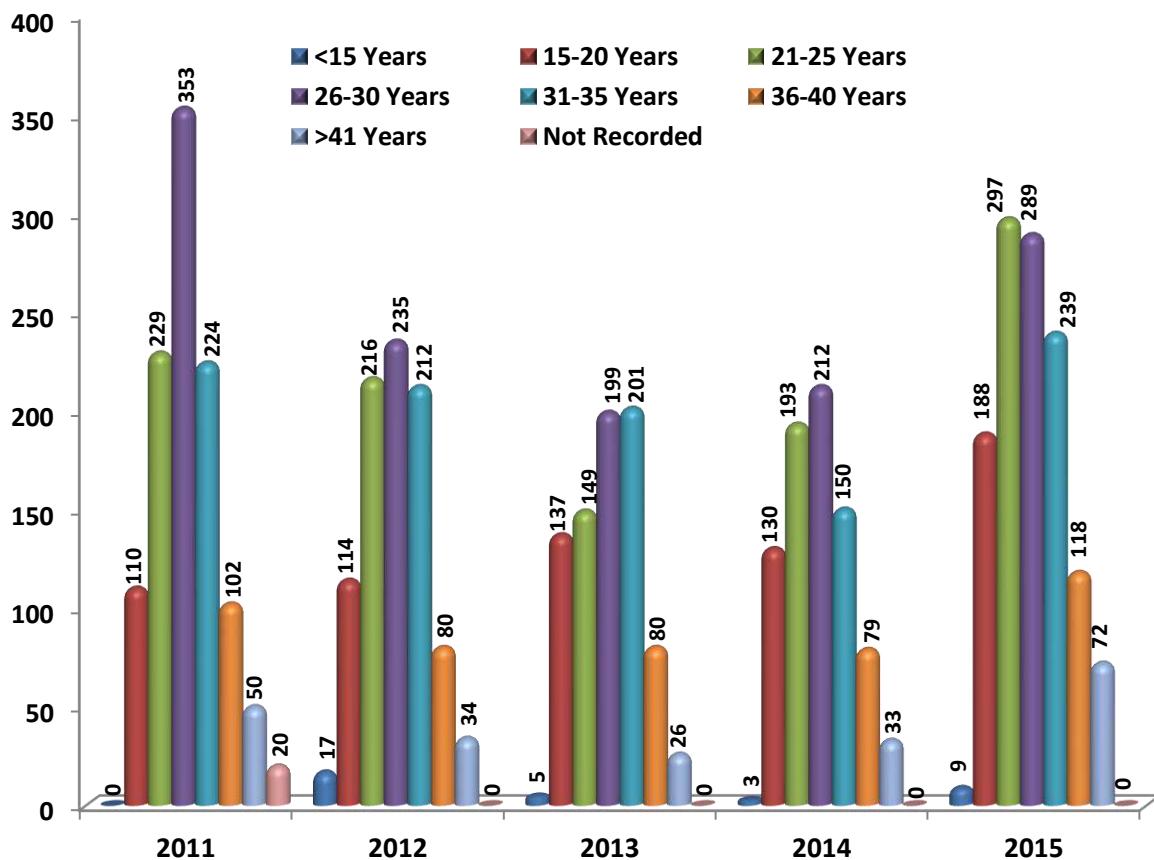


**Table 164. Total Drug Abusers at BNN Rehabilitation Center Based on Age Group, 2011 – 2015**

NO.	AGE GROUP	TOTAL DRUG ABUSERS				
		2011	2012	2013	2014	2015
1	2	3	4	5	6	7
1.	< 15 Years	0	17	5	3	9
2.	15 – 20 Years	110	114	137	130	188
3.	21 – 25 Years	229	216	149	193	297
4.	26 – 30 Years	353	235	199	212	289
5.	31 – 35 Years	224	212	201	150	239
6.	36 – 40 Years	102	80	80	79	118
7.	> 41 Years	50	34	26	33	72
8.	Not Recorded	20	0	0	0	0
<b>TOTAL</b>		<b>1,088</b>	<b>908</b>	<b>797</b>	<b>800</b>	<b>1,212</b>

Source : BNN Rehabilitation Center, March 2016

**Diagram 36. Total Drug Abusers at BNN Rehabilitation Center Based on Age Group, 2011 – 2015**

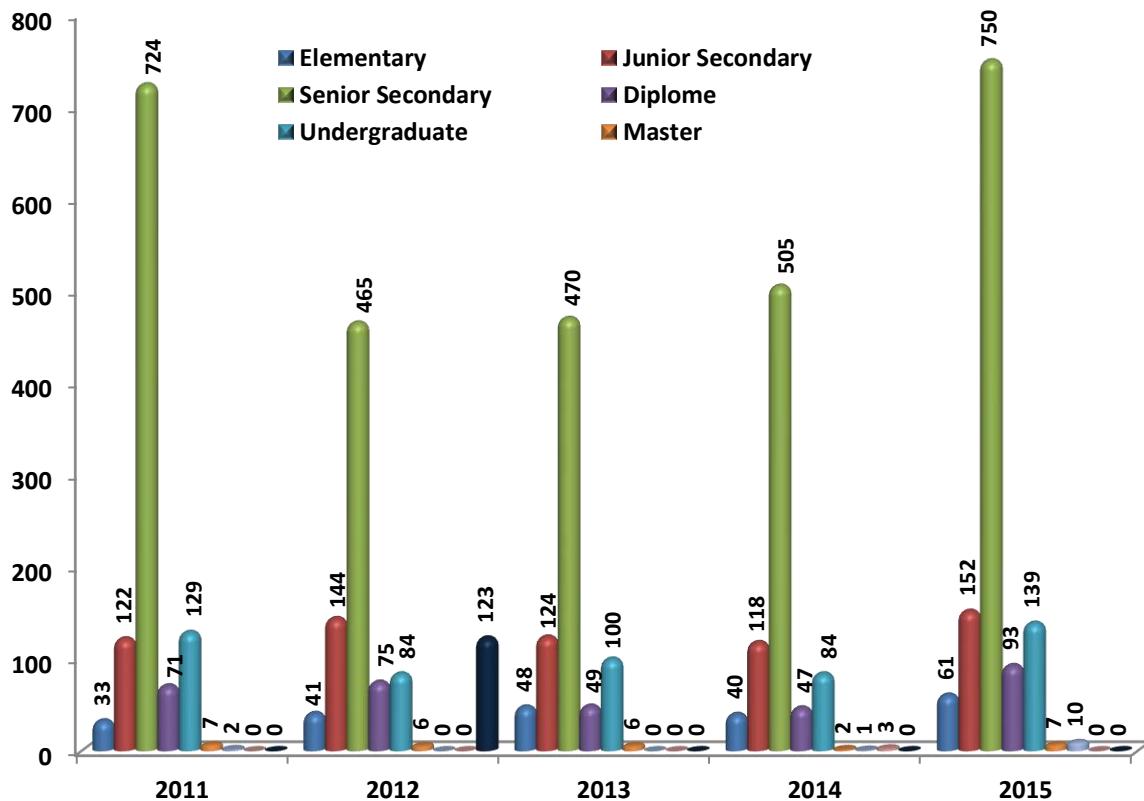


**Table 165. Total Drug Abusers at BNN Rehabilitation Center Based on Education, 2011 – 2015**

NO.	EDUCATION	TOTAL DRUG ABUSERS				
		2011	2012	2013	2014	2015
1	2	3	4	5	5	6
1.	Elementary	33	41	48	40	61
2.	Junior Secondary	122	114	124	118	152
3.	Senior Secondary	724	465	470	505	750
4.	Diplome	71	75	49	47	93
5.	Undergraduate	129	84	100	84	139
6.	Master	7	6	6	2	7
7.	No Schooling	2	0	0	1	10
8.	Not Passed Elementary	0	0	0	3	0
9.	Unrecorded	0	123	0	0	0
<b>TOTAL</b>		<b>1,088</b>	<b>908</b>	<b>797</b>	<b>800</b>	<b>1,212</b>

Source : BNN Rehabilitation Center, March 2016

**Diagram 37. Total Drug Abusers at BNN Rehabilitation Center Based on Education, 2011 – 2015**

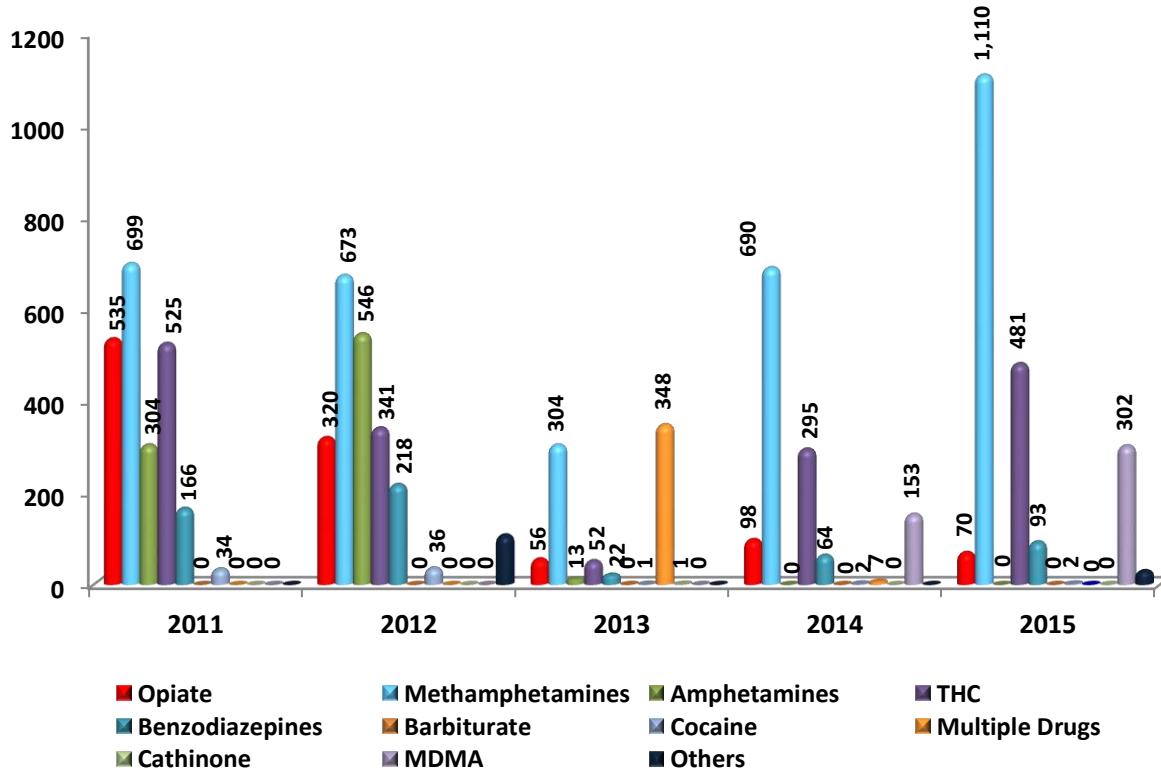


**Table 166. Total Drug Abusers at BNN Rehabilitation Center Based on the Drug Consumed, 2011 – 2015**

NO.	CONSUMED DRUG	TOTAL DRUG ABUSERS				
		2011	2012	2013	2014	2015
1	2	3	4	5	6	7
1.	Opiate	535	320	56	98	70
2.	Methampetamines	699	673	304	690	1,110
3.	Amphetamines	304	546	13	0	0
4.	THC	525	341	52	295	481
5.	Benzodiazepines	166	218	22	64	93
6.	Barbiturate	0	0	0	0	0
7.	Cocaine	34	36	1	2	2
8.	Multiple Drugs	0	0	348	7	0
9.	Cathinone	0	0	1	0	0
10.	MDMA	0	0	0	153	302
11.	Others	0	108	0	0	30
		2,263	2,242	797	1,309	2,088

Source : BNN Rehabilitation Center, March 2016

**Diagram 38. Total Drug Abusers at BNN Rehabilitation Center Based on Drug Consumed, 2011 – 2015**



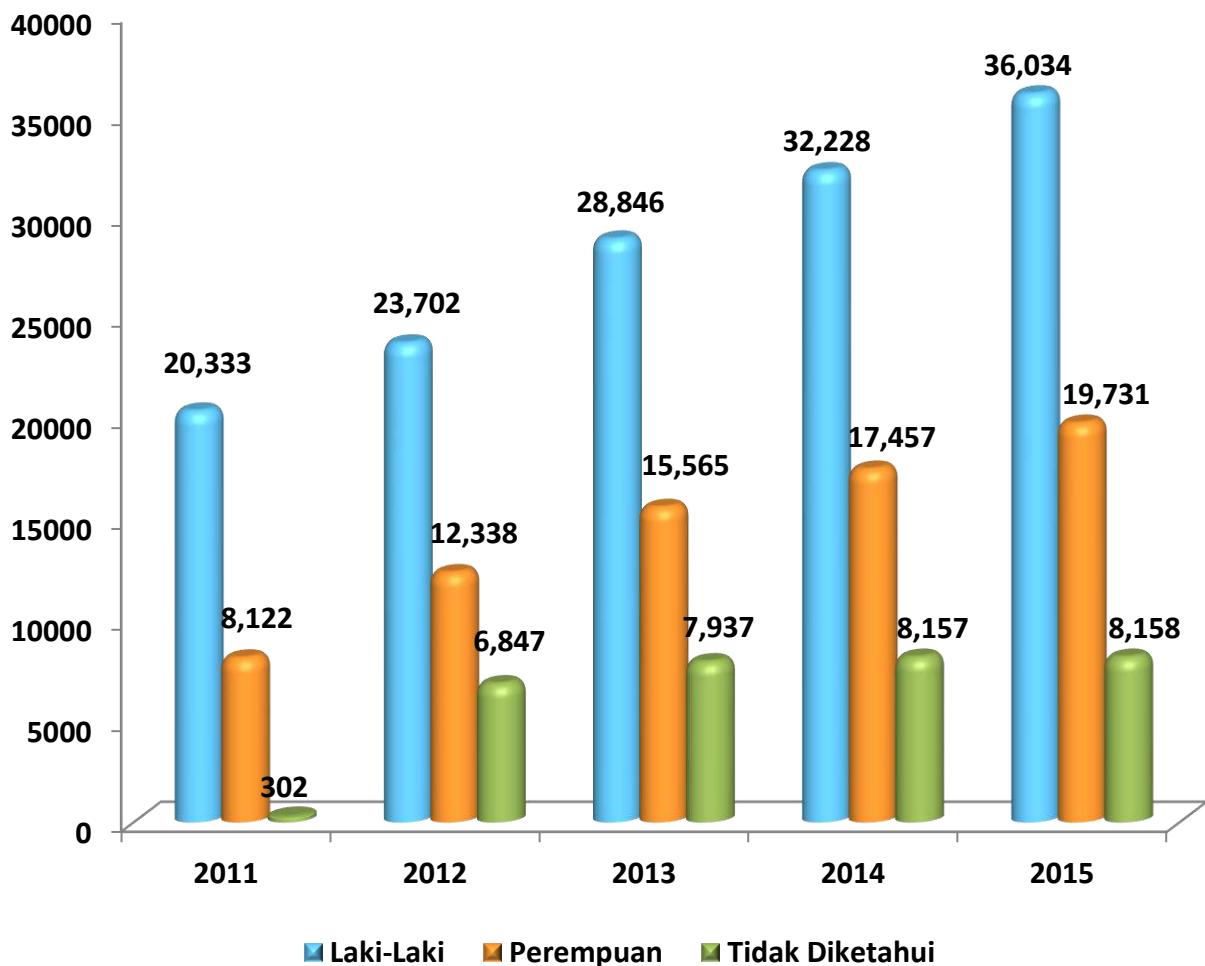
b. Data on *Injecting Drug Users*(IDU) and HIV/AIDS from Ministry of Health RI, 2011 – 2015.

Table 167. Total Cumulative AIDS Cases Based on Gender, 2011 – 2015

NO.	GENDEER	CUMULATIVE AIDS CASES				
		2011	2012	2013	2014	2015
1	2	3	4	5	6	7
1.	Male	20,333	23,702	28,846	32,228	36,034
2.	Female	8,122	12,338	15,565	17,457	19,731
3.	Unknown	302	6,847	7,937	8,157	8,158
<b>TOTAL</b>		<b>28,757</b>	<b>42,887</b>	<b>52,348</b>	<b>57,842</b>	<b>63,923</b>

Source : Ditjen of Directorates of Disease Prevention & Environment Sanitation, Ministry of Health RI, March 2016

Diagram 39. Total Cumulative AIDS Cases Based on Gender, 2011 – 2015

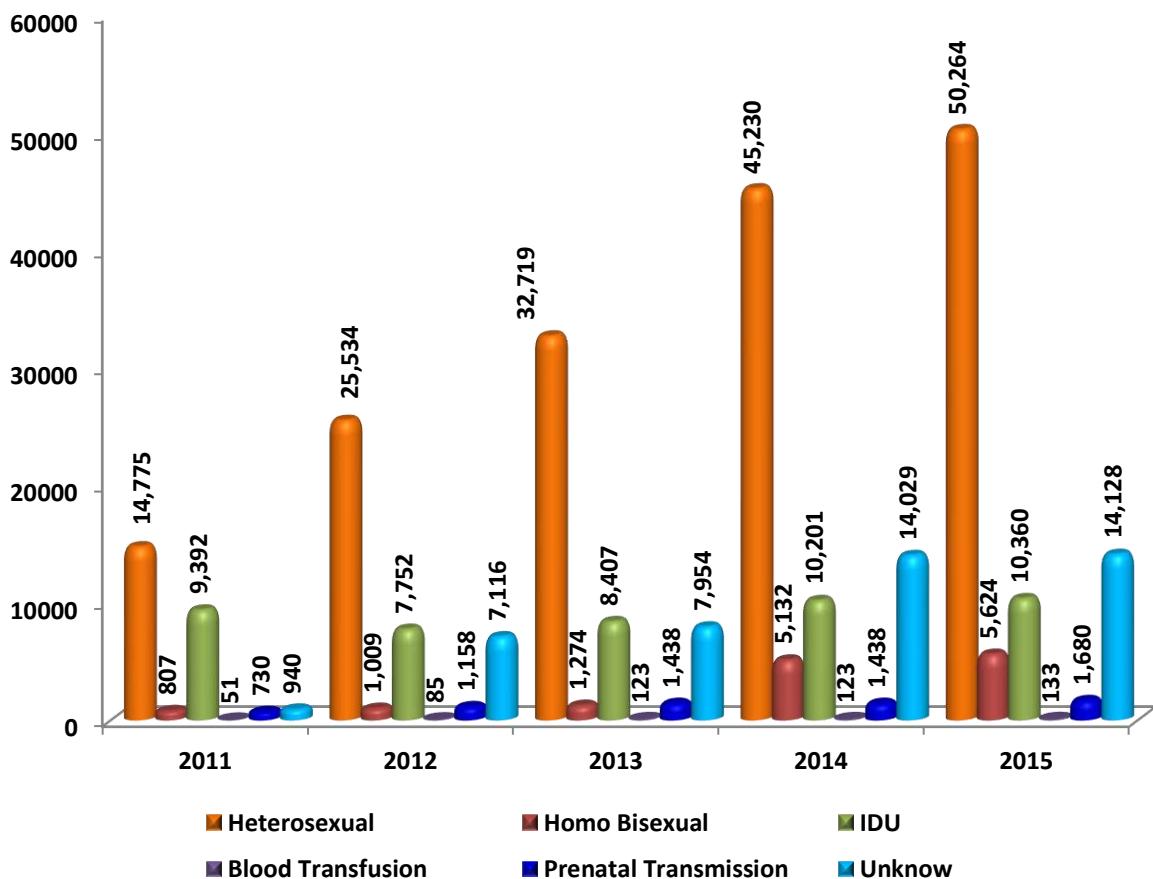


**Table 168. Total Cumulative AIDS Cases Based on Risk Factor, 2011 – 2015**

NO.	RISK FACTOR	TOTAL CUMULATIVE AIDS CASES				
		2011	2012	2013	2014	2015
1	2	3	4	5	6	7
1.	Heterosexual	14,775	25,534	32,719	45,230	50,264
2.	Homo Bisexual	807	1,009	1,274	5,132	5,624
3.	IDU	9,392	7,752	8,407	10,201	10,360
4.	Blood Transfusion	51	85	123	123	133
5.	Prenatal Transmission	730	1,158	1,438	1,438	1,680
6.	Unknown	940	7,116	7,954	14,029	14,128

Source : Ditgen of Directoraten of Disease Prevention & Environment Sanitation, Ministy of Health RI, March 2016

**Diagram 40. Total Cumulative AIDS Cases Based on Risk Factor, 2011 – 2015**

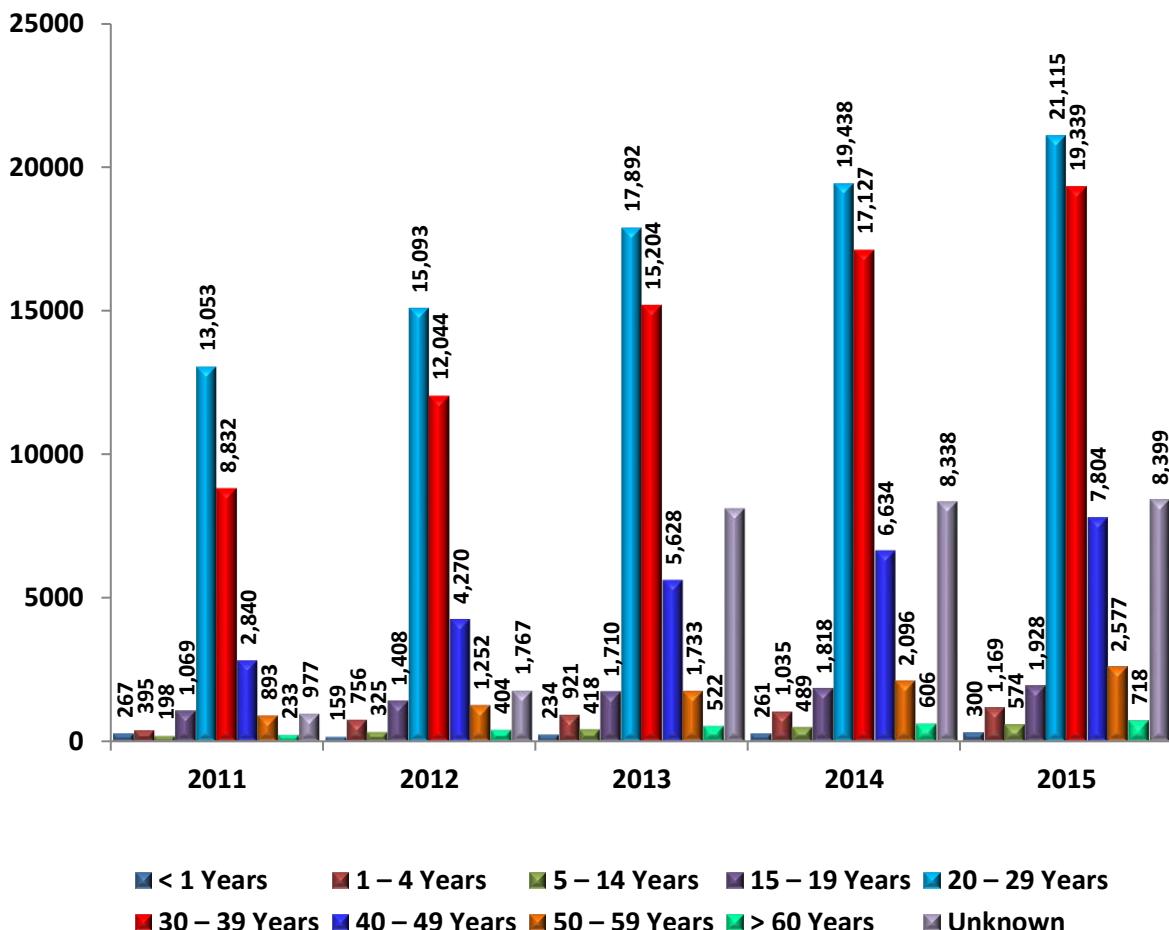


**Table 169. Total Cumulative AIDS Cases Based on Age Group, 2011 – 2015**

NO.	AGE GROUP	TOTAL CUMULATIVE AIDS CASES				
		2011	2012	2013	2014	2015
1	2	3	4	5	6	7
1.	< 1 Years	267	159	234	261	300
2.	1 – 4 Years	395	756	921	1,035	1,169
3.	5 – 14 Years	198	325	418	489	574
4.	15 – 19 Years	1,069	1,408	1,710	1,818	1,928
5.	20 – 29 Years	13,053	15,093	17,892	19,438	21,115
6.	30 – 39 Years	8,832	12,044	15,204	17,127	19,339
7.	40 – 49 Years	2,840	4,270	5,628	6,634	7,804
8.	50 – 59 Years	893	1,252	1,733	2,096	2,577
9.	> 60 Years	233	404	522	606	718
10.	Unknown	977	1,767	8,086	8,338	8,399

Source : Ditgen of Directoraten of Disease Prevention & Environment Sanitation, Ministy of Health RI, March 2016

**Diagram 41. Total Cumulative AIDS Cases Based on Age Group, 2011 – 2015**

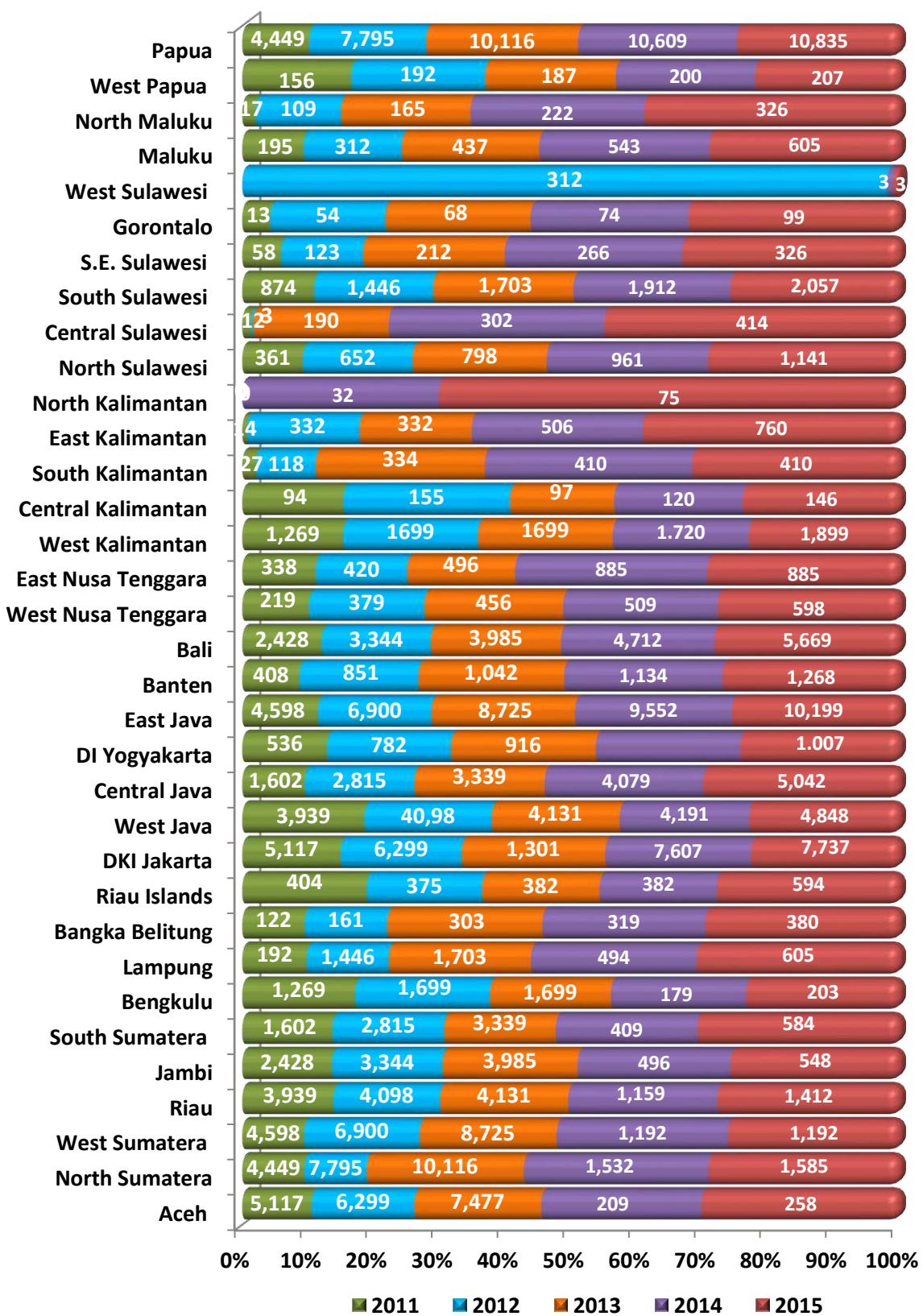


**Table 170. Total Cumulative AIDS Cases By Province, 2011 – 2015**

NO.	PROVINCE	TOTAL CUMULATIVE AIDS CASES				
		2011	2012	2013	2014	2015
1	2	3	4	5	6	7
1.	Aceh	90	134	165	209	258
2.	North Sumatera	515	515	1,301	1,532	1,585
3.	West Sumatera	428	802	952	1,192	1,192
4.	Riau	705	827	992	1,159	1,412
5.	Jambi	290	358	437	496	548
6.	South Sumatera	260	322	322	409	584
7.	Bengkulu	149	178	160	179	203
8.	Lampung	192	244	423	494	605
9.	Bangka Belitung	122	161	303	319	380
10.	Riau Islands	404	375	382	382	594
11.	DKI Jakarta	5,117	6,299	7,477	7,607	7,737
12.	West Java	3,939	4,098	4,131	4,191	4,848
13.	Central Java	1,602	2,815	3,339	4,079	5,042
14.	DI Yogyakarta	536	782	916	916	1,007
15.	East Java	4,598	6,900	8,725	9,552	10,199
16.	Banten	408	851	1,042	1,134	1,268
17.	Bali	2,428	3,344	3,985	4,712	5,669
18.	West Nusa Tenggara	219	379	456	509	598
19.	East Nusa Tenggara	338	420	496	885	885
20.	West Kalimantan	1,269	1,699	1,699	1,720	1,899
21.	Central Kalimantan	94	155	97	120	146
22.	South Kalimantan	27	118	334	410	410
23.	East Kalimantan	14	332	332	506	760
24.	North Kalimantan	0	0	0	32	75
25.	North Sulawesi	361	652	798	961	1,141
26.	Central Sulawesi	12	3	190	302	414
27.	South Sulawesi	874	1,446	1,703	1,912	2,057
28.	S.E. Sulawesi	58	123	212	266	326
29.	Gorontalo	13	54	68	74	99
30.	West Sulawesi	0	312	0	3	3
31.	Maluku	195	312	437	543	605
32.	North Maluku	17	109	165	222	326
33.	West Papua	156	192	187	200	207
34.	Papua	4,449	7,795	10,116	10,609	10,835
<b>TOTAL</b>		<b>29,879</b>	<b>42,887</b>	<b>52,348</b>	<b>57,842</b>	<b>63,917</b>

Source : Ditjen of Directoraten of Disease Prevention & Environment Sanitation, Ministy of Health RI, March 2016

**Diagram 42. Total Cumulative AIDS Cases By Province, 2011 – 2015**



c. Results of BNN Studies, 2011 – 2015.

**Table 171. Results of BNN Studies, 2011 – 2015**

NO.	YEAR	TITLE	LOCATION	HASIL PENELITIAN
1	2	3	4	5
1.	2011	National Survey on the Developments of Drug Abuse & Illicit Trafficking in Drugs (Social & Economy) 2011	17 Provinces : North Sumatera, Riau Islands, South Sumatera, Lampung, DKI Jakarta, West Java, DI Yogyakarta, East Java, Bali, West Nusa Tenggara (NTB), West Kalimantan, East Kalimantan, South Sulawesi, S.E. Sulawesi, North Sulawesi, Maluku, Papua.	Past year prevalence of drug abuse increased from <b>1,9%</b> in 2008 to <b>2,2%</b> in 2011 or, in other words, 1 out of 50 in the age of 10 – 59 years is a drug abuser in 2008, and increased to 1 out of 45 in 2011. Economic & Social Cost of Drug abusers increased from <b>Rp. 32 Trillion (2008)</b> to <b>48,2 Trillion (2011)</b>
2.	2011	National Survey on Drug Abuse and Illicit Trafficking Among University and Hischool Students, 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 (NTT), Bali, West Papua.	Lifetime drug prevalence 4,3% and past year prev 2,9%. Prev. of Lifetime use among Junior High students 2.6%, past year 2%. Senior high lifetime use 4.7%, past year use 3.3%; academy lifetime use 7,7% past year use 4.5%
3.	2012	Survey on Drug Abuse and Illicit Trafficking Among Workers, 2012	33 Provinces	<ul style="list-style-type: none"> <li>• Past year Prev of drug abuse 4,7%</li> <li>• Past year prev. based on gender :           <ul style="list-style-type: none"> <li>- males 5,4%</li> <li>- females 3,6%</li> </ul> </li> </ul>

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
4.	2013	National Survey on Drug Abuse and Illicit Trafficking on the Transportation Sector 2013	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, Southeast Sulawesi, NTB, Maluku and Papua.	<p>Prevalence of drug abuse according to time of use :</p> <ul style="list-style-type: none"> <li>• Ever used (lifetime) 18,9% or in other words 1 from 5 workers has ever consumed a drug at least once in a lifetime</li> <li>• Past year use 6,9%, the highest prevalence found among ASDP workers (river &amp; coastal transportation) 9,7% and land transportation 7,6%.</li> <li>• Past month drug use 2,5%, the highest prevalence rate at ASDP and land transportation.</li> <li>• Prevalence of drug abuse based on level of dependency :           <ul style="list-style-type: none"> <li>- Experimental 4,4%</li> <li>- Regular 2,0%</li> <li>- Non-injecting addict 0,4%</li> <li>- Injecting drug addict 0,1%</li> </ul> </li> </ul>
5.	2014	National Surey on development of Drug Abuse, 2014	17 Provinces : North Sumatera, Riau Island, South Sumatera, Lampung, DKI Jakarta, West Java, West Kalimantan, East Kalimantan, Bali, East Java, DI Yogyakarta, NTB, South Sulawesi, North Sulawesi, Southeast Sulawesi, Maluku and Papua	Prevalence of drug abuse in 2014 has reached 2,18% or an estimation of 3,8 million to 4,1 million past year drug ( <i>current users</i> ) at the age of 10-59 years
6.	2015	National Survey on the Prevalence of Drug Abuse Among Households 2015	Riau Island	Prevalence of Drug Abuse in 2015 has reached 2,20%, or an estimation of 3,9 million to 4,2 million have consumed a drug in the past year ( <i>current users</i> ) in the age of 10-59

d. **BNN Contact Center and Website, 2011 – 2015.**

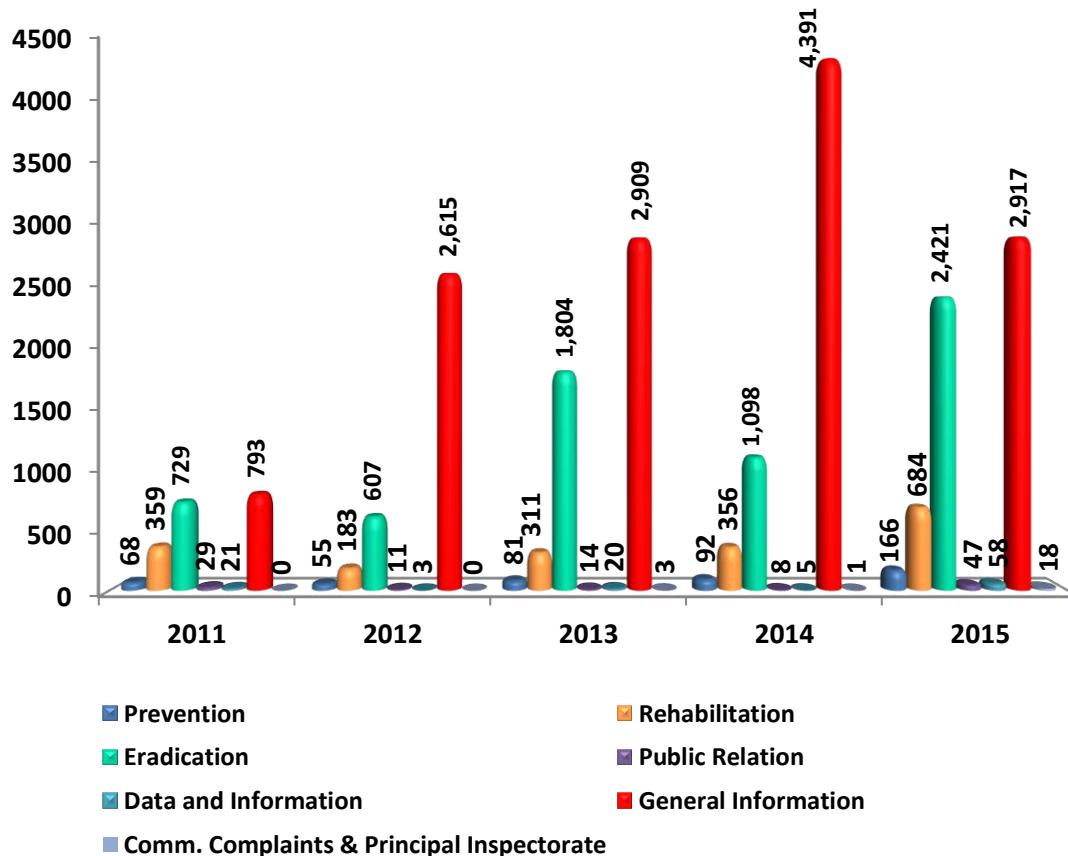
1) **BNN Contact Center, 2011 – 2015.**

**Table 172. Total Information Received by BNN Contact Center Based on Type of Information, 2011 – 2015**

NO.	INFORMATION	YEAR				
		2011	2012	2013	2014	2015
1	2	3	4	5	6	7
1.	Prevention	68	55	81	92	166
2.	Rehabilitation	359	183	311	356	684
3.	Eradication	729	607	1,804	1,098	2,421
4.	Public Relation	21	3	20	8	47
5.	Data and Information	29	11	14	5	58
6.	General Information	793	2,615	2,909	4,391	2,917
7.	Community Complaints & Principal Inspectorate	0	0	3	1	18
<b>TOTAL</b>		<b>1,999</b>	<b>3,474</b>	<b>5,142</b>	<b>5,915</b>	<b>6,311</b>

Source : BNN Center of Data Studies and Information, March 2016

**Diagram 43. Total Information Received by BNN Contact Center Based on Type of Information, 2011 – 2015**



**2) BNN Website, 2011 – 2015.**

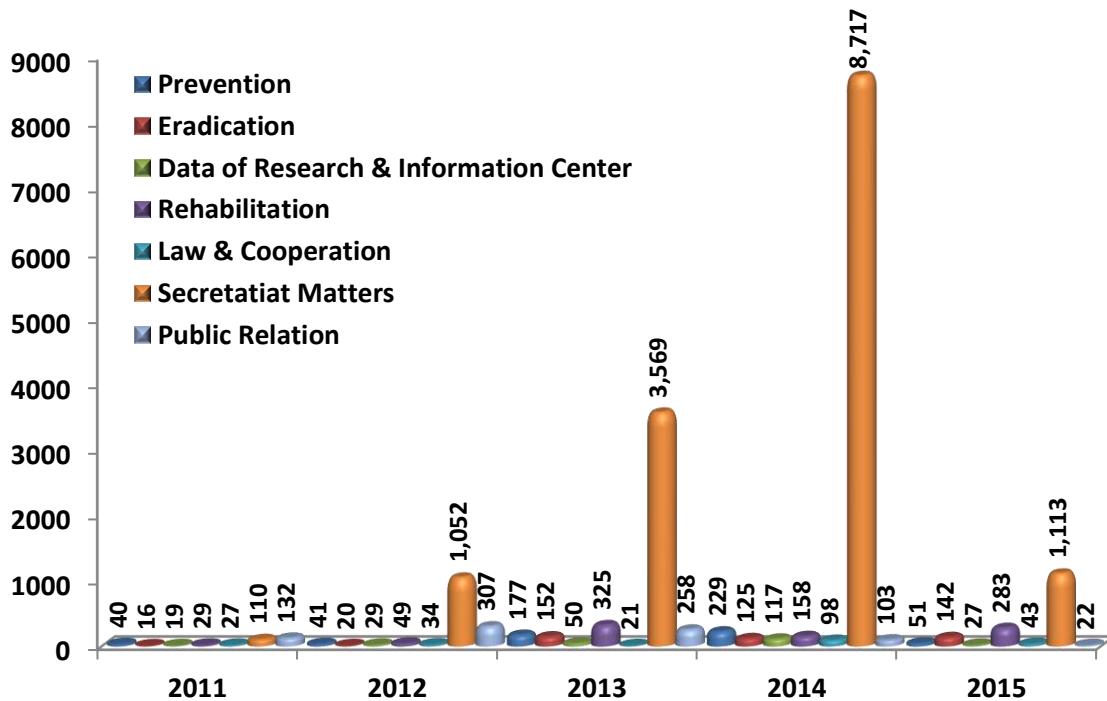
Total public views received and replied based on respective work units 2011 – 2015 :

**Table 173. Public Views Received by BNN Website, 2011– 2015**

NO.	INFORMATION	YEAR				
		2011	2012	2013	2014	2015
1	2	3	4	5	6	7
1.	Prevention	40	41	177	229	51
2.	Eradication	16	20	152	125	142
3.	Data of Research & Information Center	19	29	50	117	27
4.	Rehabilitation	29	49	325	158	283
5.	Law & Cooperation	27	34	21	98	43
6.	Secretariat Matters	110	1,052	3,569	8,717	1,113
7.	Public Relation	132	307	258	103	22
<b>TOTAL</b>		<b>373</b>	<b>1,532</b>	<b>4,552</b>	<b>9,547</b>	<b>1,681</b>

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

**Diagram 44. Total Public Views Received by BNN Website, 2011 – 2015**





# CHAPTER IV

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

Hereunder is the analysis on the trend of P4GN at National Level from 2011 – 2015 :

### **1. Supply Reduction.**

- a. Trend of Cases, Suspects and Evidence of Drug Crimes, 2011 – 2015 from National Police and BNN.

**Tabel 174. Trend of Drug Cases Based on Drug Classification, 2011 – 2015**

NO.	CASE	YEAR				
		2011	2012	2013	2014	2015
1	2	3	4	5	6	7
1.	Narcotics	19,128	19,081	21,269	23,134	28,588
	TREND		-0.25%	11.47%	8.77%	23.58%
2.	Psychotropic Subst.	1,601	1,729	1,612	838	891
	TREND		8.00%	-6.77%	-48.01%	6.32%
3.	Other Addictive Subst.	9,067	7,917	12,705	10,885	11,418
	TREND		-12.68	60.48%	-14.33%	4.90%

Source : National Police & BNN, March 2016

Table 174 shows the following trend 2011 – 2015 :

#### **1) Trend in 2015**

There was an overall increase, the largest for narcotics (23.58%), from 23,134 cases in 2014 to 28,588 cases in 2015.

#### **2) Trend from 2011 to 2015**

The largest number of cases for narcotics (2015) with a total of 28,588, and the smallest in number for Psychotropic Substances (2014), totaling 838 cases.

The largest increase occurred for Other Addictive Substances from 2012 to 2013 (60.48%), and the largest decrease for Psychotropic Substances from 2013 to 2014 (48.01%).

**Table 175. Trend of Drug Suspects Based on Drug Classification, 2011 – 2015**

NO.	SUSPECTS	YEAR				
		2011	2012	2013	2014	2015
1	2	3	4	5	6	7
1.	Narcotics	25,297	25,309	28,788	31,084	38,152
	TREND		0.05%	13.75%	7.98%	22.74%
2.	Psychotropic Substances	1,997	2,062	1,868	978	1,014
	TREND		3.25%	-9.41%	-47.64%	3.68%
3.	Other Addictive Subst	9,438	8,269	13,356	11,397	12,166
	TREND		-12.39%	61.52%	-14.67%	6.75%

Source : National Police& BNN, March 2016

Table 175 indicates the following trend of drug suspects :

### 1) Trend in 2015

In 2015, the overall trend of drug suspects shows an increase in the number of narcotic suspects with a total of 38,152 suspects, an increase of 7.98%.

### 2) Trend from 2011 to 2015

The largest number of suspects in 2015 is for narcotic cases, (38,152), while the smallest number for psychotropic substances, in 2014, (978).

The largest increase from 2012 to 2013 (61.52%) occurred in the number of suspects related to other addictive substances, and the largest decrease in the number of suspects in the cases of psychotropic substances, from 2013 to 2014 (47.64%).

**Table 176. Trend of Drug Cases Based on Nationality, 2011 – 2015**

NO.	NATIONALITY	YEAR				
		2011	2012	2013	2014	2015
1	2	3	4	5	6	7
1.	Indonesians	36,571	35,524	43,885	43,264	51,158
	TREND		-2.86%	23.54%	-1.42%	18.25%
2.	Foreigners	161	116	127	195	174
	TREND		-27.95%	9.48%	53.54%	-10.77%

Source : National Police & BNN, March 2016

The above table 176 shows the trend of drug suspects from 2011 – 2015:

**1) Trend in 2015**

Based on nationality, the year 2015 indicates the largest number of arrested Indonesians for drug cases (51,158), showing a percentage of 18.25%.

The number of foreign suspects declined in 2015 (174) with a percentage of 10.77% from 195 suspects in 2014.

**2) Trend from 2011 to 2015**

2015 shows the largest number of drug suspects among Indonesians, (51,158), while the smallest in number are among foreign suspects in 2012 (116).

The largest increase of drug suspects of foreign nationality in percentage occurred from 2013 to 2014, (53.54%), and the largest decrease of foreign suspects from 2011 to 2012 (27.95%).

**Table 177. Trend of Drug Suspects Based on Gender, 2011 – 2015**

NO.	GENDER	YEAR				
		2011	2012	2013	2014	2015
1	2	3	4	5	6	7
1.	Male	33,030	32,358	39,715	39,383	47,079
	TREND		-2.03%	22.74%	-0.84%	19.54%
2.	Female	3,702	3,282	4,297	4,076	4,253
	TREND		-11.35%	30.93%	-5.14%	4.34%

Source : National Police & BNN, March 2016

Table 177 above illustrates the trend of drug crimes from 2011 – 2015 :

**1) Trend in 2015**

Based on gender, the largest number of arrested suspects are males, totaling to 47,079. An increase of 19.54% from 2014. Meanwhile, compared to 2014, an increase occurred in the arrest of female suspects (4,253) in 2015, a percentage of 4.34%.

**2) Trend from 2011 to 2015**

The highest in the number of arrests was among the males in 2014 (47,079). The smallest number of 3,282 among females in 2012.

The highest increase of female suspects occurred from 2012 to 2013, indicating a percentage of 30.39%. A largest decrease was seen in the arrest of male drug suspects from 2011 to 2012 with a percentage of 11.35%.

**Table 178. Trend of Drug Suspects Based on Age Group, 2011 – 2015**

NO.	AGE GROUP	YEAR				
		2011	2012	2013	2014	2015
1	2	3	4	5	6	7
1.	< 16 Years	117	132	122	130	99
	TREND		12.82%	-7.58%	6.56%	-23.85%
2.	16 – 19 Years	1,774	2,106	2,382	2,254	2,164
	TREND		18.71%	13.11%	-5.37%	-3.99%
3.	20 – 24 Years	5,377	5,478	6,269	6,555	7,174
	TREND		1.88%	14.44%	4.56%	9.44%
4.	25 – 29 Years	11,718	10,339	16,216	14,195	15,275
	TREND		-11.77%	56.84%	-12.46%	7.61%
5.	> 29 Years	17,746	17,585	19,023	20,325	26,620
	TREND		-0.91%	8.18%	6.84%	30.97%

Source : National Police & BNN, March 2016

Table 178 indicates the following trend :

### 1) Trend in 2015

The most drug suspects are in the age above 29, with a total of 26,620. The least in number are suspects below 16 years (99).

The largest increase of suspects is seen in the age group above 29, from 2014 (20,325) to 2015 (26,620) or in percentage 30.97%. The largest decrease occurred among suspects below 16 years (23.85%) from 130 in 2014 to 99 in 2015.

### 2) Trend from 2011 to 2015

The largest number of suspects is seen in the group of above 29 years in 2015 (26,620), and the least in number among the group below 16 years in 2015 (99).

Suspects above 29 years have the largest percentage of increase (30.97%) from 2014 to 2015, and the largest decrease among suspects below 16 years from 2014 to 2015 (23.85%).

**Table 179. Trend of Drug Suspects Based on Education, 2011 – 2015**

NO.	EDUCATION	YEAR				
		2011	2012	2013	2014	2015
1.	Elementary	5,092	4,980	7,573	7,147	7,112
	TREND		-2.20%	52.07%	-5.63%	-0.49%
2.	Junior Secondary	10,013	9,768	12,216	12,373	12,765
	TREND		-2.45%	25.06%	1.29%	3.17%
3.	Senior Secondary	20,503	19,730	23,086	22,708	30,055
	TREND		-3.77%	17.01%	-1.64%	32.25%
4.	University	1,124	1,162	1,137	1,231	1,367
	TREND		3.38%	-2.15%	8.27%	11.05%
5.	No Schooling	-	-	-	-	33
	TREND	-	-	-	-	100%

Table 179 indicates the following :

### 1) Trend in 2015

The year 2015 has the largest number of suspects in the group from Senior Secondary education (30,055), with an increase percentage of 32.25%. The smallest in number are suspects with University education background (1,367), an increase of 11.05% from 2014. Also 33 suspects without schooling.

### 2) Trend from 2011 to 2015

The year 2015 has 33 suspects without schooling. This phenomenon did not occur five years before, which may be a new trend in drug trafficking.

The largest number of suspects is from the group with Senior Secondary background (30,055), and the smallest in 2011 with University background (1,124).

The largest increase of drug suspects from 2012 to 2013 occurred in the group of Elementary school graduates (52.07%), and the largest decrease from 2013 to 2014 (5.63%) also among Elementary school graduates.

**Table 180. Trend of Drug Suspects Based on Occupation, 2011 – 2015**

NO.	EDUCATION	YEAR				
		2011	2012	2013	2014	2015
1	2	3	4	5	6	7
1.	Govt Employee/Civil Servant	337	320	413	362	453
	TREND		-5.04%	29.06%	-12.35%	25.14%
2.	Police/Armed Forces	294	287	262	326	355
	TREND		-2.38%	-8.71%	24.43%	8.90%
3.	Private Sector	17,444	16,071	19,804	18,511	20,778
	TREND		-7.87%	23.23%	-6.53%	12.25%
4.	Entrepreneur	7,730	7,545	9,105	11,430	14,357
	TREND		-2.39%	20.68%	25.54%	25.61%
5.	Farmers	1,079	1,388	2,108	1,551	1,869
	TREND		28.64%	51.87%	-26.42%	20.50%
6.	Labour	3,525	4,025	4,954	4,570	5,283
	TREND		14.18%	23.08%	-7.75%	15.60%
7.	Univ. Student	611	710	870	883	981
	TREND		16.20%	22.54%	1.49%	11.10%
8.	Student	605	695	1,121	778	874
	TREND		14.88%	61.29%	-30.60%	12.34%
9.	Unemployed	5,107	4,599	5,375	5,048	6,382
	TREND		-9.95%	16.87%	-6.08%	26.43%

Source : National Police & BNN, March 2016

Table 180 indicates the following :

### 1) Trend in 2015

In 2015, the most suspects in number are workers from the private sector (20,778), with an increase percentage of 25.61%. The least in number are suspects from Police/Armed Forces (355), or an increase percentage of 8.90% compared to 2014.

Generally, the increase of suspects occurred in all sectors of occupation if compared to 2014. The largest increase among unemployed, (26.43%), from 5,048 arrested in 2014 to 6,382 in 2015.

### 2) Trend from 2011 to 2015

The largest number of suspects belong to workers in the private sector, (19,804), and the smallest from National Police/Armed Forces in 2013 (262).

The highest trend of increase is seen among Farmers from 2012 to 2013 (51.87%), and the largest decrease among students from 2013 to 2014 (30.60%).

**Table 181. Trend of Total Seized Cannabis, 2011 – 2015**

NO.	SEIZED EVIDENCE	YEAR				
		2011	2012	2013	2014	2015
1	2	3	4	5	6	7
1.	Cannabis Herbs (Gr)	23,891,244.25	22,335,281.98	17,777,141.76	68,541,872.75	29,389,318.93
	TREND		-6.51%	-20.41%	285.56%	-57.12%
2.	Cannabis Trees (Unit)	1,839,664.00	341,395.00	534,829	92,481	101,195
	TREND		-81.44%	56.66%	-82.71%	9.42%
3.	Cultivation Areal (Ha)	305.83	89.50	119.9	14	166.5
	TREND		-70.74%	33.97%	-88.32%	1,089.29%
4.	Cannabis Seeds (Gr)	4.38	284.91	12	378.33	6.28
	TREND		6.404.79%	-95.79%	3,052.75%	-98.34%

**Source :** National Police & BNN, March 2016

Table 181 indicates the following :

### 1) Trend in 2015

In 2015, the percentage (1,089.29%) of the largest increase is related to the cannabis cultivation areal that was detected, ( 1,089.29%), from 14 Ha in 2014 to 166.5 ha in 2015. A significant decrease in cannabis seeds occurred with a percentage of 98.34%, from 378.33 grams in 2014 to 6.28 grams in 2015. This is the reverse with the cannabis areal detected and seized cannabis trees if compared to the decrease in the seizure of cannabis herbs and cannabis seeds in 2015.

### 2) Trend from 2011 to 2015

The largest seizure of cannabis herbs occurred in 2014, a total of 68,541,872.75 grams, while 2013 had the smallest seizure of 17,777,141,76 grams.

The largest seizures of cannabis trees were made in 2011. A total of 1,839,664 were destroyed, while the smallest seizure was made in 2014 (92,481 units).

The largest cultivation areal of cannabis was detected in 2011 (305.83 Ha), and the smallest in 2014 (14 Ha).

2014 had the largest seizure of cannabis seeds (378,33 grams), and the smallest in 2011 (4,38 Gr).

**Table 182. Trend of Total Seized Narcotics, 2011 – 2015**

NO.	SEIZED EVIDENCE	YEAR				
		2011	2012	2013	2014	2015
1	2	3	4	5	6	7
1.	Heroin (Gr)	27,439.81	52,425.24	11,269.94	12,195.44	13,329.34
<b>TREND</b>			<b>91.06%</b>	<b>-78.50%</b>	<b>8.21%</b>	<b>9.30%</b>
2.	Cocaine (Gr)	66.97	6,736.84	2,035	373.33	10.54
<b>TREND</b>			<b>9.959.49%</b>	<b>-69.79%</b>	<b>-81.65%</b>	<b>-97.18%</b>
3.	Morphine (Gr)	-	-	-	-	-
<b>TREND</b>		-	-	-	-	-
4.	Hashish (Gr)	230.99	7,836.44	2,067.68	4,237.49	199.62
<b>TREND</b>			<b>3.292.55%</b>	<b>-73.61%</b>	<b>104.94%</b>	<b>-95.29%</b>
5.	Ecstasy (Tbl)	826,096.25	4,271,619.00	1,165,178	490,121.25	1,980,873
<b>TREND</b>			<b>417.08%</b>	<b>-72.72%</b>	<b>-57.94</b>	<b>304.16%</b>
6.	Shabu (Gr)	1,092,029.09	2,054,149.51	542,652.32	1,147,588.54	4,420,166,834
<b>TREND</b>			<b>88.10%</b>	<b>-73.58%</b>	<b>111.48%</b>	<b>285.17%</b>

Source : National Police & BNN, Maret 2016

Table 182 indicates the following:

### 1) Trend in 2015

The highest increase of ecstasy seizures (1,980,873 tablets) occurred in 2015, in percentage 304.16%, from 490,121.25 tablets in 2014. The largest decrease in percentage is for cocaine (97.18%) for a seizure of 10.54 grams from 373.33 grams seized in 2014.

### 2) Trend from 2011 to 2015

The largest seizure of heroin occurred in 2012 (52,425.24 grams), while the smallest in 2014 (11,269.04 grams).

The largest seizure of cocaine was executed in 2012 (6,736.84 grams), and the lowest quantity in 2015 (10.54 grams).

Hashish with the largest quantity was seized in 2012 (7,836.44 grams), and the lowest seizure in 2015 (199.62 grams).

The year 2012 indicates the largest seizure for ecstasy (4,271,619.00 tablets), and the lowest quantity in 2014 (490,121.25 tablets).

In 2015 the largest seizure was made for shabu (4,420,166.834 grams), and the lowest in quantity in 2013 (542,652.32 grams).

**Table 183. Trend of Seized Psychotropic Substances, 2011 – 2015**

NO.	SEIZED EVIDENCE	YEAR				
		2011	2012	2013	2014	2015
1	2	3	4	5	6	7
1.	Benzodiazepines (Tbl)	518,478.25	512,523.00	460,806.75	356,631	1,247,895
	TREND		-1.15%	-10.09%	-22.61%	249.91%
2.	Barbiturate (Tbl)	158,578.00	426,793.50	181	9,571	7,332
	TREND		169.14%	-99.96%	5.187.85%	-23.39%
3.	Ketamine (Gr)	95,336.90	13,426.00	4,661.51	13,400.09	6,504.98
	TREND		-85.92%	-65.28%	187.46%	-51.49%
4.	Controlled Medicines (Tbl)	1,758,902.50	2,064,302.50	5,869,329.5	14,729,227.75	1,646,224.5
	TREND		17.36%	184.33%	150.95%	-88.82%

Source : National Police & BNN, Maret 2016

Table 183 illustrates the following:

### 1) Trend in 2015

An increase is seen in 2015 for seizures of Benzodiazepines from (356,631 tablets) in 2014 to 1,247,895 tablets in 2015. A significant increase occurred in the seizure of Benzodiazepines with a percentage of 249.91% from 356,631 tablets in 2014 to 1,247,895 tablets in 2015. Meanwhile, the largest decrease occurred in seizures of controlled medicines, with a percentage of 88.82% from 14,729,227.75 tablets seized in 2014 to 1,646,224.5 tablets in 2015.

### 2) Trend from 2011 to 2015

The largest seizure of Benzodiazepines (1,247,895 tabs) occurred in 2015, and the smallest quantity in 2014 (356,631 tabs).

The largest seizure of barbiturates was conducted in 2012 (426,793 tabs), and the lowest quantity in 2014 (181 tabs).

The largest quantity of ketamine was seized in 2011 (95,336.9 grams), and the smallest quantity in 2014 (4,661.51 grams)

Seizures of controlled medicines with the largest quantity occurred in 2014 (14,729,227.75 tablets) and the lowest in 2015 (1,646,224.5 tablets).

**Table 184. Trend of Total Seized Other Addictive Substances, 2011 – 2015**

NO.	SEIZED EVIDENCE	YEAR				
		2011	2012	2013	2014	2015
1	2	3	4	5	6	7
1.	Alcoholic drinks (Btl)	215,914.10	993,489.50	148,161	223,981	252,952
	TREND		360.13%	-85.09%	51.17%	12.93%
2.	Alcoholic drinks (Liter)	143,684.64	164,780.79	3,022,520.10	16,439,339.45	926,046.41
	TREND		14.68%	1.734.27%	443.90%	-94.37%

Source : National Police & BNN, March 2016

Table 184 illustrates the trend of seized other addictive substances :

**1) Trend in 2015**

In the year 2014 a significant decrease occurred in the seizure of alcoholic drinks with a percentage of 94.37%, from 16, 439,339.45 litres in 2014 to only 926,046.41 litres in 2015.

**2) Trend from 2011 to 2015**

The largest quantity of alcoholic drinks seized in 2013 is 993,489.5 bottles, and the lowest quantity in 2013 (148,161 btls).

The largest quantity of alcoholic liquid occurred in 2014 (16,439,339.45 ltr) and the lowest in quantity occurred in 2011 (143,684.64 ltr).

**b. Trend of Seizures from Narcotic Crimes from Ministry of Finance RI, 2011 – 2015.**

**Table 185. Trend of Total and Ranking of Seized Cannabis Herbs (grams) at the Airport 2013 – 2015**

NO.	PROVINCE	AIRPORT	2013		2014		2015	
			TOTAL	RAN-KING	TOTAL	RAN-KING	TOTAL	RAN-KING
1	2	3	4	5	6	7	8	9
1.	Bali	Ngurah Rai	7.59	1	-	-	3.2	1
<b>TOTAL</b>			<b>7.59</b>	-	-	-	<b>3.2</b>	
<b>TREND</b>					-		<b>100%</b>	

**Source :** Ditgen of Customs & Excise, Ministry of Finance RI, March 2016

The above Table 185 shows the trend of seized cannabis herbs at the airport, 2013 – 2015 :

**1) Trend in 2015**

In 2015, only Ngurah Rai Airport in Bali made a seizure of 3.2 grams cannabis herbs.

**2) Trend from 2013 to 2015**

In the past 3 consecutive years Ngurah Rai Airport made seizures, with the exception of 2014. Data show that the smuggling of cannabis in small quantities is still frequently done through the airport to Bali, a famous tourist spot.

**Table 186. Trend of Total and Ranking of Seized Heroin at the Airport, 2013 – 2015 (Gram)**

NO.	PROVINCE	AIRPORT	2013		2014		2015	
			TOTAL	RAN-KING	TOTAL	RAN-KING	TOTAL	RAN-KING
1	2	3	4	5	6	7	8	9
1.	Banten	Soekarno Hatta	-	-	-	-	414	1
2.	Bali	Ngurah Rai	372	1	-	-		
<b>TOTAL</b>			<b>372</b>		-	-	<b>414</b>	
<b>TREND</b>					-		<b>100%</b>	

**Source :** Ditgen of Customs & Excise, Ministry of Finance RI, March 2016

Table 186 illustrates :

**1) Trend in 2015**

In 2015, one seizure only occurred at Soekarno Hatta Airport (414 grams)

**2) Trend from 2013 to 2015**

In the past 3 years seizures of heroin has shifted from Ngurah Rai Bali in 2013 to Soekarno Hatta Airport in 2015. Although there were no seizures in 2014, there is estimation that heroin smuggle through both airports continues to take place.

**Table 187. Trend of Total and Ranking of Seized Cocaine at Airports, 2013 – 2015 (Gram)**

NO.	PROVINCE	ARPORT	2013		2014		2015	
			TOTAL	RAN-KING	TOTAL	RAN-KING	TOTAL	RAN-KING
1	2	3	6	7	8	9	8	9
1.	Bali	Ngurah Rai	-	-	239	1	-	-
<b>TOTAL</b>					<b>239</b>		-	-
<b>TREND</b>					<b>100%</b>			

**Source :** Ditgen of Customs & Excise, Ministry of Finance RI, March 2016

Table 187 illustrates the trend of seized cocaine as follows :

**1) Trend in 2015**

No seizures were made in 2015 at Ngurah Rai Airport, while in the previous year a seizure was made. The smuggle may have been slipped through, or another lane was used for the smuggle.

## 2) Trend from 2013 to 2015

In the three past years only 2014 had a seizure of cocaine at Ngurah Rai Airport. Although no seizure was made in 2015, looking at the pattern of the emergence of a large seizure made in 2014, while the year before no seizure occurred, Bali may likely remain one of the main destinations for cocaine trafficking.

**Table 188. Trend of Total and Ranking of Seized Hashish at the Airport, 2013 – 2015 (Gram)**

NO.	PROVINCE	AIRPORT	2013		2014		2015	
			TOTAL	RAN-KING	TOTAL	RAN-KING	TOTAL	RAN-KING
1	2	3	4	5	6	7	8	9
1.	Banten	Soekarno Hatta	-	-	4,212	I	-	-
2.	Bali	Ngurah Rai	103.64	I			-	-
<b>TOTAL</b>			<b>103.64</b>	-	<b>4,212</b>			
					<b>3,964.07%</b>			

Source : Ditjen of Customs & Excise, Ministry of Finance RI, March 2016

Table 188 shows the quantity of seized hashish as follows :

### 1) Trend in 2015

No seizures were made in 2015 at Ngurah Rai and Soekarno Hatta Airports, while in the years before seizures occurred. It is likely that the smuggle slipped through the eyes of the officers, or another smuggle lane was used

### 2) Trend from 2013 to 2015

Although no seizures were made in 2015, and in the past 3 years, the smuggle of hashish has shifted from Ngurah Rai Airport in 2013 to Soekarno Hatta Airport in 2014. Close attention must be paid of a change in the smuggling pattern and route of hashish, considering from 2013 to 2014 a sharp increase is seen in seizures of hashish at the airport.

**Table 189. Trend of Total and Ranking of Seized Ecstasy at Airport, 2013 – 2015 (Gram)**

NO.	PROVINCE	AIRPORTS	2013		2014		2015	
			TOTAL	RAN-KING	TOTAL	RAN-KING	TOTAL	RAN-KING
1	2	3	4	5	6	7	8	9
1.	Banten	Soekarno Hatta	207,220	I			1,292	I
2.	East Java	Juanda			6,153	I		
3.	West Java	Bandung			6.5	III		
4.	North Sumatera	Polonia	1.63	II				
		Kuala Namu			7.5	II		
5.	Riau	Sultan Syarif Kasim 2					7	II
<b>TOTAL</b>			<b>207,221.63</b>		<b>6,167</b>		<b>1,299</b>	
<b>TREND</b>					<b>-97.02%</b>		<b>-78.94%</b>	

Source : Ditjen of Customs & Excise, Ministry of Finance RI, March 2016

Next is the illustration presented by Table 189 :

## 1) Trend in 2015

On the whole, a significant decrease is seen in the quantity of ecstasy seizures at airports in 2015, showing a percentage of 78,94% from 6,167 grams in 2014 to only 1,299 grams in 2015. The largest seizure occurred at Soekarno Hatta Airport (1,292 grams).

## 2) Trend from 2013 to 2015

In the past three years the pattern of ecstasy smuggle at airports was constantly moving. Based on the diversity of seizures from year to year, the estimation is that dealers continue their smuggling actions through airports, but move every time to another airport to avoid an arrest by airport officers. Soekarno Hatta maintains the route of smuggle for large quantities of ecstasy.

**Table 190. Trend of Total Seized Shabu at Airports, 2013 – 2015 (Gram)**

NO.	PROVINCE	AIRPORT	2013		2014		2015	
			TOTAL	RAN-KING	TOTAL	RAN-KING	TOTAL	RAN-KING
1	2	3	4	5	6	7	8	9
1.	Aceh	Sultan Iskandar Muda	-		-	-	638	VI
2.	North Sumatera	Kualanamu	916	X	6,605.7	IV	213.38	VIII
3.	Riau Islands	Batam	-					
4.	Riau	Sultan Syarif Kasim 2	-	-	-	-	152.76	IX
5.	Banten	Soekarno Hatta	31,914	I	76,696	I	39,076	I
6.	DKI Jakarta	Halim	-					
7.	West Java	Husein Sastranegara	3,875	V	1,006.54	IX	764	V
8.	DI Yogyakarta	Yogyakarta	2,800	VII	4,006	VI		
9.	East Java	Juanda	15,276.2	II	9,766	III	310	VII
10.	Bali	Ngurah Rai	6,827	IV	15,425	II	1,500.8	IV
11.	NTB	Lombok					2,775	II
12.	North Sulawesi	Manado	3,667	VI				
13.	Batam	Hang nadim	8,619	III	5,819	V	2,102	III
14.	West Sumatera	Minangkabau	2,800	VIII	2,325	VII		
15.	East Kalimantan	Balikpapan	1,534	IX	1,573	VIII		
16.	West Kalimantan	Pontianak	260	XI				
17.	North Kalimantan	Tarakan	-		0.52	X		
<b>TOTAL</b>			<b>78,488</b>		<b>123,222.76</b>		<b>47,531.94</b>	
<b>TREND</b>					<b>57.00%</b>		<b>-61.43%</b>	

Source : Ditjen of Customs & Excise, Ministry of Finance RI, March 2016

Table190 above shows the following trend of seized shabu :

**1) Trend in 2015**

The total quantity of seized shabu decreased with a percentage of 61.43%, from 132,222.76 grams in 2014 to 47,531.94 grams in 2015. The largest seizure was made at Soekarno Hatta Airport with a quantity of 39,076 grams.

**2) Trend from 2013 to 2015**

During the 3 past years there is a trend of increase as well a decrease in seizures. Although the quantity decreased in 2015, the quantity of seizures are increasingly adding in variety, taking new airport routes. Traffickers are likely using new airports for shabu smuggle.

**Table 191. Trend of Total amd Ranking of Seized Cannabis Herbs at Seaports, 2013 – 2015 (Gram)**

NO.	PROVIN CE	SEAPORT	2013		2014		2015	
			TOTAL	RAN-KING	TOTAL	RAN-KING	TOTAL	RAN-KING
1	2	3	4	5	6	7	8	9
1.	Riau Islands	Tanjung Balai Karimun	-		9,542	I	1 tablet	I
		Batam			23.41	III		
2.	Jakarta	Tanjung Priok			5,000	II		
TOTAL			-		14,565.41		1 tablet	

**Source :** Ditgen of Customs & Excise, Ministry of Finance RI, March 2016

Table 191 illustrates the trend of the quantity and ranking of seized cannabis herbs at seaports :

**1) Trend in 2015**

In 2015, only one seizure was made of cannabis herb, consisting of one (1) tablet. Although the seizure consists of only one tablet but it. may be another method used by the dealer in smuggling cannabis herb, since cannabis in tablet form was the first time detected in 2015

**2) Trend from 2013 to 2015**

During the past 3 years seizures of cannabis herb only occurred in 2014, in quite a large quantity of 14 kg, but no seizure was made in 2015. Notice should be paid on changes of smuggling routes.

**Table 192. Trend of Total and Ranking of Seized Heroin at Seaports, 2013 – 2015 (Gram)**

NO.	PROVINCE	SEAPORT	2013		2014		2015	
			TOTAL	RAN-KING	TOTAL	RAN-KING	TOTAL	RAN-KING
1	2	3	4	5	6	7	8	9
1.	Riau	Balai Karimun	11.92	II	39.38	I	-	-
2.	Riau Islands	Batam Centre	623	I	1	II	-	-
<b>TOTAL</b>			<b>635.92</b>		<b>40.38</b>		-	-
<b>TREND</b>					<b>-93.64</b>			

Source : Ditgen of Customs & Excise, Ministry of Finance RI, March 2016

Table 192 illustrates the trend of heroin seizures.

In the past 3 years seizures of heroin decreased at the seaports of Riau and Riau Islands, and eventually no seizures in 2015. Data show that heroin smuggle through seaports are likely to be abandoned and dealers look for other routes.

**Table 193. Trend of Total and Ranking of Seized Ecstasy at Seaports, 2013 – 2015 (Tablets)**

NO.	PROVINCE	seaport	2013		2014		2015	
			TOTAL	RAN-KING	TOTAL	RAN-KING	TOTAL	RAN-KING
1	2	3	4	5	6	7	8	9
1.	Riau Islands	Batam Centre	9,921	I	11,877	I	-	-
<b>TOTAL</b>			<b>9,921</b>		<b>11,877</b>		-	-
<b>TREND</b>					<b>19.72%</b>			

Source : Ditgen of Customs & Excise, Ministry of Finance RI, March 2016

Table 193 illustrates the following :

**1) Trend in 2015**

No seizures occurred

**2) Trend from 2013 to 2015**

Increase in seizures of ecstasy tablets only occurred till 2014. Afterwards no more seizures, but data indicate that the route of smuggle may be changed.

**Table 194. Trend of Total and Ranking of Seized Ecstasy at Seaports, 2013 – 2015 (Gram)**

NO.	PROVINCE	SEAPORT	2013		2014		2015	
			TOTAL	RAN-KING	TOTAL	RAN-KING	TOTAL	RAN-KING
1	2	3	4	5	6	7	8	9
1.	Riau	Dumai	-				1,075	I
2.	Riau Islands	Tj. Balai Karimun	-		2.4	I		
<b>TOTAL</b>			<b>-</b>		<b>2.4</b>		<b>1,075</b>	
<b>TREND</b>							<b>44,691.67%</b>	

Source : Ditgen of Customs & Excise, Ministry of Finance RI, March 2016

Table 194 shows the trend of total and ranking of seized ecstasy at seaports is increasingly escalating along with noseizures in 2015 seizures of ecstasy may occur in tablet form. Dumai-Riau Seaport is estimated to become the seaport for ecstasy from Riau Islands in 2014.

**Table 195. Trend of Total and Ranking of Seized Shabu at Seaports, 2013 – 2015 (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	1. Teluk Nibung	724.60	III	4,956.7	III		
		2. Dumai	2,437.99	II	1,038.6	VI	274,847.7	I
		3. Setia Raja	450	IV				
		4. Balai Karimun	1.12	V	3,938.3	IV		
		5. Teluk Nibung					6,582.11	V
2.	Riau Islands	1. Tanjung Pinang			1,909	V		
		2. Batam Centre	4,402	I	6,910	I	8,842	III
		3. Sri Bintan Pura					4,549	VI
3.	Jakarta	Tanjung Priok			5,700	II		
4.	East Java	Tanjung Perak			1,500	VII	6,993	IV
5.	North Kalimantan	Tunon Taka			500.6	VIII	3,417.22	VII
6.	Lampung	Lampung					63,100	II
<b>TOTAL</b>			<b>8,015.71</b>		<b>26,453.2</b>		<b>368,331.03</b>	
<b>TREND</b>					<b>230.02%</b>		<b>1,292.39%</b>	

**Source :** Ditgen of Customs & Excise, Ministry of Finance RI, March 2016

A sharp increase is shown by table 195 in seizures of shabu at seaports. In 2015 the increase escalated to 1,292.39%, from a seizure of 368 Kg, along with the decline of shabu seizures at airports.

In 2015 new smuggling routes emerge, namely Teluk Nibung-Riau, Sri Bintan Pura-Riau Islands and Lampung. The largest seizure occurred at Dumai-Riau Seaport totaling to 247 Kg.

**Table 196. Trend of Total and Ranking of Seized Cannabis at Border Crossings, 2013 – 2015 (Gram)**

NO.	PROVINCE	BORDER CROSSING	2013		2014		2015	
			TOTAL	RAN-KING	TO-TAL	RAN-KING	TO-TAL	RAN-KING
1	2	3	4	5	6	7	8	9
1.	Papua	Skow Wutung			100	I	240	I
2.	West Papua	PPLB Skow Wutung	1,520 500 biji	I				
3.	Riau	Tj. BalaiKarimun	1.1	II				
<b>TOTAL</b>			<b>1,521.1 500 biji</b>		<b>100</b>		<b>240</b>	<b>I</b>

**Source :** Ditgen of Customs & Excise, Ministry of Finance RI, March 2016

A small increase was seen in 2015 as is shown in table 196 in the seizure of cannabis, in particular at Skow Wutung, Papua. Data indicate that this border area has been used as one of the main routes of cannabis smuggle into Indonesia.

**Table 197. Trend of Total and Ranking of Seized Shabu at Border Crossing, 2013 – 2015 (Gram)**

NO.	PROVINCE	BORDER CROSSING	2013		2014		2015	
			TOTAL	RAN-KING	TOTAL	RAN-KING	TOTAL	RAN-KING
1	2	3	4	5	6	7	8	9
1.	West Kalimantan	Entikong	-				5,395.38	I
2.	NTT	Atapupu	-		9,030	I		
3.	Papua	Skow Wutung	-				4,000	II
4.	Riau Islands	Batam Center	1.12	II				
5.	Riau	Tj. Balai Karimun	4,402	I				
<b>TOTAL</b>			<b>4,403.12</b>		<b>9,030</b>		<b>9,395.38</b>	
<b>TREND</b>					<b>105.08%</b>		<b>4.05%</b>	

**Source :** Ditjen of Customs & Excise, Ministry of Finance RI, March 2016

There is an increasing trend of shabu seizures, which is in line with the decrease in seizures at seaports.

Serious attention should be paid to shabu smuggle through Entikong, West Kalimantan and Skow Wutung-Papua, as a shift from the seaports.

## 2. **Demand Reduction.**

### a. The Trend of Drug Abusers Receiving Treatment at Rehabilitation Facilities in Cooperation with BNN, from BNN 2013 – 2015.

**Table 198. Trend of Total Drug Abusers Receiving Treatment at Rehabilitation Facilities in Cooperation with BNN Based on Gender, 2013 - 2015**

NO.	GENDER	TOTAL DRUG ABUSERS		
		2013	2014	2015
1	2	3	4	5
1.	Male	5,407	3,704	19,220
2.	Female	704	284	2,614
<b>TOTAL</b>		<b>6,111</b>	<b>3,988</b>	<b>21,834</b>

**Source :** BNN Deputy of Rehabilitation BNN, March 2016

Table 198 illustrates :

- In general, there are more male patients at the Rehabilitation Facility in Cooperation with BNN. The sharp increase in the number of patients receiving rehabilitation is due to the rehabilitation program for 100,000 drug abusers in 2015 as proclaimed by the government.

**Table 199. Trend of Total Drug Abusers Receiving Treatment at Rehabilitation Facilities in Cooperation with BNN Based on Age Group, 2013 - 2015**

NO.	AGE GROUP	TOTAL DRUG ABUSERS		
		2013	2014	2015
1	2	3	4	5
1.	< 16 Years	85	45	885
2.	16 – 20 Years	639	515	4,590
3.	21 – 25 Years	1,009	670	4,674
4.	26 - 30 Years	1,613	903	3,950
5.	31 - 35 Years	1,576	1,046	3,542
6.	36 - 40 Years	727	539	2,098
7.	> 40 Years	462	233	2,090
8.	Not Recorded	0	37	5
<b>TOTAL</b>		<b>6,111</b>	<b>3,988</b>	<b>21,834</b>

Source : BNN Deputy of Rehabilitation, March 2016

Table 199 illustrates the following :

- The largest proportion of drug abusers is between 21 – 35 years, which is in the productive age. They are already in the age of getting their own income. The large proportion of drug abusers in this group is because of the work load or city lifestyle with its night life. The second large proportion belongs to the age 16-20 years, they are students of high school and university. At this age most are influenced by association with friends who consume drugs, or have problems with the family.

#### b. Trend of AIDS Cases by Ministry of Health RI 2013 – 2015.

**Table 200. Trend of Total Cumulative AIDS Cases Based on Gender, 2013 – 2015**

NO.	GENDER	TOTAL CUMULATIVE AIDS CASES		
		2013	2014	2015
1	2	3	4	5
1.	Male	28,846	32,228	36,034
2.	Female	15,565	17,457	19,731
3.	Unknown	7,937	8,157	8,158
<b>TOTAL</b>		<b>52,348</b>	<b>57,842</b>	<b>63,923</b>

Source : Ditjen of Disease Prevention & Environment Sanitation, Ministry of Health RI, March 2016

Table 200 illustrates the following :

- In general the total cumulative of AIDS cases continues to increase. Based on the available data the majority of AIDS are among the male patients.

**Table 201. Trend of Total Cumulative AIDS Cases Based on Risk Factor, 2013 – 2015**

NO.	RISK FACTOR	TOTAL CUMULATIVE AIDS CASES		
		2013	2014	2015
1	2	3	4	5
1.	Heterosexual	32,719	45,230	50,264
2.	Homo Bisexual	1,274	5,132	5,624
3.	IDU	8,407	10,201	10,360
4.	Blood Transfusion	123	123	133
5.	Prenatal Transmission	1,438	1,438	1,680
6.	Not known	7,954	14,029	14,128

Source : Ditgen of Disease Prevention & Environment Sanitation, Ministry of Health RI, March 2016

Table 201 illustrates the following :

- The Total Cumulative of AIDS Cases among Injection Drug Users keeps on increasing and has reached 10,360 cases in 2015

**Table 202. Trend of Total Cumulative AIDS Cases Based on Age Group, 2013 – 2015**

NO.	AGE GROUP	TOTAL CUMULATIVE AIDS CASES		
		2013	2014	2015
1	2	3	4	5
1.	< 1 Years	234	261	300
2.	1 – 4 Years	921	1,035	1,169
3.	5 – 14 Years	418	489	574
4.	15 – 19 Years	1,710	1,818	1,928
5.	20 – 29 Years	17,892	19,438	21,115
6.	30 – 39 Years	15,204	17,127	19,339
7.	40 – 49 Years	5,628	6,634	7,804
8.	50 – 59 Years	1,733	2,096	2,577
9.	> 60 Years	522	606	718
10.	Not Known	8,086	8,338	8,399

Source : Ditgen of Disease Prevention & Environment Sanitation, Ministry of Health RI, March 2016

Table 202 illustrates the following :

- AIDS patients continues to increase at all age groups. The largest number of AIDS patients are in the age of 20-29 years, followed by the group of 30-39 years.



## **CHAPTER V**

# **CROSS TABULATION OF DATA ON THE PREVENTION AND ERADICATION OF DRUG ABUSE AND ILLICIT TRAFFICKING**

Results of the 2015 study states that in 2015 the number of drug abusers has reached approximately 4 million :

1. If compared with the number of drug abusers receiving treatment in 2013 (**6,111 patients**), only **0.15%** of drug abusers received treatment at BNN rehabilitation facilities.
2. If compared with the data on the number of drug abusers receiving treatment in 2014 (**3,988 patients**), only **0.10%** of drug abusers have received treatment at BNN rehabilitation facilities.
3. If compared with the number of drug abusers receiving treatment in 2015 (**21,834 patients**), only **0.54%** of drug abusers were treated at BNN rehabilitation facilities.

If a comparison is made between the data on the number of arrests made by law enforcement and the data on treatment, the following results are perceived:

1. 2013 : a total of **44,012 persons** were arrested by law enforcement, and **6,111** received treatment.
2. 2014 : **43,349** and **3,988 persons** were treated.
3. 2015 : **43,349** were arrested and **21,834 patients** were treated.



## **CHAPTER VI**

## **CONCLUSION**

May the 2015 Journal of Data on P4GN, 2016 Edition become a significant reference in the preparation of programs and activities, and the budget plan of the related agencies and within BNN, and the benchmark for the success and failures of P4GN; may it also improve the knowledge and public perspective on the progress of the dangers of drug abuse in Indonesia.

We also expect that the present 2015 Journal of Data on P4GN, 2016 Edition, shall motivate all stakeholders to make serious commitments, comprehensively and integratedly synergize with the community in realizing 2015 as the year of rescue for 100.000 drug abusers. We are fully aware that the task of P4GN is not merely the responsibility of the government cq BNN, but each community component is responsible and is committed to implement P4GN by improving individual immunity and their family against the dangers of drug abuse and illicit trafficking in drugs. It is not an easy task since the modus operandi of illicit trafficking increasingly develops not only in the urban but also in the rural areas.

Lastly, we wish to extend our sincere gratitude to the parties for their support and assistance in the preparation of the Data Journal on P4GN, and hope that this journal may provide great benefit in the progress of P4GN in the coming years.

Jakarta, May 2016

**Composition Team**



## ATTACHMENTS

### LIST OF RECEIVING INSTITUTIONS FOR COMPULSORY REPORTING (IPWL), 2015

- 1. List of Receiving Institutions for Compulsory Reporting (IPWL) under Ministry of Health RI 2015.**

NO.	PROVINCE	AGENCY	TTL	ADDRESS
1	2	3	4	5
1.	Aceh	RSJ Provinsi Aceh	32	Jl. T. Syarief Thayeb No.25 Banda Aceh
		RSUD Cut Nyak Dhien Kab. Aceh Barat		Jl. Gajah Mada, Meulaboh Aceh Barat
		RSUD Jantho		Jl. Transmigrasi No.1 Bukit Meusara Jantho, Aceh Besar
		Puskesmas Kuta Baru		Jl. Blang Bintang Lama Pasar Lam Ateuk Kecamatan Kuta Baro Aceh Besar
		Puskesmas Johan Pahlawan I		Jl. T. Dirundeng No.36 Meulaboh, Aceh Barat
		Puskesmas Kota Malaka		Jl. Banda Aceh - Medan Km. 19,5, Samahani Aceh Besar
		Puskesmas Langsa Barat (Seuriget)		Jl. Prof. A.Madjid Ibrahim, Kec. Langsa Barat Kota Langsa
		Puskesmas Banda Raya Kota Banda Aceh		
		Puskesmas Kota Alam Banda Aceh		
		Rumah Sakit Bhayangkara Banda Aceh		
		Puskesmas Indrapuri		
		Puskesmas Mutiara		
		Puskesmas Bandar Baru		
		Puskesmas Kuala		
		Puskesmas Peureulak		
		Puskesmas Bandar Pusaka		
		Puskesmas Gunung Meriah		
		Puskesmas Alue Sungai Pinang		
		Puskesmas Meureubo		
		Puskesmas Kopelma		
		Puskesmas Baiturrahman		
		Puskesmas Jeulingke		
		Poliklinik Biddokes Polda Aceh		
		RSUD Datu Beru Kab. Aceh Tengah		
		RSUD dr. Fauziah Kab Bireuen		
		RSUD Teuku Umar Kab. Aceh Jaya		
		RSUD CUT Meutia Kab. Aceh Utara		
		BLUD RSUD Kab. Pidie		



1	2	3	4	5
4.	Banten	RSUD Tangerang	8	Jl. A. Yani No.9 Tangerang, Banten
		RSUD Serang		Jl. Rumah Sakit No.1 Serang Banten
		Puskesmas Cibodasari Banten		Jl. Palem Raya No.5 Kelurahan Cibodas sari, Kecamatan Cibodas Tangerang
		Puskesmas Jalan Emas		Jl. Emas Raya No.9A Perumnas III, Kec. Kelapa Dua Tangerang
		Puskesmas Cipondoh		Jl. KH. Hasyim Ashari Kelurahan Cipondoh, Kecamatan Cipondoh Tangerang
		Puskesmas Ciputat		Jl. Ki Hajar Dewantoro No.7 Ciputat
		Puskesmas Curug		Jl. Raya PLP Curug, Sukabakti, Curug
		Poliklinik Biddokes Polda Banten		
5.	Bengkulu	RSJKO Bengkulu	9	RSJ Bengkulu Jl. Bhakti Husa Lingkar Barat, Bengkulu
		RSUD M. Yunus Kota Bengkulu		Jl. Bhayangkara S.Mulyo Bengkulu Kec. Sidomulyo 38229
		RSUD Hasanuddin Damrah Manna		Jl. Fatmawati Soekarno 31,Manna, Bengkulu Selatan, 38000
		RSUD Mukomuko		Jalan Jenderal Sudirman Mukomuko Bengkulu
		RSUD Rejang Lebong		
		RSUD Arga Makmur		Jalan Siti Khadijah Argamakmur Bengkulu
		RS Bhayangkara Bengkulu		Teluk Segara, Kota Bengkulu, Bengkulu 38113
		Klinik Pratama BNN Provinsi Bengkulu		
		Poliklinik Biddokes Polda Bengkulu		
6.	DI Yogyakarta	RSUP Dr. Sardjito	8	Jl. Kesehatan No.1 Sekip, Bulaksumur, Yogyakarta
		Rumah Sakit Ghrasia		Jl. Kaliturang KM.17, Pakem, Sleman, Yogyakarta
		Puskesmas Umbul Harjo I		Jl. Veteran No.43 Yogyakarta
		Puskesmas Gedong Tengen		Jl. Pringgokusuman No.30 Yogyakarta
		Puskesmas Banguntapan II		Desa Krobokan, Tamanan, Banguntapan, Bantul, Yogyakarta
		RSUD Kota Yogyakarta		Jl. Wirosaban No.1 Yogyakarta
		Rumah Sakit Bhayangkara DI Yogyakarta		
		Poliklinik Biddokes Polda Daerah Istimewa Yogyakarta		
7.	DKI Jakarta	RSKO Jakarta	30	Jl. Raya Cibubur Jak-Tim
		RSJ Soeharto Heerdjan		Jl. Prof. Dr. Latumenten No.1 Jak-Bar
		RSUP Fatmawati		Jl. RS. Fatmawati Cilandak Jak-Sel
		RSKD Duren Sawit		Jl. Duren Sawit Baru No.2 Jak-Tim
		Puskesmas Tanjung Priok		Jl. Bugis No.63 Jak-Ut
		Puskesmas Gambir		Jl. Tanah Abang I/10 Jak-Pus
		Puskesmas Tebet		Jl. Prof. Supomo SH No.54 Jak-Sel
		Puskesmas Jatinegara		Jl. Matraman Raya No.220 Jak-Tim
		Puskesmas Tambora		Jl. Krendang Utara No.4 Jak-Bar
		Puskesmas Koja		Jl. Walang Permai No.39 Jak-Ut
		Puskesmas Cengkareng		Jl. Kamal Raya Jak-Bar
		Puskesmas Kemayoran		Jl. Serdang Baru I Jak-Pus



1	2	3	4	5
10.	West Java	RSUP Hasan Sadikin	25	Jl. Pasteur No.35 Bandung
		RSUD Tasikmalaya		Jl. Rumah Sakit No.33, Tasikmalaya
		RSUD Syamsudin Sukabumi		Jl. Rumah Sakit No.1 Sukabumi
		RSJD Provinsi Jawa Barat		Jl. Kolonel Masturi KM 7 Cisarua Kab. Bandung Barat Jawa Barat
		Rumah Sakit Marzoeki Mahdi Bogor		Jl. Dr. Semeru No.114, Bogor
		RSUD Kota Bekasi		Jl. Pramuka No.55, Bekasi
		RSUD Gunung Jati Cirebon		Jl. Kesambi No.56, Cirebon 45134
		Puskesmas Sukmajaya Depok		Jl. Kerinci No. 1, Depok
		Puskesmas Bogor Timur		Jl. Pakuan No.6, Bogor 16143
		Puskesmas Salam Kota Bandung		Jl. Salam No.27 Cihapit, Bandung
		Balai Besar Rehabilitasi BNN Lido Sukabumi		Jl. Raya Bogor Sukabumi, Ds. Wates Kec. Gombong, Lido Bgr
		Puskesmas Sukarahanay Subang		Jl Apel Raya No 43 Karang Anyar
		Puskesmas Pondok Gede Bekasi		Jl. Raya Jati Waringin Kel. Jati Waringin Kec. Pondok Gede Telp. : 8474402.
		Puskesmas Sukabumi Kota Sukabumi		
		Puskesmas Sarijadi Bandung		Jl. Sari Asih 76 Bandung
		Puskesmas Garuda Bandung		Jl. Dadali No.81 Bandung
		Puskesmas Kedung Badak		Jl. Panataran No.1 Komplek Cimanggu Permai 1
		Rumah Sakit Bhayangkara Tk. III Secapa Sukabumi		Jl Aminta Azmali Trip No.59 A Kec GG Puyuh
		Rumah Sakit Bhayangkara Brimob Kelapa Dua		Jl. Akses Ui Kelapa Dua Cimanggis Depok
		Rumah Sakit Bhayangkara Tk. II Sartika Asih Bandung		Jl. Mohammad Toha No. 369 (Seberang Gerbang Tol Moh Toha), Bandung
		Rumah Sakit Bhayangkara Bogor		Jl. Kapten Muslihat No. 18 Paledang Bogor. No telp (0251) 8348987 Fax. (0251) 8348987
		Rumah Sakit Bhayangkara Indramayu		Jl. Losarang Raya KM. 73-75, Losarang, Indramayu, Jabar 45253. Tel: 0234-507877/78
		Poliklinik Biddokes Polda Jawa Barat		
		RSUD Kelas B Cianjur		
		Puskesmas Muka Kecamatan Cianjur		
11.	Central Java	RSUP dr. Kariadi Semarang	23	Jl. Dr. Soetomo No.16, Semarang
		RSUD dr. Muwardi Solo		Jl. Kolonel Soetarto No.132, Surakarta 57126
		RSUD dr. Margono Purwokerto		Jl. Dr. Gumbreg No.1, Purwokerto 53146
		RSJDdr. RM. Soejarwadi Klaten		Jl. Ki Pandanaran KM.2 Dangunan, Klaten
		RSJD dr. Amino Gondohusodo Semarang		Jl. Brigjen Sudiarto No.347, Semarang
		RSUD RA. Kartini Jepara		Jl. Wahid Hasyim No.175 Bapangan, Jepara
		RSJ Prof. dr. Soeroyo Magelang		Jl. Ahmad Yani No.169, Magelang

1	2	3	4	5
		Puskesmas Manahan Solo		Jl. Sri Gunting VII No.11, Surakarta
		Puskesmas Poncol Semarang		Jl. Imam Bonjol No.114, Semarang
		Puskesmas Sidorejo Salatiga		Jl. Diponegoro No.100 Kec. Sidorejo, Salatiga
		Puskesmas Cilacap Selatan		Jl. Wijaya Kusuma I No.9, Cilacap
		Puskesmas Parakan		Jl. Kosasih No. 154 Parakan Temanggung
		RSJD Surakarta		Jl. K.H. Dewantoro No. 80, Jebres Surakarta, 57126
		RSUD Banyumas Kabupaten Banyumas		Jl. Rumah Sakit No. 1 Banyumas 53192
		RSUD Kraton Kabupaten Pekalongan		
		RSUD dr. Soediran Mangun Sumarso Kabupaten Wonogiri		
		RSUD Kabupaten Sukoharjo		Jl. A. Yani No. 45 Wonogiri
		RS Bhayangkara Akpol Semarang		Jl Dr Moewardi 47 Sukoharjo
		RS Bhayangkara Semarang		
		RS. H.A. Djunaid Pekalongan		
		Klinik Pratama Enggal Waras BNNP Jawa Tengah		
		Klinik Pratama Tunas Asih		
		Poliklinik Biddokkes Polda Jawa Tengah		
12.	East Java	RSUD dr. Soetomo	34	Jl. Prof. Dr. Moestopo No.6-8 Surabaya
		RSJ Menur		Jl. Raya Menur 120 Surabaya
		RSUD dr. Syaiful Anwar Malang		Jl. Jaksa Agung Suprapto No.2 Malang
		RSUD dr. Soedono Madiun		Jl. Dr. Soetomo No.59 Madiun
		RSJ dr. Radjiman Wedyodiningrat Lawang		Jl. A. Yani No.1 Lawang Malang
		RSUD dr. Soebandi Jember		Jl. Dr. Soebandhi No.124 Jember
		Puskesmas Manukan Kulon		Jl. Manukan Dalam No. 18-A Surabaya
		Puskesmas Jagir		Jl. Bendul Merisi No.1 Surabaya
		Puskesmas Kendal Sari Malang		Jl. Cengger Ayam I/8 Malang
		Puskesmas Gondanglegi Malang		Jl. Diponegoro No.62 Gondang Legi Malang
		RSUD Haji Surabaya		Jalan Manyar Kertoadi Surabaya, Indonesia
		RSUD Bhakti Dharma Husada Surabaya		Jalan Raya Kendung No. 115-117, Sememi, Benowo, Surabaya, Jawa Timur, 60198
		RSUD Gambiran Kediri		JL. KH. Wahid Hasyim No. 64 Kediri
		RSUD Blambangan		Jl. Letkol Istiqlah no. 49 Banyuwangi
		RSUD Sidoarjo		Jalan Mojopahit No. 667, Sidokare, Sidoarjo, Jatim, 61215
		RSUD Nganjuk		Jalan Dr. Sutomo No. 62, Kauman, Nganjuk, Jatim, 64415
		RSUD Ngawi		Jalan Dr. Wahidin No. 27, Karangtengah Kota, Ngawi, Jawa Timur, Indonesia, 63213
		RSUD dr. Mohamad Saleh Kota Probolinggo		Jl. Menj. Panjaitan No. 65, Probolinggo
		Puskesmas Bangil		Jl. Mangga No. 548 Bangil

1	2	3	4	5
		Rumah Sakit Bhayangkara Pusdik Gasum Porong		Jl. Raya Porong No. 1 Sidoarjo 61274
		Rumah Sakit Bhayangkara Pusdik Brimob Watukosek		JL. Raya Watukosek - Gempol, Pasuruan, 67155
		Rumah Sakit Bhayangkara HS. Samsoeri Mertojoso		Jalan Jenderal Ahmad Yani No. 116 (Jl. A.Yani no. 166)
		Rumah Sakit Bhayangkara Tk. III Kediri		Jl. KBP. M. Duryat No. 17 Kediri Jawa Timur
		Rumah Sakit Bhayangkara Tk. IV Nganjuk		
		Rumah Sakit Bhayangkara Tk. IV Tulung Agung		
		Rumah Sakit Bhayangkara Tk. IV Lumajang		
		Rumah Sakit Bhayangkara Bondowoso		
		Rumah Sakit Bhayangkara Wahyu Tutuko Bojonegoro		
		Rumah Sakit Bhayangkara Moh. Dahlan		
		Rumah Sakit Bhayangkara Hasta Brata Batu Malang		
		Klinik Utama BNNP Jawa Timur		
		Poliklinik Biddokkes Polda Jawa Timur		
		Klinik Pratama Tunas Asih Prov. Jawa Timur		
		Klinik Pratama IPWL BNN Kota Kediri		
13.	West Kalimantan	RSUD Soedarso Pontianak  RSJ Singkawang	10	Jl. Dr. Soedarso No. 1 Pontianak  Jl. Raya Singkawang, Kode Pos : 79101, Sambas
		Puskesmas Sungai Ayak		Desa Sungai Ayak III, Kecamatan Belitang Hilir, Kabupaten Sekadau, Kalimantan Barat
		Puskesmas Sosok		Jl Raya Sosok II, Ngabang
		Puskesmas Singkawang Tengah		JL. Salam Diman NO. 1
		Puskesmas Darajuanti - Sintang		Jl. Mensiku Jaya, Kec. Sintang
		Puskesmas Lumar Kab. Bengkayang		JL. Raya Sanggau Ledo Km. 16 Mabak
		Rumah Sakit Bhayangkara Tk. IV Pontianak		Jl. KS. Tubun 14.
		RSJD Sungai Bangkong		
		Poliklinik Biddokkes Polda Kalimantan Barat		
14.	South Kalimantan	RSJ Sambang Lihum Banjarmasin	16	Jl. Purwosari Km.4 Tamban Kab.Batola, Barito Kuala
		Puskesmas Pekauman		Jl. KS. Tubun No.2 Rt.14 Kecamatan Banjarmasin Selatan kelurahan Pekauman Kode Pos 70243
		RSUD Ulin Banjarmasin		Jl. A. Yani No. 43 Banjarmasin
		Rumah Sakit Bhayangkara Tk. IV Banjarmasin		

1	2	3	4	5
		RSUD Banjarbaru RSUD Ratu Zalecha Martapura RSUD Pembalah Batung RSUD H. Badaruddin Tanjung RSUD H. Boejasin Pelaihari RSSU H. Moch Ansari Saleh Puskesmas Gedang Hanyar Puskesmas Cempaka Puskesmas Sungai Pandan Poliklinik Biddokes Polda Kalimantan Selatan Institusi Penerima Wajib Lapor BNN Provinsi Kalimantan Selatan Klinik IPWL BNN Kota Banjarbaru		Jl. Palang Merah No. 2, Banjarbaru Jl. Menteri Empat, Martapura. Banjar. 70614. Jl Jend Basuki Rachmat 1, Murungsari, Amuntai Tengah Jl. Jaksa Agung Suprapto Tanjung. Tabalong. 71513 Jl. H. Boejasin No. 68A, Pelaihari 70814 Jl Brigjend. H. Hasan Basry No 1, Banjarmasin Jl Ade Irma Suryani Nasution 20.Gedang, Banjarmasin Timur. Banjarmasin 70231 Jalan Cempaka Besar No. 13 (Cempaka Besar Street) Banjarmasin, Kalsel 70111
15.	Central Kalimantan	BPKJ Kalawa Atei Rumah Sakit Bhayangkara Tk. IV Palangkaraya Poliklinik Biddokes Polda Kalimantan Tengah	3	Jl. D.I. Panjaitan No.01 Palangka Raya Kalimantan Tengah
16.	East Kalimantan	RSKD Atma Husada Mahakam RSUD AW Syahanie Samarinda RSUD dr. Kanujoso Djatiwibowo Unitra Butterfly RSUD Taman Husada Bontang RSUD A.M. Parikesit Tenggarong Rumah Sakit Bhayangkara Tk. IV Balikpapan Puskesmas Teluk Lingga Puskesmas Muara Wahau II Puskesmas Kombeng Balai Rehabilitasi BNN Tanah Merah Samarinda RSUD Aji Batara Agung Dewa Sakti Samboja RSUD Panglima Sebaya Paser RSUD dr. Abdul Rivai Berau RSUD Kugungga Sangatta RSUD Harapan Insan Sendawar RSUD Penajam Paser Utara RSUD Inche Abdoel Moeis Puskesmas Barongtongkok	40	Jl. Kakap No.23 Samarinda Jl. Dr. Sutomo Samarinda Jl. MT. Haryono No.656 Balikpapan Jl. Jend. Sudirman, Balikpapan

1	2	3	4	5
		Puskesmas Melak		
		Puskesmas Prapatan		
		Balikpapan		
		Puskesmas Baru Tengah		
		Balikpapan		
		Puskesmas Mekar Sari		
		Balikpapan		
		Puskesmas Penajam		
		Puskesmas Tanah Grogot		
		Puskesmas Juanda Kota		
		Samarinda		
		Puskesmas Wonorejo Kota		
		Samarinda		
		Puskesmas Sidomulyo Kota		
		Samarinda		
		Puskesmas Kampung Baqa		
		Kota Samarinda		
		Puskesmas Palaran Kota		
		Samarinda		
		Puskesmas Lempake Kota		
		Samarinda		
		Puskesmas Bontang Utara I		
		Kota Bontang		
		Puskesmas Sanggatta Selatan		
		Puskesmas Kaliorang		
		Puskesmas Sepaso		
		RSUD Sangatta		
		Puskesmas Sangkulirang		
		Poliklinik Biddokkes Polda		
		Kalimantan Timur		
		Klinik Badan Narkotika		
		Nasional Provinsi Kalimantan		
		Timur		
		Klinik Kesehatan BNN Kota		
		Balikpapan		
17.	North Kalimantan	RSUD Tarakan	2	
		Klinik Narkotika Kota Tarakan		
18.	Riau Islands	RSUD Kota Batam / RSUD Embong Fatimah	3	Jl. R. Soeprapto Blok D. 1-9 Batu Aji - Batam
		Poliklinik Biddokes Polda Kepulauan Riau		
		Klinik Pratama Loka Rehabilitasi Batam		
19.	Lampung	RSJ Provinsi Lampung	24	Jalan Raya Gedong Tataan No.13 Bandar Lampung
		RSU dr. H. Abdoel Moeloek		Jl. Dr. Rivai No.6 Bandar Lampung
		Puskesmas Kedaton		Jl. Teuku Umar No.62 Kedaton Bandar Lampung
		Puskesmas Sukaraja		Jl. Yos Sudarso No.242 Bandar Lampung
		Puskesmas Rajabasa Indah		Jl. Pramuka No.1 Bandar Lampung
		Puskesmas Metro		Jl. Mayjen Ryacudu No.26 Metro
		Puskesmas Kotabumi II		Jl. Soekarno Hatta No.05 Kota Alam Kotabumi, Kab. Lampung Utara
		RS Bhayangkara Polda Lampung		Jl Pramuka 88 Bandar Lampung
		Poliklinik Biddokes Polda Lampung		

1	2	3	4	5
		RSUD dr. A. Dadi Tjokrodipo Rumah Sakit Tk. IV 02.07.04 Rumah Sakit Bhayangkara RSUD Ahmad Yani RSUD Demang Sepulau Raya RSUD Kota Agung RSUD Pringsewu RSUD dr. Bob Bazar. SKM RSUD Liwa RSUD Mayjend HM. Ryacudu RSUD Sukadana RSUD Zainal Abidin Pagar Alam RSUD Menggala Klinik IPWL BNNK Lampung Selatan Rehabilitasi Pecandu Narkoba BNNP Lampung		
20.	Maluku	RSKD Promal/RSKD Prov Maluku RS Bhayangkara Ambon Poliklinik Biddokkes Polda Maluku	3	Jl. Laksdy Leo Wattimena, Ambon
21.	North Maluku	RSUD dr. H. Chasan Boesoirie Ternate RS Bhayangkara Ternate Poliklinik Biddokes Polda Maluku Utara	3	Jl. Tanah Tinggi, Kode Pos 97715 Ternate, Provinsi Maluku Utara Jl. Ciputat Raya 40, Pondok Pinang, Kebayoran Lama
22.	West Nusa Tenggara (NTB)	RSJ Provinsi NTB Rumah Sakit Bhayangkara Tk. IV Mataram Poliklinik Biddokkes Polda Nusa Tenggara Barat Klinik Pratama BNNK Mataram	4	Jl. A. Yani No.1 Selagalas Mataram
23.	East Nusa Tenggara (NTT)	Rumah Sakit Prof. Yohanes Kupang Rumah Sakit Bhayangkara Tk. IV Kupang RSUD Atambua RSUD TC. Hillers Maumere RSUD Ende Poliklinik Biddokkes Polda Nusa Tenggara Timur RSUD Ruteng RSUD Umbu Rarameha Waingapu	8	Jl. Moh. Hatta No. 19 Kupang
24.	Papua	RSJ Abepura RS Bhayangkara Tk. IV Jayapura - Papua Klinik Pratama BNN Kabupaten Jayapura Poliklinik Biddokkes Polda Papua	4	Jl. RSJ Abepura Jayapura
25.	West Papua	RSUD Sorong	1	Jl. Kesehatan No.36 Sorong Papua Barat 98413

1	2	3	4	5
26.	Riau	RSU Petala Bumi	8	Jl. Dr. Soetomo No.65, Pekanbaru
		RSJ Tampan		Jl. Pekan Baru Bangkinang Km 12,5, Kab. Kampar
		Rumah Sakit Bhayangkara Pekanbaru		Jl. Kartini No.14,Pekanbaru
		RS Bhayangkara Tk. IV Dumai - Riau		
		Poliklinik Biddokes Polda Riau		
		RSUD Purihusada Tembilahan Kab. Indragiri Hilir		
		RSUD Dumai		
		Klinik Pratama BNNP Riau		
27.	West Sulawesi	RSUD Prov. Sulawesi Barat	1	Jl. Marthadinata Mamuju
28.	South Sulawesi	RSK Dadi Makasar	12	Jl. Lanto Dg. Pasewang No. 34 Makassar
		RSUP dr. Wahidin Sudiro Husodo		Jl. Perintis Kemerdekaan Pintu II UNHAS Makassar
		RSUD Andi Makkasau Pare Pare		Jl. Nurussamawaty, Kota Pare-Pare
		Puskesmas Kasikasi		Jl. Tamalate I No. 43 Makassar
		Puskesmas Jum pandang Baru		Jl. Ade Irma Nasution Makassar
		Puskesmas Jongaya		Jl. Andi Tonro No.70A Makassar
		RSUD Salewangang Maros		Jl. Ujung Pandang KM 3 Maros, 90516
		RSUD H. Andi Sulthan Daeng Raja Bulukumba		Jln. Serikaya No 17, Caile, Ujung Bulu, Bulukumba, Sulawesi Selatan
		Rumah Sakit Bhayangkara Tk. II Mappa Oudang		Jl. letjen Pol. Andi Mappa Oudang No. 63, Makassar
		Klinik Utama "Balai Rehabilitasi BNN Baddoka"		
		Klinik Pratama Rawat Jalan "Adi Pradana BNNP Sulsel"		
		Poliklinik Biddokes Polda Sulawesi Selatan		
29.	Central Sulawesi	RSJ Palu (RSJ Madani)	6	Jl. Talua Konci KM.13 Mamboro Palu Utara
		Rumah Sakit Bhayangkara Palu		Jl. Chairil Anwar, Palu, Sulawesi Tengah 94111
		RSUD Undata Palu		Jl. Dr. Suharso No. 14 Palu
		RSUD Anutapura		Jl. Kangkung No. 1 Palu
		Poliklinik Biddokes Polda Sulawesi Tengah		
		Klinik Rehabilitasi Mosipaka- belo BNNP Sulawesi Tengah		
30.	S.E.Sulawesi	RSJ dr. Suparto Hardjo Husodo	5	Jl. Dr. Sutomo No. 29 Kendari
		Rumah Sakit Bhayangkara Tk. IV Kendari		
		Poliklinik Biddokes Polda Sulawesi Tenggara		
		Poliklinik BNN Kota Kendari		
		Poliklinik Pratama BNNP Sulawesi Tenggara		
31.	North Sulawesi	RSUP Prof. Dr. R. D. Kandou Manado	12	Jl. Tanawangko No.56 Malalayang Manado, PO Box 102 Sulawesi Utara
		RSJ Prof. dr. V.L. Ratumbuysang		Jl. Bethesda Nomor 77 Manado, Kode Pos : 95115 Sulut

1	2	3	4	5
		Rumah Sakit Bhayangkara Manado RSUD Bitung Puskesmas Kakaskasen Puskesmas Tumiting Puskesmas Tatelu Puskesmas Koya Puskesmas Tareran Klinik Pratama IPWL Penyalahgunaan Narkoba BNNP Sulawesi Utara Community Care Clinic BNN Kota Bitung Poliklinik Biddokkes Polda Sulawesi Utara		
32.	West Sumatera	RSJ HB Saanin Padang RSUP M. Jamil Padang Puskesmas Perkotaan Bukittinggi RSUD dr. Achmad MochtarBukittinggi Puskesmas Biaro Agam  Puskesmas Guguk PanjangBukittinggi Puskesmas Andalas Padang  Puskesmas Seberang Padang Puskesmas Payolansek Payakumbuh Rumah Sakit Bhayangkara Padang Poliklinik Biddokes Polda Sumatera Barat Puskesmas Naras Pariaman Puskesmas Koto Baru Kabupaten Dharmasraya Puskesmas KTK Solok Puskesmas Limo Kaum Kab. Tanah Datar Puskesmas Kebun Sikolos Kota Padang Panjang Puskesmas Lubuk Sikaping Kab. Pasaman Puskesmas Lubuk Alung Kab. Padang Pariaman Puskesmas Tanjung Paku Kota Solok RSUD Pariaman Kota Pariaman Puskesmas Muara Labuh Kab. Solok Selatan RSUD Solok Kota Solok RSUD Arosuka Puskesmas Singkarak	29	Jl. Raya Ulu Gadut Padang Jl. Perintis Kemerdekaan Padang Jl. Umar Gafar Bukittinggi  Jl. Dr. A. Rivai Bukit Tinggi 26114  Jln. Raya Bukittinggi KM. 7 Kec. IV Angkek Kab. Agam Jl. Prof M. Yamin, SH, Kec. Guguk Panjang Bukittinggi Jl. Andalas, Desa andalas Kec.Padang Timur Jl. Adinegoro, Km 15 Padang

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		Puskesmas Alahan Panjang Puskesmas Muara Panas Puskesmas Tanjung Pati Puskesmas Kinali Puskesmas Kampung Teleng		
33.	South Sumatera	Puskesmas Kutaraya Rumah Sakit dr. Emaldi Bahar Puskesmas Prabumulih Timur RSUP M. Hoesin Palembang RS Bhayangkara TK. IV Palembang Poliklinik Biddokes Polda Sumatera Selatan Klinik Pratama BNN Provinsi Sumatera Selatan Klinik Pratama Praja Nugraha BNN Kota Prabumulih Klinik Pratama "Abdi Karya" BNN Kota Pagar Alam	9	Jl. Tembus KM 12 Alang-Alang Lebar Kec. Alang-Alang Lebar Palembang Jl. Sudirman KM. 5 Prabumulih Timur Kota Prabumulih JI Sudirman Km 3.5 Palembang 30126 JI Jend Sudirman Km 4 PALEMBANG 30126
34.	North Sumatera	RSUP H. Adam Malik Puskesmas Tanjung Morawa RSJ Medan RSU dr. Pirngadi Medan Puskesmas Paya Lombang, Kab. Serdang Bedagai Puskesmas Stabat, Kab. Langkat Puskesmas Kesatria, Kota Pematang Siantar Puskesmas Bromo, Kota Medan RSUD Dr. Djasamen Saragih, Kota Pematang Siantar RS Bhayangkara Tk. II Medan RS Bhayangkara Tebing Tinggi Sumut Klinik Pratama BNNK Deli Serdang Klinik Pratama BNN Kabupaten Serdang Bedagai Poliklinik Biddokkes Polda Sumatera Utara Klinik Pratama BNN Kabupaten Langkat Klinik Pratama BNNP Sumatera Utara Klinik Pratama BNN Kabupaten Karo	17	Jl. Bunga Lau No.17 Medan Jl. Irian No.247 Tanjung Morawa, Deli Serdang Jl. Tali Air No.21 Padang Bulan Medan Jl. Prof. H.Moh. Yamin, SH No. 47 Medan Jl. Payalombang Dusun XV Kec. Tebing Tinggi Jl. Palang Merah, Kab. Langkat Jl. Pendeta Justin Sihombing No. 196 Kec. Siantar Kota Jl. Rotary Kec. Medan Denai Bromo Ujung Jln.sutomo (No 246), pematangsiantar, Siantar 21004 Jl. K.H. Wahid Hasyim No. 1 Medan 20154 Jl.Pahlawan No. 17, Tebing-tinggi, North Sumatra 20633
TOTAL			434	

**2. List of Receiving Institutions for Compulsory Reporting (IPWL) under Ministry of Social Affairs RI, 2015**

NO.	PROVINCE	AGENCY	TTL	ADDRESS
1	2	3	4	5
1.	Aceh	Yakita Aceh	2	Jl. Tuan Keramat No.1, Desa Stui, Kec. Lamteumen Timur, Banda Aceh
		Yayasan Tabina		Jl. Tgk. Imeum Lueng Bata No. 7c Kel. Lamseupeng, Kec. Lueng Bata, Kota Banda Aceh 23247 Provinsi Aceh
2.	North Sumatera	PSPP Insyaf Medan	22	Jl. Berdikari, Desa. Lau Bakeri, Kec. Kutalimbaru, Kota Deli Serdang
		Lembaga Rehab Sibolangit		Jl. Suka Makmur Km.12, Desa. Suka Makmur, Kec. Sibolangit, 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
		Yayasan Sungai Jordan		Jl. Sandang Pangan Ujung No. 2 Perdagangan, Kab. Simalungun
		Yayasan Kuasa Pemulihan		Jl. Bunga Anggrek Kel. Simalingkar B, Kec. Medan Tuntungan Kab. Simalungun
		Bukit Doa Taman Getsemane		Jl. Tuntungan Golf No. 120 Desa Jurin Jangak, Kec. Pancur Batu, Kab. Deli Serdang
		Getsemane		Jl. Step No. 1, Desa Bandar Baru, Kec. Bandar Baru, Deli Serdang
		YR. Menara Doa Ministry		Jl. Bah Kapul Kiri Gg. Muslim No. 2 Kel. Sigulang-gulang, Kec. Siantar Utara, Pematang Siantar
		Amanat Agung		Jl. Qubah Gg. Sosial No. 2 Desa Kuala Bekala, Kec. Medan Johor, Medan
		Kolam Bethesda		Jl. Bunga Cempaka II No. 29 Pasari II P. Bulan, Desa P. Bulan Selayang II, Kec. Medan Selayang, Medan
		Persekutuan Doa Matius 5		Jl. Bapelkes Lingkungan III No. 18, Desa Namo Gajah, Kec. Medan Tuntungan, Medan
		Kasih Anugrah		Jl. Letjen Jamin Ginting No. 69 Bersama Ling IV, Kab. Binjai
		Rahmani Kasih		Jl. Sidomulyo Pasar IX, Dusun V Desa Rotan, Kec. Pecut Sei Rotan, Kab. Deli Serdang
		Pondok Trenkely		Jl. Glugur Rimbun No. 135 Desa Sei Glugur, Kec. Pancur Batu, Kab. Deli Serdang
		Yayasan Pemulihan Kasih Bangsa		Huta Simpang IV Nagori Bosar Panombeian Panei, Kab. Simalungun
		Minyak Narwastu		Jl. Sibatu-batu Blok I, Bahsorma, Kec. Siantar Sitalasari, Kab. Pematang Siantar, Prov. Sumatera Utara
		Yayasan Keris Sakti		Jl. Asahan Gg. Air Bersih Nagori Perdagangan II, Kec. Bandar, Kab. Simalungun
		Yayasan Datuk Etam		Jl. Negara Km. 18,5 Dusun II Tanjung Morawa, Kab. Deli Serdang
		Caritas PSE		Jl. Sei Asahan No. 42 Padang Bulan Selayang I, Medan
		Yayasan Rumah Idaman		Jl. Pendeta J. Wismar Saragih Gg. Rindung No. 2

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
3.	Riau	Yayasan Satu Bumi	2	Jl. Sei Geringgi/Jl. Serasi, Simpang Tiga, Kec. Bukitraya, Kota Pekanbaru, Prov. Riau
		Yayasan Mercusuar Riau		Jl. Mustika Gg. Mustika No. 32 Pekanbaru
4.	West Sumatera	Yayasan Suci Hati	3	Jl. Kapuk Terpadu RT 004 /IV Kel. Kalumbuk Kec. Kuranji, Padang
		New Padoe Jiwa		Jl. H. Abd. Manan RT. 01/01 Sarojo-Mandiangan, Kel. Campago Guguk Bulek, Kec. Mandiangan Koto Salayan, Bukittinggi, Prov. Sumbar
		RBM Cimpago		Jl. Ujung Pandan No. 55C, Koto Merapak, Padang Barat, Kota Padang 25117, Prov. Sumbar
5.	Jambi	Al Baroah	3	Jl. Perumahan Mawar Putih RT. 34, Desa Kasang Pudak, Kec. Kumpeh Ulu, Kab. Muaro Jambi, Prov. Jambi
		Sahabat Jambi		Jl. Sentot Ali Basa No. 49, Jambi
		Yayasan Kalimosodo		Jl. Rasam Indah Tambang Emas, Kec. Pemenang Selatan, Kab. Merangin
6.	South Sumatera	Yayasan Ar Rahman	2	Jl. Tegal Binangun RT. 20/10, Komp. Ponpes, Kec. Plaju Darat
		Yayasan Mitra Mulia		Jl. Talang Buluh, Kel. Talang Buluh, Kec. Talang Kelapa, Banyuasin 30761, Prov. Sumsel
7.	Bengkulu	Yayasan Hidayatul Mubtadien	2	Jl. Rinjani I No. 20 Kel. Jembatan Kecil, Kec. Singaranpati, Kota Bengkulu 38224, Prov. Bengkulu
		Yayasan KIPAS		Jl. Semarak II Gang 13 No. 35, Kel. Bentiring, Kota Bengkulu, Prov. Bengkulu
8.	Riau Islands	Yayasan Lintas Nusa	2	Jl. Taman Dotamana Indah Blok F No. 02, Kel. Belian, Kec. Batam Kota, Kota Batam 29464, Provinsi Kepulauan Riau
		LSM Sahabat Anak Indonesia		Perumahan Balai Garden Blok D5 No. 29 Karimum
9.	Lampung	Yayasan Sinarjati	2	Jl. Marga No.200, Desa. Sambirejo, Kec. Kemiling, Bandar Lampung
		Wisma Antaraxis		Jl. RA Rasyid Gg. Kelapa III, Fajar Baru, Jati Agung, Lampung Selatan
10.	DKI Jakarta	PSPP Khusnul Khotima	11	Jl. Pocis Bakti Jaya Kec. Setu, Tangerang Selatan 15315
		Yayasan Kapeta		Jl. Warga No. 5 Kel. Ulujami, Jakarta Selatan 12250
		Yayasan Karisma		Jl. Layur Selatan No. 21 Rawamangun Jakarta Timur
		Madani Mental Health Care		Jl. Pancawarga III Rt. 03/04 No.34, Desa Cipinang Besar Selatan, Kec. Jatinegara, Jakarta Timur
		Yayasan Kelima		Jl. Jagur Rt.006/004, Desa Cipinang Melayu Kampung Makasar, Jakarta Timur
		Natura		Lebak Bulus I No. 9, Kel. Lebak Bulus, Kec. Cilandak, Kota Jakarta Selatan, Prov. DKI Jakarta
		Al Jahu		Jl. Raya Tanjung Barat No. 3 Pasar Minggu Jakarta Selatan
		Yayasan Stigma		Jl. Anggrek VI No. 5 Kel. Pesanggrahan – Jakarta Selatan
		Yayasan Sembilan		Jl. Dr. Muwardi III No. 31 RT. 02/03 Grogol Jakarta Barat
		GMDM		Jl. Malaka Merah III Blok D No. 22 Komp. Ruko Malaka Country Estate Kel. Pondok Kopi-Jaktim
		Yayasan Sahabat Rekan Sebaya		Jl. Raya Pasar Minggu No. 16-17 RT. 05/03 Kel. Duren Tiga Pancoran – Jakarta Selatan

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
11.	Banten	Yayasan Hikmah Syahadah	4	Jl. Kedondong Ds. Pasir Nangka Kec. Tigaraksa, Tangerang
		Bani Syifa		Kamp. Panyabrangan RT. 015/03 Serang
		Nururrohman		Lingk. Kebon Baru RT. 01 RW. 01 Kel. Sawahluhur Kec. Kasemen Kota Serang
		YRM Dira Sumantriwintoha		Kamp. Paliman, Pabuaran, Serang
12.	West Java	PSPP Galih Pakuan	20	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
		Yayasan Untuk Segala Bangsa		Kel. Tugu Utara, Kel. Cisarua, Kota Bogor
		YAKITA Bogor		Jl. Ciasin No. 21 Ds. Bendungan Kec. Ciawi, Bogor
		Yayasan Adiksifitas		Cigombong, Bogor
		PSKN Penuai		Kp. Ciguntur Rt.06/03, Desa. Cipendawa, Kec. Pacet, Cianjur
		Yayasan PEKA Bogor		Jl. Cifor No.50, Sindang Barang Jero, Rt.01/06,
		Yayasan Sekarmawar		Jl.Surya Kencana No.2, Bandung
		Yayasan Al Karomah		Jl.Pelabuhan Ratu Km.28 No. 33 Kp. Baeud RT 03/03 Ds. Warung Kiara, Sukabumi
		Rumah Cemara		Jl. Geger Kalong Girang No.52, Desa Suka Maju, Kec. Cimenyan, Kota Bandung
		Inabah II Puteri		Desa. Ciceuri, Ciomas, Kec. Panjulu, Ciamis
		Yayasan Nurul Jannah		Jl. Swadaya No.65 Rt.03/06, Desa. Karang Asih, Kec. Cikarang Utara, Bekasi
		Ianatush Syibyan		Babakan RT. 012/01 Sindangjaya, Mangunjaya, Kab. Ciamis
		Inabah XV		Jl. Pagerageung Wetan RT. 01/ 10 Desa Pagerageung, Tasikmalaya
		Yayasan Maha Kasih		Jl. Ir. H. Juanda No. 71 Lingk. Serang, Kuningan
		Breakthrough Missions		Sentul, Bogor
		Yayasan As Sabur (Bumi Kaheman)		Komp. Banda Asri Blok C3 No. 06 Banda Sari Cangkuang Bandung
		Yayasan Rumah Asa Anak Bangsa		Kamp. Citugu, Desa Tugu Jaya Kec. Cigombong RT. 01/11 No. 52 Bogor
		Yayasan Pelita Bangsa		Jl. Raya Babakan Madang Desa Kadungmangu Kab. Bogor
		Yayasan Pelayanan Agape		Jl. Cileko No. 96 RT. 02/04 Desa Cileko Kec. Cisarua Kab. Bogor
13.	Central Java	Balai Rehabilitasi Sosial Mandiri	12	Jl. Amposari II No.4 Ds Sendang-guwo Kec.Tembalang Semarang
		Rumah Damai		Desa Cepoko Rt.004/001, Desa. Cepoko, Kec. Gunungpati, Semarang
		YPI Nurul Ichsan Al Islami		Legoksa RT 04/02, Karangsari, Kalimahan, Purbalingga
		PA. Rehabilitasi At Tauhid		Jl.Gayamsari Selatan II RT 03/03, Sendang-guwo, Sendang, TembalangSemarang
		Yayasan Cinta Kasih Bangsa		Ds. Susukan, Kec. Ungaran Timur, Kota Semarang
		Pemulihan Pelita		Jl. Jangli No. 16-A, Karanganyar Gunung, Candasari, Semarang, Jawa Tengah
		Maunatal Mubarok		Dk. Lengkong Desa Sayung Kab. Demak
		Nurussalam		Desa Ngepreh Sayung RT. 07/VII Kec. Sayung Demak
		Sinai		Desa Kutu RT. 02/08 Telukan, Grogol, Sukoharjo
		An Nur		Bungkanel RT. 3/2 Karang Anyar Kab. Purbalingga

1	2	3	4	5
		Yayasan Mitra Alam Ponpes Al Ma'la		Jl. Sidomukti Utara No. 14 RT. 4 RW. V Kel. Pajang Kec. Laweyan Surakarta Jl. Purwodadi Blora KM 1 No. 50 Getas Rejo Grobogan
14.	DI Yogyakarta	PSPP Yogyakarta Yayasan Rehabilitasi Kunci Yayasan Griya Pemulihan Siloam Yayasan Indo Charis Al Islami Tetirah Dzikir Galilea Elkana	7	Karangrejo, Ds. Purwomartani, Kec. Kalasan, Kota. Sleman Rt.01/38, Nandan, Sariharjo, Desa. Nandan, Kec. Sariharjo, Sleman Jl. Godean, Tempel Km. 3 Klangkapan II, RT 01/05, Margoluwi - Sleman Ds. Kowang Solo Km.5 RT 01/01 Taman Martini, Kalasan, Sleman Padakan Kulon RT. 19/9 Desa Banjarharjo, Kec. Kalibawang, Kulonprogo Kuton Tegaltirto RT. 07 RW. 04 Dusun Mutihan, Sleman Jl. Panggang Wonosari KM 7 No. 1 Bali RT. 01/06 Giri Sekar Kec. Panggang Gunung Kidul
15.	East Java	UPT Rehsos ANKN Surabaya Inabah XIX Surabaya Yayasan Pemulihan Doulos Yayasan Corpus Christi Yayasan Orbit Yayasan Bambu Nusantara		Jl. Balongsari Dalam No.1, Kec. Balongsari, Surabaya Jl. Raya Semampir 43-47 Surabaya, Desa. Semampir, Kec. Semampir, Surabaya Jl. Arumdalu No. 47 Songgoriti, Batu, Malang Argopuro Gg. Manyar No. 1 RT 10/12 Ds. Kalirejo, Kec. Lawang, Malang Jl. Bratang Binangun V c No.19 dan 54 Surabaya Jl. Salak Tengah II/1 Kel. Taman Kec. Taman Kota Madiun
16.		Yayasan Kasih Kita Bali Yakeba		Jl. Tukad Pancoran Gg. III-A/11 Denpasar Jl. Ciung Wanara IV B No. 2 Renon Denpasar Bali
17.	West Nusa Tenggara	Aksi NTB		Jl. Jepara No. 16 Perum Tanah Aji Kel. Punia Mataram
18.	East Nusa Tenggara (NTT)	Yayasan Warna Kasih		Jl. TPU RT. 45 RW. 01 Kel. Liliba Kec. Oebobo, Kupang
19.	South Kalimantan	Yayasan Lingkar Harapan Banua Yayasan Serba Bakti		Jl. Pangeran Hidayatullah Ged. BNNK Komp Perkantoran, Banjarmasin Jl. Banua Anyar RT. 06 No. 50 Banjarmasin
20.		Yayasan Galilea		Jl. Cilik Riut Km.18, Desa. Marang, Kec. Bukit Batu, Palangkaraya
21.	East Kalimantan	Pondok Modern Ibadurrahman Kaltim Yayasan Laras	2	L3 Blok C Rt.21, Jl. Tsani Karim, Desa Bangun Rejo, Kec. Tenggarong Jl . Suwandi No. 46 RT. 24 Kota Samarinda
22.		RBG Khatulistiwa LSM Merah Putih		Jl. Gusti Hamzah Gg. Nur 3 No. 2 A Kel. Sei Jani Kec. Pontianak Kota Pontianak Jl. Gunung Merapi No. 89 Singkawang
23.	West Sulawesi	Amanat Muda	1	Jl. Letjen Hertasning No. 141 Kasiwa Mamuju
24.	South Sulawesi	YK2PN Yayasan Doulus Perwakilan Makassar	2	Jl. Adhyaksa Raya No.11, Desa Masale, Kec. Panakkukang, Makassar BTN Tonasa Jl.Raci Centre I Blok AA/3 Karampuang Makassar
25.		Yayasan Pelayanan Kristen Bunga Bakung Yayasan Jameela Husein Ministry		Jl. 5 September (Sie Raya) Kel. Malalayang Kota Manado Jl. Politeknik Kel. Kairagi II Kec. Mapanget Manado
26.	S.E.Sulawesi	Yayasan Family Rekan Sebaya	1	Jl. La Ode Hadi No. 9 Kota Kendari
27.	Maluku	Lembaga Pengabdian Pemuda Bangsa	1	Belakang Kantor BIP/Karantina Ikan RT. 05/03 Waiheru Ambon
<b>TOTAL</b>			<b>118</b>	

# **LIST OF INPATIENT AND OUTPATIENT REHABILITATION INSTITUTIONS, 2015**

## **1. List of Outpatient Rehabilitation Institutions.**

NO.	PROVINCE	INSTITUTION	
1	2	3	
1.	Aceh	RSUD Kota Sabang	RSUD Meuraxa
		RSU Teungku Peukan Abdy	RSUD Zainal Abidin
		RSU Hj. Sahudin Kutacane	RSUD Munyang Kute Redelong Kab. Bener Meriah
		RSUD Kota Subulus Salam	BNNP Aceh
		RSUD TGK Chik Ditiro Kab. Pidie	BNN Kota/ Kabupaten di Aceh
2.	North Sumatera	RSUD Deli Serdang	RS TNI AU "dr. Abdul Malik"
		RSUD Padang Sidimpuan	RSU Kabanjahe
		RSUD Tuan Rondahaim Pamatang Raya	RSUD Tapanuli Tengah
		RSU Haji Medan	RSUD Gunung Tua
		RS TNI AL	RSUD Rantauprapat
		RSUD Tapanuli Selatan	RSUD Kumpulan Pane
		RSUD H Abdulmanan Simatupang Kisaran	RSUD DR. Ferdinand Lumbangtobing Sibolga
		RSUD Tarutung	RSUD Gunung Sitoli Nias
		RSUD dr. Husni Thamrin	RSUD Tanjung Pura
		RSU Sultan Sulaiman	Rumah Sakit Tk. II Kesdam I/BB Putri Hijau Medan
		RS Tentara Pematang Siantar	BNNP Sumatera Utara
		RSUD dr. R.M Djoelham	BNN Kota/Kabupaten di Sumatera Utara
		RSUD Mandailing Natal	
3.	West Sumatera	RSUD Pariaman	RSUD Arosuka Solok
		RSUD Dr. Rasidin Padang	RSUD Sungai Dareh
		RSUD Dr. Adnaan WD Payakumbuh	RSUD Prof. Dr M A Hanafiah Batusangkar
		RSUD Solok	RSUD Lubuk Sikaping
		RSUD Sawahlunto	RSUD Padang Pariaman
		RSUD Padang Panjang	RSUD Solok Selatan
		RSUD Muara Labuh	RSUD Sijunjung
		RSUD Lubuk Basung	Puskesmas Mandiangin
		RSUD dr. Acmad Darwis	Puskesmas Tigo Baleh
		RSUD Pasaman Barat	BNNP Sumatera Barat
		RSUD Kab. Kep. Mentawai	BNN Kota/Kabupaten di Sumatera Barat
		RSUD Dr. Muhamad Zein Painan	
4.	Riau	RSUD Siak	RSUD Raja Musa
		RSUD Rokan Hulu	RSUD Tengku Sulung
		RSUD Dr. Pratomo Bagan Siapi-api	RS TNI Angkatan Darat (AD) Pekanbaru
		RSUD Selasih Riau	Puskesmas Senapelan Kota Pekanbaru
		RSU Bangkinang Kampar Riau	Puskesmas Garuda Kota Pekanbaru
		RSUD Kab. Bengkalis	Puskesmas Simpang Baru Riau
		RSUD Teluk Kuantan	RSUD Arifin Achmad
		RSUD Indrasari Rengat	Puskesmas Sidomulyo
		RSUD Kec. Mandau	BNNP Riau
		RSUD Kab. Kepulauan Meranti	BNN Kota/ Kabupaten di Riau

1	2	3	
5.	South Sumatera	RSUD Sungai Lilin Muba	RSUD Ibnu Sutowo
		RSUD Siti Aisyah Lubuklinggau	RSUD Palembang Bari
		RSUD Kayu Agung	RSUD Sekayu
		RSUD Banyuasin	RSUD Basemah Pagar Alam
		RSUD Lahat	Puskesmas 23 Ilir
		RSUD Talang Ubi Pali	Puskesmas Merdeka
		RSUD Kab. Ogan Ilir	Puskesmas Dempo
		RSUD Prabumulih	BNNP Sumatera Selatan
		RSUD Tebing Tinggi, Kab. Empat Lawang	BNN Kota/ Kabupaten di Sumatera Selatan
		RSUD Martapura	
6.	Bengkulu	RSUD Lebong	RSUD Bengkulu Tengah
		Puskesmas Muara Aman Kab. Lebong	Puskesmas Masmambang Kab. Seluma
		Puskesmas Perumnas Kab. Rejang Lebong	Puskesmas Cahaya Negeri Kab. Seluma
		Puskesmas Bermani Ulu Kab. Rejang Lebong	RSUD Kota Bengkulu
		Puskesmas Kepala Curup Kab. Rejang Lebong	Puskesmas Penurunan Kota Bengkulu
		RSUD Kepahiang	Puskesmas Lingkar Barat Kota Bengkulu
		Puskesmas Tetap Kab.Kaur	Puskesmas Sawah Lebar Kota Bengkulu
		Puskesmas Tanjung Kemuning Kab. Kaur	BNNP Bengkulu
7.	Jambi	RSD KOL. Abdundjani Bangko-Merangin	RSUD Ahmad Ripin Sengeti Muaro Jambi
		Puskesmas Putri Ayu	RSUD Mayjen H.A.Thalib Kerinci
		RSUD Sultan Thaha Saifuddin Tebo, Jambi	RSUD Prof.Dr.H.M.Chatib Quwain
		RSUD Sungai Gelam Kab. Muaro Jambi	RSUD Nurdin Hamzah
		RSUD Sungai Bahar	BNNP Jambi
		Puskesmas Payo Selincah	BNN Kota/ Kabupaten di Jambi
		RSUD H.Abdul Manap Kota Jambi	
8.	Lampung	RSUD Ahmad Yani Kota Metro	RSUD Dr. H. Bob Bazar,SKM
		RSUD Kota Agung	RSUD Zainal Abidin Pagaralam
		RSUD Pringsewu	RSUD Pesawaran
		RSUD Mayjen HM Ryacudu	RSUD Dr. A. Dadi Tjokrodipo
		RSUD Menggala	Puskesmas Perawatan Panjang
		RSUD Demang Sepulau Raya	Puskesmas Rawat Inap Simpur
		RSUD Sukadana	BNNP Lampung
9.	Bangka Belitung	RSUD Liwa	BNN Kab di Lampung
		Puskesmas Pasir Putih	Puskesmas Benteng
		Puskesmas Pangkalbalam	Puskesmas Toboali
		Puskesmas Selindung	Puskesmas Tempilang
		Puskesmas Tanjungbinga	Puskesmas Kelapa
		Puskesmas Sungailiat	BNNP Kepulauan Bangka Belitung
		Puskesmas Batu Rusa	BNN Kota/Kab. di Bangka Belitung
10.	Riau Islands	Puskesmas Pangkalan Baru	
		RSUP Tj. Uban Bintan	Puskesmas Botania-Batam
		RSUP Batu 8 Tj. Pinang	Puskesmas Sei Langkai-Batam
		RSUD Tj. Pinang	Puskesmas Toapaya-Bintan
		RSUD Karimun	Puskesmas Tarempa-Anambas
		RSUD Kijang, Bintan	Puskesmas Dabo Lama-Lingga
		RSAL Tj. Pinang	Puskesmas Ranai-Natuna
		Puskesmas Belakang Padang-Batam	BNNP Kepulauan Riau
		Puskesmas Lubuk Baja-Batam	BNN Kota/ Kab. di Kepulauan Riau
		Puskesmas Sei Pancur-Batam	

1	2	3	
11.	Banten	Puskesmas Jombang	Puskesmas Cadasari Pandeglang
		Puskesmas DTP Ciomas Kab. Serang	Puskesmas Serpong I
		Puskesmas Parigi	Puskesmas Cisauk
		Puskesmas Tirtayasa	RSUD Kota Tangerang
		Puskesmas Cilegon	RSUD Cilegon
		RSUD Banten	Puskesmas Serang Kota
		RSU Kota Tangerang Selatan	RSUD Balaraja
		RSUD Dr. Adjidarmo Lebak	BNNP Banten
		Puskesmas Pondok Betung	BNN Kota/ Kabupaten di Banten
		Tangerang Selatan	
12.	DKI Jakarta	RSUD Kepulauan Seribu	Puskesmas Pengaduan IV Kalideres
		RSUD Cengkareng	Puskesmas Kampung Bali
		RSUD Budi Asih	Puskesmas Petamburan
		RSUD Pasar Rebo	BNNP DKI Jakarta
		RS Haji Jakarta	BNN Kota/Kab. di DKI Jakarta
		RS Koja	Puskesmas Plumbon Kab. Cirebon
13.	West Java	RSUD Kota Bandung	RSUD Pelabuhan Ratu Kab. Sukabumi
		RSUD dr. Slamet Garut	Puskesmas Muka Kab. Cianjur
		RSUD Soreang	Puskesmas Cidahu Kab. Kuningan
		RSUD Al Ihsan	Puskesmas Padalarang Kab. Bandung Barat
		RSUD Cibabat	Puskesmas Banjar III Kota Banjar
		Puskesmas Kopo	Puskesmas Pangandaran Kab. Pangandaran
		Puskesmas Pasirkaliki	UPTD Puskesmas Kahuripan Kota Tasikmalaya
		RSUD Arjawinangun Kab. Cirebon	Puskesmas Siliwangi Kab. Garut
		RSUD Kelas B Cianjur	RSUD Klas B Non Pendidikan Karawang
		RSUD Majalaya	Puskesmas Cimahi Tengah
		RSUD Kabupaten Ciamis	Puskesmas Melong Asih Cimahi
		RSUD Sekarwangi Sukabumi	RSUD Linggajati Kuningan
		Puskesmas Ibrahim Adjie	Puskesmas Ujung Berung Indah
		RSUD Sumedang	UPT RSUD Cililin
		RSUD Cimacan Kelas D	Puskesmas Cikampek Karawang
		RSUD Gunung Jati Kota Cirebon	RSUD Cicalengka Kab. Bandung
		UPTD Puskesmas Drajat Kota Cirebon	RSUD Jampangkulon Sukabumi
		UPTD Puskesmas Kesunean Kota Cirebon	UPT. Puksesmas Margahayu Raya
		UPT Puskesmas Kec. Pancoran Mas Kota Depok	RSUD Kota Depok
		RSUD Cibinong Bogor	Puskesmas Nusaherang Kuningan
		RS Singaparna Medika Citrautama Kab. Tasikmalaya	Puskesmas Luragung Kab. Kuningan
		RSUD Leuwiliang Kab. Bogor	BNNP Jawa Barat
		Puskesmas Karawang	BNN Kota/Kab. di Jawa Barat
14.	Central Java	RSUD Tugurejo	RSUD Dr. M. Ashari Pemalang
		RSUD Kota Salatiga	RSUD Sunan Kalijaga Demak
		RSUD Kota Surakarta	RSUD Ajibarang
		RSUD Kota Semarang	RSUD KRT. Setjonegoro
		RSUD Pandan Arang Boyolali	RSUD Dr. R. Soedjati Soemodiardjo
		RSUD Dr. Soehadi Prijonegoro Sragen	RSUD Hj. Anna Lasmanah
		RSUD Kudus	RSUD Ambarawa
		RSUD Dr. Soeratno Gemolong Sragen	RSUD Temanggung
		RSUD Banyudono Boyolali	RSUD Batang
		RSUD Simo Kab. Boyolali	RSUD Bendan Pekalongan
		RSUD Kab. Karanganyar	RSUD dr. R. Soeprapto Cepu Blora

1	2	3
		RSUD Dr. R. Soetijono Blora
		RSUD Ungaran
		RSUD Raa Soewondo Pati
		Puskesmas Gunung Pati Semarang
		Puskesmas Halmahera
		RSUD Ambarawa
		Puskesmas Pandanaran Semarang
		RSUD Dr. Soedirman
		RSUD dr.R.Goeteng Taroenadibrata
		RSUD Muntilan
		RSUD Saras Husada
		RSUD dr. Loekmono Hadi Kudus
		RSUD Tidar Kota Magelang
		RSUD Brebes
		RSUD Suradadi Tegal
		RSUD Majenang
		RSUD Bumiayu
		RSUD Kayen Pati
		RSUD Kajen Pekalongan
		RSUD Cilacap
		RSUD Dr. H. Soewondo
		RSUD dr. R. Soetrasno Rembang
		RSUD Kardinah Tegal
		BNNP Jawa Tengah
		BNN Kota/Kab. di Jawa Tengah
		RSUD Sumberrejo Kab. Bojonegoro
15.	East Java	RSU Dr. Wahidin Sudiro Husodo Kota Mojokerto
		RSUD Kanjuruhan Kepanjen Malang
		RSUD Waluyo Jati Kraksaan
		RSUD Dr. Iskak Tulungagung
		RSUD Dr. Moch. Soewandhi Surabaya
		RSU Ngudi Waluyo Wlingi Kab. Blitar
		RSUD Dr. Harjono S Kab. Ponorogo
		RSUD Dr. Wahidin Sudiro Husodo
		RSUD Dr. Haryoto Lumajang
		RSUD Kab Kediri
		RSUD dr. Abdoer Rahem
		RSUD Ploso Kab. Jombang
16.	DI Yogyakarta	RSUD PanembahanSenopatiBantul
		RSUD Prambanan, Sleman
		RSUD Wates, Kulon Progo
		RSUD Wonosari, Gunung kidul
		RSUD Murangan, Sleman
17.	Bali	RSUD Wangaya
		RSUD Sanjiwani Gianyar
		BRSU Tabanan
		RSUD Kab. Buleleng
		RSUD Kab. Badung
		RSU Negara
18.	West Kalimantan	RSUD dr. Abdul Azis Singkawang
		RSUD Dokter Rubini Mempawah
		RSUD Dokter Agoesdjam
		RSUD Sintang
		RSUD Sambas
		RSU Bengkayang
		RSUD Landak
		RSUD Sanggau
		RSUD dr. Achmad Diponegoro
		Puskesmas Selalong Kab. Sekadau
19.	East Kalimantan	RSUD I.A Moeis Samarinda
		RSUD Panglima Sebaya
		RSUD Kudungga Kutai Timur
		RSUD Abdul Rivai Tanjung Redeb
		RSAL Ilyas Tarakan
		RSUD Penajam
		RSUD Kudungga Sangata
		RSUD Harapan Insan Sendawar
		RSUD Kab. PPU
		RSUD Kab. Nunukan
		RSUD Abadi Samboja
Puskesmas Bontang Selatan I		
Puskesmas Bontang Lestari		
Puskesmas Muara Wahau I		
Puskesmas Baqa		
Puskesmas Sempaja Samarinda		
Puskesmas Batu Ampar Kutai Timur		
Puskesmas Sangatta Selatan		
Puskesmas Klandasan Ilir Balikppn		
Puskesmas Karang Rejo		
BNNP Kalimantan Timur		
BNN Kota/Kab. di Kalimantan Timur		

1	2	3	
20.	South Kalimantan	RSUD Datu Sanggul Rantau	Puskesmas Sungai Jingah Banjarmasin
		RSUD Brigjen H. Hasan Basry Kandanga	Puskesmas Karang Intan Kabupaten Banjar
		RSUD H Abdul Aziz Marabahan	Puskesmas Teluk Tiram
		RSUD Balangan	Puskesmas Gedang Hanyar
		RSUD dr. Andi Abdurrahman Noor Tanah Bumbu	BNNP Kalimantan Selatan
		RSUD H. Damanhuri Barabai	BNN Kota/Kab. di Kalsel
		Puskesmas Martapura	
21.	Central Kalimantan	RSUD dr. Doris Sylvanus	RSUD Tamang Layang
		RSUD Jaraga Sasameh	RSUD Muara Teweh
		RSUD Sultan Imanuddin Pangkalan Bun	RSUD Sukamara
		RSUD Mas Amsyar Kasongan	RSUD Kuala Pembuang
		RSUD Puruk Cahu	RSUD Pulang Pisau
		RSUD dr. Murjani Sampit	RSUD Lamandau
		BLUD RSUD dr. H.Soemarno Sostroatmodjo	BNNP Kalimantan Tengah
		BLUD RSUD Kuala Kurun	BNN Kota/Kab. di Kalteng
22.	West Sulawesi	RSUD Kab. Mamuju Utara	PKM Pekkabata
		RSUD Kondo Sapata, Kab. Mamasa	PKM Wonomulyo
		RSUD Kab. Mamuju	PKM Binanga Mamuju
		RSUD Kab. Mamuju Tengah	PKM Mamasa, Kab Mamasa
		RSUD Kab. Majene	BNNP Sulawesi Barat
		RSUD Kab. Polewali Mandar	
23.	South Sulawesi	RSU Haji Makassar	RSU Lamadukeleng Sengkang
		RSU Ajapange Soppeng	RSU Nene Mallomo
		RSU Labuang Baji	RSUD Arifin Numang
		RSU Sayang Rakyat	RSU Lasinrang Pinrang
		RSUD Daya	RSU Enrekang
		RSUD Batara Guru	RSU Saweri Gading Palopo
		RSUD Siwa	RSU Andi Jemma Masamba
		RSU Selayar	RSU Lakipadad Tana Toraja
		RSU Prof. Dr. A. Makkatutu	RSUD I Lagaligo
		RSUD Lanto daeng Pasewang	Puskesmas Tamalate Makassar
		RSU H. Pajonga Dg. Ngale Takalar	Puskesmas Makkasau, Makassar
		RSUD Syekh Yusup Gowa	Puskesmas Andalas, Makassar
		RSU Sinjai	Puskesmas Maccini Sawah,Makasar
		RSU Tenriawaru Bone	BNNP Sulawesi Selatan
		RSU Pangkep	BNN Kota/Kab. di Sulawesi Selatan
		RSU Barru	
24.	North Sulawesi	RSU Bethesda	RSUD Talaud
		RSUP Ratatotok Minahasa Tenggara	RSUD Kota Kotamobagu
		RSAL dr. Wahyu Slamet Bitung	Puskesmas Pusian, Bolaang Mongondow
		RSUD Noongan Minahasa	Puskesmas Inobonto, Bolaang Mongondow
		RS Maria Walanda Maramis	RSUD Bolaang Mongondow Selatan
		RSUD Amurang Minahasa Selatan	RSUD Bolaang Mongondow Utara
		RSUD Liun Kendage Tahuna	Puskesmas Paniki Bawah, Manado
		RSUD Lapangan Sawang Siau	BNNP Sulawesi Utara
		RSUD Tagulandang	BNN Kota/Kab. di Sulawesi Utara
25.	Central Sulawesi	RSUD Kabelota kab. Donggala	RSUD Morowali
		RSUD Anuntaloko Kab. Parigi Moutong	RSU Mokopido Kabupaten Toli-toli
		RSUD Kolonedale	RSUD Ampana Kab. Tojo Una-una
		RSUD Raja Tombolotutu	RSUD Buol
		RSUD Trikora Salakan Kab. Bangkep	RSUD Wakai
		RSUD Poso Kabupaten Poso	BNNP Sulawesi Tengah
		RSUD Luwuk Kabupaten Banggai	BNN Kota/Kab. di Sulawesi Tengah

1	2	3	
26.	Gorontalo	RSUD dr. Hasri Ainun Habibie	RSUD Pohuwato
		RSUD Otanaha	Puskesmas Telaga
		RSUD Tombulilato	Rumkitban Gorontalo
		RSUD. Dr. M.M Dunda Limboto	BNNP Gorontalo
		RSUD Toto Kabilia	BNN Kota/Kab. di Gorontalo
		RSUD Tani dan Nelayan	
27.	S.E.Sulawesi	RSUD Bahteramas Prov. Sultra	RSUD Kab. Buton Utara
		RSUD Abunawas Kota Kendari	RSUD Pasar Wajo Kab. Buton
		RSUD Kota Baubau	RSUD Raha Kab. Muna
		RSUD Kab. Konawe Utara	RSUD Kab. Kolaka Timur
		RSUD Unaaha Kab. Konawe	RSUD Kab. Konawe Kepulauan
		BLUD Benyamin Guluh Kab. Kolaka	BNNP Sulawesi Tenggara
		RSUD Kab. Bombana	BNN Kota/Kab. di Sultra
28.	Maluku	RSUD Namrole Kab. Buru Selatan	RSUD M. Haulussy
		RSUD Tulehu	Puskesmas Hitu
		RSUD Piru, Kab. Seram Bag. Barat	Puskesmas C.H Martatiahahu
		RSUD Masohi Kab. Maluku Tengah	Puskesmas Waihaong
		RSUD Namlea, Kab. Buru	Puskesmas Tual
		RSUD Cendrawasih Dobo - Aru	Puskesmas Poka
		RSUD Maren Kota Tual	BNNP Maluku
		RSAL dr. F. X Suhardjo Halong	BNN Kota/Kab. di Maluku
		RS TNI AU Lanud Pattimura	
29.	North Maluku	RS Ternate TK IV	RSUD Maba
		RSD Kota Tidore Kepulauan	RSUD Weda
		RSUD Tobelo	RSUD Kab. Pulau Morotai
		RSUD Jailolo	Puskesmas Kalumata
		RSUD Sanana	BNNP Maluku Utara
		RSUD Labuha	BNN Kota/Kab. di Maluku Utara
30.	East Nusa Tenggara (NTT)	RSU Obi	
		Rumah Sakit Angkatan Udara	RSUD BA'A Kab. Rote Ndao
		Rumah Sakit Wirasakti Kupang	Puskesmas Labuan Bajo NTT
		Rumah Sakit S.K Lerik Kupang	Puskesmas Kupang Kota
		RSUD Soe	RSUD dr. T.C. Hillers Maumere
		RSUD Naibonat	Puskesmas Sikumana
		RSUD Kefamenanu	Puskesmas Oebobo
		RSUD Atambua Kab.Belu	BNNP Nusa Tenggara Timur
31.	West Nusa Tenggara (NTB)	RSUD Umbu Rara Meita Waingapu	BNN Kota/Kab. di NTT
		RSUD Provinsi NTB di Sumbawa	RSUD Kota Bima
		RSUD KSB Sumbawa Barat	RSUD Dompu
		RSUD Kab.Sumbawa Besar	RSUP NTB
		RSUD dr. R. Soedjono Selong Lombok Timur	RSUD Kota Mataram
		RSUD Kab. Lombok Utara	Puskesmas Karang Taliwang
		RSUD Praya Lombok Tengah	BNNP Nusa Tenggara Barat
		RSUD Patut Patuh Patju Gerung Lombok Barat	BNN Kota/Kab. di NTB
32.	Papua	RSU Sondosia Kab. Bima	
		RSUD Yowari Kab. Jayapura	Puskesmas Abepura
		RSUD Abepura	Puskesmas Koya Barat
		RSUD Kwaingga Keerom	RSUD Jayapura
		RSUD Jayapura	BNNP Papua
		Puskesmas Waena	BNN Kota/ Kabupaten di Papua
33.	West Papua	RSUD Abepura	
		RSU Sele Be Solu Sorong	Puskesmas Sanggeng Prov. Papbar
		RSU Manokwari	RSAL Sorong
		RSUD Raja Ampat	RSAD Manokwari
		RSU Scholoo Keyen	RSUD Kab.Sorong
		RSU Bintuni	BNNP Papua Barat
		RSUD Kab. Teluk Wondama	BNN Kota/ Kab. di Papua Barat

**2. List of Inpatient Rehabilitation Institutions.**

NO.	PROVINCE	INSTITUTION	
1	2	3	
1.	Aceh	Lapas Klas II A Banda Aceh	SPN Polda Aceh
		Lapas Klas III Narkotika Langsa	Rindam Iskandar Muda
		Lapas Klas III Narkotika Langkat	
2.	North Sumatera	Lapas Klas II A Narkotika Pematang Siantar	Lapas Klas IIB Tebing Tinggi
		Lapas Klas IIA Wanita Medan	Lapas Klas IIB Tanjung Balai
		Lapas Klas IIA Lubuk Pakam	Rutan Klas IIB Tanjung Pura
		Lapas Klas IIA Binjai	Rutan Klas IIB Labuhan Deli
		LPKA Medan	Rutan Klas I Medan
		Lapas Klas I Medan	SPN Polda Sumut
		Lapas Klas IIB Si Borong-borong	Rindam Bukit Barisan
3.	West Sumatera	SPN Polda Sumbar	Lapas Klas IIB Lubuk Basung
		Lapas Klas II A Padang	Lapas Klas IIB Payakumbuh
		Lapas Klas IIA Bukittinggi	Lapas Klas IIB Lubuk Sikaping
		Lapas Klas IIB Pariaman	LPKA Provinsi Sumatera Barat
		Lapas Klas IIB Solok	Lapas Klas IIB Muara Sijunjung
4.	South Sumatera	Lapas Klas III Narkotika Palembang	SPN Polda Sumsel
		Lapas Klas II A Narkotika Lubuk Linggau	Rindam Sriwijaya
		Lapas Klas I Palembang	
5.	Bengkulu	SPN Polda Bengkulu	Lapas Klas II A Bengkulu
6.	Jambi	SPN Polda Jambi	Lapas Klas II A Jambi
		Lapas Klas III A Narkotika Muara Sabak	
7.	South Sumatera	Lapas Klas III Narkotika Palembang	SPN Polda Sumsel
		Lapas Klas II A Narkotika Lubuk Linggau	Rindam Sriwijaya
		Lapas Klas I Palembang	
8.	Bengkulu	SPN Polda Bengkulu	Lapas Klas II A Bengkulu
9.	Lampung	SPN Polda Lampung	Lapas Klas I Bandar Lampung
		Loka Lampung	Lapas Klas II A Narkotika Bandar Lampung
10.	Bangka Belitung	Lapas Klas III Narkotika Pangkal Pinang	SPN Polda Bangka Belitung
11.	Riau Islands	Lapas Klas IIA Batam	Lapas Klas II A Narkotika Tanjung Pinang
		Lapas Klas IIA Tanjung Pinang	
12.	Banten	Pusdiklat Dinas Sosial Prov Banten (Pasir Ona)	Lapas Klas III Cilegon
		SPN Polda Banten	Lapas Anak Klas I Tangerang
		Lapas Klas IIA Wanita Tangerang	Rutan Klas I Tangerang
		Lapas Pemuda Klas IIA Tangerang	Rutan Klas IIB Pandegelang
		Lapas Klas I Tangerang	Rutan Klas IIB Rangkas Bitung
		Lapas Anak Wanita Klas IIB Tangerang	Rutan Klas IIB Serang
		Lapas Klas IIA Serang	
13.	DKI Jakarta	Lapas Klas II A Narkotika Cipinang	Pusdikes
		Lapas Klas I Cipinang	RS Suyoto
		Lapas Klas IIA Salemba	RSPAD
		Rindam Jaya	

1	2	3	
14.	West Java	Pusdikpom	Lapas Klas IIA Bogor
		Pusdikif	Rindam Siliwangi
		Lapas Klas II A Banceuy	Pusdiksensi
		Lapas Klas II A Narkotika Bandung	Pusdk Intel
		Lapas Klas II A Narkotika Gintung Cirebon	SPN Polda Jabar
		Lapas Klas IIA Wanita Bandung	
15.	Central Java	Lapas Klas II A Narkotika Nusakambangan	Lapas Klas IIA Magelang
		Lapas Klas I Semarang	Rindam Diponegoro
		Lapas Klas IIA Wanita Semarang	
16.	East Java	Lapas Klas II A Narkotika Pamekasan	Lapas Klas I Surabaya
		Lapas Klas III Narkotika Madiun	Lapas Klas IIA Jember
		Lapas Klas I Malang	Rindam Brawijaya
		Lapas Klas II A Pamekasan	Kobangdikal TNI AL
		Lapas Klas I Madiun	Pusdikgasum
		Lapas Klas IIA Sidoarjo	SPN Polda Jawa Timur
		Lapas Wanita Klas IIA Malang	
17.	DI Yogyakarta	Lapas Klas II A Narkotika Yogyakarta	SPN Polda DIY
		Lapas Klas IIA Yogyakarta	
18.	Bali	SPN Polda Bali	Lapas Klas IIB Tabanan
		Rindam Udayana	Lapas Klas II A Denpasar
		Lapas Klas III Narkotika Bangli	
19.	West Kalimantan	SPN Polda Kalbar	Lapas Klas II A Pontianak
		Rindam Tanjung Pura	
20.	East Kalimantan	Lapas Klas III Narkotika Samarinda	SPN Polda Kaltim
		Lapas Klas IIA Samarinda	Rindam Mulawarman Kaltim
21.	South Kalimantan	SPN Polda Kalsel	Lapas Klas IIB Amuntai
		Rindam Mulawarman Kalsel	Lapas Klas IIA Kotabaru
		Lapas Klas II A Narkotika Karang Intan	Lapas Klas III Banjarbaru
		LPKA Martapura	
22.	Central Kalimantan	SPN Polda Kalteng	Lapas Klas III Narkotika Kasongan
23.	South Sulawesi	SPN Polda Sulsel	Lapas Klas IIB Takalar
		Rindam Wirabuana	Lapas Anak Klas IIA Pare-Pare
		Lapas Klas II A Narkotika Sungguminasa	Lapas Klas IIA Palopo
		Lapas Klas IIA Wanita Sungguminasa	Lapas Klas IIA Watampone
24.	North Sulawesi	SPN Polda Sulut	Lapas Klas II A Manado
25.	Central Sulawesi	Lapas Klas II A Palu	SPN Polda Sulteng
26.	Gorontalo	Lapas Klas II A Gorontalo	
27.	S.E.Sulawesi	Lapas Klas II A Kendari	SPN Polda Sultra
28.	Maluku	Rindam Patimura	SPN Polda Maluku
		Lapas Klas II A Ambon	
29.	North Maluku	Lapas Klas II A Ternate	
30.	NTT	SPN Polda NTT	
31.	NTB	SPN Polda NTB	Lapas Klas II A Mataram
32.	Papua	Rindam Cendrawasih	Lapas Klas II A Narkotika Jayapura
33.	West Papua	SRAL Sorong	Lapas Klas II A Manokwari
		RSAD Manokwari	
34.	West Sulawesi	Lapas Klas IIB Polewali	Rutan Klas IIB Mamuju

## **LIST OF SPECIAL NARCOTICS PRISONS**

<b>NO.</b>	<b>PRISON</b>	<b>ADDRESS</b>
<b>1</b>	<b>2</b>	<b>3</b>
1.	Lapas Narkotika Kelas IIA Bandung	Jl. Rancamanuk Kel. Wargamekar Kec. Baleendah Kabupaten Bandung
2.	Lapas Kelas IIA Narkotika Jayapura	Jl. Raya Sentani Depapre No. 90 Doyo Baru
3.	Lapas Narkotika Kelas IIA Madiun	Jl. Yos Sudarso Madiun – Jatim Telp. (0351) 462161
4.	Lapas Narkotika Kelas IIA Nusakambangan	Jl. Narkotika Nusakambangan
5.	Lapas Kelas IIA Sungguminasa	Jl. Lembaga Bolangi Desa Timbusseng Kec. Pattalasang Kab. Gowa – Sulsel Telp. (0411) 868547
6.	Lapas Kelas IIA Narkotika Tanjung Pinang	Jl. DR. Saharjo No. 1 Km. 18 Kampung Banjar
7.	Lapas Kelas III Narkotika Langkat	Jl. Simp. Farm Desa Domba Kec. Hinai Jalan
8.	Lapas Kelas III Narkotika Muara Sabak	Desa Suka Maju Kec. Geragai
9.	Lapas Narkotika Kelas IIA Bandar Lampung	Jl. Ryacudu Way Hui Bandar Lampung Telp. (0721) 479198
10.	Lapas Narkotika Kelas IIA Cipinang	Jl. Raya Bekasi Timur No. 170 Cipinang – Jaktim Telp. (021) 85909891, 85910101
11.	Lapas Narkotika Kelas IIA Cirebon	Jl. Wijaya Kusuma Desa Gintung Tengah Ciwaringin Cirebon – Jabar Telp. (0231) 204247
12.	Lapas Kelas II A Narkotika Karang Intan	Desa Lihung Kec. Karang Intan Kab. Banjar Provinsi Kalsel
13.	Lapas Kelas IIA Narkotika Lubuk Linggau	Jl. Lintas Sumatera Selatan Km. 19 Muara Beliti
14.	Lapas Narkotika Kelas IIA Pamekasan	Jl. Pembina No. 1 Pamekasan
15.	Lapas Kelas IIA Narkotika Pematang Siantar	Jl. Asahan Km. 7 No. 8 Pematang Siantar 21151
16.	Lapas Narkotika Kelas IIA Yogyakarta	Jl. Kaliorang Km 17 Pokem Sleman Yogyakarta 55582
17.	Lapas Kelas III Narkotika Kasongan	Jl. Cilik Riwut Km. 10 Kasongan
18.	Lapas Kelas III Narkotika Langsa	Jl. Banda Aceh – Medan Km 438 Kota Langsa
19.	Lapas Kelas III Narkotika Pangkal Pinang	Pangkal Pinang
20.	Lapas Kelas III Narkotika Samarinda	Jl. Padat Karya RT. 16 Bayur, Kel. Sempaja Utara Kec. Samarinda Utara
21.	Lapas Narkotika Kelas IIA Bangli	BR. Buungan Desa Tiga Kec. Susut Kab. Bangli
22.	Lapas Narkotika Kelas III Sawahlunto	Jl. Subari Sukardi Kandih Sawahlunto
23.	Lapas Narkotika Kelas III Palembang	Jl. Tanjung Sari LK. III RT. 029 RW. 006 Kel. Sukomoro Kec. Talang Kelapa Kab. Banyuasin Sumatera Selatan

# **HEAD OF BNN REGULATIONS AND MOUs IMPLEMENTED IN 2015**

**1. Head of BNN Regulations, 2015.**

NO.	TITLE	NUMBER	DATE OF ENACTMENT	REMARKS
1	2	3	4	5
1.	Head of BNN Regulation on the Structural Position and Function permitted to be placed by a Member of the National Armed Forces of Indonesia	No 1 year 2015	6 February 2015	RI State Notice, year 2015 No.207
2.	Head of BNN Regulation on the Amendment of Head of BNN Regulation No. 3 year 2013 on the Guidelines for Procedures of Standard Operation within the National Narcotics Board.	No 2 year 2015	25 February 2015	RI State Notice year 2015 No.320
3.	Head of BNN Regulation on the Organization and Work Procedures of Province National Narcotics Board and City/District National Narcotics Board	No 3 year 2015	1 April 2015	RI State Notice year 2015 No.493
4.	Head of BNN Regulation on the Method of Improving the Competence of Medical and Social Rehabilitation Institutions Managed by Government/Local Administration and Community-Based	No 4 year 2015	25 May 2015	RI State Notice year 2015 No.770
5.	Head of BNN Regulation on Guidelines for the Establishment of Vertical Agencies within National Narcotics Board	No 5 year 2015	19 June 2015	RI State Notice year 2015 No.912
6.	Head of BNN Regulation on the Amendment of Head of BNN Regulation No 3 year 2015 on the Organization and Work Procedures of Province National Narcotics Board and District/City National Narcotics Board	No 6 year 2015	7 July 2015	RI State Notice year 2015 No.1014
7.	Head of BNN Regulation on the Strategic Plan of the National Narcotics Board year 2015 - 2019	No 7 year 2015	7 August 2015	RI State Notice year 2015 No.1168

1	2	3	4	5
8.	Head of BNN Regulation on Technical Guidelines for the Implementation of the Functional Position of Drug Counseling	No 8 year 2015	7 January 2016	RI State Notice year 2016 No.13
1	2	3	4	5
9.	Head of BNN Regulation on Technical Guidelines for the Implementation of Adjustment in the Functional Position of Drug Counseling	No 9 year 2015	7 January 2016	RI State Notice year 2016 No.14
10.	Head of BNN Regulation on the Position Class within National Narcotics Board	No 10 year 2015	31 December 2015	RI State Notice year 2015 No.2043

## 2. Implemented MoUs in 2015

Implemented MoUs with Domestic and Overseas Parties

### 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 Philippines Drug Enforcement Agency on Cooperation in Preventing and Combating Illicit Trafficking in Narcotic Drugs Psychotropic Substances, and their Precursors	Deputy of Eradication	8 February 2015
2.	MoU between the National Narcotics Board of the Republic of Indonesia and the Police Force of the Republic of Fiji on the Cooperation in Combating Illicit Trafficking in Narcotic Drugs, Psychotropic Substances and Their Precursors	Deputy of Eradication	2 September 2015

### b. Domestic Parties.

NO.	DESCRIPTION	SUBJECT	PERIOD OF EFFECT	PERIOD OF TERMINATION
1	2	3	4	5
1.	MoU Between BNN and ITB (Bandung Technical Institute)	Prevention and Eradication of Drug Abuse and Illicit Trafficking in Narcotics, and Narcotic Precursors through Education, Training, Joint Research and Application of Technology	28 January 2015	28 January 2020 (5 years)

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
2.	MoU between BNN Dharma Wanita Persatuan (Association of Wives of Civil Servants and Retired Civil Servants)	Active Role Dharma Wanita Persatuan in the Implementation of the P4GN Program	12 February 2015	20 February 2020 (5 years)
3.	MoU between BNN and Radio Media a. Radio Indo Trijaya FM b. Radio RRI c. Radio Elshinta d. Radio Delta Prambors	The Role of the Radio in Information Dissemination on P4GN	18 February 2015	28 February 2018 (3 years)
4.	MoU between BNN and Dukcapil	The Use of Demography Registration Number, Demographic Data and Electronic ID Card in the Service of Tasks within National Narcotic Board	4 March 2015	31 December 2018
5.	MoU Between BNN and KDPDTT	Prevention and Eradication of Drug Abuse and Narcotics and Narcotic Precursors	31 March 2015	31 March 2020
6.	MoU Between BNN and Ministry of Research and Technology	Prevention and Eradication of Drug Abuse and Illicit Trafficking in Narcotics and Narcotic Precursors	13 April 2015	13 April 2020
7.	MoU Between BNN and PT. Indomarco Prismatama	Renting of Land and Guidance for Residents in Business Activities of PT Indomarco Prismatama at BNN Rehabilitation Center	14 April 2015	14 April 2020
8.	MoU Between BNN and Kowani (Indonesia Women Congress)	Active Role of Indonesia Women Congress in the Implementation of P4GN Program	22 April 2015	22 April 2020
9.	MoU between BNN and KPAI (Commission for Child Protection)	Child Protection Against Drug Abuse and Illicit Trafficking in Narcotics and Narcotic Precursors	27 April 2015	27 April 2018
10.	MoU between BNN and RSUD Ciawi (Regional Hospital in Ciawi)	Health Services for Residents and Improvement of Human Resources	29 April 2015	29 April 2016
11.	MoU between BNN and Universitas Trunojoyo Madura	P4GN within the Environment of Trunojoyo University	30 April 2015	30 April 2020
12.	MoU between BNN and Community-Based Rehabilitation Institutions	Support the Competence Improvement of Rehabilitation Services by Community-component Rehabilitation Institutions	11 May 2015	11 May 2020
13.	MoU between BNN and Tentara Nasional Indonesia (Indonesia National Armed Forces/TNI)	TNI Support to BNN in the Prevention and Eradication of Drug Abuse and Illicit Trafficking in Narcotics and Narcotic Precursors	13 May 2015	13 May 2020

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
14.	MoU betweenBNN andUniversity of Indonesia/UI	Education, Training and Development, including community servicein the prevention and eradication of drug abuse and illicit trafficking in narcotics and narcotic precursors	21 May 2015	21 May 2020
15.	BNN – Badan Musyawarah Perguruan Swasta Nasional (BMPS) Pusat (Central National Commission of Private Schools)	Prevention of Drug Abuse and Illicit Trafficking in Narcotics and Narcotic Precursors	4 June 2015	4 June 2018
16.	MoU betweenBNN and National Policei	Prevention and Eradication of Drug Abuse and Illicit Trafficking in Narcotics and Narcotic Precursors	10 July 2015	10 July 2017
17.	MoU betweenBNN and PKS Deputy of Rehabilitation – Lemdikpol (Police Training Institution)	Assistance in Facilities and human resources in rehabilitation of drug addicts and victims of drug abuse	10 July 2015	10 July 2017
18.	MoU betweenBNN and PRSSNI (Association of Indonesia National Private Radio Broadcasting)	The Role of Private Radio Broadcasting in Information Dissemination on the Prevention and Eradication of Drug Abuse andIllicit Trafficking in Narcotics and Narcotic Precursors (P4GN)	5 August 2015	5 August 2020
19.	MoU betweenBNN and LIPI (Indonesian Academy of Sciences)	Research and Development including the Use of Science and Technology in the Prevention and Eradication of Drug Abuse and Illicit Trafficking in Narcotics and Narcotic Precursors.	24 Agustus 2015	24 Agustus 2020
20.	MoU betweenBNN and PT. Makin Group	Prevention and Eradication of Drug Abuse allicit Trafficing in Narcotics and Narcotic Precursors.	21 September 2015	21 September 2018
21.	MoU between BNN and PT.Garuda Indonesia Tbk (Airline)	Prevention and Eradication of Drug Abuse andIllicit Trafficking in Narcotics andNarcotic Precursors, andProvisionof Flight Services	22 September 2015	22 September 2020
22.	MoU betweenBNN and UNJ (University of Jakarta)	Prevention and Eradication of Drug Abuse and Illicit Traficking in Narcotics and Narcotic Precursors	13 October 2015	13 October 2020
23.	MoU betweenBNN and KBPP Polri	Prevention and Eradication of Drug Abuse and Illicit Trafficking inNarcotics and Narcotic Precursors	6 November 2015	6 November 2020
24.	MoU betweenBNN and Yayasan Anak Bangsa	Prevention and Eradication of Drug Abuse and Illicit Trafficking in Narcotics and Narcotic Precursors	6 November 2015	6 November 2018
25.	MoU betweenBNN and BRI (Bank Rakyat Indonesia)	Provision and Use of Banking Services	19 November 2015	19 November 2020
26.	MoU betweenBNN and Lemhannas (National Defense Institute)	Prevention and Eradication of Drug Abuse and Illicit Trafficking in Narcotics and Narcotic Precursors	21 December 2015	21 December 2020

## ADDRESSES OF BNNP AND BNN DISTRICT/CITY IN INDONESIA

NO.	BNNP AND BNN (DISTRICT/CITY)	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@gmaADREil.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. Ie 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 Aceh Selatan	Jl. Merdeka No. 70	0656-322806	0656-322806	bnkacehselatan@yahoo.com
	BNN Kab Pidie Jaya	Jl. Banda Aceh Medan KM 156 Meureudu Pidie Jaya 24186	0653-8003015	0653-8003040	bnnkpidiejaya@yahoo.co.id
	BNN Kab Gayo Lues	Jl. Sukarno Hatta Dusun Mangul Blangkejeren	0642-21658	0642-21658	drssamsulbahri@yahoo.co.id bnnkgayolues@yahoo.com
	BNN Kota Subang				
2.	BNNP Sumatera Utara	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	bnnkpematangsiantar@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 bnnkabupaten.deliserdang@gmail. com
	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 Tapanuli Selatan	Jl. Williem Iskandar Pa- dang Sidempuan 22715	0634-21706 0634-22296	0634-21706	bnnktapsel@gmail.com
	BNN Kab Serdang Bedagai	Jl. Negara KM 58 No. 211 A Sei Rempah Kab. Serdang Bedagai	0621-442033	0621-442033	bnnkserdangbedagai@yahoo.com
	BNN Kab Karo	Jl. Pahlawan No. 21 Kel. Gung Leto Kec. Kabanjahe – Karo	0628-324629		bnnk_tanahkaro@yahoo.com
	BNN Kota Tanjung Balai	Jl. Jend. Sudirman No.9 Tanjung Balai Selatan Kota Tanjung Balai Sumut	0623-92104	0623-92104	bnnk_tanjungbalai@yahoo.co.id
	BNN Kota Binjai	Jl. Gatot Subroto No. 86 Kec. Binjai Barat Binjai			info_bnnkotabinjai@yahoo.co.id
	BNN Kota Gunungsitoli				bnnkota.gunungsitoli@yahoo.com
3.	BNNP Sumatera Barat	Jl. Beringin Ujung Kav. 19 Belanti Timur, Lolong, Padang, Sumbar	0751-7050464	0751-7057414	bnnpsumbar@gmail.com

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
	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
	BNN Kota Sawahlunto	Jl. Manan Jatin Saringan No. W55 Kec. Baringin Sawahlunto			bnnksawahlunto@gmail.com
4.	BNNP Sumatera Selatan	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	0733-324429	0733-324429	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 yovi23bnn@gmail.com
	BNN Kab Ogan Ilir	Komplek Pemda Lama, Jl. Raya Palembang-Kayu Agung KM 35 Kab. Ogan Ilir 30662			bnkoganilir@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	0741-27771	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 bnnkab_batanghari@bnn.go.id
	BNN Kab Tanjung Jabung Timur	Jl. Jambi Muara Sabak Komplek Perkantoran Cadika No. 02 Kec. Sabak Barat - Parit Culum Kab. Tanjung Jabung Timur			
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	Jl. Proklamasi No. 116 Sungai Jering Taluk Kuantan	0760-2523814	0760-2523815	bnnkuansing@gmail.com
	BNN Kab Pelalawan	Komplek Perkantoran Pemerintahan Kab. Pelalawan, Jl. Sultan Syarif Hasyim No. 1 Pangkalan Kerinci 28381	0811-7528815		bnnk.pelalawan@gmail.com

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
7.	BNNP Bengkulu	Jl. Batang Hari No. 110 Padang Harapan Bengkulu	0736-347800 0736-347158	0736-347800	bnp.bengkulu@yahoo.com bnnp.bengkulu@gmail.com
	BNN Kab Bengkulu Selatan	Jl. Kartini Kel. Kampung Baru Kec. Kota Manna Bengkulu Selatan			bnnk_bs15@yahoo.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 Lampung Selatan	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
	BNN Kab Tanggamus	Jl. Raya Lintas Barat Pekon Tanjung Jati, Kota Agung Timur, Tanggamus			bnnk_tanggamus@yahoo.co.id
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
	BNN Kab Bangka	Jl. Diponegoro No. 4b Pemda Sungailiat			bnn_bangka@yahoo.co.id surita_widodo@yahoo.com virdyn@yahoo.co.id
10.	BNNP Kepulauan Riau	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 A/I Komp. Balai Garden Tanjung Balai Karimun			tarahman196105@gmail.com bnnk.karimun@gmail.com
	BNN Kota Batam	Komp. Ruko Imperium Superblock B No. 41 Jl. Jend Sudirman Balol Kota Batam	0778-7485016	0778-7485016	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 Tangerang Selatan	Kantor Pusat Pemerintahan Tangerang Selatan Setu Jl. Raya Puspitek Serpong No.1 Kec. Setu Kota Tangsel 15314	021-75883828		bnnk.tangsel@gmail.com; heri.istuhariono@gmail.com bnnkkota_tangsel@bnn.go.id
	BNN Kota Cilegon	Gedung Eks Matahari Mall Lt. 4 Jl. Sultan Ageng Tirtayasa Cilegon			

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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 Jakarta Timur	Jl. Sumarno Kantor Walikota Jaktim, Gd.B2 Lt.4	021-4800974	021-4800974	bnnk.jakartatimur@gmail.com
	BNN Kota Jakarta Utara	Gedung Mitra Praja Lt. V Jl. Sunter Permai Raya No. 1 Tanjung Priok Jakarta Utara	021-29765280	021-29765281	bnnkota.jakut@gmail.com
13.	BNNP Jawa Barat	Jl. Terusan Jakarta No. 50 Antapani Bandung	022-7232847	022-7203765	bnnpjabar@yahoo.co.id bnnp_jabar@bnn.go.id
	BNN Kota Depok	Jl. Merdeka No. 10 Kec. Sukmajaya Kota Depok 16411	021-29504433	021-29504433	bnn_kotadepok@yahoo.co.id bnn_kotadepok@bnn.go.id
	BNN Kab Garut	Jl. Patriot No. 3A Kel. Sukagalah Kec. Taragong Kidul Kab. Garut	0262-242645 0262-240884	0262-242645	bnnkab_garut@bnn.go.id bnnkgarut@yahoo.com
	BNN Kab Kuningan	Jl. Aruji Kartawinata No. 27 Kuningan 45511	0232-877147	0232-872058	kng.bnnk@yahoo.com
	BNN Kab Ciamis	Jl. Mr. Iwa Kusumasumantri 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 Pemkab Bogor Cibinong	021-87919288	021-87910289	bnn_kabbogor@yahoo.co.id
	BNN Kota Cimahi	Jl. Daeng M. Ardiwinata No. 142 Cimahi	022-6658571		bnnkcimahi@gmail.com
	BNN Kota Bandung	Jl. Cianjur No. 4 Bandung	022-87243408	022-91904450	bnnkbdg@gmail.com
14.	BNN Kab Cianjur	Jl. K.H. Abdullah Bin Nuh RT 001/15 No. 3B Cianjur	0263-2261900	0263-2261900	bnnk.cianjur@gmail.com
	BNN Kab Sukabumi	Jl. RA Kosasih No. 207 Naweng Kab. Sukabumi			bnnkabsukabumi@gmail.com
	BNNP Jawa Tengah	Jl. Madukoro Blok BB Semarang 50144	024-7608573	024-7608570	bnnp_jateng@bnn.go.id bnn.provjteng@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 Purwalingga	Jl. Soekarno Hatta No.20B	0281-896191	0281-894330	bnnkpurlalingga@yahoo.co.id bnnkab_purlalingga@bnn.go.id
	BNN Kab Temanggung	Jl. Jend. Sudirman No. 23 Temanggung	0293-492401	0293-492401	bnnkabtmng@gmail.com
	BNN Kab Banyumas	Jl. Ragasemangsa No. 46 Purwokerto	0281 - 631011		
	BNN Kota Tegal	Balai Kota Tegal, Jl. Ki Gede Sebayu No.6 Tegal			bnnktegal@gmail.com

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15.	BNNP DI Yogyakarta	Jl. Brigjen Katamso Komplek Perkantoran (Selatan Purawisata) Yogyakarta	0274-385378	0274-385378	bnnpjogja@yahoo.co.id
	BNN Kota Yogyakarta	Jl. Bakung No. 19/10 Baciro Gondokusuman Yogyakarta 55225	0811-2638226	0274-513506	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 Jawa Timur	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
	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. Dewi Sartika No. 10 Trenggalek	0355-791999	0355-794146	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	badannarkotikablitar@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	bnnksidoarjo@yahoo.co.id
17.	BNNP Kalimantan Barat	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 Sanggau 78511	0564-23000	0564-23046	bnnkab_sanggau@bnn.go.id

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	BNN Kab Pontianak	Jl. Candramidi Mempawah Hilir	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
	BNN Kab Sintang	Jl. Pangeran Muda Sintang - 78611			bnnkabsintang@gmail.com
18.	BNNP Kalimantan Selatan	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
	BNN Kab Barito Kuala	Jl.Jend.Sudirman Komp. Perkantoran Mara-bahan Barito Kuala			bnnkabbatola@gmail.com
19.	BNNP Kalimantan Tengah	Jl. Tangkasiang No. 12 Palangka Raya	0536-3226398	0536-3237981 0536-3235816	bnnp_kalteng@bnn.go.id bnnprovkalteng@gmail.com
	BNN Kota Palangkaraya	Jl. Tangkasiang No. 14	0536-3235816	0536-3235816	bnnk.palangkaraya@gmail.com
	BNN Kab Kotawaringin Barat	Jl. Jenderal Sudirman No. 18			bnnk.kobar@gmail.com
20.	BNNP Kalimantan Timur	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 bnnk2013_kota.balikpapan@yahoo.com balikpapapnbnkk@gmail.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 muhammadridwanzain@gmail.com
22.	BNNP Sulawesi Selatan	Jl. Manunggal No. 22 Kelurahan Macini Sombola Kec. 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	Jl. Tongkonan Ada', Makale, Tana Toraja Sulawesi Selatan	0423-22464	0423-22464	bnnktator@yahoo.co.id
	BNN Kab Bone	Jl.Stadion Lapatau, Watampone, Kab.Bone			bnn.kab.bone@gmail.com

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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	0457-7020050	0457-72020050	donggala.bnnk@gmail.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
	BNN Kab Banggai Kepulauan				
24.	BNNP Sulawesi Tenggara	Jl. Haluoleo Kompleks Bumi Praja Andounohu Kendari	0401-3194398	0401-3135209	bnnp_sultra@yahoo.co.id
	BNN Kota Kendari	Jl. Bunggasi Kel. Anduonohu 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
	BNN Kab Muna	Jl. MH Thamrin No. 21 Raha			bnnkmuna@gmail.com
25.	BNNP Sulawesi Utara	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
	BNN Kab Bolaang Mongondow				
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 Kabilia - Kab Bone Bolango	0435-8591699	0435-8591699	
	BNN Kab Boalemo	Jln. Tohulito Kec. Tilamuta Kab. Boalemo			bnnk.boalemo@gmail.com

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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	Jl. Abianbase-Kapal Mengwi Kab. Badung	0361-9006954		bnnkabupatenbadung@gmail.com
	BNN Kab Gianyar	Kebo Iwa No. 103 X Gianyar	0361-946122	0361-946122	bnnk_gianyar@yahoo.com
28.	BNNP Nusa Tenggara Barat	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	bnnkkota.mataram@gmail.com
	BNN Kab Sumbawa Barat	Jl. Pendidikan No. 63 Telaga Bertong - Taliwang 84355	0372-81223	0372-81179	bnnk.sumbawabarat@gmail.com
	BNN Kab Bima	Jl. Sukarno Hatta Kec. Mpunda Kota Bima			bnnk.bimakab@gmail.com
29.	BNNP Nusa Tenggara Timur	Jl. Transeda No. 7 Walikota Kupang	0380-8585077	0380-832747 0380-8585077	badannarkotikaprovntt@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		
	BNN Kab Belu				
30.	BNNP Maluku	Jl. R.A. Kartini No. 22 Karang Panjang Ambon 97121	0911-312000	0911-312000	bnnp_maluku@yahoo.co.id
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	BNN Kab Buru Selatan	Jl. Raya Desa Elfule - Namrole Kab. Buru Selatan	0913-22185	0913-22139	
31.	BNNP Maluku Utara	Jl. Tugu Makugawene Kalumatasunlak Kel. Kalumata Kota Ternate	0921-3112052 0921-3112053	0921-3123180	bnnp_malut@bnn.go.id bnnpmalut@ymail.com
	BNN Kota Tidore Kepulauan	Jl. Kemakmuran Kel. Indonesiana	0921-3162366	0921-3162366	
	BNN Kab Halmahera Utara	Jl. Bhayangkara No. 4 Tobelo - Halmahera Utara	0924-2621602	0924-2621602	bnnkab_halmaherautara@bnn.go.id
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32.	BNNP Papua	Jl. Diponegoro No. 63 Kel. Gurabesi Distrik Jayapura Utara, Jayapura - Papua	0967-537214	0967-537215	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
	BNN Kab Mimika	Jl. Cendrawasih Kompleks Ruko Pemda (Depan Kantor Distrik) Mimika Baru - Mimika - Papua 99910			harsoyo_sp@yahoo.com yharsoyo72@gmail.com
33.	BNNP Papua Barat	Jl. Drs. Esau Sesa (Jalan Baru) Manokwari Papua Barat	0986-213842 0813-44606171	0986-213212	bnnp_papuabarat@bnn.go.id bpb.bnnp@yahoo.co.id pb.bnnp@yahoo.co.id

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