CHAPTER I
INTRODUCTION

I. Drug Abuse and Illicit Trafficking in Drugs at Global and Regional Levels.

It was estimated that in 2016, 275 million people all over the world have taken a drug at least once in their lifetime (approximately 5.6% of the world population at the age 15-64 years). This population consisted of 192 million marihuana users, 34 million users of prescribed amphetamine and stimulant East Nusa Tenggara/NTT, 21 million ecstasy users, 19 million opiate users, and 18 million cocaine addicts.

Among these drug abusers 31 million are extremely in need of treatment, as they suffer from ***severe drug abuse problems.*** Based on WHO data at least 450 people died from drug abuse in 2015. Opioids are still the main destructive factor causing approx. 76% of death cases among victims of drug abuse.

There are 11 million injecting drug abusers in the world; 1.3 million among them are HIV carriers; 5.5 million have Hepatitis C, and 1 million have both, HIV and hepatitis C.

a. The Latest Trend

1) Compared to the previous years the total production of herbal based Narcotics has reached its highest record this year.

The global production of opium has increased rapidly 65% from the production in 2016, reaching a total of 10,500 tons in 2017. The largest opium production of 9,000 tons was produced by Afghanistan. An increase of 87% from the previous year. Cultvation area of opium poppy increased 37% in 2017. Nearly 420,000 Ha of opium poppy cultivation was discovered, 75% of which was found in Afghanistan.

From 2015 to 2016 overall seizures of opiates increased almost 50%. The largest seizure occurred in Afghanistan. Global seizures of heroin reached 91 tons.

Approx. 1,410 tons cocaine was produced in 2016, showing an increase of 25% from the year before. 866 tons of cocaine was produced in Columbia. In 2016 the areal of coca cultivation consists of 213,000 Ha, almost 69% was located in Columbia.

2) Misuse of prescribed medicines becomes the principal threat in the world.

Misuse of prescribed medicines containing opioids has become most alarming. In North America fentanyl mixed with heroin and other medicines has caused many death cases. The main apprehension in Europe is heroin, but also the abuse of methadone, buprenorphine and fentanyl. In West and North Africa, and Middle East the main threat is the abuse of tramadol and prescribed medicines containing opioids. Approx. 60 States have reported the misuse of benzodiazepines as their main drug abuse problem.

3) Kratom emerged as a popular herbal based NPS

In some of the States it is very easy to buy a Kratom contained product. People in the United States who consume opioids take Kratom to get a relaxing effect like opium. In 2016, 500 tons of Kratom was prevented into the country that was three times the total of the the year before.

b. Drug Market Development

1) Marihuana remains the most abused drug in the world.

It is estimated that 192 million people in the world abused marihuana at least once in the year 2016. Total seizures of drugs are as follows: Marihuana 6,313 tons (leaves/resin) ; Opium 658 tons; Shabu 158 tons; Heroin & Morfine 156 tons; Pharmaceutical opioids 87 tons; Amphetamines 70 tons; 22 tons of NPS, and Ecstasy 14 tons.

2) Africa and Asia have become the center of cocaine trafficking and consumption.

Death cases related to cocaine abuse in the United States have increased to more than 10,000 in the year 2016. The largest increase of cocaine seizures occurred in Asia and Africa, three times the seizures in the previous year; particularly in South Asia total seizures increased 10 times. In Africa seizures of cocaine increased twice the total of the previous year, and ten times in North Africa.

3) A wider spread occurred in the Trafficking and abuse of synthetic drugs, while the shabu market is increasingly flourishing.

East And South- East Asia, including North America remain the 2 main trafficking regions of shabu in the world. In the United States shabu is the second serious threat next to Heroin. Based on a qualitative evaluation on the trend of consumption, production and total seizures a conclusion was made that the shabu market in East and South-East Asia, and in Oceania, has expanded. During several years amphetamines have dominated the drug market in the Middle East, Central and West Europe. However, the increase in seizures lately in North Africa and Central America indicates also an increase in other regions.

4) Growth and Development of new drug types

A total of 803 NPS was reported in the period 2009 – 2017, although the overall seizures of NPS in 2016 indicated a decrease.

c. Susceptibility of Particular Groups

1) Several States can not yet afford to provide adequate treatment and health services to drug abusers/addicts.

Only 1 from 6 drug addicts received drug treatment in 2016. Injecting drug abusers have the highest risk, and only 79 States implement the needle program and opioid substitution therapy. From incoming data only 34 States provide a program in HIV testing.

2) Trend of Drug abuse and the highest consequence belong to the younger generation

Based on a survey conducted on the general population drug abuse among the younger generation ranks higher than in the group of an older age. The earlier age (12-14 years) till the later age (15-17 years) have a tremendously high risk in the start of drug abuse, and the highest escalation of drug abuse occurs among the youth in the group of 18-25 years. Marihuana is the most abused drug. Ecstasy, shabu, cocaine, ketamine, LSD, and GBH are frequently abused by the youth in big cities while street children tend to abuse inhalants.

3) Attention is needed on the group of older age

In most of the western countries, a rapid escalation of drug abuse is seen in particular in the age group of 40 and above, particularly among those who at their younger age have ever consumed drugs. Rehabilitation services for older aged people need special treatment, but only a few of these programs accommodate those special needs. There is an increasingly escalation in the death rate among the older age people (50 years and above) due to drug abuse, and 75% is caused by the abuse of opioids.

4) There is a distinct pattern of Drug abuse among women.

Women abuse more opioids and sedatives. Depression and anxiety as a result of their childhood trauma, discrimination, family problems, etc. are the main causes women take drugs to calm themselves down. They are more susceptible being affected to HIV, Hepatitis C and other contagious diseases, one-fifth (1/5) of the total world injecting drug abusers are women.

II. Drug Abuse and Illicit Trafficking At National Level.

Based on a research conducted by the National Narcotics Board (BNN) in collaboration with the Center of Health Research, University of Indonesia, in 2017 entitled *National Survey on the Prevalence of Drug Abuse,* the **projection rate** of drug abusers in Indonesia has reached 1.77%, or a total of 3,367,154 in the age group of 10-59 years have ever used drugs in the past year (*current users*).

Based on 2017 survey on drug abuse among workers, the Prevalence Rate of Drug Abuse for the past year (current users) among workers, from 2009, 2012, and 2017 has decreased from 4.7 (2012) to 2.9 (2017). Drug abuse for male workers from 2009 to 2017 has significantly decreased. However for female workers, in 2009 to 2012 has increased althoug in 2017 has significantly decreased.

Based on data from the BNN Deputy of Rehabilitation 18,077 drug abusers have received Therapy and Rehabilitation throughout Indonesia in the year 2017. Ministry of Health Republic of Indonesia reported 9,280 AIDS cases, the majority of cases in the age group of 30-39 years (3,294 cases) or 35.49%,followed by 30,49% in age group 20-29 years (2,830 cases).

Based on classification of cases the year 2017 indicates an overall increasing trend of drug abuse, with the highest increase in cases of psychotropic substances (137.14%), from 1,540 cases in 2016 to 3,652 cases in 2017.

As regard the classification of drug suspects in 2017, an escalation of 135.85% is seen in the trend of suspects related to narcotics and psychotropic substances with the highest increase in cases of psychotropic substances, from 1,771 suspects in 2016 to 4,177 in 2017.

In relation with marihuana seizures in 2017 the highest percentage of increase occurred in marihuana herbs discovered in the year 2016 with a percentage of 990.93%. From 13.89 tons maarihuana herbs discovered in 2016 to 151.53 tons in 2017. However, seizures of marihuana trees went down to 90.63%; from a seizure of 2,196,418 trees in 2016 to 205,708 in 2017. In the group of narcotics the highest increase in percentage is seen in seizures of ecstasy 83.25%, from 1,694,970 tablets seized in 2016 to 3,106,009 in 2017; followed by shabu seizures with an increase of 183.34%, from 2,631.07 kg in 2016 to 7,454.78 kg in 2017.

CHAPTER II
RESULTS OF BNN SURVEYS IN 2017

I. Survey on Drug Abuse Among Workers, 2017.

1. Introduction.

a. Background

Drug Abuse and Illicit Trafficking in Drugs have been growing in the past 4 years (UNODC, 2016). *World Drugs Report* informs that a quarter of the world population between 15-64 years, or 1 from 20 adults have consumed one drug in 2014. Approx. 207,400 death cases in the world *were affected* by drug abuse[1]. This situation requires every State to be alert against drug abuse and illicit trafficking in drugs. The target of drug abuse, or the drug market has already covered almost all ages and professions, the majority of which is the productive age that belong to students, unemployed as well as workers.

There is a great population of workers in Indonesia. Even a small number of these workers who are affected by drug abuse, whatever its potensial ability is, shall cause an immense problem of drug abuse. Data from the Center of Statistics (BPS) indicate that, based on the 2010-2035 population projection on the total population of Indonesia in February 2017, the estimated number of population is 260.82 million[2]. The total number of work power in February 2017 is 131.55 million, indicating an increase if compared to the work power in February 2016 (127.67 million). The total working population in February is 124.54 million, while 7.01 million are open unemployed (BPS 2017)[3]. In February 2017 the percentage of informal workers is 58.35%, while in the formal sector only 41.65%. In detail, the total number of informal workers is 72.67 million, while in the formal sector 51.87 million[4]. The large number of formal workers is potentially open to various work conditions that may cause pressure and stress. A number of workers try to overcome these pressures and stress by taking drugs or other addictive substances.

[1] World Drugs Report Tahun 2016. UNODC

[2] Data of Indonesia Work Force in August 2016, BPS

[3] Open unemployment are those who don't have a job and are currently seeking.

[4] https://www.cnnindonesia.com/ekonomi/20170505134241-92-212545/geliat-sektor-informal-dongkrak-angkatan-kerja/7 Mei 2017, **Yuliyanna Fauzi** , CNN Indonesia

Data on apprehension of drug cases indicate that drug trafficking among workers is continuously increasing from year to year. Based on drug classification of drug cases in 2015 there is a trend in the overall increase of drug cases, namely, 23.58% for narcotics, from 23,134 cases in 2014 to 28,588 in 2015.[5] The increase of cases is seen in the group of civil servants (PNS), from 362 cases (2014) to 453 cases (2015); in the private sector from 18,511 cases (2014) to 20,778 cases (2015); entrepreneurs from 1,430 cases (2014) to 14,357 cases (2015), farmers from 1,551 cases (2014) to 1,869 cases (2015), and labor from 4,570 cases (2014) to 5,283 cases (2015).

The number of boarding drug abuse workers is estimated at 963 thousand to 1 million, or those non-boarding approx. 1.8 to 2 million. The prevalence rate among boarding workers are higher (6.8%) than non-boarding workers (2.1%) (BNN & PPKUI, 2011).

Table 1.1. Estimation of Total Drug Abusers and Past Year Prevalence Rate Based on Gender and Group Classification, 2017

NO.	GROUP UNDER SURVEY	TOTAL DRUG ABUSERS					
		MALE		FEMALE		PREVALENCE %	
		MINI-MUM	MAXI-MUM	MINI-MUM	MAXI-MUM	MALE	FE-MALE
1.	Boarding Workers	829,826	924,826	134,209	148,816	9.0	2.7
2.	Non-boarding Workers	1,582,573	1,743,573	314,445	347,340	2,9	0.9
3.	Boarding Students	254,777	254,777	54,623	59,935	11.1	4.2
4.	Non-boarding Students	464,440	510,909	126,405	141,798	4.7	1.5
5.	Women Sex Workers	0	0	63,191	69,719	-	27.6
6.	Street Children	12,671	13,802	1,949	2,187	17.4	10.8
7.	Household	176,640	203,393	63,359	70,361	1.2	0.2

The above data indicate that the drug prevalence among workers from 2009 – 2012 remains relatively stagnant at 5%. Drug prevalence is higher among: young males (<30 years), single or divorced, living with a friend, and among females with a high income. Workers in the sectors of construction, service, and mining. The most popular drug consumed among workers are Marihuana, ATS, and pharmaceutical drugs. The drug prevalence is relatively small among those who have been offered to drugs, but tends to increase almost twice as high. Workers in the mining field, construction and services are more susceptible to drug abuse than workers in other sectors. Discotheques, pubs, karaoke and schools or campuses are places where of drug trafficking mostly occur. (BNN & PPKUI, 2012).

[5] BNN, Ringkasan Jurnal Data Pencegahan dan Pemberantasan Penyalahgunaan dan Peredaran Gelap Narkoba (P4GN) Tahun 2015 Edisi Tahun 2016

From 3 surveys conducted by BNN drug abuse among workers have been actually identified. The first survey conducted in 2004 uncovered that 13% of formal workers who have ever taken drugs are frequent visitors of open entertainment centers, and 27% workers of closed entertainment centers. It was also discovered that 15% of informal workers are found at open entertainment centers, while 38% at closed entertainment centers (BNN and PT. MATRIX, 2004). The second survey was conducted in 2009 applying another method. Outcomes of the survey indicate that the prevalence of drug abuse in the group of ever used is 13%, while 5% among those who continue taking drugs in the past year. The highest risk for current users (past year use) is in the sector of construction (10%), and the least risk in the processing industry (3%). 2% of 5% current users have ever consumed more than one drug (*polydrugs*) (BNN & PPKUI, 2009). The third survey was conducted in 2012, indicating 13% of drug prevalence among ever used drug abusers, and 5% among current users. The highest drug prevalence was found in the sector of social services (9.8%), as a result of contribution from the sub-sector of health (BNN & PPKUI, 2012).

The presence of vulnerability to drug trafficking is also indicated by data related to arrests of drug cases among workers. In the private sector a raise is seen in the number of drug suspects, from 20,339 (2015) to 23,792 (2016). In the group of entrepreneurs from 14,074 (2015) to 16,097 (2016), among farmers from 1,856 (2015) to 2,060 (2016), and among labour in crease form 5,209 (2015) to 6,323 (2016)[6].

Study results in other States show that the range of drug abuse among workers are almost the same, i.e. 14% related to past year drug use in the United States (Frone, 2006). Bywood, Pidd and Roche (2006) reported approx. 17% of Australian workers take drugs, approx. 10-13% of England workers take drugs in the past year in the past year (Verstraete, 2011). This condition illustrates that drug abuse among workers is real, and continues to progress.

[6] Jurnal Data Puslitdatin Years 2017. Badan Narkotika Nasional

The outcome of a survey by PPKUI-BNN in 2012 shows that a greater part of companies have not yet a special policy on dangerous addictive substances. Although the basic policy of the P4GN program was launched in 2005 through the issue of Minister of Manpower and Transmigration Regulation Number 11 of the year 2005 on the implementation of eduation within the work environment, but this regulation has not been implemented by all companies for various reasons, including that cases related to addictive and dangerous substances among workers are only a few, and P4GN is not a priority as there are still many more needs to be fulfilled. Several companies prefer to prioritize in the socialization of HIV/AIDS and prohibition of smoking within the work environment.

A majority of companies admit that they are not cognizant of this Minister of Manpower and Transmigration Regulation Number 11 of the year 2005. Drug prevention measures are issued by a Management Decision on work discipline/general regulations. Only one-third (33%) of companies have collaborated with other related agencies in the P4GN program.

US Department of Manpower stated that the effect of drug abuse on workers are related to health, productivity, problem in decision making, troubled eyesight and hearing, including moral problems.[7] Abuse of medicines also ruins physical and mental health. All these complications may lead to self insury or to others. Consequently, the company/work environment has to encounter with delayed work, inefficiency, and absence of workers, loss of time and production due to dangerous accidents and damaged equipment or other facilities.[8] Drug abuse is also one of the risk factors of work accidents (Lehman & Simpson, 1992); some of these accidents are the Nimitz plane accident, train collition in Maryland, spilled Exxon oil accident in Alaska (Norman et.al., 1990).

Due to the many cases, weak sanctions and serious impact caused by drug abuse on workers, a survey was conducted on the health behaviour of workers towards smoking, alcohol and consumption of dangerous drugs with the purpose to monitor the prevalence rate of health behavior.

[7] *Employee Drug-Free Workplace Education, Working Partners for an Alcohol- and Drug-Free Workplace (ppt) Provided by the Office of the Assistant Secretary for Policy U.S. Department of Labor. (http://www.sapaa.com/resource/resmgr/workingPartners/employee-education.ppt)*

[8] *Alcohol And Other Drugs In The Workplace : Guide To Developing A Workplace Alcohol And Other Drugs Policy 2006*

b. Aim

This study aims to obtain the number of workers who smoke, consume alcohol and dangerous addictive substances in Indonesia.

1) Prevalence rate of smoking behavior, consumption of alcohol and addictive substances among workers.
2) Obtain an illustration on the pattern of consumption, trafficking, and location of illicit trafficking of addictive substances among workers.
3) 'Obtain information on workers' understanding, attitude and their acquiscience of the program.

2. Definition and Meaning.

a. Definition of Worker

There are several definitions for worker. Some divide workers according to formal and informal worker (Mantra, I.B., 2003). A formal worker is a person who works for another person or agency, who receives money, and/or goods as a wage, or an entrepreneur who employs permanent Manpower without paying attention on the presence of any activities. (Mantra, I.B., 2003). Examples of formal workers are civil servants, Armed Forces/Police, private sector worker, factory worker, etc. Informal workers are divided into several classifications. First classification, a person who runs his own business without any help from other people, e.g. becak(tricycle) driver, taxi driver, and Manpowerer. Second classification, a person who runs his own business and is assisted by a family member, temporary Manpowerer, e.g. a stall owner, a walking vendor, or farmer. Third classification, workers without getting wages, e.g. a child helping the mother in selling goods, a family helper, or non-family worker without any pay. Article 1 point 3 of Law Number 13 of the year 2003 on Manpower regulates that a worker is a person who works by getting wages, or gets payment in any other form. This study focuses on formal workers.

b. Standard Classification of Indonesia Business (KBLI)

Standard Classification of Indonesia Business/KBLI is a standard classification of economic activities in Indonesia. KBLI was composed with the purpose to provide a set of classifications on Indonesia's economic activities to be used for uniformity in collation, processing, and presentation of data in the respective economic activities, and for use in the study on the economic condition or behavior of the respective economic activities. Through this uniformity one can make comparisons of data on interim, inter-regional as well as international economic activities.

Until today the Central Statistics Agency (BPS) has published five versions of business classifications. The first three versions are Classification of Indonesia Business (KLUI) published consecutively in 1977, 1983 and 1990, and is based on the *International Standard Industrial Classification of All Economic Activities (ISIC)* 2nd Revision, 1968. The two following versions are the Standard Classification of Indonesia Business (KBLI) consecutively published in 1997 and 2000, and its composition based on the *International Standard Classification of All Economic Activities (ISIC)* 3rd revision, 1990.

KBLI 2000 has been completed and becomes KBLI 2005. On the whole, the structure, system of coding of KBLI 2005 does not differ from the KBLI 2000 structure, likewise with the naming of its structure. KBLI 2005 and KBLI 2000 apply a 5-digit code, and one digit is the alphabetical code called cathegory; The cathegory code can be converted into a one-digit code number of KLUI 1990 (business sector).

The following is the Standard classification of Indonesia Business/KBLI 2005 according to sectors:

1) Agriculture, Plantation, Persecution, and Forestry
2) Fishery;
3) Mining and Excavation;
4) Processing industry;
5) Electricity, Gas and Water;
6) Construction;
7) Wholesale Trade and Retail;
8) Provision of accommodation and Provision of Food and Beverages;
9) Transportation, Warehousing and Communication;
10) Financial intermediary;
11) Real estate, renting business and company services;
12) Government administration, land matters and social security;
13) Educational services;
14) Health services and social activities;
15) Social services, social culture and other personal services;
16) Personal household services;
17) Other international and extra-international bodies;
18) Other indistinctive activities.

It is very important to understand the KBLI concept as a base for the mapping process and the making of sampling structure in the study. The basic principle of KBLI is used at the initial identification for the sampling. However, due to limited access to data, and the easy implementation in the field to obtain the general list of companies, grouping of companies refers to the 1990 KLUI that only has 9 sectors of classification. These sectors are:

1) Agriculture/Plantation/Forestry/Persecution/and Fishery;
2) Mining and Excavation;
3) Construction;
4) Trade/Restaurant and Accomodation Services;
5) Transportation/Warehousing and Communication;
6) Financial Institutions/Real Estate/Rental & Company Services;
7) Social and Personal Services;
8) Processing Industry;
9) Electricity – Gas – Fresh Water.

c. Drugs (Narkoba)

Narkoba is a shortened from for Narcotics and Dangerous Drugs or NAPZA (Naarcotics, Psychotropic Substances and Addictive Substances) (Mitra Bintibmas, 2005). Information on these drugs are extended as substances that endanger human health. There are many types of psychotropic substances, some are dangerous, and some are used for medication, and they have addictive qualities. (Hawari, 2001:19).

Law Number 35 of the year 2009 defines narcotics as a substance or medicine either of herbal or non-herbal origin, synthetic or semi-synthetic, and can drop consciousness, loss of sensation, lessen or loss of pain, and cause addiction. Based on the law narcotics are classified as follows:

1) Table I Narcotics.

Table I narcotics are only used for development of science and is highly potential to cause addiction. The types of narcotics in Table I are:

a) A plant called *Papaver Somniferum L* including all parts of the plant and its fruit and straw, not included its seeds.

b) Raw opium, its self-coagulated resin taken from the fruit of *Papaver Somniferum L* that needs only some simple processing for the wrapping and transportation without any thought of its morphine content.

c) Cooked opium that consists of:

(1) Candu, a product obtained from raw opium through a series of processes by dissolving, warming and fermentation with or without adding other substances, with the purpose to extract into a solid matter.

(2) Jicing, residue of candu after being smoked, without any attention whether the candu is mixed with leaves or other materials.

(3) Jicingko, a product obtained from the processing of jicing.

d) Coca plant, from all genus of *Erythroxylon* of the *Erythroxylaceae* family, including its fruit and seeds

e) Coca leaf, either fresh or dried, or in powder form from all genus of *Erythroxylon* of the *Erythroxylaceae* family that directly produces cocaine or through chemical process.

f) Raw cocaine, all. products obtained from the coca leaf that can directly be processed to produce cocaine.

g) Cocaine, *methyl ester-1-bensoil exgonine*.

h) Marihuana plant, all plants from the genus *cannabis* and all its parts including the seeds, fruit, straw, and all its processed products from the plant or its parts, including its resin and hashish.

2) Table II Narcotics

Narcotics in Table II are narcotics used for medication or therapy, and/or for scientific purposes; they are potential to cause addiction. Narcotics in Table II are:

a) Morphine, a white powder substance used to ease the extreme pain from cancer, operation, etc.

b) Fentanil, as a common anaesthetic

c) Pethidine, Frequently used for pregnant mothers during delivery. It has the same effect as morphine

3) Table III Narcotics

This group of narcotics are drugs frequently used in medication and therapy, and/or scientific purposes. These drugs have minor potetials to cause addiction.

a) *Codeine*, found in opium or a synthetic of morphine in the foRestaurant of white powder or tablet.

b) *Ethyl morphine*, has almost the same qualities as codeine.

Law Number 5 of the year 1997 states that psychotropic substances is a substance or drug, either natural or synthetic, not a narcotic, has psychoactive qualities through a selective affect on the central nerves system, that may cause a particular change in the mental activities and behavior of a person. Misuse of psychotropic substances may result in addiction syndrome when used without due medical supervision. Misuse of the substance can not only haRestaurant the abuser, but also affects the social, economic and national stability and security, and is a threat to the nation's and people's existence.

Psychotropic substance have potential to cause addiction syndrome as stated in Paragraph (1). Psychotropic substances are divided into several groupings:

1) Group I Psychotropic substances

This group is only used for scientific purposes, not for medication or therapy. They have very strong potential to result in addiction syndrome. Some of these substances are:

a) MDMA (*Methylene Dioxy Meth Amphethamine*), or Inex which is derived from amphetamine, a white to yellowish powder, has strong hallucinogic qualities. Other names used are ADAM Essence, XTC, etc. It is in the form of a brown or white tablet, pink and yellow transparent capsule. It is swallowed with mineral water. Physical effects are: sweating, dry mouth, stiff jaws, increase in heart rate, blood pressure and body temperature. Physical effects experienced are: sweating, dry mouth watery eyes, excess energy and loss of appetite. Some also experience nausea and vomiting, and feeling insecure. Its psychological effects are: feeling relax, happy, warm, strong and understanding each other. High dosage consumption may cause in stress, panic, feeling `confused and insomnia. Overdose of the drug may cause hallucination, panic, vomiting, diarrhea and spasms.

b) Shabu, another name: Ubas. It belongs to methyl amphetmine, and is derived from amphetamine. It looks like monosodium glutamate (vetsin), a white crystalline powder that easily dissolves in water. It was originally a synthetic Stimulant, but has a stronger and faster effect than ecstasy. It can speed up the body's activity, increase heart rate dan blood pressure, dry mouth and always sweating. Its psychological effects are feeling happy, increase of energy, feeling healthy, feeling powerful and self confident, increase in concentration, decrease in appetite, not feeling sleepy and hallucinations appear. Consumption of shabu can be traced from a person's urine 2-4 days after the intake. Symptoms of addiction are easily changing moods, anxiety, quick anger, confused and paranoid.

c) Psylobine and psylosine, easily found in fungus, and in Indonesia it is found in a cow's manure.

d) LSD or *Lisergic Acid Diethylamine,* comes from the ergot fungus that grows on the white and black wheat. It has a very strong hallucinogic effect, creates perception problems in the mind, voice, hearing. LSD causes physical and psychological addiction, and tolerance. Generally LSD is found in tablet form or sticker placed under the tongue.

e) Meskaline (peyote), comes from a cactus plant growing in North-West America, and brings a physical and psychological addiction.

2) Group II Psychotropic Substances

Substances in this group have medical qualities and is used for therapy dan/or scientific purposes. They have also strong porential to cause addiction syndrome. In this group are *amphetamines, methamphetamines, methequalona, methylfenidat*, etc.

3) Group III Psychotropic Substances

Substances of group III are used for medication, and/or frequently used for scientific purposes. They have moderate potential for addiction syndrome. In this group are *amobarbital, flunitrazepam, kathine, etc.*

4) Group IV Psychotropic Substances

In group IV are substance used for medication and are frequently used for therapy and/or scientific purposes. They have light(weak) potential for addiction syndrome In this group are *barbital, bromazepam, diazepam, estazolam, phenobarbital, klobazam, lorazepam, nitrazepam, etc.*

The emergence of *New Psychoactive Substances* (NPS) in these last few years with potentials to endanger the community are not under international control. These substances have increased addiction, many people have been taken to hospital, and even caused death. These psychoactive substances are frequently called a "legal" alternative in the drug market as they are not under risk.[9]

[9] (New Psychoactive Substances: Overview of Trends, Challenges and Legal Approaches, Commission on Narcotic Drugs Fifty-Ninth Session, Vienna, 14-22 March 2014)

NPS are known in the market by the names *"designer drugs", "legal highs", "herbal high", "bath salts", "research chemicals", "laboratory reagents"*. To clarify thie issue of terminology UNODC only uses the name *"New Psychoactive Substances (NPS)"* and are defined as "abuse of drugs, either pure or mixed, neither under control of the 1961 *Single Convention on Narcotic Drugs,* nor 1971 *Convention on Psychotropic Substances,* but cause a threat to community health. The term "new" does not always refer to the new inventions – as some of the NPS were made synthetic for the first time about 40 years ago – but related to the new substances emerging in the drug market and not listed in the above Convention.

Main Classification of NPS presented by UNODC (United Nations Office on Drugs and Crime) and National Narcotics Board (BNN):

1) *Aminoindanes* [5,6-methylenedioxy-2-aminoindane (MDAI)]
2) *Synthetic Cannabinoid (*APINACA, JWH-018*)*
3) *Synthetic Cathinones [*4-methylethcathinone (4-MEC) and *α*-pyrrolidino-pentiophenone (*α* –PVP)*]*
4) *Ketamine & Phencyclidine-type substances [*methoxetamine (MXE)]
5) *Phenethylamines (*2C-E and 25H-NBOMe*)*
6) *Piperazines [*benzylpiperazine (BZP) and 1-(3-chlorophenyl) piperazine (mCPP)]
7) *Plant-Based Substances [*kratom (*mitragyna speciosa* Korth), s*alvia divinorum* and khat (*Catha edulis*)]
8) **Tryptamines** *[*methyltryptamine (AMT)]
9) *Other substances* [1,3-dimethylamylamine (DMAA)]

In 2016 BNN published in its website the **List of NPS substances identified in Indonesia.**[10] Hereunder are the substances:

Table 1.2.List of NPS Substances Identified in Indonesia

NO.	CHEMICAL NAME (IUPAC)	GENERAL NAME	TYPE
1.	2-methylamino-1-(3,4-methylenedioxyphenyl)propan-1-one	Methylone (MDMC)	Derivative of Cathinone
2.	(RS)-2-methylamino-1-(4-methylpenhyl)propan-1-one	Mephedrone (4-MMC)	Derivative of Cathinone
3.	(±)-1-phenyl-2-(methylamino)pentan-1-one	Pentedrone	Derivative of Cathinone

[10]Badan Narcotics Nasional. **List of NPS Identified in Indonesia**. 31 January 2016 http://lab.bnn.go.id/nps_alert_system/12.%20Lampiran%20zat%20NPS%20terdeteksi%20di%20Indonesia.php

NO.	CHEMICAL NAME (IUPAC)	GENERAL NAME	TYPE
4.	(RS)-2-ethylamino-1-(4-methylphenyl)propan-1-one	4-MEC	Derivative of Cathinone
5.	(RS)-1-(benzo[d][1,3]dioxol-5-yl)-2-(pyrrolidin-1-yl)pentan-1-one	MDPV	Derivative of Cathinone
6.	(RS)-2-ethylamino-1-phenyl-propan-1-one	Ethcathinone (N-ethylcathinone)	Derivative of Cathinone
7.	(RS)-1-(4-methylphenyl)-2-(1-pyrrolidinyl)-1-hexanone	MPHP	Derivative of Cathinone
8.	(1-pentyl-1H-indol-3-yl)-1-naphthalenyl-methanone	JWH-018	Synthetic Cannabinoid
9.	(1-(5-fluoropentyl)-1H-indol-3-yl)2,2,3,3-tetramethylcyclopropyl)-methanone	XLR-11	Synthetic Cannabinoid
10.	N,N-2-dimethyl-1-phenylpropan-2-amine	DMA (Dimethylamphetamine)	Derivative of Phenethylamine
11.	5-(2-aminopropyl)benzofuran	5-APB	Derivative of phenethylamine
12.	6-(2-aminopropyl)benzofuran	6-APB	Derivative of Phenethylamine
13.	1-(4-methoxyphenyl)-N-methyl-propan-2-amine	PMMA	Derivative of Phenethylamine
14.	2-(4-Bromo-2,5-dimethoxyphenyl)ethanamine	2C-B	Derivative of Phenethylamine
15.	1-(4-chloro-2,5-dimethoxy-phenyl)propan-2-amine	DOC	Derivative of Phenethylamine
16.	2-(4-Iodo-2,5-dimethoxyphenyl)-N-[(2-methoxypehyl)methyl]ethanamine	25I-NBOMe	Derivative of Phenethylamine
17.	2-(4-Bromo-2,5-dimethoxyphenyl)-N-[(2-methoxypehyl)methyl]ethanamine	25B-NBOMe	Derivative of Phenethylamine
18.	2-(4-Chloro-2,5-dimethoxyphenyl)-N-[(2-methoxypehyl)methyl]ethanamine	25C-NBOMe	Derivative of Phenethylamine
19.	Catha edulis mengandung cathinone dan cathine	Khat Plant mengandung Cathinone dan Cathine	Cathinone dan Cathine
20.	5-fluoro AKB48	5-fluoro AKB 48	Synthetic Cannabinoid
21.	MAM 2201	MAM 2201	Synthetic Cannabinoid
22.	1-benzofuran-4-yl-propan-2-amine	4 APB	Derivative of Phenethylamine
23.	1-Benzylpiperazine	BZP	Derivative of Piperazine
24.	1-(3-Chlorophenyl)piperazine	mCPP	Derivative of Piperazine
25.	1-(3-Trifluoromethylphenyl)piperazine	TFMPP	Derivative of Piperazine
26.	2-(1H-indol-3-yl)-1-methyl-ethylamine	α-MT	Derivative of Tryptamine

NO.	CHEMICAL NAME (IUPAC)	GENERAL NAME	TYPE
27.	Mitragyna speciosa contains mitragynine and speciogynine	Kratom contains mitragynine and speciogynine	Plant, plantlike powder
28.	2-(2-chlorophenyl)2-(methylamino)cyclohexan-1-one	Ketamine	Ketamine
29.	(RS)2-(3-methoxyphenyl)-2-(ethylamino)cyclohexanone	Methoxetamin	Derivative of Ketamine
30.	3,4-Methylenedioxy-N-ethylchatinone	Ethylone (bk-MDEA,MDEC)	Derivative of Cathinone
31.	4-methyl buphedrone	Buphedrone	Derivative of Cathinone
32.	5-methoxy N,N-methylisopropyltryptamine	5-MeO-MiPT	Derivative of Tryptamine
33.	(1-(4-fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl) methanone	FUB-144	Synthetic Cannabinoid
34.	N-[(1S)-1-(aminocarbonyl)-2-methylpropyl)]-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide	AB-CHMINACA	Synthetic Cannabinoid
35.	N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-[(4-fluorophenyl)methyl]-1H-indazole-3-carboxamide	AB-FUBINACA	Synthetic Cannabinoid
36.	Naphthalen-1-yl-(-4-pentyloxynaphthalen-1-yl) methanone	CB 13	Synthetic Cannabinoid
37.	1-(4-Chlorophenyl)-2-(methylamino)propan-1-one	4-chloro metchatinone	Derivative of Cathinone
38.	Methyl 2-({1-[(4-fluorophenyl)methyl]-1H-indazole-3-carbonyl}amino)-3-methylbutanoate	FUB-AMB	Synthetic Cannabinoid
39.	N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide	AB-PINACA	Synthetic Cannabinoid
40.	[1-(5-fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl)methanone	THJ-2201	Synthetic Cannabinoid
41.	1-naphthalenyl(1-pentyl-1H-indazol-3-yl)-methanone	THJ-018	Synthetic Cannabinoid
42.	N-(1-Amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide	ADB-FUBINACA	Synthetic Cannabinoid
43.	N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide	ADB-CHMINACA	Synthetic Cannabinoid
44.	methyl 2-{[1-(cyclohexylmethyl)-1H-indol-3-yl]foRestaurantamido}-3,3-dimethylbutanoate	MDMB-CHMICA	Synthetic Cannabinoid

NO.	CHEMICAL NAME (IUPAC)	GENEERAL NAME	TYPE
45.	Methyl (S)-2-[1-(5-fluoropentyl)-1H-indazole-3-carboxamido]-3,3-dimethylbutanoate	5 - Fluoro ADB	Synthetic cannabinoid
46.	(±)-1-(4-methylphenyl)-2-(benzylamino)propan-1-one	Benzedron	Derivative of cathinone
47.	3-Methoxy-2-(methylamino)-1-(4-methylphenyl)propan-1-one	MEXEDRON	Synthetic cathinone
48.	1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one	PENTYLONE	synthetic cathinone
49.	1-(2H-1,3-benzodioxol-5-yl)-2-(ethylamino)pentan-1-one	N-ETHYLPENTYLONE	synthetic cathinone
50.	(1-Butyl-1H-indol-3-yl)(naphthalen-1-yl)methanone	JWH-073	synthetic cannabinoid
51.	(4-methylnaphthalen-1-yl)(1-pentyl-1H-indol-3-yl)methanone	JWH-122	synthetic cannabinoid
52.	2-(4-iodo-2,5-dimethoxyphenyl)ethanamine	2C-I	Derivative of phenethylamine
53.	1-(4-chlorophenyl)-2-(ethylamino)propan-1-one	4-Chloro-ethcathinone	synthetic cathinone

Source : BNN (2016)

3. Survey Method.

a. Survey Plan

The study design was selected by conducting a cross sectional survey on the target group of workers. A qualitative and quantitative approach, and desk review were used for data collection. The survey on workers shall be done through the quantitative and qualitative approaches. For the quantitative approach data collection is done by asking the workers to fill a structured questionnaire and guided by the field officer. The questionnaire is completed together at a certain location provided by the company. Managers or informants representing the company are to fill a semi-structured questionnaire to illustrate the situation within the company.

The qualitative aproach is aimed to dig in deeper and clarify the various problems/issues, also to clarify the findings of the qualitative study. An in-depth interview is done for the qualitative approach for company managers/representatives (1 person per province), representating workers from the group of drug abusers or non-drug abusers (1 person per province), from the office of manpower at province or regency/city level (1 person per province), and from the Province BNN (BNNP) represented by 1 person per province.

b. Study Location, Range of Samples and Method of Samples Selection

Study location covers all provinces in Indonesia, a total of 34 provinces. In each province 2 regencies/cities are selected totaling 64 regencies/cities as samples of the study location. Field data collection is done from August to September 2017. Details of the selected study location is shown in the Table 1.3. hereunder:

Table 1.3. List of Selected Cities and Regencies for Study Location in 34 Provinces.

NO.	PROVINCE	SELECTED CITIES	SELECTED REGENCIES (KABUPATEN)
1.	Aceh	Banda Aceh	Kab. Bireun
2.	North Sumatra	Medan	Kab. Serdang Bedagai
3.	Riau	Pekanbaru	Kab. Kampar
4.	Riau Islands	Batam	Kab. Bintan
5.	Bangka Belitung	Pangkal Pinang	Kab. Bangka
6.	West Sumatera	Padang	Kab. Tanah Datar
7.	Jambi	Jambi	Kab. Batanghari
8.	Bengkulu	Bengkulu	Kab. Bengkulu Selatan
9.	South Sumatera	Palembang	Kab. Ogan Komering Ilir
10.	Lampung	Bandar Lampung	Kab. Tanggamus
11.	DKI Jakarta	Jakarta Barat	Jakarta Utara
12.	West Java	Bandung	Kab. Garut
13.	Banten	Serang	Kab. Tangerang
14.	Central Java	Semarang	Kab. Kudus
15.	DI Yogyakarta	Yogyakarta	Kab. Bantul
16.	East Java	Surabaya	Kab. Malang
17.	Bali	Denpasar	Kab. Gianyar
18.	West Nusa Tenggara	Mataram	Kab. Lombok Timur
19.	East Nusa Tenggara	Kupang	Kab. Timor Tengah Selatan
20.	West Kalimantan	Pontianak	Kab. Pontianak
21.	East Kalimantan	Samarinda	Kab. Kutai Kartanegara
22.	South Kalimantan	Banjarmasin	Kab. Banjar
23.	Central Kalimantan	Palangkaraya	Kab. Kotawaringin Timur
24.	North Sulawesi	Manado	Kab. Minahasa
25.	Central Sulawesi	Palu	Kab. Donggala
26.	South Sulawesi	Makasar	Kab. Barru
27.	S.E. Sulawesi	Kendari	Kab. Kolaka
28.	Gorontalo	Gorontalo	Kab. Gorontalo Utara
29.	West Sulawesi	Mamuju	Kab. Majene
30.	Maluku	Ambon	Maluku Tengah
31.	North Maluku	Ternate	Halmahera Tengah
32.	West Papua	Kota Sorong	Kab. Sorong
33.	Papua	Jayapura	Kab. Jayapura
34.	North Kalimantan	Tarakan	Kab. Bulungan

The range of samples for the survey on workers is calculated by taking reference to Lemeshow et.al formula using the data assumption of workers in 2012, with the statistical assumption that: the estimation of one proportion is 95% realization, 5% reliability, deff = 2. The minimum number of the sample calculation is 475 and rounded off to 500 for regency/city location. Since in each province there are 2 regencies/cities, the range of samples for this study is estimated at approx. 1,000 respondents in one study location. For each regency/city 2 sectors are selected, 1 sector representing the lowest prevalence of drug abuse and the other the with highest prevalence of drug abuse. In one sector two sub-sectors are selected. In each sub-sector stratification of a work unit is done (institution/company/office) that is based on the number of workers in each work unit. 5 companies are selected in each stratum representing each randomly selected sub-sector. In each selected company the minimum of 20 workers are taken at random. Through this process there will be 1,000 samples of respondents (2 sectors x 2 sub-sectors x 5 companies x 20 workers x 2 recencies/cities = 1,000). A detailed representation is shown in the table below.

Table 1.4. Sample Distribution of the Quantitative Study by Province

NO.	DETAILS	CITY	REGENCY
1.	City/Regency	1	1
2.	Sector (Highest and lowest prevalence)	2	2
3.	Sub-Sector	2	2
4.	Companies	20	20
5.	Workers in a Company	25	25
Total Workers		**500**	**500**

The type of study, method of collection and total samples in each province are illustrated in the Table below:

Table 1.5. Research, Method of Collection and Total Samples in each Province

NO.	STUDY	TARGET	METHOD	SAMPLE		
				COM PANY	WORKERS	TOTAL
1.	**Quantitative**	Workers	Questionnaire	40	25	1,000 workers
		Company	Semi-structured	40		40 companies
2.	**Qualitative**	Workers	In-depth interview	-	1 drug abuser 1 non-drug abuser	1 person 1 person
		Company Manager	In-depth interview	-	1 person	1 person
		BNNP	In-depth interview	-	1 person	1 person
		Office TManpower Province	In-depth interview	-	1 person	1 person

Companies are selected on 2 methods, verify the presence of the company and adequate number of workers through the following steps:

1) Verify the presence and willingness of the company.

   a) Check whether the company uses Form 1 by phone or visit its address (if by phone is impossible). Check the key information on the company: company's presence/no presence; total workers (minimum 15 for the company to be selected).

   b) The company eligible for selection as sample should have the minimum of 15 workers/employees. If less, the company is dropped out and replaced by another in the same sector or prevalence of drug abuse.

   c) If the criteria is eligible, visit the company and ask for permission/its willingness to do a survey by using Form 2. If the company rejects use Form 3.

   d) This process should be done for each company till the total number of 20 companies is completed.

2) Selelcting a company as sample (its criteria)

   a) The company eligible for selection as sample should have the minimum of 15 workers/employees.

   b) The company has given its permission to do the survey.

   c) If the company has 15 to 25 workers all workers can become respondents. If the company has less, it can be combined with another company of the same sector or from the group with the same drug abuse prevalence.

c. Instruments and Data Collection

The Instrument to be developed for workers and companies should be easily understood by respondents, as they have to answer each question in the questionnaire. The questions designed for the questionnaire should not be leaping or filter questions as the method of filling is self-done. The purpose is to have the same time for the filling of the instrument bydrug abusers and non-drug abusers. This strategy has to be implemented to avoid any suspicion among respondents from the group of drug abusers and non drug abusers.

In general, questions for the workers consist of several parts:

1) Respondents' characteristics (gender, age, education, marital status, number of persons under care, status of domicile).
2) Occupation (duration, position in the company, type of work, length of work time, income, work conditions, work stress, pattern of work).
3) Smoking and alcohol (ever consumed, age, frequency of use in the past year, in the past 30 days).
4) Knowledge and experience in the use of dangerous substances (ever heard of, knowledge, source of information, ever used, age, type of drug, frequency of use in the past year/past 30 days).
5) Behaviour of injecting drug use (ever used, age, needle sharing, type of substance injected).
6) Drug trafficking (drug infected environment, offer drugs or have been offered, easy access to drugs, condition of work environment, have a drug abuser friend).
7) Sex behaviour (ever involved in sex, age, last time sex, frequency of condom use, drug to increase sex libido).
8) Promotion and intervention program (general: ever seen/involved in the drug program, source of information, understanding the message, involved in the program, organizer of the activities, effective media appraisal; Company:program pressent, policy, sanction, urine test).
9) Rehabilitation (ever, when, type of rehabilitation).
10) Rate of truthfulness in replying the questions.

Questions aimed for companies:

1) Characteristics (type of company, number of workers/male-female, number of management-worker)
2) Health program (program availability, type of program, time of services)
3) Drug program (policy/regulations, program availability, type of program, time of services, legal sanctions, impact on the company's output).

d. Data Analysis Framework.

The Epi-Info *Fox base* is used in the planning of the program and data entry process. Data processing program shall use the SPSS or Stata. To facilitate the process of data processing initially dummy tables are made. Data analysis is directed to refer to frequency distribution and cross tabulation of the related inter-variables. If necessary, to take a statistical test to know the pattern or closeness of relation of the variables. Besides, findings in the quantitative data is supported by the qualitative study and by other sources through the application of the triangulation analysis.

4. Company's and Respondents' Characteristics.

a. Company's Response Rate.

In this year's survey a decrease is seen in the company's participation compared to the same survey in 2012, from 69% to 53% in 2017, or a decrease of approx. 16%.

3,780 companies were contacted in 2017. But only 2,773 (73%) were still in operation or its presence found, and 53% were willing to be involved in the study. The reasons from companies that refuse are: the survey will disturb the company's productivity, they have to get permission from the central office located in Jakarta. One of the compamies is the central office, but its workers/employees do not fulfill the requirement, or the reason to refuse is not explicitly mentioned. Details of the outcome is shown in Table 1.6

From the initial sampling design which is based on results of an economic sensus in 2006 it came to know that almost half the number of companies did not exist anymore (bankrupt), or they moved to another unknown location. To meet the required samples mapping in the field has to be repeated to replace companies according to its type based on data from the Office of Manpower in the study location, namely at the regency/city level.

Table 1.6. Sector-Based Response Rate of the Drug Survey on Workers, 2017

NO.	DETAILS	TOTAL	%
1.	**Number**		
	Total contacts	3,780	
	No address/closed	1,007	27%
	Number of companies found/in operation	2,773	73%
	Total involved	1,472	53%
	Total refused	1,301	47%
2.	**Reason for refusing the survey (n=2382)**		
	Unwilling	432	33%
	No response	869	67%

b. Demographic Characteristic and Respondents' Occupation

There are 1,472 companies that are willing to join the survey, spread in 9 sectors in 34 provinces of Indonesia. The largest number of sectors is the sector of transportation/warehousing and communication (476 companies). However, the average largest number of workers in the survey is found in the sector of electricity, gas and fresh water (355) workers in one company. And the average lowest in number in the sector of social services and private companies (58).

Proportion of the total number of male workers/employees of all companies under survey is an average of 63%, and some decrease in proportion than the 2012 survey (73%). Companies with the largest proportion of male workers belongs to the sector of transportation/warehousing and communication (83.6%), and the lowest in the processing industry sector. There is a general difference of characteristics between the proportion of male workers of the 2012 and 2017 surveys. The majority of companies under survey are private owned companies, and only 46% are Government-owned companies (BUMN).

Table 1.7. Sector-based Distribution of Companies, Total Number and Workers, Status of Ownership, Drug Survey on Workers, 2012 and 2017

NO.	DETAILS	TOTAL COMPANIES		AVERAGE NUMBER OF WORKERS*		MALE (%)		GOVT. OWNED/ BUMN	
		2012	2017	2012	2017	2012	2017	2012	2017
1.	Agriculture/plantation/ forestry/persecution/and fishery	53	43	630	231	79.2	68.7	18.9	7.3
2.	Mining and Excavation	29	26	189	104	89.7	83.0	17.2	20.0
3.	Electricity, Gas and Fresh Water	66	193	202	335	80.3	60.1	81.8	5.5
4.	Construction	40	57	105	88	67.5	75.9	10.0	46.3
5.	Trade/Restaurant and Accomodation services	199	114	146	73	66.3	83.6	2.0	13.9
6.	Transportation/Warehousing and Communication	76	476	132	87	71.1	65.9	39.5	4.2
7.	Financial Institutions/Real Estate/Rental Business&Company services	151	79	163	62	70.9	74.6	42.4	21.3
8.	Social and Private services	175	281	197	58	66.7	62.1	74.9	34.5
9.	Processing Industry	204	203	493	203	73.5	54.0	4.9	22.3
Total		**993**	**1,472**	**258**	**131**	**71.3**	**63.1**	**31.4**	**16.3**

*Average numberof workers/employees in one company

Source : Company Manager Respondent, 2012 & 2017

Total respondents under survey, (34,397) spread in 34 provinces is greater in number than the survey in 2012 (25,026), Survey in 2009 (12,254) respondents. The proportion of male workers is greater than female workers for the three surveys.

There is little difference in the proportion of education level in the three surveys. The proportion of respondents in the 2017 survey with the education level of Junior High School and of a lower level is smaller than the survey of 2009 and 2012, as such, the proportion of Senior High School up to University level is greater. The proportion of respondents' average age is 29-31 years, which is the same as in the previous survey. However, from the median number, the survey of 2017 has a younger age than the surveys in 2009 and 2012, so the proportion of Senior High School and university the survey in 2017 is greater. The average age proportion of respondents is 29-31 years which is the same with the previous survey. However, from the median number the survey in 2017 shows a younger age compared to the surveys of 2009 and 2012.

Respondents with the single status both males and females are of a greater proportion in the survey of 2017 than the surveys in 2009 and 2012. Likewise the proportion of respondents with a marital status is relatively smaller than the surveys before which illustrates a shift in the age of marriage among workers.

The majority of respondents live with the family/relative which has relatively a larger proportion than the previous surveys. While respondents living alone or with a friend are in proportion smaller than the surveys before. Male workers living alone or with a friend have a larger proportion than female workers. As regard their domicile, the largest proportion is seen among those who live with the parents,. even larger in proportion than the previous surveys, while respondents living in their own house have also a smaller proportion than the surveys before.

Table 1.8. Socio-Demographic Distribution of Respondents Based on Gender in the Surveys of 2009, 2012 and 2017.

NO.	AGE/EDUCATION/ MARITAL STATUS/LIVING STATUS/ TYPE OF DOMICILE	2009			2012			2017		
		M	F	M+F	M	F	M+F	M	F	M+F
1.	**Age (years)**									
	N	**7,719**	**4,467**	**12,254**	**12,943**	**9,791**	**22,734**	**20,962**	**13,379**	**34,397**
	Mean	37	34	36	33	31	32	31	29	30
	Median	35	32	34	32	29	31	29	27	28
	Elementary	9	8	9	9	9	9	9	9	9
2.	**Education**									
	No schooling/Elementary not finished	2.7	3.3	2.9	2.3	2.1	2.2	2.2	1.4	1.9
	Finished Elementary/same degree education	2.5	3.6	2.9	3.2	2.7	3.0	2.1	1.2	1.8
	Finished Junior High/same degree education	8.1	9.4	8.7	8.8	5.9	7.6	6.5	3.8	5.4
	Finished Senior High/same degree education	51.6	43.6	48.4	54.6	42.3	49.4	54.5	43.7	50.3
	Finished Academy/University	34.7	39.5	36.3	31.2	47.0	37.9	34.7	49.8	40.6
3.	**Marital Status**									
	Single	32.2	44.5	36.7	32.1	38.2	34.7	37.1	45.2	40.2
	Married	66.0	50.3	60.0	65.9	58.0	62.6	60.7	49.8	56.4
	Widow/Widower	0.4	1.4	0.8	0.6	1.5	1.0	0.4	1.4	00.8
	Divorced	0.9	2.8	1.6	0.9	2.0	1.4	1.0	3.1	1.8
	Living together	0.5	0.5	0.5	0.4	0.2	0.3	0.3	0.2	0.3
4.	**Status of Living**									
	Alone	8.1	7.8	7.9	12.3	9.0	10.9	8.8	7.4	8.3
	With family/Relative	74.3	69.8	72.5	79.8	86.1	82.4	85.5	88.1	86.5
	With a friend	10.2	10.1	10.1	7.5	4.5	6.2	5.0	3.9	4.6
5.	**Type of domicile**									
	Parents' house	32.4	40.6	35.4	31.3	40.3	35.1	38.5	46.6	41.6
	Relative's house	5.8	6.3	6.0	6.3	6.1	6.2	4.7	4.9	4.8
	Own house	35.4	29.3	33.1	36.2	33.6	35.1	31.8	27.0	29.9
	Boarding/dormitory	25.1	23.0	24.3	23.3	17.3	20.8	23.3	20.4	22.2
	Apartment	0.4	0.3	0.4	0.4	0.3	0.4	0.2	0.3	0.2
	Others	0.3	0.1	0.2	2.5	2.3	2.4	1.3	0.7	1.1

In relation with the status of respondent's officialdom, there is a shift in characteristics compared to the previous surveys. The proportion of permanent and daily paid workers is smaller than in the surveys before, while the proportion of contracted workers become relatively greater. The grouping of monthly wages becomes also different compared to the previous surveys, because of adjustment to the financial inflation (Table 9). In the previous survey the dominant wages are in the group with wages from Rp. 800,000.00- Rp. 1,500,000.00. While in the survey of 2017 workers with wages from Rp. 1,500,000.00 – Rp. 2,999,000.00 take a larger proportion, that indicates an increase in the income of male as well as female workers.

There is a question on the worker's situation in a month, but this question is different from the question in the previous survey . The question in the 2017 survey does not inquire about physical and psychological stress and problems, because of its quite high level of subyectivity. The number of workers in the night shift is greater among male workers, and the proportion relatively smaller than the survey before. A part of respondents work during the day (82%). The proportion of workers working for more than 8 hours is quite large (65%).

Table 1.9. Distribution of Respondents' Work Characteristics Based on Gender, Survey on Abuse Survey on Workers, 2009, 2012 dan 2017

NO	STATUS OF OFFICIALDOM/ MONTHLY INCOME/ MONTHLY WORK SITUATION	2009			2012			2017		
		M	F	M+F	M	F	M+	M	F	M+F
	N	**8,280**	**5,064**	**13,641**	**14,404**	**10,622**	**25,026**	**20,962**	**13,379**	**34,397**
1.	Status of officialdom									
	Permanent	64.6	63.0	63.9	62.0	62.9	62.4	52.9	53.3	53.0
	Under contract	10.3	10.7	10.4	27.5	25.5	26.7	36.1	36.3	36.2
	Daily paid	22.6	23.6	23.0	10.5	11.5	10.9	9.2	8.4	8.9
2.	Monthly income (Rp.)									
	Less than 800 thousand	15.4	23.9	18.6	9.6	14.8	11.8	--	--	--
	800 thousand -1,5 million	40.8	41.1	40.9	36.2	35.3	35.8	--	--	--
	1,6 - 2,5 million	18.9	18.6	18.8	23.5	24.6	24.0	--	--	--
	2,6 - 3,5 million	9.8	7.4	8.9	13.7	13.1	13.4	--	--	--
	3,6 - 5 million	6.8	4.1	5.7	9.5	8.3	9.0	--	--	--
	5,1 - 10 million	5.3	2.2	4.1	6.1	3.5	5.0	--	--	--
	Less than 1 million	--	--	--	--	--	--	4.5	7.1	5.5
	1-1,49 million	--	--	--	--	--	--	11.6	14.5	12.7
	1,5-2,99 million	--	--	--	--	--	--	40.0	40.0	40.0
	3-4,99 million	--	--	--	--	--	--	26.7	24.8	25.9
	5-9,99 million	--	--	--	--	--	--	12.4	10.2	11.6
	More than 9.99 million	--	--	--	--	--	--	3.7	2.2	3.1
3.	Monthly work situation									
	Night shift	53.6	36.9	47.2	48.7	35.8	43.2	45.1	36.9	41.9
	With physical presssure	58.0	43.9	52.6	72.8	66.3	70.1	--	--	--
	With psychological pressure	93.1	93.1	93.0	92.2	92.1	92.1	--	--	--
	Admit having problems	94.7	95.1	94.7	79.2	77.7	78.5	--	--	--
	Day shift	--	--	--	--	--	--	83.4	81.4	82.6
	More than 8 hours/day	--	--	--	--	--	--	67.3	62.7	65.5
4.	Type of company/work unit									
	Gevernment	--	--	--	28.6	39.4	33.2	--	--	--
	Non government	--	--	--	71.4	60.6	66.8	--	--	--

5. Trend and Pattern of Drug Abuse

a. Rate of Drug Abuse (past year use/current users and ever used)

The prevalence of drug abuse can be measured by 2 approaches, namely (*ever used*) and (*current users*). This survey focuses on the prevalence rate of current users, since it illustrates the present drug abuse situation. The prevalence of drug abuse in 2009 was measured in 10 provinces, but it represents the national prevalence. The survey in 2012 was conducted in 33 provinces, and the survey in 2017 in 34 provinces.

Table 1.10. Drug Survey on Workers Drug Abuse Prevalence of Ever Used in the past year Based on Gender, Drug Survey on Workers, 2009, 2012 and 2017

NO.	EVER USED/ PAST YEAR USE	2009	2012	2017
1.	**Ever used**			
	M+F	**12.7 [13,641]**	**12.8 [25,026]**	**9.1 [31,253]**
	Males	17.4 [8,280]	16.3 [14,404]	12.0 [18,441]
	Females	5.1 [5,064]	8.0 [10,622]	4.6 [12,757]
2.	**Past Year Use**			
	M+F	**5.2 [13,641]**	**4.7 [25,026]**	**2.9 [33,388]**
	Males	6.5 [8,280]	5.4 [14,404]	3.7 [20,178]
	Females	3.0 [5,064]	3.6 [10,622]	1.7 [13,155]

Prevalence rate of ever used. The prevalence rate indicates the range of the drug problem. Those who have ever consumed a drug in a lifetime belongs to this cathegory. The rate of ever used in the 2017 survey indicates a decrease if compared with the surveys of 2009 and 2012, from 12.8% in the previous surveys to 9.1%. Most interesting is the decrease seen among male workers in the three surveys, and the greatest decrease is seen from 2012 to 2017. On the other hand, drug prevalence among female workers indicates an increase in the 2012 survey, although decreased again in 2017, even much lower than 2009.

Prevalence rate in the past year (current users). The prevalence of drug abuse in the past year (current users) among workers from the surveys in 2009, 2012 nd 2017 indicate a decrease from 4.7% (2012) to 2.9% (2017). There is a significant decrease in the number of male drug abuser workers from 2009 to 2017. Among the female workers a decrease is also seen, but on the other hand, from 2009 to 2012 there is indication of an escalation, but in 2017 significantly decreased again.

1) Drug abuse Rate Based on Some Characteristics

Prevalence Based on Age Group. The following discusses the past year prevalence. The prevalence rate tends to decrease in the three surveys from 8.1 (males and females) to 3.0 in 2017 in the age group of under 30 years. While in the age group of over 30 years, although a decrease occurs in 2017 (2.8) from 2012 (4.3), but the rate in 2012 is somewhat higher than 2009. The same is illustrated among women workers of more than 30 years, where the prevalence in 2012 indicates an escalation. This condition is different among male workers, that tends to go down from 2009, 2012 and 2017 in the age group of under 30 years as well as over 30 years (Table 1.11).

Table 1.11. Prevalence of Drug Abuse Based on Socio-Demographic and Gender of Respondents, in the Drug Surveys of 2009, 2012 and 2017 on Workers

NO.	AGE/EDUCATION/ STATUS OF MARRIAGE/ STATUS OF DOMICILE/TYPE OF DOMICILE	2009			2012			2017		
		M	F	M+F	M	F	M+F	M	F	M+F
	N	**8,280**	**5,064**	**13,641**	**14,404**	**10,622**	**25,026**	**20,178**	**13,155**	**33,388**
1.	**Age**									
	< 30 years	11.3	4.6	8.1	6.9	3.3	5.2	4.1	1.7	3.0
	>= 30 years	5.0	1.8	4.0	4.4	4.1	4.3	3.4	1.5	2.8
2.	**Education**									
	No schooling/Elementary not finished	6.4	1.8	5.1	5.9	2.7	4.6	4.1	1.6	3.4
	Elementary finished/same degree MI	3.8	1.1	5.9	4.6	1.1	3.3	4.6	1.8	3.8
	Finished Junior High/same degree MTs	8.6	6.7	2.6	5.0	2.9	4.3	5.5	2.2	4.6
	Finished Senior High/same degree MA	6.8	3.1	4.6	5.7	2.8	4.7	3.9	1.4	3.0
	Finished Academy/University	7.5	2.9	7.9	5.1	4.7	4.9	3.1	1.9	2.5
3.	**Status of Marriage**									
	Single	10.1	3.9	7.3	6.8	2.9	5.0	4.4	1.7	3.2
	Married	4.5	1.5	3.6	4.6	4.0	4.4	3.2	1.6	2.7
	Widow/widower	13.2	11.2	11.7	8.2	2.5	4.5	4.3	1.1	2.1
	Divorced				9.6	5.6	7.1	5.2	3.1	3.8
	Living together	7.3	0.0	4.3	21.2	10.5	18.3	11.1	0.0	8.3
4.	**Status of living**									
	Alone	9.1	5.1	7.6	6.1	3.6	5.2	3.3	1.6	2.7
	KWith family/relative	9.7	7.1	8.8				3.7	1.6	2.9
	With a friend	5.5	2.3	4.4	7.9	4.8	6.9	5.8	2.7	4.8
5.	**Type pf domicile**									
	Parents' house	8.1	3.6	6.2	6.3	3.0	4.7	4.0	1.5	2.9
	Relative's house	7.6	3.8	6.2	5.8	2.2	4.3	4.8	1.1	3.3
	Own house	4.1	0.9	3.1	4.0	4.4	4.1	2.9	1.9	2.5
	Boarding/dormitory	7.6	4.6	6.5	6.2	3.8	5.4	4.3	2.0	3.4
	Apartment	5.4	0.0	3.8	16.4	9.1	13.8	8.3	2.9	6.0
	Others	4.2	0.0	3.3	4.6	5.3	4.9	4.1	0.0	3.0

Prevalence Rate Based on Education. A shift is seen in the prevalence of drug abuse among drug abusers with educational background . In 2009 a high prevalence was seen among drug abusers from Junior and Senior High School/of similar degree up to university level. In 2017 a high prevalence is found in the group with lower education, those who finished Elementary and Junior High. Special attention is necessary on this situation where the target of drugs is aimed at the group with lower education. (Elementary and Junior High).

Prevalence rate based on marriage. The highest prevalence is found among those who live together without marriage. This condition is seen in the surveys of 2012 and 3027. While in the 2009 survey a high prevalence is seen among widowers/widows.

Table 1.12. Prevalence of Drug Abuse Based on Respondents' Occupation and Gender, Drug Surveys on Workers, 2009, 2012 and 2017

NO.	AGE/EDUCATION/ MARITAL STATUS / STATUS OF DOMICILE/TYPE OF DOMICILE	2009			2012			2017		
		M	F	F+P	M	F	M+F	M	F	M+F
	N	**8,280**	**5,064**	**13,641**	**14,404**	**10,622**	**25,026**	**20,178**	**13,155**	**33,388**
1.	**Status of officialdom**									
	Permanent/permanent employee	4.7	2.3	3.8	4.5	4.1	4.3	3.2	1.4	2.5
	Contracted for a certain time	10.1	5.1	8.1	7.4	2.7	5.5	4.3	2.1	3.4
	Daily paid	10.3	4.0	7.9	6.4	3.0	4.9	4.7	2.0	3.7
2.	**Monthly income (Rupiah)**									
	Below 800 thousand	9.3	4.0	6.7	7.4	2.7	4.9	-	-	-
	800 thousand -15 million	6.6	2.7	5.2	5.7	2.2	4.2	-	-	-
	1.6 - 2.5 million	6.0	2.9	4.8	5.7	5.0	5.4	-	-	-
	2.6 - 3.5 million	6.1	3.7	5.3	5.4	4.5	5.0	-	-	-
	3.6 - 5 million	5.2	2.9	4.7	4.1	5.6	4.7	-	-	-
	5.1 - 10 million	2.7	0.9	2.4	3.5	4.9	3.9	-	-	-
	Below 1 million	-	-	-	-	-	-	3.6	2.0	2.8
	1-1. 4.99 million	-	-	-	-	-	-	4.2	1.4	2.9
	1.5-2.99 million	-	-	-	-	-	-	3.9	1.2	2.8
	3-4.99 million	-	-	-	-	-	-	3.6	1.8	2.9
	5-9.99 million	-	-	-	-	-	-	3.4	2.7	3.1
	10-15 milion	-	-	-	-	-	-	3.2	3.3	3.3
	Above 15 million	-	-	-	-	-	-	4.5	7.0	5.1
3.	**Work condition**									
	Night shift	8.2	4.9	7.3	6.5	4.4	5.8	4.1	2.0	3.4
	With physical pressure	8.0	4.7	7.0	6.3	4.5	5.6	-	-	-
	With psychological pressure	6.7	3.1	5.3	5.6	3.8	4.8	-	-	-
	Admit having problems	6.7	3.1	5.4	6.0	4.2	5.2	-	-	-
	Day shift	-	-	-	-	-	-	3.7	1.5	2.8
	More than 8 hrs/day	-	-	-	-	-	-	3.9	1.7	3.1

NO.	AGE/EDUCATION/ MARITAL STATUS/ STATUS OF DOMICILE /TYPE OF DOMICILE	2009			2012			2017		
		M	F	F+P	M	F	M+F	M	F	M+F
4.	**Type of company/work unit**									
	Government	-	-	-	4.1	5.0	4.5	-	-	-
	Non government	-	-	-	6.1	2.5	4.7	-	-	-

Prevalence rate based on domicile. The highest rate is found among drug abusers living with a friend in the 2017 syrvey. While in the 2009 and 2012 surveys the highest prevalence is among the boarding/dormitory circles and living in an apartment.

Prevalence rate based on occupation. The highest prevalence is among daily paid workers. The same illustration is found among male workers, while among the women workers the highest prevalence is among contracted workers, in the 2017 survey. In the surveys of 2009 and 2012 a high prevalence is seen among contracted workers (males and females) (Table 1.12)

Prevalence based on income. Respondents with an income of more than 15 million a month have a high prevalence rate, and the prevalence rate comes down orderly in the group with a lower income. In the surveys of 2009 and 2012 there is a difference in the classification of income related to drug prevalence. A high prevalence is found among workers with an income of 1.6 – 2.5 million Rupiah (2012), and below 800 thousand Rupiah.

2) Drug Prevalence Rate according to Sector of Occupation

The sector with the highest rate of drug prevalence is in construction (4.8), while in the 2012 survey social services places the highest position (8.1), and in 2009 construction. The scale of prevalence rate in the three surveys by type of sector also vary, but in general tends to decrease in 2017.

The group of male workers the drug prevalence is similar to the general picture (male-female), showing a high prevalence in the construction sector in the surveys of 2009 and 2017, but in the 2012 social services has the highest prevalence of drug abuse. Among women workers the three surveys illustrate a different prevalence. In 2009 the highest prevalence is in the construction sector; in 2012 and 2017 in the sector of social services, but tends to go up (Table 1.13).

Table 1.13. Drug Survey on Workers, Prevalence of Past Year's Drug Abuse Based on Gender and Occupation, Drug Survey on Workers, 2009, 2012, and 2017

NO.	GENDER	2009	2012	2017
	N			
1.	**Male – Female**	**5.2 [13,461]**	**4.7 [25,026]**	**2.9 [33,388]**
	1. Agriculture/plantation	3.8 [1,328]	2.5 [1,026]	**1.8 [953]**
	2. Mining & excavation	7.5 [268]	4.3 [782]	**2.4 [468]**
	3. Processing industry	3.0 [2,010]	4.0 [5,413]	**2.5 [4,885]**
	4. Electricity, Gas and Fresh water	-	2.6 [1,669]	**2.3 [1,281]**
	5. Construction	**10.1** [924]	5.0 [802]	4.8 **[2,587]**
	6. Trade/restaurant/accommodation	5.1 [2,336]	4.6 [5,127]	**3.0 [10,895]**
	7. Transportation, warehousing & communication	5.7 [2,445]	3.7 [1,975]	**3.0 [1,681]**
	8. Finance/real estate/rental	5.0 [1,744]	3.6 [3,818]	**2.2 [6,464]**
	9. Social services	5.4 [2,406]	**8.1** [4,414]	**3.6 [5,127]**
2.	**Males**	**6.5 [8,280]**	**5.4 [14,404]**	**3.7 [20,178]**
	1. Agriculture/plantation	4.8 [694]	2.8 [727]	2.5 [16]
	2. Mining & excavation	8.5 [234]	4.8 [672]	2.7 [11]
	3. Processing industry	4.7 [1,161]	5.5 [3,291]	3.3 [105]
	4. Electricity, Gas and Fresh water	-	2.6 [1,114]	2.4 [22]
	5. Construction	**10.8** [768]	5.2 [668]	**5.7** [112]
	6. Trade/restaurant/accommodation	6.4 [1,351]	6.7 [2,905]	4.3 [265]
	7. Transportation,/ warehousing & communication	6.7 [1,773]	4.7 [1,339]	3.8 [44]
	8. Finance/real estate/rental	5.8 [1,128]	4.6 [2,203]	2.9 [117]
	9. Social services	6.7 [1,171]	**8.4** [1,485]	3.8 [92]
3.	**Females**	**3.0 [5,064]**	**3.6 [10,622]**	**1.7 [13,155]**
	1. Agriculture/plantation	2.9 [618]	2.0 [299]	0.3 [1]
	2. Mining & excavation	0.0 [25]	1.8 [110]	0.0 [1]
	3. Processing industry	0.8 [831]	1.7 [2,122]	1.1 [19]
	4. Electricity, Gas & fresh water	-	2.5 [555]	2.0 [7]
	5. Construction	**6.0** [149]	3.7 [134]	2.1 [13]
	6. Trade/restaurant/accommodation	3.4 [963]	1.9 [2,222]	1.3 [59]
	7. Transportation, warehousing & communication	2.6 [655]	1.6 [636]	1.3 [7]
	8. Finance/real estate/rental	3.5 [606]	2.2 [1,615]	1.0 [24]
	9. Social services	3.9 [1,217]	**8.0** [2,929]	**3.4** [94]

b. Rate of Drug Abuse Prevalence Based on Drug Classification

Referring to UNODC's classification there are 7 major classifications, *cannabis, opiates, ATS, traquilizers, hallucinogens, inhalants* and *over-the-counter drugs.* This last classification are the drugs that are most consumed by drug abusers in Indonesia. There is some difference between drugs that are mostly consumed by men and women. However, a decrease is seen in general in all classifications of drugs except opiates. In 2017 the prevalence rate of opiates went up among male drug abusers. The tendency of an increase in prevalence among injecting heroin users is also a question for alertness because of the high risk of HIV/AIDS transmission.

Among male drug abusers the most consumed drugs in the past year are marihuana, shabu, ecstasy, analgesics, and dextro. Among female drug abusers the most consumed drugs are marihuana, codeine, analgesics and ecstasy. A tendency of going down is seen in the 3 past years for marihuana, ecstasy and shabu among male as well as female drug abusers. Also for marihuana, which is more frequently used among male abusers. Opiates tend to escalate among female drug abusers workers.

There is a shift in the pattern of tranquilizers consumtion. The year 2017 indicated the consumption of new tranquilizers known by their trade name Lexotan, Valdimex and Zenith. This increase id motivated by women who take much *Lysergic Acid Diethylamide*/LSD. These drugs are easily obtained and sold in phaRestaurantacies or drug stores. Today a drug against headache and zenith are much liked by drug abusers and consumed in excess in most provinces because of their availability and relative low price. This drug is usually consumed as a supplement of other drugs (multiple drug user).

Marihuana remains the most favorite drug. It is mostly consumed in the province of North Sumatera, Jambi and Maluku. The majority of consumers are males, particularly in North Sumatera, Jambi and Lampung. Ecstasy is much consumed in South Kalimantan, East and West Kalimantan, Shabu in South and East Kalimantan, North Sumatera.

Table 1.14. Prevalence of Past Year Drug Abuse (Per 1000) Based on Type of Drug, and Gender, Drug Survey on Workers, 2009, 2012 and 2017

NO.	TYPE OF DRUG	MALE			FEMALE		
		2009	2012	2017	2009	2012	2017
	N	**8,280**	**14,163**	**20,178**	**5,064**	**10,451**	**13,155**
1.	**Cannabis**						
	Marihuana (gele, cimeng, marijuana, getok)	37.8	30.2	**16.0**	12.0	3.2	**3.34**
	Hashish (resin)	-	3.5	2.2		0.4	1.14
	Gorilla Tobacco past year			3.0			1.52
	Processed Marihuana past year			3.1			1.82
2.	**Opiad**						
	Heroin, (putau, etep)	1.9	2.9	2.5	1.2	1.0	1.29
	Morphine	-	1.9	2.0	-	0.9	1.29
	Opium	-	1.4	1.5	-	0.5	0.99
	Pethidine	1.3	1.3	1.4	0.8	2.3	1.29
	Codeine	-	3.3	2.6	-	9.2	**3.65**
	Subutek/subuxon (buprenorphine)	1.8	1.1	1.6	1.0	0.7	1.14
	Methadone	1.6	1.5	1.7	0.6	1.4	1.22
	Tramadol past year			**5.3**			**4.94**
	Fentanil past year			1.8			1.52
	Cocaine	1.3	1.5	**2.4**	1.2	1.0	**1.37**

NO.	TYPE OF DRUG	MALE			FEMALE		
		2009	2012	2017	2009	2012	2017
3.	**ATS**						
	Dex, Adderall, Dexamphetamine (Amphetamines)	1.1	4.4	2.4	0.8	6.4	1.60
	Ecstasy (inex, XTC, cece, happy five)	16.3	10.2	1.7	9.9	2.4	1.06
	Shabu, Yaba, SS, Tastus, Ubas (Methamphetamines)	12.6	10.2	**5.9**	4.7	2.2	2.13
	Cathinon past year			1.8			1.14
	Dextro past year			**4.1**			1.98
	Liquid drug past year			1.8			1.22
	unodc5. ATS Ecstasy						
	Ecstasy past year			**4.1**			**3.04**
	Flakka past year			1.8			1.06
	Kratom past year			1.8			1.22
4.	**Tranquilizers**						
	Luminal, fenobarbital, (barbiturates)	5.9	2.4	1.4	3.2	7.1	1.52
	Benzodiazepin	-	1.5		-	0.8	
	Nipam	-	3.4	2.1	-	0.9	1.14
	Pil koplo, BK, mboat, mboti, roda	-	3.6	2.9	-	1.5	1.22
	Rohypnol, mogadon	-	1.8	1.8	-	1.3	1.06
	Valium	5.0	2.4	1.8	3.8	3.4	1.29
	Xanax, Camlet/calmlet (alprazolam)	-	2.6	2.4	-	3.6	2.13
	Dumolid	-	1.2	2.1	-	0.8	1.37
	Lexotan past year			1.8			1.14
	Valdimex past year			1.8			1.22
	Zenith past year			3.9			1.37
5.	**Hallucinogens**						
	LSD (Lysergic Acid diethylamide)/acid, black hart	1.1	1.6	1.6	0.8	2.1	1.14
	Kecubung (datura)	2.1	3.2	2.6	1.8	1.6	1.14
	Mushroom/fungus on cow manure	-	4.0	2.7	-	2.3	1.44
	Trihexyphenidyl/Trihex/THP/ yellow pill past year		2.8			1.90	
6.	**Inhalants**						
	Inhaled until intoxicated/fly (e.g.: aibon glue, gasoline, spidol, etc)	3.3	4.2	3.0	1.2	1.8	1.75
7.	**Over the counter drugs**						
	Dextromethorpan (cough drug)	-	32.9		-	65.5	
	Drug for headache taken in excess until intoxicated /fly	20.3	7.2	3.8	10.9	3.5	1.90
	Headache drug mixed with soda drink until become intoxicated/fly	-	-	3.3	-	-	1.52
	Ketamine	1.2	3.9	1.6	0.8	4.8	1.37

c. History of Drug Abuse and Length of Time as a Drug Abuser.

The majority of informants stated that they have consumed several drugs such as: shabu, ecstasy, putaw, marihuana; also various pills like: dextro; lexotan; dumolid; sanax and trihex. Almost all informants confessed the first time they took a drug just for having a try and persuaded by a friend. Many among them also stated having consumed some drugs altogether (multi drugs) with alcohol.

> *"I took drugs at a young age. Just after I finished Senior High School. Association with school friends and hangouts made me become familiar with drugs. Initially alcohol and then later also drugs". (In-depth interview, drug abuse worker, South Sulawesi).*

> *"…Alcohol, cimeng, heroin, cocaine, subotex, nipam, methadone, dumolid, sanax, mention all of them, except ayafuaska and gorilla, I have not tried the new ones and I do not want to…." (In-depth interview, drug abuse worker, Bali).*

> *"The most sophisticated drug in former times was ecstasy, afterwards only alcohol…" (In-depth interview, drug abuser worker, Lampung).*

A part of respondents until today still take marihuana, and some others shabu and ecstasy. Workers who take marihuana feel that they become calm and they do not experience any addiction at all. Informants who still consume shabu today confessed it has become a need, especially those working in the mining sector. They continue to consume shabu in order to be strong working at night.

> *"The first time I took it yes…I was at school…I took marihuana with my friends…just for a try….today I still take it, but not as frequently as in the old days…yes…I get it from a friend, Sir"*

> *"Nowadays I still take shabu. Once in two weeks I always consume shabu. My body is already sick, shabu is a need for me" (In-depth interview, drug abuser worker, South Sulawesi)*

> *"I started to use drugs in the middle of 2013. When I started to work in the mines, and work at night shift I couldn'tstand, there was much work to do, gradually….addiction (In-depth interview, drug abuser worker, East Kalimantan).*

Informants who fomerly took putaw today it is almost impossible to get putaw so they change to taking shabu, but still by injection. All informants state that they want to stop taking drugs but very hard to do. They have made efforts by their own will and through rehabilitation, but still they come back to drugs. They have difficulties because they live in the same environment and get easily influenced.

"The problem is I wanted to, I have the money I can buy. But getting strong addiction, I don't want. Only some friends say " I want this, let us do this, so we buy it" (In-depth interview, drug abuser worker, Central Java).

"Yes,…I don'tknow, because of belief, suggestion maybe at the time of consumption he feels the drug shall ruin the nerve system and everything, and he feels when using the drug he is more than the usual that makes him addicted. Just like when we tried the drug, when we used it we feel stronger, a feeling of euphoria, feeling happy, no saad feeling,mabe that makes someone addicted" (In-depth interview, drug abuser, Lampung).

There is something interesting from the informants. They say they are not addicted to the drug. According to them a person is addicted if he cannot do their daily activities although they have taken the drug for many years. In reality until today there is no obstruction to do the daily routines.

"In my opinion that is only a myth, I don't know do not understand either the problem. I'm not a regular user" (In-depth interview Drug abuser worker, South Kalimantan)

"... but about marihuana if we stop taking there is not much effect maybe. If shabu or marihuana if we don't take it's nothing" (In-depth interciew, drug abuser worker, Riau Islands).

They have several methods to avoid addiction. InfoRestaurantants from South Kalimantan say they do not take shabu on a daily basis and they never buy shabu. One important thing is they have to be able to control not to take routinely. And he can prove he has not taken shabu since the past three years. According to the informant his friend always give shabu without any pay whenever he asks for it. But if someone longs to buy it means that the person is addicted. Another informant from Papua who in the past took the pill Trihex routinely said he did not feel any addiction because he stopped taking when he fell ill, and when he recovered there was no wish to consume Trihex very soon after the illness.

"... Previously when I took shabu the most worry I had with my friends is addiction, we were very careful, indeed, they said "if you want the drug say, but never have the intention to buy. That is an indication of addiction ". (In-depth interview, drug abuser worker, South Kalimantan)

"I stopped at the time I fell ill, when I vomited blood I didn'ttake anymore, I immediately stopped. There are other who are addicted to that drug, even to trihex, but could immediately stop" (In-depth interviews, drug abuser worker, Papua)

Drug abusers who have taken the drug for a long time gave quite variable answers. One informant used the drug when he was in grade 1 Junior High, another during his school years in Senior High., and another after getting a job. The time range of drug intake of all informants is between 3 to 20 years.

"Ecstasy and shabu, not to take seriously. I you can, I also can. About Gele, I took it for a long time, twenty years" (In-depth interview, West Papua).

"I took drugs since I was young. Yeah, by the end of Senior High" (In-depth interview, drug abuser worker, South Sulawesi)

"Me, when I had not yet a family, I haad tried almost everything, marihuana, inex, shaabu, putaw. As I have no responsibility, I was still free, didn't think of anything. It was too muchbut, yes" (In-depth interview, drug abuser worker, Riau Islands).

In general, the first intake of drugs was at the time of hangouts with friends. Many of the informants stated that before taking drugs they tried alcohol first, and after that drugs. Initially having a try of alcohol, when it was pleasant, eventually they became drug addicted.

"Association with school friends and hangouts make me familiar with drugs. Initially from taking alcohol and later started taking drugs " (In-depth intervies, drug abuser worker, South Sulawesi).

d. Drug Abuse Pattern.

Type of drug and Reason for taking drugs.

A popular drug and increasing in the abuse in many regions are shabu and marihuana. Other popular drugs are inex, ecstasy, koplo pill, *amphetamines and dextro.*

"What I know the most in the city Kendari are shabu, inex, also marihuana and cimeng" (drug abuser worker, S.E. Sulawesi)

Marihuana and shabu are becoming more popular and much abused. This drug is easily accessible, and of a reasonable price for the workers' finance. Shabu is used in more exclusive circles like "the manager" or the "bos" of workers. For this group shabu is relatively of a cheap price.

"..Between the bos and subordinates there is a separate line, and not possible to used the drug together….yes…maybe…but the drug may be more expensive…like shabu….that is expensive. We only take marihuana or over-the-counter drugs…" (drug abuser worker, DKI Jakarta)

The reason for taking drugs is generally influenced by friends and environment, initially offered by a best friend. Some of the informts stated they were "framed" to try a drug, then became addicted.

"…First because of association with friends….Secondly, it could be just to try then became addicted. Thirdly, eh…what you call framed, like that. Because if you don't know what it is, and because a girl drinks that, right" (drug abuser worker, Jambi).

Several drug abusers take drugs for relaxation, during days off work. Many of the abusers admit they are also dealers as their means of livelihood and to fulfill their needs for drugs.

"..Yes…..many of them are dealers, like that, so they also buy, also take…..me, now I use marihuana, not always necessary, only during days off, Saturdays and Sundays, 5 days working…" (drug abuser worker, Central Java)

"..For economic reasons, I see there is a higher income. They are also doing drug sales…." (non-drug abuser, Central Java)

Another reason forcing them to use drugs is the high work pressure, and to show their work performance to the company.

".Usually to achieve the work target, for example, it has to be completed tomorrow, and we have to stay up late…" (drug abuser worker, South Kalimantan).

"..To increase stamina when there is much work to do. Toget pleasure after a week's work. Use drugs outside work hours ...(drug user worker, North Sumatera).

Take drugs for doping or heighten the spirit of the drug user. They also use drug for sex activities.

"shabu and amphetamine is like doping or for heightening the spirit" (drug user worker, Yogyakarta).

".. Oh yes he can take drugs for sex.." (non drug user worker, Maluku).

Reasons for taking drugs among workers are influenced by many factors, for example, just for trying/experimenting, influenced by friends or environment, work pressure, looking for pleasure, doping, to release exhaustion after work. An informant from Belitung told how bad the environment's pressure, if the person has a strong will/belief of his own ability everything will be ok.

"..Simple, exhausted. Those who are the most dominant follow the lead, they are influenced by the environment. There is actually frustration. Those who are not strong enough, who do not work, or have to work overtime.." (In-depth interview, non drug user, Bangka Belitung).

"..Initially, from alcohol, as alcohol is the gate for drugs. If one group of people gather together and there is alcohol, one can be sure that it may be possible that there are also drugs…" (Indepth interview, drug abuser worker, West Java).

"..There may be drugs in the work environment because of stress or pressure in that environment, or may be there is a problem in the family so the person needs something in his daily life "oh yes, I have to take something so some problems will be somewhat lighter" but that is not the case,,," (In-depth interview non drug abuser worker, Gorontalo)

According to the worker drug abuser informant there are different backgrounds for a person to take drugs. Some consume drugs because they want to have some pleasure, some because of stress of work, some others have problems with their parents or family, others to be bold in encountering other people, etc. Some informants admit after having consumed drugs they feel comfortable.

"Eehh..do not look from their work, but from their social life….they may take drugs for some reasons, we don't know..according to me it is not easy to jerdge somebody…maybe they only want to have some fun… to be happy" (In-depth interview, drug abuser worker, West Java).

"Like us, we first want to experiment, when we use the drug we feel something more, like euphoria, pleasure, happy, no sadness, maybe that makes someone addictive to drugs" (In-depth interview, Non drug abuser, Lampung)

Workers from the low level up to the level of managers have their own burden of work. So every one who use drugs has his own reasons that may differ from others. Some take drugs because they have personal problems, either in the work place or in the family, economic problems, with a friend, with their work, or something else.

"..I'm sure every person has his own reasons. There must be some reasons. Me myself, for me it is the personal problems, not economic problems. If I have problems with my family, I turn to drugs…" (In-depth interview, drug abuser worker,Riau Islands).

A drug abuser worker informant said that there are also some drug abusers who use marihuana to be able to focus in doing their work, and it makes him happy.

*"..Maybe some say they take drugs so they can focus. But I don't really know that. But maybe for marihuana, the reason is just to be happy " (In-depth interview, drug abuser, Riau I*slands)

"I think they use drugs for pleasure…because in the entertainment spots just like at my place, people use drugs just for fun. In entertainment centers people usually take drugs, That's why there are many raids in Manado (Non drug abuser worker, North Sulawesi)

e. Group of Drug Abusers

Drug abusers can be classified into groups based on the continuum of drug use and its risk factor. Based on continuum drug abuse is grouped according to the frequency of use in the past year: experimental drug use, regular drug use and drug addict. In the experimental drug use are those who take drugs less than 5 times, in the group of regular use are people who have ever used drugs between 6-49 times, non injecting drug addict are people who take more than 49 times a year, while the group of injecting drug use are current users/ever used in the past year.

The highest prevalence rate is found in the group of experimental use. It is understood as they are in the phase of experimenting with drugs, and if they cannot leave from the drug problem, they will continue and belong to the next group. Serious attention should be paid to the minimum difference in prevalence between the non-injecting and injecting drug abusers, as the group of injecting drug abusers have a high risk for HIV/AIDS transmission or other diseases as an effect of needle sharing. Details in the prevalence rate is shown in the Table below.

Table 1.15. Prevalence of Drug Abusers in the Past Year (%) Based on Gender and Rate of Addiction, Drug Survey on Workers, 2012 and 2017

NO.	YEAR	EXPERI MENTAL	REGULAR	NON INJEC TING	INJEC TING	ALL DRUG ABUSERS
1.	**2012**					
	M+F [25026]	**3.7**	**0.6**	**0.20**	**0.2**	**4.7**
	Males [14404]	4.2	0.7	0.3	0.3	
	Females [10622]	3.0	0.5	0.07	0.06	
2.	**2017**					
	M+F [33388]	**2.3**	**0.4**	**0.2**	**0.1**	**2.9**
	Males [20178]	2.9	0.5	0.3	0.1	
	Females [13155]	1.3	0.2	0.1	0.0	

Table 15 illustrates that in general drug abusers; percentage decreased compared to the 2012 survey among males and females. What is most interesting is that among injecting drug users there was no change in the prevalence in the years 2012 and 2017, and precisely among the women workers an increase is seen from 0.07 to 0.1.

Drug abuse among worker is related to the development of construction in all sectors. Drugs circulate in all sectors of work. Workers are vulnerable to become a drug abuser as they are economically able to buy drugs. Because of the work pressure. Drugs are consumed to keep the body's stamina in shape so the workers are able to do their jobs for a long time, or when workers have much work to do, or they want to get rid of surfeit after work. The type of drugs frequently used among workers are shabu, marihuana and ecstasy.

> *"..I think usually the jobless group use drugs, but the cheap medicines such as glue. Then the workers, most workers use shabu and ecstasy, because they have the money, yes…(In-depth interview, non drug abuser, Riau).*

"...If ecstasy, average from night life. The cathegory, yes…from the adolescent to the adults. Shabu…usually used by workers in the mines. Street singers use Zenith (Carnopen).." (In-depth interview, drug abuser worker, South Kalimantan).

Among the adolescents groupings are based on the range of income and sector of work. The more established a person, the more expensive the drug consumed, like ecstasy and shabu. If the income is not as large, then they consume marihuana and shabu, particularly sold as an economic package. Shabu is much used among workers in the mining sector or nature exploration. Ecstasy is much consumed in the tourism sector.

"..In the circles of workers it depends on their financial condition. The more established, maybe the drug becomes more expensive. Generally inex, marihuana rather seldom. The problem is that marihuana is easily seen or known. If inex, people go to a discotheque, and enjoy…" (In-depth interview, drug abuser worker, Riau Islands).

"..Since shabu can make a person become active, so it is much wanted. Besides, also cheap, sold as an economic package. We can get shabu for 100 thousand Rupiah…(In-depth interview, Non drug user, Riau)

f. Experience in Police/Management Encounter

Many stories are told in relation with experiences as a drug abuser. The majority of interviewed informants have been in contact with the police and company management, but some others who take drugs have never been encountered with the police or management, as long as the worker does not get addicted, and be able to control himself when to take a drug.

"Alhamdulillah, I have never until now. Hope not, maybe we have to face a friend with high risk, but not with the police…" (In-depth interview, drug abuser worker, Lampung)

"Until today never at all having an encounter with the police because of drug abuse, never.Likewise with the management in the work place" (In-depth interview, drug abuser worker, West Papua).

An informant in East Kalimantan stopped his activities as a drug dealer after he came to know he was wanted by the police. Afraid to be caught by the police he decided not to continue as a dealer, because if he did not stop his plan to marry and build a family would fail totally. Besides, he planned to work at a mining company close to his house, and in order to be accepted at the company he would have to get a recommendation from BNN.

> *"Only wanted but not caught by the police. I thought if I continue when could I marry, it was not easy to find work so the option is I have to stop as a dealer so I can work, the mine behind my house should get a recommendation from BNN (In-depth interview, drug abuser worker, East Kalimantan).*

An informant from Batam and Jakarta said they were once caught by the Police during a raid at a entertainment spot. Both said they were taken to the Police office to be processed. Eventually both infoRestaurantants were released because they had connections in the Police and Army. The two cases were not known by the management.

> *"Got into a raid once at a discotheque. But since I had many friends in the Police I was not examined. But if I was examined, I could stumble in matters of the law. I had to deal with the Police because of a fight. Drugs…no" (In-depth interview, drug abuser worker, Riau Islands).*

> *"Was once caught by the Police. At the Police Office I contacted by uncle. I was fortunate my uncle is from the Army who helped me" (In-depth interview, drug abuser worker, DKI Jakarta).*

Another experience from Central Java in the encounter with the Police. The informant worked at a karaoke in Semarang. When he was sleeping in his boarding house with his friend he was raided by BNNP. What made him shocked the raid was covered by television and journalists of the local media. The informants was very embarrassed because of that he was seenin television and in the newspapers. Fortunately the lady of the boarding house who is the manager at his work place helped him and paid bail for him. After that incidence she warned the informant not to take drugs again.

> *"Yes, there was a raid at the boarding house. Including my boarding house and I was arrested I was very embarrassed. It was in th newspapers and TV, only a local TV." (In-depth interview, drug abuser worker, Central Java).*

"My boarding lady happened to be the manager of my work plae, she helped us and said never do this anymore, let this be a lesson. Some friends can leave us but some pity us" (In-depth interview, drug abuser worker, Central Java)

An informant from Bali was taken to prison for 2 years 9 months because he was framed by his own friend. The informant was asked by the friend to take drugs from the dealer, the informant's customer. At first the informant objected because he was a little lazy and happen to be a little intoxicated by alcohol. As his friend repeatedly asked him eventually he was willing to take the drug. In the morning his friend came to collect the drug. After handing over the drug the informant washed his face, and when he came out of the bathroom the informant was shocked because there were 2 policemen outside. The police said that the drug his friend had in his hand was just bought from the informant. The infoRestaurantant argued and hit his friend, but the police hit the informant back and accused him a drug dealer. At the police station the informant tried to bribe and asked for some dispensation but the police refused.

g. Efforts of Drug Abusers To Stop Addiction

The majority of drug abusers remain to use drugs until today. Informants who in the past used putaw have nowadays a lot of difficulties to get putaw so they shift to consuming shabu, but still by injecting. All informants are eager to stop using drugs, but too difficult for them. Some want to stop on their own will through rehabilitation, but continue to consume drugs. It is hard to stop because they continue to live in the same environment so they are easily influenced to take drugs.

"The problem is at that time I wanted to take drugs, and I have the money. But having an addiction, no. Sometimes my friends say "I want this, so let's do it. So we buy." (In-depth interview, drug abuser worker, Central Java).

"Yeah, I don't know, because of believe, what I mean is suggestion when he uses it he feels the drug will ruin the nerve system and others, and he feels something more than usual when he uses it, that makes him addicted to it. Like if we just try at first, and we feel something more, there is euphoria, feeling happy, not feeling sad, maybe that causes addiction" (In-deth interview, drug abuser, Lampung).

Something interesting is that quite many inrmants say they are not addicted to drugs. In their opinion someone is said being addicted if he cannot do daily activities although he has consumed a drug for many years. The fact is that until now nothing keep them from doing their routines every day.

> *"For me, that is a myth only I don'tknow, I don't understand the problem because I'm not a drug user, I mean, a routine drug user" (In-depth interview, drug abuser worker, South Kalimantan).*

> *"...But for others, I don't think too much, For Cannabis/Ganja (marihuana) if we stop there is not too much influence. For shabu or Cannabis/Ganja, if we stop it doesn't affect anything". (In-depth interview, drug abuser worker, Riau Islands).*

Several things the informants practise to avoid drug addiction. The informant from South Kalimantan stated he does not consume shabu every day, and never buy the drug. The most important thing is to keep from consuming routinely. That was proven when he stopped taking shabu for the last 3 years. Friends always give shabu for free anytime the infoRestaurantant asked for. But if there is a longing to buy shabu for himself that means he has already become addicted. Another informant from Papua who routinely consumed the Trihex pill before told he felt not addicted when he stopped using the pill at the time he was ill and after he recovered there was no wish to immediately consume the Trihex pill.

> *"...Before, yes, when I still used shabu friends were most worried for addiction.True, friend once told "if you want, tell us, but don't get the idea to buy, because that is already an indication, indicators of addiction" (In-depth interview, drug abuser worker, South Kalimantan).*

> *"I stopped when I was ill, threw up blood, I dodn't use anymore, so I immediately stopped just like that, because it was only a weak pill trihex, so I could stop" (In-depth interview, drug abuser worker, Papua).*

According to the informant from East Kalimantan who was foRestauranterly a drug abuser, a drug with a strong effect of addiction is putaw or heroin. Marihuana does not make a person become highly addicted because no problems will appear if a person does not consume marihuana for a couple of days or weeks. Not with putaw, one cannot do without putaw,even for 1 day. That is why it is much more harder to be free from the drug.

There are plenty of ways to get free from addiction like for example, medical rehabilitation, religion, traditional or medical healing, or willingly totally stop from drugs. All these efforts cannot guarantee recovery from drug addiction. The most important thing is when you stop taking drugs, never meet or associate with drug abuser friends. If you still requently meet with them there is a great chance that someone will come back to drugs because of strong persuasion or offer to ddrugs by friends.

> *"I have once tried, but it is not so easy with putaw. Someone's help is necessary. I was what you call isolated, at a pondok pesantren (school of Korannic studies). For three yeaars I totally stopped from taking drugs, because there weremany activities outside. We were also upgrading the office's status, so there was much work to do. But when the condition became relax, many new friends came it started again. Yes, that is environment, friends. Friends have great influence. So if we are friends with drug users, surely 60% we join " (In-depth interview, drug user worker, East Kalimantan).*

6. Understanding and Attitude Towards Drugs

a. Understanding of Drugs Among Workers

The impact of drug abuse can affect in physical, psychological, social and economic consequences. Physical addiction can bring intense pain (sakaw) if the drug is discontinued. The psychological effect from drugs is a strong craving for drugs, or called *suggestion.* Its physical and psychological symptoms is also related to social symptoms such as an urge to lie to the parents, steal, anger, manipulative, etc. The money spent for drugs is not of a small amount; parents and family have immensely suffered from financial loss. This survey presents the respondents' understanding of the drug's bad impact.

The majority of respondents (90%) rightfully understand that injecting drug use bring a higher risk for HIV/AIDS and Hepatitis transmission. The understanding is spread all over the sectors of work, with a variation of only 83% - 92%. The minimum understanding is among the workers in the sector of agriculture and mining, and the highest in the sector of social services.

Most respondents (88%) stated that drugs bring addiction. There is not much difference in the answers of respondents, i.e. between 75-89%. The highest percentage is found in Transportation/warehousing and communication. The lowest in the sectors of mining and excavation (75%).

Table 1.16. Understanding of Drugs Based on Sector, Drug Survey on Workers, 2017

NO.		AGR	MIN	PROCESSING	ELECTR	CONSTR	TRADE	TRANSP	FINANCE	SERVICE	TOTAL
	N	**954**	**471**	**4,896**	**1,288**	**2,591**	**10,904**	**1,683**	**6,475**	**5,135**	**34,397**
1.	**Injecting drug abuse has a greater risk for HIV/AIDS and Hepatitis Transmission**										
	True	83.3	84.5	87.5	88.3	88.0	89.1	90.5	91.1	91.8	89.4
	Wrong	13.5	14.6	10.7	9.1	10.3	9.4	8.5	7.5	6.8	9.0
2.	**Drug consumption shall not bring addiction**										
	True	14.2	23.1	10.8	7.9	12.4	9.9	9.6	9.3	10.0	10.3
	Wrong	82.4	75.2	87.2	89.0	85.6	88.4	89.0	89.1	88.2	87.8
3.	**The drug abuser can control the dose of drug intake to avoid addiction**										
	True	31.3	35.9	26.9	24.0	28.7	27.5	25.8	23.8	28.5	27.0
	Wrong	63.3	62.2	70.5	72.2	68.7	70.2	72.4	74.3	69.2	70.7
4.	**Drug abuse can ruin the nerves/brain cells**										
	True	89.6	86.8	89.7	88.6	89.9	91.8	91.3	91.9	92.7	91.2
	Wrong	7.7	11.5	8.5	8.4	8.4	6.8	7.4	6.9	5.9	7.2

All respondents have a good understanding that drug abusers can control the dose of drug consumption to avoid addiction. This was stated by more than 70% of respondents. More than 91% respondents also said that drugs cause damage in the brain/nerves. From the above four questions the lowest understanding is related to the question no. 3 that drug abusers can control the dose of drugs to avoid addiction. This illustrates that respondents have to upgrade their understanding on the question that drug abusers cannot control drug consumption to avoid addiction.

b. Delivery of Drug Information

More than 96% of respondents stated that television is a very effective channel in delivering various information on the dangers of drugs. The second medium also quite effective are newspapers, magazines; it was said by 77% respondents. Radio, posters and other media relatively less effective. While friends, relatives, teacher/lecturer, religious/community leaders still lower in rate as a source of information. However, not a few of respondents stated they have never received information on drugs and their dangers.

The same information was given by the qualitative and quantitative studies, that respondents viewcan see it television as an effective medium in delivering the dangers of drugs, as people can see it immediately, and television reaches the most remote places. Through television it is presented in many forms of information, advertisements, talk show, interview and even as a story. But television can also give a bad impact if it only consists of news on arrests without any information on the method of prevention and the drug's impact on health.

"..About drugs only through discussion. Also from television news. Newspapers. The most frequent, from television or in the internet". In-depth interview, drug auser worker, Riau Islands).

"..Frequently see information on television, baliho, banner at the office, also seminars organized at PUSRI. There was a lecture in the seminar given by an artist Gito Rollies. There was also an invitation for a parents' meeting at school, OSIS activities (Students organization), also a drug test when entering a university….." (In-depth interview, drug abuser worker, South Sumatera).

"..Drug information from the electronic media, the most frequent from television. I like to access from Youtube, application and website. Seldom from the radio about psychotropic substances. Besides that also from stickers, banners, street advertisements, and the most routine because I frequently go out of town…" (In-depth Non drug user, Aceh).

The majority of workers (93%) know about the National Narcotics Board quite well, but about BNNP (Province) and BNNK (city) far less (55%), and the least among workers in the sector of Mining, and the most among workers in the Social Services sector.

Table 1.17. Source of information on the types of drugs and their risks, the presence of BNN according to sector of work, Drug Survey on Workers, 2017

NO.	SOURCE OF INFORMATION	AGR	MINING	PROCESSING	ELECTR	CONSTR	TRADE	TRANSP	FINANCE	SERVICES	TOTAL
	N	**954**	**471**	**4,896**	**1,288**	**2,591**	**10,904**	**1,683**	**6,475**	**5,135**	**34,397**
1.	**Source of information on the type and risks of drugs**										
	Television	95.9	95.5	95.4	95.8	94.2	96.8	97.7	97.6	96.9	96.5
	Radio	52.4	41.2	57.9	56.2	56.8	57.3	61.2	62.1	60.9	58.6
	Newspaper/magazines	69.2	52.7	72.0	77.3	74.0	76.7	79.1	83.1	79.4	77.0
	Posters/bilboards/ banners/brochures	52.7	44.4	56.1	60.6	58.5	59.0	63.7	67.8	67.1	61.3
	Sticker/pamphlet/ handouts	44.5	34.8	46.2	49.1	46.1	48.6	55.4	56.1	58.0	50.9
	Friends in the work place	44.8	36.5	45.9	46.1	44.9	49.6	52.5	56.4	56.9	50.8
	Friends outside the work place	44.7	35.9	45.7	48.1	44.8	49.9	53.4	56.5	54.9	50.7
	Relative/family member/parents	44.8	31.2	42.9	44.2	44.1	48.0	50.6	54.6	51.1	48.4
	Teacher/instructor /lecturer/school activities/campus	45.5	31.0	43.8	46.0	46.6	52.2	55.6	57.7	56.8	51.8
	Religious leader/ priest/clergy man/kyai	42.5	32.3	43.5	44.5	43.0	46.5	51.0	52.1	49.4	47.1

NO.	SOURCE OF INFORMATION	PT	PM	IS	LG	KS	PG	AK	KU	JS	TO TAL
	BNN/BNNP/BNNK/ Police	42.5	36.9	42.1	45.3	43.7	49.2	52.8	54.9	54.7	49.3
	NGO	22.3	18.0	23.0	20.8	22.2	24.0	27.9	27.5	27.1	24.8
	Information in the Work Place	29.6	28.2	31.6	32.1	25.5	31.2	31.2	34.3	39.0	32.5
	Internet/Social Media	49.8	34.0	53.1	56.8	56.6	61.7	64.9	67.7	65.9	61.1
	Others	0.7	1.7	0.9	0.9	1.2	1.2	1.2	1.1	1.3	1.1
	Never Received Information on the Types and Risks of Drugs	4.5	4.2	5.0	3.9	3.6	4.5	4.6	4.8	4.6	4.6
2.	**Ever heard of the following institutions**										
	National Narcotics Board (BNN)	87.4	83.0	90.1	93.0	91.7	93.3	94.5	95.7	94.3	93.1
	Province National Narcotics Board (BNNP)	56.2	47.8	50.0	55.8	53.9	53.6	59.3	57.3	62.3	55.4
	Regency/City National Narcotics Board (BNNK)	44.8	35.9	40.2	44.4	42.1	40.1	45.1	43.7	49.5	42.8

c. Workers' Views and Attitude Towards Drug Abuse, and Their Attitude Towards Drug Abusers

The drug problem has spread to all social layers of the community, and to all levels of education both in the government, the private sector as well as in the circles of workers. Comprehensive and continuous efforts of prevention is crucial to make workers possess a way of thinking and attitude that is able to reject drug abuse and illicit trafficking in drugs. The survey's results show that the attitude of all respondents on the dangers of drug is quite satisfactory, and have sorted out according to their respective classifications of smoking, alcohol and drugs.

In the survey respondents' attitude was asked whether they agree on the behaviour of smoking, drinking (alcohol) and drug consumption (marihuana, heroin and ecstasy) and frequency of consumption (Table 1.18). They were also asked on the degree of risks for smoking, alcohol and drugs (Table 1.19). Results of the survey indicate that most respondents, in a range from 77 – 86% do not agree to smoking, alcohol and consumption of marihuana, ecstasy and heroin, on an experimental or routine basis. (Table 1.18).

Table 1.18. Attitude of Disagreement Towards Behaviour Related to Drug Abuse Based on Sector, Drug Survey on Workers, 2017

NO.		AGR	MI NING	PRO CES SING	ELE CTR	CON STR	TRA DE	TRA NSP	FI NAN CE	SER VI CES	TO TAL
	N	**954**	**471**	**4,896**	**1,288**	**2,591**	**10,904**	**1,683**	**6,475**	**5,135**	**34,397**
1.	**Disagree:**										
	Smoking 12-20 cigarettes/day	76.1	70.0	75.2	76.0	64.4	75.3	76.0	78.9	84.4	77.0
	Drinking 4 or 5 times/week	85.5	79.1	83.5	81.4	78.7	81.6	83.4	85.8	88.3	84.0
	1 or 2 times exsperimenting with marihuana	85.3	81.2	83.7	85.6	83.0	83.0	85.4	87.3	89.2	85.3
	Sometines smoke marihuana	85.1	81.2	84.3	85.1	83.0	83.3	85.6	87.9	89.3	85.6
	Routine marihuana smoking	86.1	82.5	85.7	86.1	84.0	85.1	87.1	88.9	90.2	86.9
	1 or 2 times experimenting with heroin	85.9	81.8	84.6	86.1	83.8	84.5	86.7	88.5	89.9	86.3
	Sometimetimes heroin use	85.8	82.3	85.0	85.8	83.7	84.8	86.6	88.6	89.8	86.4
	Routine heroin use	86.2	83.3	85.3	86.4	83.8	85.2	87.1	89.1	90.1	86.8
	1 or 2 times experi-menting with ecstasy	85.3	81.8	84.5	85.7	83.5	84.0	86.5	88.2	89.8	86.1
	Sometimes use ecstasy	85.9	81.8	84.8	85.8	83.9	84.2	86.6	88.6	89.7	86.3
	Routine ecstasy use	86.0	83.1	85.4	86.2	83.9	85.1	87.1	88.9	90.0	86.8

Table 1.19.Views towards Health Risks of Drug Abuse Behaviour Based on Sector, Drug Survey on Workers, 2012

NO.		AGR	MI NING	PRO CES SING	ELEC TR	CON STR	TRA DE	TRA NSP	FI NAN CE	SER VI CES	TO TAL
	N	**954**	**471**	**4,896**	**1,288**	**2,591**	**10,904**	**1,683**	**6,475**	**5,135**	**34,397**
1.	**Health Risks of:**										
	Smoking 12-20 cigarettes/day	79.1	70.1	81.8	82.2	79.7	81.7	82.1	83.4	86.2	82.3
	4 or 5 times drinking/week	77.0	71.5	81.1	80.1	78.9	79.9	81.8	83.1	84.6	81.2
	1 – 2 times experi-menting with mari-huana smoking	76.1	70.9	79.9	79.1	78.3	78.4	79.9	81.5	83.2	79.8
	Sometimes mari-huana smoking	74.9	72.4	79.8	80.2	78.8	78.7	80.6	81.9	83.4	80.1
	Routine marihuana smoking	78.0	73.0	82.0	81.6	81.4	81.3	83.6	84.5	85.5	82.5
	1 – 2 times experi-menting with heroin	75.7	71.3	79.7	79.4	78.9	78.5	80.3	82.2	83.2	80.1
	Sometimes consume heroin	75.6	72.6	80.3	80.4	80.2	79.3	80.8	82.7	83.9	80.8
	Routine use of heroin	78.3	73.5	81.8	81.5	81.7	81.5	83.4	84.6	85.5	82.6
	Sometimes use ecstasy	75.9	71.8	79.4	78.8	78.6	78.3	80.0	81.9	83.3	79.8
	Routine use of ecstasy	75.6	71.3	80.0	80.1	79.7	79.0	80.7	82.6	83.8	80.5

Informant's suggestion on Drug Communication. Information and Education (KIE)

Various efforts are implemented to increase the community's resilience to prevent the drug in their environment. One of the activities is to extend drug information and its dangers through Communication, Information and Education (KIE) either directly, or by brochures, advertisements, billboards, or using printing and electronic media. Communication, Information and Education is one of the strategic means (PPK UI – 2007). To get effective results from KIE, selection of materials e.g. messages, pictures, and the receiving target should be fully prepared.

Based on the qualitative study of this survey infoRestaurantants stated that many KIE media are in circulation in the community, but not sufficiently communicative. Most of the languages and messages in the KIE media are monotonous and more or less in the form of preaching. The language should be corrected, by using simple language and easily understood, arousing curiosity and inviting, not to blame the listeners. The message should be focussed on advantages and disadvantages of drug use so people will determine themselves of their choice.

> *"..Nowadays is a modern time, everybody own gadgets. The best method to extend drug information is through social media, perhaps particularly in Instagram, twitter, facebook, mainly all social media to share with the government on the dangers of drugs and types of drugs, TV, radio, newspapers, it is still questionable. Young people very seldom touch those better through social media, and directly like socialization and information." (In-depth interview, non drug abuse worker, Riau).*

Another effective way to extend information is through a direct persuasive approach to workers, so the info Restaurantation is directly received, and notice the workers' reaction. Delivery of information is also possible through Multi Level Marketing (MLM), from person to person, or from friend to friend for a quick spread of information.

> *"..Actually persuasive, a direct approach. As we cannot do that, we take the MLM system, just like selling. From friend to friend, please, help to forward this, it should be like this…" (In-dept interview, non drug abuse worker, Bangka Belitung).*

"..Through information they can share with each other, discussing with BNN while directly touching the problem, and there is quite an effective forum for questions and answers…" (In-depth interview, non drug abuse worker, Lampung).

"In Indonesia everybody uses social media, young and old… (Indepth interview, non drug abuse worker, North Maluku).

Information in the internet is not explicitly given. So the company establishes Granat, a forum that gives drug information and socialization, seminars, direct approach to workers and motivation so workers will not fall into the grip of drugs.

"Not yet. because we only read and forget the information easily because we have so many activities, so better by direct information. because when given face to face then it will be more effective…" (In-depthinterview, non drug abuse worker, Riau).

"Not sufficient, needs more aspects of clarification, so PT TImah establishes an organization, internal organization called Granat that gives motivation to the employees/workers. PT Timah gives quite extensive information on the effects of drug abuse. So with these approaches and socialization to workers, or during meetings there is quite an effective motivation for workers…" (In-depth interview, non drug abuser worker, Bangka Belitung).

7. Smoking and Drinking Behaviour. and Sex Behaviour Among Workers

a. Smoking Behaviour

In the survey on workers in 2009 and 2012, workers were asked on their smoking behaviour in the past month. The outcome indicates that the prevalence of smoking among male workers, is far much greater than among women workers. There is tendency for a total increase. but decreases among women. In the 2017 survey the question was raised on the prevalence of smoking in the past week. The purpose is to see the total cigarettes consumed in the past week. The smoking rate is higher, and the proportion greater of those who smoke more than 35 cigarettes among workers in the sectors of agriculture and mining (17%). Nowadays there is a trend smokers shift to electric cigarettes, and the result shows that its proportion is quite great ranging from 17 – 25%, with the largest proportion in the sectos of transportation/communication, and construction.

The outcome of the 2017 indicates that the prevalence of smokers above 30 years is relatively higher among male workers. While among the women, much lower in the age above 30 years.

In the 2017 survey the prevalence of smoking in the past week based on education is totally much higher among the workers with lower education (< Elementary). Likewise a higher prevalence among the male workers with a lower education.

Table 1.20. Prevalence of Smoking in the Past Month Among Workers (2009 & 2012), and Prevalence of Smoking in the Past Week (2017) Based on Gender

NO.	GENDER	IN THE PAST MONTH		IN THE PAST WEEK
		2009	2012	2017
1.	**M+F**	**40.6 [13,461]**	**46.7 [25,026]**	**32.5 [11,190]**
2.	Males	60.4[8,280]	75.4 [14,404]	51.5 [10,800]
3.	Females	8.2[5,064]	7.8 [10,622]	2.8 [371]

Table 1.21. Prevalence of Smoking in the Past Month Among Workers (2009 & 2012), and Prevalence of Smoking in the Past Week Based on Age (2017)

NO.	GENERAL	PAST MONTH		PAST WEEK
		2009	2012	2017
1.	**Males – Females**	**40.6 [13,461]**	**46.7 [25,026]**	**32.5 [11,190]**
	< 30 years	37.1 [3,493]	41.6 [10,052]	28.4 [4,680]
	>= 30 years	43.1 [8,761]	49.5 [12,681]	35.6 [5,017]
2.	**Males**	**60.4 [8,280]**	**75.4 [14,404]**	**51.5 [10,800]**
	< 30 years	60.1 [1,825]	74.0 [5,152]	49.1 [4,469]
	>= 30 years	60.8 [5,894]	75.7 [7,791]	52.5 [4,885]
3.	**Females**	**8.2 [5,064]**	**7.8 [10,622]**	**2.8 [371]**
	< 30 years	11.9 [1,657]	7.5 [4,900]	2.8 [208]
	>= 30 years	6.3 [2,810]	7.8 [4,891]	2.6 [126]

Table 1.22. Prevalence of Smoking in the Past Month Among Workers (2009 & 2012), and Prevalence of Smoking in the Past Week Based on Education (2017)

NO.	EDUCATION	PAST MONTH		PAST WEEK
		2009	2012	2017
1.	**Males – Females**	**40.3 [13,356]**	**46.7 [25,026]**	**32.5 [11,190]**
	Lower education (<= Elementary)	40.6 [783]	51.7 [1,283]	49.5 [621]
	Middle Ed. (Junior-Senior High)	45.2 [7,684]	53.3 [14,199]	39.2 [7,469]
	Higher Ed. (>=D3)	33.3 [4,889]	36.2 [9,439]	21.9 [3,038]
2.	**Males**	**60.4 [8,242]**	**75.4 [14,404]**	**51.5 [10,800]**
	Lower Ed. (<= Elementary)	66.0 [429]	80.7 [777]	66.7 [601]
	Middle Ed. (Junior-Senior High)	64.9 [4,943]	78.2 [9,089]	56.8 [7,224]
	Higher Ed.(>=D3)	51.8 [2,870]	68.9 [4,470]	40.4 [2,924]
3.	**Females**	**8.2 [5,033]**	**7.8 [10,622]**	**2.8 [371]**
	Lower Ed.(<= Elementary)	9.5 [347]	7.1 [506]	5.7 [20]
	Middle Ed. (Junior-Senior High)	9.1 [2,687]	8.9 [5,101]	3.7 [233]
	Higher Ed. (>=D3)	6.8 [1,999]	6.7 [4,969]	1.7 [111]

Table 1.23. Prevalence of Smoking in the Past Month Among Workers (2009 & 2012), and Prevalence of Smoking in the Past Week Based on Marital Status (2017)

NO.	MARITAL STATUS	PAST MONTH		PAST WEEK
		2009	2012	2017
1.	**Males – Females**	**40.3 [13,356]**	**46.7 [24,955]**	**32.5 [11,190]**
	Single	35.9 [4,937]	42.1 [8,656]	28.5 [3,939]
	Married	43.2 [8,080]	49.5 [15,612]	35.5 [6,896]
	Widow/Widower	41.7 [108]	32.0 [244]	23.5 [66]
	Divorced	48.1 [216]	40.7 [339]	30.3 [191]
	Living together	51.4 [70]	76.1 [71]	57.3 [55]
2.	**Males**	**60.4 [8,280]**	**75.5 [14,357]**	**51.5 [10,800]**
	Single	59.1 [2,663]	72.0 [4,607]	48.4 [3,763]
	Married	60.5 [5,462]	77.0 [9,467]	53.1 [6,762]
	Widower	80.0 [35]	74.1 [85]	57.0 [53]
	Divorced	77.5 [71]	84.0 [125]	63.2 [134]
	Living together	82.9 [41]	86.5 [52]	72.2 [52]
3.	**Females**	**8.2 [5,033]**	**7.8 [10,133]**	**2.8 [371]**
	Single	8.5 [2,253]	8.1 [3,823]	2.9 [173]
	Married	6.1 [2,548]	7.1 [5,939]	1.8 [122]
	Widow	23.3 [73]	9.4 [151]	7.0 [13]
	Divorced	33.8 [142]	15.4 [194]	13.4 [56]
	Living together	7.4 [27]	47.4 [14]	12.5 [3]

Table 1.24. Prevalence of Smoking in the Past Month Among Workers (2009 & 2012), and Prevalence of Smoking in the Past Week Based on Sector of Work (2017)

NO.	SECTOR OF WORK	PAST MONTH		PAST WEEK
		2009	2012	2017
1.	**Males – Females**	**40.3 [13,356]**	**46.7 [25,026]**	**32.5 [11,190]**
	1. Agriculture/Plantation	32.2 [1,328]	55.2 [1,026]	41.0 [391]
	2. Mining & Excavation	51.1 [268]	66.9 [782]	54.8 [258]
	3. Processing Industry	34.8 [2,010]	49.6 [5,418]	37.4 [1,830]
	4. Electricity. Gas.Fresh water	-	53.1 [1,669]	35.0 [451]
	5. Construction	65.8 [924]	70.9 [802]	44.4 [1,151]
	6 Trade/Restaurant/ Accomodation	40.6 [2,336]	47.2 [5,127]	30.2 [3,290]
	7. Transportation. Warehousing & Communication	45.8 [2,445]	52.4 [1,975]	34.4 [579]
	8. Finance/Real Estate/ Rental	42.4 [1,744]	45.9 [3,818]	30.1 [1,951]
	9. Social services	32.4 [2,406]	28.4 [4,414]	25.1 [1,289]

NO.	SECTOR OF WORK	PAST MONTH		PAST WEEK
		2009	2012	2017
2.	**Males**	**60.4 [8,280]**	**75.4 [14,404]**	**51.5 [10,800]**
	1. Agriculture/Plantation	57.8 [694]	75.0 [727]	59.2 [386]
	2. Mining & Excavation	56.8 [234]	76.5 [672]	62.7 [254]
	3. Processing Industry	56.8 [1,161]	77.3 [3,291]	55.8 [1,792]
	4. Electricity, gas & Fresh Water	-	74.4 [1,114]	47.6 [442]
	5. Construction	75.4 [768]	81.9 [668]	57.5 [1,130]
	6. Trade/Restaurant/ Accomodation	62.8 [1,351]	75.9 [2,905]	50.7 [3,159]
	7. Transportation, Warehousing & Communication	59.9 [1,773]	73.6 [1,339]	48.9 [563]
	8. Finance/Real Estate/ Rental	60.9 [1,128]	73.2 [2,203]	47.6 [1,914]
	9. Social services	54.0 [1,171]	72.9 [1,485]	48.4 [1,160]
3.	**Females**	**8.2 [5,064]**	**7.8 [10,622]**	**2.8 [371]**
	1. Agriculture/Plantation	3.4 [618]	7.0 [299]	1.7 [5]
	2. Mining & Excavation	4.0 [25]	8.2 [110]	4.8 [3]
	3. Processing Industry	4.2 [35]	6.6 [2,122]	2.0 [34]
	4. Electricity, Gas & Fresh water	-	10.3 [555]	1.4 [5]
	5. Construction	16.8 [25]	16.4 [134]	3.2 [20]
	6 Trade/Restaurant/ Accomodation	9.4 [91]	9.8 [605]	2.7 [127]
	7. Transportation, Warehousing & Communication	7.8 [51]	7.9 [636]	2.8 [15]
	8. Finance/Real Estate/ Rental	8.1 [49]	8.6 [1,615]	1.4 [35]
	9. Social services	11.7 [142]	5.9 [2,929]	4.7 [127]

Table 1.25. Prevalence of Smoking in the Past Month Among Workers (2009 & 2012), and in the Past Week Based on Domicile (2017)

NO.	DOMICILE	PAST MONTH		PAST WEEK
		2009	2012	2017
1.	**Males – Females**	**40.6 [13,461]**	**46.7 [25,026]**	**32.5 [11,190]**
	Living with:			
	Living alone	41.2 [1,068]	51.4 [2,705]	32.3 [917]
	With family/brother/sister	40.2 [9,756]	45.4 [20,633]	32.2 [9,584]
	With a friend	44.2 [1,363]	58.0 [1,544]	39.3 [618]
	Type of domicile:			
	Parents' house	38.8 [4,764]	34.8 [2,842]	30.3 [4,340]
	Brother – sister's /friend's/ relative's	41.4 [812]	40.2 [573]	32.2 [531]
	Own house	39.7 [4,451]	37.7 [3,119]	33.5 [3,451]
	Boarding/dormitory/mess/ barrack	44.0 [3,268]	44.4 [2,153]	35.2 [2,681]
	Apartment	47.2 [53]	53.8 [44]	32.5 [27]
	Others	60.0 [30]	39.1 [218]	38.9 [143]

NO.	DOMICILE	PAST MONTH		PAST WEEK
		2009	2012	2017
2.	**Males**	**60.4 [8,280]**	**75.4 [14,404]**	**51.5 [10,800]**
	Living with:			
	Alone	56.6 [671]	72.8 [1,758]	47.5 [879]
	Family/brother- sister/	59.5 [6,149]	75.7 [11,492]	51.9 [9,299]
	A friend	63.4 [847]	78.1 [1,069]	53.5 [558]
	Type of domicile:			
	Parents' house	61.7 [2,684]	64.3 [2,842]	51.9 [4,183]
	Brother's – sister's/ friend's/relative's	62.8 [484]	64.9 [573]	52.2 [518]
	Own house	57.3 [2,933]	61.4 [3,119]	50.7 [3,376]
	Boarding/dormitory/mess/ Barrack	62.4 [2,080]	65.8 [2,153]	52.1 [2,545]
	Apartment	64.9 [37]	74.6 [44]	47.9 [23]
	Others	66.7 [24]	63.0 [218]	52.4 [141]
3.	**Females**	**8.2 [5,064]**	**7.8 [10,622]**	**2.8 [371]**
	Living with:			
	Alone	14.5 [393]	11.7 [947]	3.6 [36]
	With family/ brother/sister	6.6 [3,533]	7.2 [9,141]	2.3 [272]
	With a friend	12.2 [509]	2.6 [475]	11.2 [59]
	Type of domicile:			
	Parents' house	8.9 [2,056]	3.5 [147]	2.4 [150]
	Brother's/Sister's/friend's/ relative's house	8.8 [319]	5.3 [33]	1.8 [12]
	Own house	4.7 [1,485]	2.9 [102]	1.9 [69]
	Boarding/dormitory/mess/ Barrack	11.1 [1,165]	5.1 [92]	4.9 [134]
	Apartment	6.3 [16]	15.6 [5]	11.4 [4]
	Others	33.3 [6]	4.6 [11]	2.0 [2]

The prevalence of smoking in the 2017 survey among married workers as a total. and among male workers is higher than others. On the other hand, the smoking prevalence is higher among divorced women workers and in the group of living together without marriage.

The prevalence of smoking in the past week according to the sector of work, the second highest is in the sectors of mining and construction. A difference is seen in the prevalence if classified according to gender. The second highest is found among male workers in the sectors of mining and agriculture. In the group of women workers the second highest is in the sectors of mining and services.

The prevalence of smoking in the past week both among male and female workers who live in their own house tends to be lower than those living with the family or a friend. If the prevalence is related with domicile, there is not much difference in prevalence among male workers with different domiciles. However, the prevalence tends to be higher among women living in an apartment.

b. Drinking

Different is the prevalence of drinking. which tends to be lower among workers in all sectors of work, and a decrease is seen in the surveys of 2009. 2012 and 2017. As is the case with smoking, the prevalence of drinking is far much higher among the male workers.

The surveys of 2009. 2012 and 2017 show that the prevalence is higher among the younger of age (< 30 years). There is a tendency of a decrease in the age group of < 30 years as well as >=30 years. The same illustration is seen among men and women workers.

From the level of education there is not much difference among those with a low or middle education as is seen among male workers as a total. But on the contrary among women workers with middle education that shows a higher rate, while the prevalence is low among those with a lower and higner education.

Table 1.26. Prevalence of Drinking inthe Past Month Based on Gender, Drug Survey on Workers, 2009, 2012 & 2017

NO.	MENURUT JENIS KELAMIN	PAST MONTH DRINKING		
		2009	2012	2017
1.	**Males + Females**	**25.6 [13,461]**	**19.6 [25,026]**	**10.2 [3,505]**
2.	Males	35.0 [8,280]	30.7 [14,404]	14.7 [3,075]
3.	Females	10.0 [5,064]	4.4 [10,622]	3.2 [427]

Table 1.27. Past Month Drinking Prevalence Based on Gender and Age, Drug Survey on Workers, 2009, 2012 & 2017

NO.	GENERAL	PAST MONTH		
		2009	2012	2017
1.	**Males – Females**	**26.1 [12,254]**	**19.1 [22,734]**	**10.2 [3,505]**
	Age < 30 years	28.9 [349]	20.6 [10,052]	11.0 [1,803]
	>= 30 years	25.0 [5,008]	17.9 [12,681]	8.7 [1,224]
2.	**Males**	**35.3 [7,719]**	**30.2 [12,943]**	**14.7 [3,075]**
	< 30 years	42.7 [1,825]	35.4 [5,152]	16.5 [1,503]
	>= 30 years	33.1 [5,859]	26.8 [7,791]	12.0 [1,112]
3.	**Females**	**10.0 [4,467]**	**4.3 [9,791]**	**3.2 [427]**
	< 30 years	13.5 [1,657]	5.0 [4,900]	4.1 [299]
	>= 30 years	8.0 [2,810]	3.7 [4,891]	2.1 [102]

Table 1.28. Past Month Drinking Prevalence Based on Gender and Education, Drug Survey on Workers, 2009, 2012 & 2017

NO.	EDUCATION	PAST MONTH		
		2009	2012	2017
1.	**Males – Females**	**25.6 [13,356]**	**21.2 [7,659]**	**10.2 [3,505]**
	Lower Ed. (<= Elementary)	28.2 [78]	20.8 [456]	13.9 [174]
	Middle (Junior-Senior High)	28.8 [7,684]	24.8 [4,483]	12.3 [2,337]
	Higher Ed. (>=D3)	20.2 [4,889]	15.4 [2,693]	7.0 [978]
2.	**Males**	**35.1 [8,242]**	**32.6 [4,372]**	**14.7 [3,075]**
	Lower Ed. (<= Elementary)	42.2 [777]	32.9 [255]	18.2 [164]
	Middle Ed. (Junior-Senior High)	38.7 [4,943]	35.9 [2,772]	16.0 [2,069]
	Higher Ed. (>=D3)	27.8 [2,870]	25.8 [1,328]	11.5 [833]
3.	**Females**	**10.0 [5,033]**	**6.1 [3,287]**	**3.2 [427]**
	Lower Ed. (<= Elementary)	11.0 [347]	5.5 [201]	2.8 [10]
	Middle Ed. (Junior-Senior High)	10.4 [2,687]	6.9 [1,711]	4.2 [267]
	Higher Ed. (>=D3)	9.2 [1,999]	5.3 [1,365]	2.2 [145]

There is a distinct difference between workers living together without marriage and divorced workersthat shows a higher prevalence of drinking than married workers. The past month drinking prevalence among workers living together without marriage is quite high, although somewhat lower than in the 2009 and 2012 surveys. Among the women workers the prevalence of drinking is higher in the group of divorced workers, and increased compared to the 2012 survey, an indication that divorced women are more prone to drinking.

Table 1.29. Prevalence of Past Month Drinking Based on Gender and Marital Status, Drug Survey on Workers, 2009, 2012 & 2017

NO.	MARITAL STATUS	PAST MONTH		
		2009	2012	2017
1.	**Males – Females**	**25.5 [13,356]**	**19.6 [24,955]**	**10.2 [3,505]**
	Single	27.8 [4,937]	21.6 [1,870]	11.6 [1,607]
	Married	23.7 [8,080]	18.4 [2,866]	8.7 [1,693]
	Widow/Widower	24.1 [108]	13.5 [33]	9.3 [26]
	Divorced	40.3 [216]	20.6 [70]	21.0 [132]
	Living together	42.9 [70]	52.1 [37]	33.3 [32]
2.	**Males**	**35.0 [8,280]**	**30.8 [14,357]**	**14.7 [3,075]**
	Single	41.8 [2,663]	35.7 [1,644]	17.6 [1,373]
	Married	31.3 [5,462]	28.1 [2,660]	12.5 [1,588]
	Widower	37.1 [35]	29.4 [25]	17.2 [16]
	Divorced	45.1 [71]	40.0 [50]	27.4 [58]
	Living together	65.9 [41]	61.5 [32]	41.7 [30]
3.	**Females**	**10.0 [5,033]**	**4.4 [10,133]**	**3.2 [427]**
	Single	11.1 [2,253]	5.6 [226]	3.8 [232]
	Married	7.2 [2,548]	3.4 [206]	1.6 [105]
	Widow	17.8 [73]	5.0 [8]	5.3 [10]
	Divorced	38.0 [142]	9.3 [20]	17.7 [74]
	Living together	7.4 [27]	26.3 [5]	8.3 [2]

In most of the sectors of work the prevalence of drinking among male workers indicates a decrease, except some increase in the mining and excavation, finance/real estate/rental, and social services. As regard women workers, almost all sectors indicate a decrease except in the processing industry there is some increase.

Table 1.30. Prevalence of Drinking in the Past Month Based on Gender and Work Sector, Drug Survey on Workers, 2009, 2012 & 2017

NO.	WORK SECTOR	PAST MONTH		
		2009	2012	2017
1.	**Males – Females**	**25.5 [13,356]**	**19.6 [25,026]**	**10.2 [3,505]**
	1. Agriculture/Plantation	21.7 [1,328]	17.4 [179]	10.1 [96]
	2. Mining & Excavation	28.4 [268]	32.2 [252]	15.5 [73]
	3. Processing Industry	15.1 [2,010]	18.4 [997]	7.3 [359]
	4. Electricity, Gas, Fresh water	-	18.4 [307]	9.7 [125]
	5. Construction	44.7 [924]	31.7 [254]	12.6 [326]
	6 Trade/Restaurant/ Accomodation	30.6 [2,336]	23.9 [1,226]	11.4 [1,238]
	7. Transportation, Warehousing & Communication	26.1 [2,445]	23.5 [464]	10.9 [184]
	8. Finance/Real Estate/ Rental	26.2 [1,744]	18.7 [713]	9.3 [599]
	9. Social Services	22.9 [2,406]	17.4 [179]	9.8 [505]
2.	**Males**	**35.0 [8,280]**	**30.7 [14,404]**	**14.7 [3,075]**
	1. Agriculture/Plantation	36.2 [694]	23.0 [167]	14.1 [92]
	2. Mining & Excavation	28.6 [234]	36.6 [246]	17.0 [69]
	3. Processing Industry	24.1 [1,161]	28.3 [931]	10.6 [342]
	4. Electricity, Gas, and Water	-	25.9 [288]	12.8 [119]
	5. Construction	50.4 [768]	36.7 [245]	15.8 [310]
	6 Trade/Restaurant/ Accomodation	43.4 [1,351]	37.5 [2,905]	17.2 [1,070]
	7. Transportation, Warehousing & Communication	32.9 [1,773]	32.3 [432]	14.8 [170]
	8. Finance/Real Estate/ Rental	32.7 [1,128]	28.6 [630]	13.4 [538]
	9. Social services	32.0 [1,171]	27.0 [401]	15.2 [365]
3.	**Females**	**10.0 [5,064]**	**4.4 [10,622]**	**3.2 [427]**
	1. Agriculture/Plantation	5.3 [618]	4.0 [12]	1.3 [4]
	2. Mining & Penggalian	20.0 [25]	5.5 [6]	4.8 [3]
	3. Processing Industry	2.2 [35]	3.1 [66]	1.0 [16]
	4. Electricity, Gas, and Water	-	3.4 [19]	1.4 [5]
	5. Construction	14.1 [25]	6.7 [9]	2.6 [16]
	6 Trade/Restaurant/ Accomodation	12.7 [91]	6.2 [137]	3.6 [168]
	7. Transportation, Warehousing & Communication	7.5 [51]	5.0 [32]	2.6 [14]
	8. Finance/Real Estate/Rental	14.2 [49]	5.1 [83]	2.5 [61]
	9. Social services	14.0 [142]	3.5 [102]	5.1 [140]

Workers who live together with a friend have the greatest vulnerability to drinking compared with those living alone or with the family/brother/sister. Females living with a friend are the most vulnerable to the drinking habit. This phenomenon is distinctly seen in the 2012 survey.

Table 1.31. Prevalence of Past Month Drinking. Based on Gender, Domicile Sharing, Domicile, Drug Survey on Workers, 2009, 2012 & 2017

NO.	DOMICILE	PAST MONTH		
		2009	2012	2017
1.	**Males – Females**	**25.5 [13,461]**	**19.6 [25,026]**	**10.2 [3,505]**
	Living with:			
	Alone	29.0 [1,068]	24.2[2,705]	13.5 [384]
	With family/brother/sister	23.5 [9,756]	18.2 [6,461]	9.5 [2,836]
	With a friend	33.3 [1,363]	28.8 [408]	17.1 [268]
	Type of domicile:			
	Parents' house	27.1 [4,764]	19.3 [1,506]	9.7 [1,384]
	Brother's/sister's/friend's/ relative's house	30.4 [812]	25.1 [345]	12.4 [205]
	Own house	20.1 [4,451]	15.7 [1,253]	8.3 [850]
	Boaarding/dormitory/mess/ barrack	29.6 [3,268]	25.0 [1,163]	13.2 [1,007]
	Apartment	39.6 [53]	35.1 [28]	14.5 [12]
	Others	30.0 [30]	15.6 [80]	2.5 [2]
2.	**Males**	**35.0 [8,280]**	**30.7 [14,404]**	**14.7 [3,075]**
	Living with:			
	Alone	36.2 [671]	33.5 [481]	18.4 [340]
	With family/brother/sister	32.4 [6,149]	29.7 [11,492]	14.1 [2,522]
	With a friend	41.7 [847]	37.0 [1,069]	19.0 [198]
	Type of domicile:			
	Parents' house	38.9 [2,684]	33.8 [1,506]	14.8 [1,195]
	Brother's/sister's/ friend's/relative's house	43.8 [484]	38.6 [345]	19.1 [189]
	Own house	27.4 [2,933]	24.4 [1,253]	11.6 [776]
	Boarding/dormitory/mess/ Barrack	38.5 [2,080]	35.1 [1,163]	17.6 [862]
	Apartment	51.4 [37]	45.9 [28]	20.8 [10]
	Others	33.3 [24]	22.9 [80]	15.6 [42]
3.	**Females**	**10.0 [5,064]**	**4.4 [10,622]**	**3.2 [427]**
	Living with:			
	Alone	17.0 [393]	7.0 [947]	4.5 [44]
	With family/brother/sister	7.8 [3,533]	3.8 [2,858]	2.7 [313]
	With a friend	18.7 [509]	10.5 [475]	13.1 [69]
	Type of domicile:			
	Parents' house	11.4 [2,056]	4.1 [173]	3.0 [187]
	Brother's/sister's/friend's relative's house	10.0 [319]	6.5 [42]	2.5 [16]
	Own house	5.3 [1,485]	3.1 [109]	2.1 [74]
	Boarding/dormitory/mess/ Barrack	13.4 [1,165]	6.6 [121]	5.3 [145]
	Apartment	12.5 [16]	15.2 [5]	5.7 [2]
	Others	16.7 [6]	5.3 [13]	3.1 [3]

c. Sexual Behaviour

Prevalence of Sexual Behaviour without marriage in the past year among drug abuse workers is far more higher than non drug abusers, as is seen in the prevalence of past year sexual behaviour of unmarried workers. Their rate of sexual activity before marriage is much higher among drug abuse workers.

Also with the prevalence of sexual behavior in the past year of divorced workers that is likely to be higher among drug abuser workers. However, it is not possible to present an accurate illustration on the vulnerability of sexual behavior without marriage, as several workers may be divorced in a period less than a year in the past, so part of their sexual activity is actually still in the period of marriage. Among married workers there is almost no difference in their past year's sexual behavior, both among male and female workers. If seen from its total rate, male drug abuser workers have a higher prevalence compared to non drug abusers. But on the contrary with female workers where non drug abusers have a higher prevalence of sexual behavior.

Table 1.32. Prevalence of Past Year Sexual Activity Based on Classification of Workers, Gender and Marital Status

NO.	WORKER'S CLASSIFICATION	MARITAL STATUS						TOTAL	
		NOT MARRIED		MARRIED		DIVORCED			
		M	F	M	F	M	F	M	F
1.	**N Total**	**7,852**	**6,067**	**12,730**	**6,661**	**305**	**604**	**20,887**	**13,332**
	Workers								
	Drug abuser	45.0	45.3	53.0	47.9	1.9	6.7	77.7	22.2
	Non Drug abuser	37.3	45.5	61.3	50.0	1.4	4.5	60.5	39.4

From the total married workers, 91% admit having intercourse with their husband/wife. No difference is found either among male and female workers or among drug abuser workers and non drug abuser workers. The conclusion is that approx 10% of married workers have ever sexual relations with their partner that may be their boy/girl friend, acquaintance, sex worker, same gender, or even with a drug dealer.

Divorced or single workers are more vulnerable than married workers in relation with their sexual behavior with different partners, the more among drug abuser workers. The boy/girl friend is the most chosen sex partner among single or divorced workers in the past year. Another choice besides the boy/girl friend is a common friend or acquaintance, with a higher rate among drug abuser than non drug abuser workers. Those who admit to have sexual relations with a drug dealer and the same gender the case is almost the same among male and female workers, but the prevalence of sexual relations with the same gender is higher among single/unmarried male workers.

Table 1.33. Distribution of Sex Partner in the Past Year Among Drug Abuser Workers, Based on Marital Status

NO.	SEX PARTNER	MARITAL STATUS						TOTAL	
		SINGLE		MARRIED		DIVORCED			
		M	F	M	F	M	F	M	F
1.	**N ever have sex**	**351**	**101**	**413**	**107**	**15**	**15**	**779**	**223**
	Sex Partner								
	Husband/wife	0.0	0.0	90.6	91.6	26.7	20.0	48.5	45.3
	Boy/girl friend	45.3	28.7	14.0	2.8	53.3	60.0	28.9	18.4
	Friend/Intimate friend	27.9	6.9	11.9	1.9	26.7	0.0	19.4	4.0
	Acquaintance	21.7	4.0	9.4	2.8	13.3	0.0	15.0	3.1
	Sex worker	16.0	2.0	9.7	1.9	6.7	0.0	12.5	1.8
	Drug dealer	3.1	2.0	1.7	0.9	0.0	0.0	2.3	1.3
	Same gender	3.1	3.0	1.7	0.9	0.0	0.0	2.3	1.8
	Others	2.3	4.0	1.5	0.9	0.0	0.0	1.8	2.2

Table 1.34. Distribution of Sex Partner in the Past Year Among *Non Drug Abuseer Workers* Based on Marital Status

NO.	SEX PARTNER	MARITAL STATUS						TOTAL	
		SINGLE		MARRIED		DIVORCED			
		M	F	M	F	M	F	M	F
1.	**N ever have sex**	**7,501**	**5,966**	**12,317**	**6,554**	**290**	**589**	**20,108**	**13,109**
	Sex Partner								
	Husband/wife	0.0	0.0	91.0	90.4	32.8	17.5	56.2	46.0
	Boy/girl friend	18.0	5.3	3.7	0.8	16.2	13.9	9.2	3.4
	Friend/intimate friend	7.8	1.0	2.4	0.5	7.9	2.7	4.5	0.8
	Acquaintance	5.5	0.4	1.6	0.3	5.5	1.5	3.1	0.4
	Sex worker	2.7	0.2	1.2	0.3	3.4	0.8	1.8	0.3
	Drug dealer	0.3	0.1	0.4	0.2	0.3	0.3	0.4	0.2
	Same gender	0.6	0.2	0.4	0.2	1.0	0.3	0.5	0.2
	Others	0.5	0.3	0.4	0.2	0.3	0.8	0.4	0.3

Among the total drug abuser workers, 0.9% of males and 0.1% of females have ever used drugs for sexual intercourse. The highest rate of distribution of drug use is found among male divorced drug abusers (2%). Likewise with divorced female drug abuser workers the rate of drug use for sex is relatively higher. The reason for drug use quite vary. In general, male workers say for longer endurance, while for female workers it is for having sex fantasy.

In using drugs for sex male and female workers the most preferable choice is their boy/girl friend. The highest rate for using drugs with their boy friend is among is among single female workers (44%). While divorced male workers have the highest rate of drug use for sex with their girl friend (50%). It shows that female workers having sex with their boy friend and drug use are highly vulnerable. The same condition is among divorced male workers. However, it is not much less among married couples having sex with drugs, male workers 30% and female workers 21%.

The drugs used for sex quite vary according to gender and marital status. But generally the most consumed for sexual activity among male workers are shabu and marihuana (Cannabis/Ganja), in particular workers with a single status. While among female workers the most consumed is ecstasy, the majority among single female workers (22%), and among married female workers 21%. Mosst interesting is that divorced female workers prefer only shabu for sex.

Table 1.35. Distribution of Reasons for Drug Consumption in Sex Activities Among *Drug Abuser Workers* Based on Gender and Marital Status.

NO.	SEXUAL ACTIVITY	MARITAL STATUS						TOTAL	
		SINGLE		MARRIED		DIVORCED			
		M	F	M	F	M	F	M	F
1.	**N Ever have sex**	**351**	**101**	**413**	**107**	**15**	**15**	**779**	**223**
	Ever consumed a drug for sex	0.9	0.1	0.9	0.2	2.0	0.3	0.9	0.2
	Reason for consuming a drug for sex								
	Heighten libido	54.8	33.3	50.4	14.3	33.3	0.0	51.5	20.0
	Sex fantasy	54.2	55.6	50.4	28.6	50.0	0.0	52.6	36.0
	Longer endurance	68.5	22.2	63.5	35.7	33.3	0.0	64.4	28.0
	Barter with sex partners	27.4	22.2	9.6	7.1	16.7	0.0	16.5	12.0
	To get money	16.4	33.3	7.0	7.1	0.0	0.0	10.3	16.0
	Others	6.8	0.0	3.5	7.1	0.0	0.0	4.6	4.0

Table 1.36. Distribution of Sex Partners When Using Drugs Based on Gender and Marital Status

NO.	SEX ACTIVITY	MARITAL STATUS						TOTAL	
		SINGLE		MARRIED		DIVORCED			
		M	F	M	F	M	F	M	F
1.	**N ever have sex**	**351**	**101**	**413**	**107**	**15**	**15**	**779**	**223**
	Ever used a drug for sex	0.9	0.1	0.9	0.2	2.0	0.3	0.9	0.2
	Sex partner when using a drug								
	Husband/wife	5.5	0.0	30.4	21.4	33.3	0.0	21.1	12.0
	Boy/girl friend	35.6	44.4	14.8	14.3	50.0	0.0	23.7	24.0
	Friend/Intimate friend	32.9	11.1	14.8	14.3	33.3	0.0	22.2	12.0
	Acquaintance	24.7	22.2	11.3	7.1	16.7	0.0	16.5	12.0
	Sex worker	27.4	0.0	10.4	14.3	0.0	0.0	16.5	8.0
	Drug dealer	8.2	0.0	1.7	7.1	0.0	0.0	4.1	4.0
	Same gender	2.7	0.0	1.7	7.1	0.0	0.0	2.1	4.0
	Others	2.7	0.0	0.9	0.0	0.0	0.0	1.5	0.0

Table 1.37. Distribution of Drugs Used for Sex Among *Drug Abuser Workers* Based on Gender and Marital Status

NO.	DRUGS USED FOR SEX	MARITAL STATUS						TOTAL	
		SINGLE		MARRIED		DIVORCED			
		M	F	M	F	M	F	M	F
1.	**N ever have sex**	**351**	**101**	**413**	**107**	**15**	**15**	**779**	**223**
	Ever used a drug ffor sex	0.9	0.1	0.9	0.2	2.0	0.3	0.9	0.2
	Type of drug used for sex								
	Cannabis/Ganja (cannabis, gele, cimeng, marihuana)	43.8	11.0	33.0	14.3	50.0	0.0	37.6	12.0
	Cocaine	5.5	11.0	6.1	14.3	16.7	0.0	6.2	12.0
	Shabu	47.9	0.0	40.0	21.4	16.7	6.7	42.3	12.0
	Ecstasy (inex, i, XTC)	19.2	22.2	13.0	21.4	16.7	0.0	15.5	20.0
	Heroin/putau	11.0	0.0	6.1	7.1	16.7	0.0	8.2	4.0
	Tranquilisers (valium, lexo/ lexotan, nipam, BK, rohypnol, sanax)	11.0	11.0	12.2	7.1	16.7	0.0	11.9	8.0
	Others	9.6	0.0	7.0	7.1	16.7	0.0	8.2	4.0

8. Pattern of Drug Trafficking Among Workers and in the Work Place.

a. Drug Abuse in the Living Environment and in the Work Place.

One of the methods used to identify the number of drug abusers in the work place and living environment is to ask the respondents to identify drug abusers in their environment.

Drug abuser respondents know much more about drug abusers in their environment than non drug abuser respondents. This was known from results of the 2012 and 2017 surveys. Both surveys indicate the same trend, that drugs are mostly abused among friends outside the work place, neighbours in their living environment and friends in the work place. Drug abuse still occurs among the closest people of respondents, by a brother or sister, parents and married couples. The two surveys also indicate that there is no distinct difference in the prevalence of drug abuse in each group of drug abusers.

Table 1.38. Knowledge about People who are Suspected of Drug Abuse

NO.	KNOWLEDGE ABOUT PEOPLE	NON DRUG ABUSER		DRUG ABUSER		TOTAL	
		2012	2017	2012	2017	2012	2017
	N	**23,859**	**33,388**	**1,167**	**1,009**	**25,026**	**34,397**
1.	Friends in the work place	2.7	2.3	16.1	13.5	3.3	2.6
2.	Friends otside the work place	8	6.4	28.4	27.9	8.9	7.1
3.	Neighbour in the living environment	5.2	5.1	16.9	17.1	5.8	5.5
4.	Brother/sister/relative	0.7	0.6	2.7	4.3	0.8	0.8
5.	Parents	0.2	0.2	0.9	1.5	0.3	0.3
6.	Boy friend/girl friend/ wife/husband	0.3	0.4	2	2.6	0.4	0.4

Interviewed workers told that drug trafficking occurs much more in the residence than in the work place. Drug trafficking in the work place is more concealed; not easy to know as people use drugs when they are not working, and buy the drug outside the work place. Drug trafficking in the residential environment is concentrated at a certain place (drug pocket). As was told by a respondent from South Sulawesi that it is not too difficult to get drugs.

"Yes, it is an open secret, I think it is everywhere. In the office, there is always a way if we want it. Likewise in the residential environment, if we want a drug there is always somebody who has access. I am chairman of the neighbourhood association. There were some incidents. A friend said another friend came and brought the drug. But generally it is hard to find a really sterile spot. Yeah, I say it is available 90%. (In-depth interview, non drug abuser worker, Riau Islands)

"In Makassar we can easily find drugs, anywhere, as long as we need the drug we can find the seller" (In-depth interview, non drug abuser, South Sulawesi).

A worker told maybe in the work place there is drug trafficking, but difficult to be sure because there was a case a worker was detected to use drugs. The company that found out one of the workers used drugs shall apply strict control on all workers to avoid another incident to occur.

"I don't know. I usually go straight home after work and rest…so if they talk about drugs I just leave them (In-depth interview, non drug abuser worker, North Kamlimantan).

"At my work place, because there happened an incident so the management was more careful, so it will not happen again" (In-depth interview, non drug abuser worker, Riau Islands).

Workers who consume drugs usually get the drug from their co worker friends, or from a friend in their residence, or in entertainment centers. Many of the workers consume drugs when they hang out with friends, at a entertainment center or another safe place.

"My work place is safe. In my home environment. there is a friend, and if I havesome money, yess…I join with my friends…" (In-depth interview, drug abuser worker, West Kalimantan).

"In the work place, surely we are in a vicious circle, if in another environment, it depends on our friends. with whom we associate. The problem is everyday I'm mostly at the work place than at home" (In-depth interview, drug abuser worker, East Kalimantan).

In some of the cities, there is information that it is totally impossible for drug trafficking and drug abuse, since big companies are very strict in the control of their employees' work health condition. Some of the companies even prohibit their workers to smoke in the work place and if workers violate the regulation, they will get a warning and be dismissed if the worker is known to consume drugs.

"Within PUSRI it is very strict. even smoking is prohibited. Workers who are known to violate the regulations shall be dismissed" (In-depth interview, non drug abuser worker, South Sumatera).

b. Offer of Drugs in the Residential environment and Work Place

Both surveys indicate that drug offers still exist around respondents. Drugs are mostly offered by a friend outside the work environment, by a friend/neighbour and a friend in the work place. No difference is seen in both surveys related to the pattern of offer, likewise not much different in prevalence.

Drugs are not only offered to drug abuser respondents, but also to non drug abuser respondents. The offer is not only done by drug dealers, even persons close to the respondents have ever offered drugs to respondents. And if looked upon its prevalence, drug dealers have a lower prevalence than close friends in the work place or respondents' residence.

More than one-fourth (1/4) of the total drug abuser respondents admit they have been offered drugs by friends outside the work place. The rate is much higher than the offer to non drug abuser respondents who admitted they have ever been offered by a friend outside the work place showing a prevalence of only 3%.

On the whole, the pattern of respondents being offered by different sources and its prevalence do not differ greatly in the surveys of 2012 and 2017. This is different with the prevalence of respondents offering drugs to other people that shows a slight decrease in 2017. The 2017 survey shows that the total respondents who admit having ever offered drugs to other people is 0.2%, lower than the total in 2012 (1.1%). This decrease in prevalence is seen among drug abuser as well as non drug abuser respondents. In the group of drug abuser respondents the rate is 10.3% in 2012, while in 2017 only 5.9%. Likewise with the prevalence in the group of non drug abuser respondents, showing a decrease from 0.7% to 0.1%.

Table 1.39. Prevalence of Ever been Offered and Ever Offered Drugs

NO.	EVER BEEN OFFERED AND EVER OFFERED	NON DRUG ABUSER		DRUG ABUSER		TOTAL	
		2012	2017	2012	2017	2012	2017
	N	**23,859**	**33,388**	**1,167**	**1,009**	**25,026**	**34,397**
1.	Ever having offered to other people	0.7	0.1	10.3	5.9	1.1	0.2
2.	Ever been offered by other people		3.9		35.6		4.8
3.	Ever been offered by:						
	A friend in the work place	1	1.4	14.4	12.9	1.6	1.7
	A friend outside the work place	2.8	3	25.1	27.8	3.9	3.7
	Friend/neighbour in the residential environment	1.5	1.5	13.8	13.5	2.1	1.8
	Boy friend/girl friend/partner/wife/ husband	0.3	0.6	3.2	3.1	0.4	0.7
	Brother/sister	0.3	0.6	2.8	3.5	0.5	0.7
	Younger/older brother sister	0.3	0.6	2.7	2.6	0.4	0.7
	Dealer	0.8	1	10.6	11.1	1.2	1.3
	Parents	0.2	0.6	2.5	2.5	0.3	0.6
	Others	0.3	0.6	2.5	3.1	0.4	0.7

Drug abuser workers are vulnerable targets of drug trafficking. They are workers with a good income and are demanded to show good work. These workers from the lowest level up to managers have their respective responsibility. The drug abuser workers have their different reasons for taking drugs. Some because of personal problems in the work place as well within the family, economic pressures, conflict with a friend or in the work place, etc.

> *"I'm sure that each has his own personal reasons. He must have certain reasons. Myself, I have personal problems not economic problems. I have problems with my family so I tend to bring to that….(drug abuse) (In-depth interview, non drug abuser worker, Riau Islands).*

Workers are susceptible to drug abuse because economically they are able to buy drugs. In fact, because of work demands people use drugs to keep their stamina so they can work for a longer time, or if there is much work, or they want to lose their weariness after hard work. The drugs mostly used are tranquilizers, such as shabu and ecstasy.

> *"I think those who are jobless usually take drugs, but the cheap ones, like glue. Then thegroup of workers, they mostly take shabu and ecstasy, because they have the money" (In-depth interview, non drug abuser, Riau).*
>
> *"...You can get ecstasy at the night entertainment centers, from the younger age to adults consume these drugs. Generally, workers in the mining sector take shabu, and street singers take Zenith (Carnopen)" (In-depth interview, non drug abuser worker, South Kalimantan).*

c. Trafficking and Access to Drugs

Based on the knowledge of respondents drugs are easily to get outside the work place not in the work place. The 2017 survey indicates that the prevalence of respondents stating the easy access to drugs outside the work place is 1.8 – 4%, which is not much different from the 2012 survey (1.5% - 3/1%). The easy access to get drugs outside the work place rates higher than in the work place that is only 1%.

Drug abuser respondents know much better about the access to get drugs than non abuser workers. In 2017 the prevalence somewhat increased compared to 2012.

In general, both surveys indicate that the access to get drugs in the work place is quite difficult. Only 13.5% of drug abuser respondents state the easy access to drugs outside the work place. More than ¾ of respondents have no knowledge on the access to drugs either in or outside the work place.

Table 1.40. Prevalence of Respondents' Knowledge on the Access to Drugs

NO.	ACCESS TO DRUGS	NON DRUG ABUSER		DRUG ABUSER		TOTAL	
		2012	2017	2012	2017	2012	2017
	N	**23,859**	**33,388**	**1,167**	**1,009**	**25,026**	**34,397**
1.	**Access to drugs in the work place**						
	Very difficult	10.3	18.1	17.7	22.3	10.7	18.2
	Quite difficult	2.2	3	9.4	6.2	2.5	3.1
	Quite easy	0.8	1.1	4.8	5	1	1.2
	Very easy	0.5	0.4	1.8	2.1	0.6	0.4
	Unknown	84	75.5	64.3	61.3	83	75.1
2.	**Access to drugs outside the work place**						
	Very difficult	6	9	11.3	10.3	6.2	9
	Quite difficult	2.8	3	11.8	8.3	3.2	3.1
	Quite easy	2.7	3.7	10.8	13.5	3.1	4
	Very easy	1.3	1.7	4.5	6.4	1.5	1.8
	Unknown	85	80	59.9	58.5	83.8	79.4

More than half of the total respondents stated that the situation in the residential environment is quite safe to associate with each other, or have a walk in the evening. There is some decrease in the perception on the condition of environmental security in 2017 compared to 2012. There is also a decrease in the identification of many loitering young people in the neighbourhood, but shows some increase in indentifying drug trafficking. Drug abuser respondents as well as non drug abusers also expressed their perception on the increase in drug trafficking.

The prediction of the 2017 survey on the decline in the condition of environmental security and the increase of drugs in circulation may become a threat to the continuation of drug abuse and trafficking.

Table 1.41. Prevalence of Respondents' Knowledge on the Neighbourhood Situation

NO.	RESPONDENTS' KNOWLEDGE	NON DRUG ABUSER		DRUG ABUSER		TOTAL	
		2012	2017	2012	2017	2012	2017
	N	**23,859**	**33,388**	**1,167**	**1,009**	**25,026**	**34,397**
1.	**Knowledge on the environmental situation**						
	Safe to walk alon in the evening	59.9	53.2	63.2	53.9	60.1	53.2
	Safe to play or associate	69	63	69.7	64	69	63
	Many loitering young people/school dropouts	22.6	17.2	32.6	27	23.1	17.5
	Much drinking in my neighbourhood	14.5	13.4	28.8	30.9	15.2	13.9
	Much drug trafficking	5.6	6.9	14.3	19.2	6	7.3

The drugs in circulation in all locations of the survey are dominated by marihuana/cannabis/ganja, shabu, ecstasy and the pill. Other substances are aibon glue, over-the-counter drugs mixed with soft drinks. In East Nusa Tenggara kecubung leaf is much consumed. These last three mentioned are generally used by street children or by people who cannot afford to buy expensive drugs.

> *"The information I received. many adolescents use aibon glue (inhale), consume drugs against cough and headache mixed with soft drinks." Also observation on the circulation of Cannabis/Ganja and shabu" (In-depth interview, non drug abuser worker, North Sulawesi).*

"In my opinion, usually unemployed people take cheap drugs or inhalants like glue. Then the workers, the majority take shabu and ecstasy, because they have the money" (In-depth interview, non drug abuser worker, Riau).

The trend of shabu and medicines tend to escalate in these last few years, which agrees with the seizures of shabu and medicines lately. Nowadays people do not consume koplo pill anymore, but drugs with a stronger effect such as carnopen/zenith, flaka, PCC, CC4, blue sapphire, yellow pill. In S.E. Sulawesi PCC is already in circulation before the case was broadcasted by television in early September.

"...In the old times there is cannabis/ganja, shabu and ecstasy…nowadays, there are so many what do you a ll…gorilla…synthetic cannabis/ganja" (In-depth interview, non drug abuser worker, East Java).

"Cannabis/ganja, shabu, psychotropic, somadril those drugs are in circulation. Not long aago PCC was frequently found. Also ecstasy, flaka, hanoman, gorilla" (In-depth interview, non drug abuser worker, SE. Sulawesi).

"Here, now, the most available are Carnophen or Zenith, also shabu and ecstasy, CC4 and blue saphyr are already in circulation" (In-depth interview, non drug abuser worker, South Kalimantan).

9. Workers Receiving Information and their Involvement in the Program of Prevention and Eradication of Illicit Drug Trafficking.

a. Drug Prevention Activities in the Work Place.

The largest source of drug information comes from television. Newspapers, banners, balihos and the internet. Other sources also mentioned are *Facebook, Youtube, Instagram* and other applications. Others say they receive drug information from seminars, information sessions in the company, from BNNP, Granat (NGO, Anti Drug Movement). Some respondents say they get the information from fellow workers.

"..About drugs we get from talks. Also from television news. Newspapers, but the most frequent from TV, or from the internet…" (In-depth interview, non drug abuser worker, Riau Islands).

"..Often see information from television, baliho, X banner in the work place, and from seminars organized by PUSRI. The seminars are lectures given by Gito Rollies an artist. We were also invited at a parents meeting at school. Student association axctivities (OSIS), also a regulation for a drug test when entering the university…" (In-depth interview, non drug abuser worker, South Sumatera).

"..I get drug information from the electronic media, besides from television I also access information from youtube, application and website. Very seldom from the radio, also from stickers, banners, and the most routine from advertisements in the street because I often travel out of town…" (In-depth interview, non drug abuser worker, Aceh).

Other information from the printing and electronic media generally relate to drug smuggle, raids and drug criminal incidents, While seminars often give information on the types of drugs, dangers of drug use and their effects.

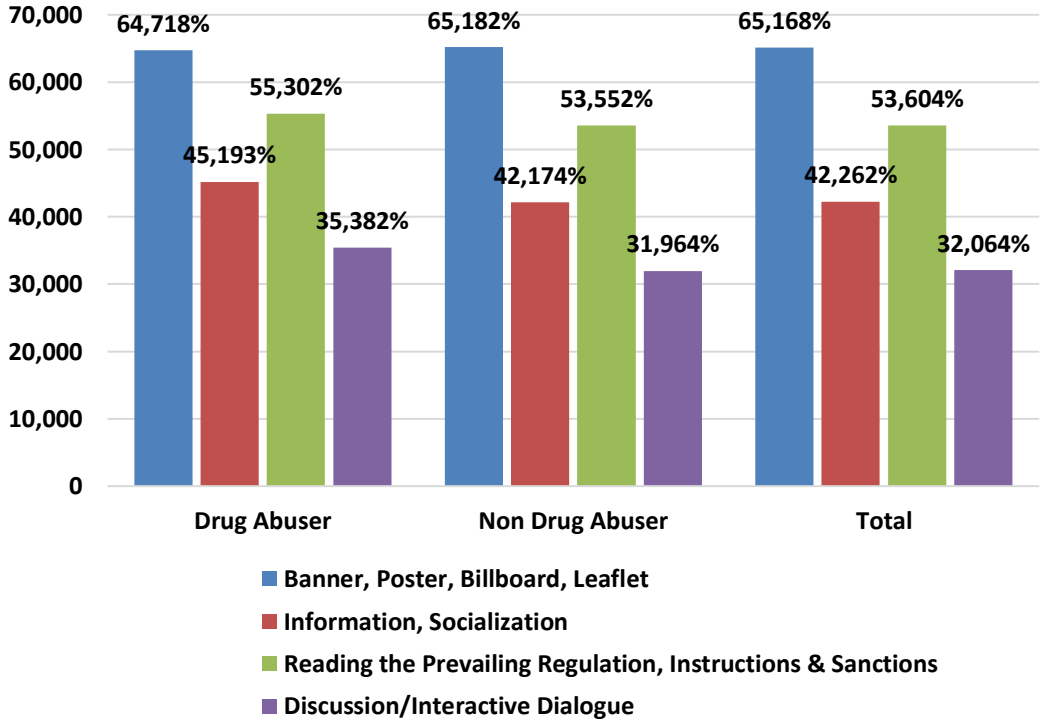
> *"..Most information is related to arrests, and maybe also effects of drug abuse, or lately about new drugs…." (In-depth interview, non drug abuser worker, Riau Islands).*

> *"..Info on the types of drugs and their effects. Also aabout the dangers of drugs.." (In-depth interview, non drug abuser worker, Riau).*

> *"Resource persons want to know more about the types of drugs, the side effects of drug abuse on the environment, and the effects on the abuser." (In-depth interview, non drug abuser worker, South Sumatera).*

The most accessed information on P4GN (Prevention of Drug Abuse and Eradication of Illicit Drug Trafficking) by the respondents are from banners, posters, leaflets and billboards. Both drug abusers and non drug abusers reached the rate of 65%. More than half of the total respondents state they know about P4GN by reading the prevailing regulations, 42% from socialization/information, only 32% from interactive dialogues. There is almost no difference in the prevalence of receiving P4GN information from the various sources between the group of drug abusers and non drug abuser respondents.

Diagram 1.1. Respondents Receiving Information on P4GN



The qualitative studi indicates that the majority of informants state that the social media is the most effective in extending drug information and education as most people already have gadgets. Various information is extended through Twitter, Instagram, Facebook and other apps. If information is given through television broadcast, newspapers and radio, it may not reach the young generation, as they hardly ever see television, listen to the radio or even read newspapers.

If the government makes use of social media for information, it would be most ideal if socialization and information is also directly delivered to young people, workers and students. If the two methods are performed together, the results will surely be effective.

> *"..The era of today is a modern era, everybody use gadgets. If you want to extend drug information, do it through the social media, maybe Instagram, Facebook, Twitter, all social media share about the dangers and types of drugs, TV, radio, newspapers, young people nowadays very seldom turn to these media. So it is better through the social media, and if possible directly, such as socialization and information." (In-depth interview, non drug abuser worker, Riau).*

Another effective method is through *a persuasive* and direct approach to the workers, so the information is received directly and you can see their reaction. Information can also be done by method of MLM (*multi level marketing*) or from person to person, from afriend to another friend to spread the information faster.

> *"..Persuasive is actually a direct approach. As we cannot do it, we use the MLM system (multi level marketing), like selling. From a friend to another friend, please forward this... etc should be like this…" (In-dept interview, non drug abuser worker, Bangka Belitung).*

> *"..Because by getting information they can discuss directly with BNN and talk about the problem. There is a forum for questions and answers…quite effective…" (In-depth interview, non drug abuser worker, Lampung).*

> *".In Indonesia old and young, they all use social media…" (Indepth interview, non drug abuser worker, North Maluku).*

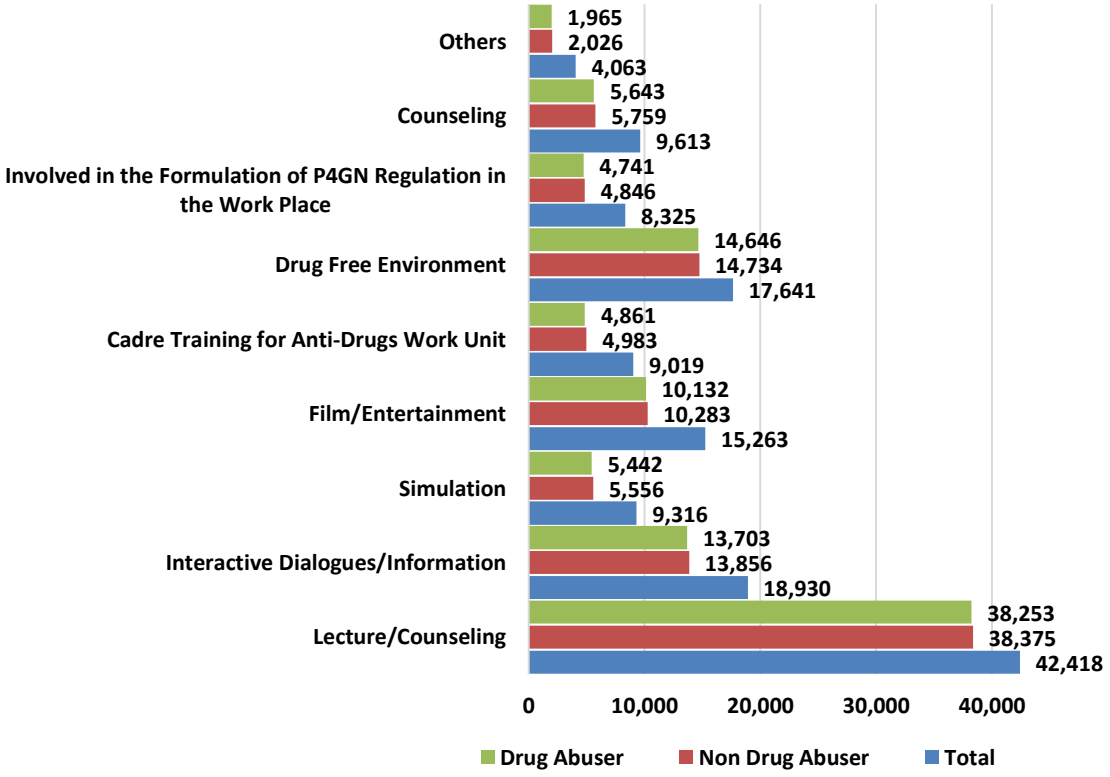
The information in the internet is not clear so it needs further clarification on the given information. So the company establishes the Granat (anti narcotics) with the purpose to pass better information on drugs directly to workers, through socialization, seminars, and give the workers motivation not to fall into drug abuse.

> *"Not yet, because we only read the material and easily forget again since we have so many activities. So it is better to get it face to face, that is effective." (In-depth interview, non drug abuser, Riau).*

> *"Not enough, we still need further clarification. So PT Timah establishes an internal called Granat to give motivation to the workers. PT Timah gives quite lengthy information on the effects of drug abuse. It means, with the approach, and socialization to workers, also meetings all these build effective motivation among workers." (In-depth interview, non drug abuser, Bangka Belitung).*

Respondents' involvement in P4GN activities is very minimum in the past year, less than 40%. The most attended by respondents, both drug abusers and non drug abusers are the information sessions. The survey in 2017 shows that the rate of drug abusers involved in many P4GN activities ismuch higher than non drug abusers.

Diagram 1.2. Respondents' Involvement in P4GN Activities in the Past Year



b. Company's P4GN Program Policies

The need for P4GN activities in the work place arouses different views from the policy makers. One of them is the Office of Laour and Transmigration (Disnakertrans) in the many locations.

Many of these offices never knew or heard incidencts of drug abuse among workers, and consider the need for P4GN in the company not too urgent, since there are regulations and sanctions in each company that can be applied if a worker is known to abuse drugs. and there are more urgent issues to be handled in connection with workers.

> *"..Not yet so urgent ….so if there is a worker involved, just expel… no pardon… finished…" (In-depth interview, Disnakertrans, North Kalimantan province).*

> *"..We do not focus yet on activities against drug abuse…yessss. just HIV/AIDS and general health…special program for drugs, not yet…(In-depth interview, Disnakertrans, North Sulawesi Province).*

> *"..We only have socialization on HIV/AIDS. from the office of Manpower very seldom, so we do not have data on drugs. We hope there won't be any problem with Manpower about drugs…" (In-depth interview, Disnakertrans, Papua Province).*

However. many feel efforts in drug prevention in the work place is an urgent need that has to be done to protect and guard workers and the company.

"..This is indeed necessary to have policies, all stakeholders have to be involved to overcome this problem ….(In-depth interview, Disnakertrans, Aceh Province).

> *"..Necessary to increase their respective religious awareness, not necessary to use drugs to return to the Merciful God…" (In-depth interview, Disnakaertrans, East Kalimantan Province).*

Disnaker is aware that workers are at risk to abuse drugs. and that makes this office to make an agreement with BNN to coordinate with each other. The office sees that one method is to perform socialization to the company management.

> *"..The first need is to contact the management. It has to apply its regulation, its requirement….socialize their needs….that's their task…" (In-depth interview, Disnakertrans, West Papua Province).*

"..Yes. there is an MOU for cooperation with BNN Province." (In-depth interview, Disnakertrans, Riau Province).

Meanwhile, all company managers stated that drug prevention in the work place very much needed to minimize the possibility the workers turn to drugs. The work load may cause workers suffer from stress that makes them take drugs in order to be able to do all the work demanded from them. Drug abuse causes a decrease in productivity and work ethics that eventually inflicts loss to both the company as well as the drug abuser.

"Oh yeah, a must Very imperative. Because at a certain point drugs certainly reduce productivity." (In-depth interview, Company Manager, Riau Islands),

"Drugs have also great potentials for workers. They have an income. Stress and the work load make them turn to drugs." (In-depth interview, Company Manager, South Sulawwesi).

"Among the workers drugs…really ruin workers. I think it is important yes…bcause…because..eehh.. really ruin the work ethic of workers. Their economy….financial condition…is ruined…and in turn causes financial loss to the company." (In-depth interview, Company Manager, Maluku).

Especially companies of the middle and higher levels have applied drug prevention by implementing a *general check up* for employees' at least once a year. A company in Aceh conducts every 7 months a *general staff meeting.* At the meeting the company conducts socialization on the dangers of drugs, the drug's side effects. and sanctions if an employee is detected of drug abuse.

"Every 7 months we have a GSM (General Staff Meeting), we call the heads of divisions, and we socialize the dangers of drugs, their side effects, including sanctions for those who are known of drug abuse, so they feel rather uncomfortable and immediately avoid drug use." (In-depth interview, Company Manager, Aceh).

It is most crucial to have a drug prevention program to keep workers away from the trap of drug use. Some activities of the prevention program are: build a special unit to handle the drug problems, conduct socialization or seminars on the dangers of drugs. Such activities are most effective in upgrading the workers' knowledge. Several of the managers say that BNN, BNNP and the Office of Manpower should proactively conduct socialization and information on the dangers of drugs. So far many companies have not yet done these activities.

> *"At PT Timah there is an organization or committee that handles the drug problem. As I said yesterday, Granat, and anti drug movement to minimize our employees/workers from taking too much drugs. We have done socialization and seminars to the work place in the regions, and these activities are most effective…"(In-depth interview, Company Manager, Bangka Belitung).*

> *"Yeah, socialization is necessary, we cooperate with BNN, with the local Police and social institutions, and the public, we do it together." (In-depth interview, Company Manager. Jambi).*

> *"Internal needs. we often tell, maybe we need information or socialization from BNN, or the local administration. We seldom get visits from outside in the hotel for socialization, etc." (Indepth interview, Company Manager, Papua).*

Prevention efforts for workers should be implemented before workers become drug abusers, even only as an experiment. Workers should be told about the enormous effects of drug abuse and get complete information on its consequences. It is important to give stress the message to workers that if they face problems do not avoid it. but immediately solve the problem.

If a person has become a drug abuser immediate help should be given, do not avoid or let the person face the problem alone, to become worse. Drug abusers are victims who are in need of help to get free from addiction. The best way is to warn the person of the loss inflicted by drug abuse. It is not easy to forbid someone not to take drugs if the person is already using drugs. But as a friend there is no reason not to continuously warn the concerned. On the other hand, drug dealers and syndicates should be severely punished.

"As a friend…….eehhh…it depends. Me, I always warn my friends…" (In-depth interview, non drug abuser worker, West NusaTenggara)

"As for me, first we should not oppose them, but see what role he has. Whether he is a dealer or a drug user; for a dealer there is no pardon, don't give only 2 or 3 years for punishment, if possible, find a severe punishment special for drug dealers." (In-depth interview, non drug abuser, North Maluku).

"A must….As BNN calls against the State. …yess…the State's enemy….if the income is not sufficient, they start to steal and do other criminal actions…" (In-depth interview, Company Manager, S.E. Sulawesi).

In the big companies that are already properly established, with social and health facilities and good control, very seldom a worker is found abusing drugs. However, managers consider drug education important for their employees. Some of the companies view drug prevention of a lesser priority as many more other needs have to be fulfilled. Drugs are not their concern because there is no connection with the company. This view is based on their experience that so far the company has not yet found any indication of their mployees taking drugs.

"..Maybe. as I already said before. in the east region drugs is still a minor problem. That is one of the reasons the management sees other matters more important.." (In-depth interview, Company Manager, Papua).

Socialization of Law Number 35 of the Year 2009 on Narcotics

There is no information about the socialization on Law Number 35 of the Year 2009 to companies/the work place. But the interview revealed that the related institutions like BNNP have made many efforts by facilitating and motivating companies to organize drug prevention in the work place. In general the activities are socialization and information on the dangers of drugs for private companies or the local administration, even for academics. Socialization on drug prevention is conducted through social media, newspapers, radio, leaflets. Also motivate the local administration to draw regulations on drug prevention, and to strengthen BNNK.

Socialization of the Minister of Manpower and Transmigration Regulation Number 11 of the Year 2005

Apparently the Minister's regulation No.: PER.11/MEN/VI/ 2005 on the Prevention of Drug Abuse and Eradication of Illicit Trafficking in Narcotics, Psychotropic Substances and Other Addictive Substances has only been applied by some companies.

The companies that have conducted socialization used the classic method by inviting the company's representatives. However, the information given is about health issues that are common in the work place.

> *"..The method of socialization is what I said before. The regulation also requires the company to be responsible in providing protection for employees. It is implemented by conductingsocialization…" (In-depth interview, Disnakertrans, of Riau Islands).*
>
> *"..In this work place there are several policies, first from the company, the second perhaps in the office there is a program related to socialization…." (In-depth interview, Disnakertrans, Aceh Province).*
>
> *"..We have carried out the ministerial regulation No 11 of 2005 before. but it seems it is gone now. In 2010 and before yes…" (In-depth interview, Disnakertrans, Lampung Province).*

Meanwhile, other companies have not yet carried out socialization; there are even companies that are not aware of the regulation. They say that drug prevention among workers is BNN's authority and responsibility. Disnakertrans does not have a budget, and there are many other issues related to workers/employees that have to be settled and socialized by Disnakertrans.

> *".. The minister's regulation on drugs, we have not done socialization…" (In-depth interview, Disnakertrans, West Kalimantan Province)*
>
> *"..No.. from BNN. From us, for the time being there is no budget. Our budget is just for meals and drinks." (In-depth interview, Disnakertrans, North Sumatera Province).*
>
> *"..There is so much control so what we handle is wages, social services, and there are still many issues that we cannot cover like drugs, and because that is BNN's task…" (In-depth interview, Disnakertrans, Bali Province).*

Socialization in the company. the information does not differ much with the former informant. Not all companies have implemented the Minister's regulation No. PER.11/MEN/VI/2005, as was revealed in the interview with the company's manager. In-depth interviews indicate that most managers of the companies have not socialized the Minister's regulation. Informants even stated that they are not cognizant of the regulation. But some managers admit they have heard vaguely about the regulation but not in detail.

> *"…About the details. I don't know, but yes have heard about it…" (In-depth interview, Company Manager, West Kalimantan).*

About their being incognizant, it is mainly because there was never socialization by the office or related agency on the regulation. Most managers of the companies have never heard of the term P4GN. So they made an appeal to the related agencies to conduct socialization on said regulation.

> *"…I have already worked here for 3 years, but no socialization yet…." (In-depth interview, Company Manager, Bali).*

> *"…About the details I don't know; ever heard, yes. But about the details. I don't know…" (In-depth interview, Company Manager, West Kalimantan).*

10. Conclusion.

The following are the conclusions from this study:

a. The level of company participation in the survey tends to decline. Some of the reasons forwarded by companies are, interference in the productivity; needs permission from the central office outside the province; only conducted by the central office, the regional office does not meet the required number of workers, or no clear reasons.

b. The number of companies in the 2017 covers all sectors (9 sectors), which is the same with the survey in 2012. The largest number of companies is in Transportation/Warehousing and Communication, mostly owned by private companies.

c. Respondents' charcteristics related to age, gender, education, marital status. Type of domicile and living with whom are nearly the same in all three surveys (2009, 2012 and 2017).

d. Prevalence of drug abuse in the previous surveys tend to decline (2009, 2012).

e. Respondents' knowledge on drugs and their dangerous effects are quite sufficient, in all sectors of industry.

f. The majority of respondents do not agree with drugs for routine consumption experimental use.

g. Television is the most effective for drug information. KIE (Communication, Information and Education) is less communicative because the message is brought like a sermon.

h. No special policy available in the company related to P4GN, the policy is more or less related to order, discipline, and work regulations.

i. No socialization of the Minister of Manpower and Transmigration Regulation No.11 of the year 2005 on the company's duty to organize P4GN within the company and in the related agencies.

j. The level of company and workers participation in the P4GN activities is still relatively low, because the management considers the drug problem is not theirs to handle, and the activities will interfere with company's performance.

k. The majority of workers (62%-85%) in the various sectors admit they have received or read the related information on drug abuse. However, it remains that very few of the workers/employees (26%-46%) actively attend information or socialization sessions on drug abuse in the work place.

l. Sanctions against drug abuse and handling of these prolems in the workplace is variable: no sanctions, Warnings, dismissal, referral to medical facilities/rehabilitation.

II. Results of the Social-Economic Survey on Drug Abusers, 2017.

1. Introduction.

a. Background

The use of drugs is a complex social phenomenon that consists of layers of facets and continuing public discourses in many parts of the world, and today it is dominated by the public health discipline and the law (Bourgois, 2002; Bright et, all. 2008; Lancaster et, all. 2015). The principal findings of the World Drug Situation in 2017 (*World Drugs Report,* UNODC), illustrate that approx, 5% of the population between the age of 15 – 64 years, or a quarter (1/4) billion (between 158 351 billion) abused drugs in 2015, with a relatively prevalence of 5% in the last decade, 6% of that population have ever been involved in drug abuse, or approx., 29.5 million have met with problems, or suffered from disorders of drug abuse, and eventually end in addiction, (UNODC. 2017). Many studies with a critical viewpoint stated that drug abuse disorders should be looked upon from the context of alertness towards the contradictive approach (Adams, 2015; Alexander, 2012; Lacobucci & Frieh, 2016).

Much has to be done to understand the huge effect of drugs, particularly on health, development, peace and security in all regions of the world (Fedotov in UNODC 2017). Apart from the variable policies of States on the legality of drug use, drugs maintain the main commodity of transnational organized crime in the world. Developments in financial matters and advancement in mobile communication offer new opportunities to drug dealers for faster transactions and anonymous identity using *bitcoins.* Outcomes of a research revealed that in certain periods transactons in drugs escalate approx., 50%/year between September 2013 and January 2016 (UNODC, 2017). The buyers are typical recreational users making transactions for marihuana/cannabis/ganja, cocaine, ecstasy, hallucinogens and NPS. The spectrum of substances in the market has become more extensive, opioids have become more variable in combination with substances that are internationally under the control of illegal traders, like heroine and prescription drugs that are illegally produced or adulterated.

A study indicates that the volume of drug circulation in the black market in the internet remains low, but its fast growth is a significant challenge. The Global Survey on Drugs reported that trafficking and access to drugs through the internet have occurred several times in the past years. Although the source of data is not a representative sample, but it was able to reveal the behavior of approx., 100.000 internet users in more than 50 countries, that illustrates the tendency of drug abusers to buy the drugs *online,* and its easy access. Among the respondents under survey who have consumed drugs in the past year, the proportion of drug from the internet during the previous 12 months has escalated in the period 2014 – 2017 (UNODC, 2017).

In the same report it also stated that Opioids are the most dangerous drugs that have contributed 70% of ill effects to health, (UNODC 2017). Disorders from amphetamine abuse is also a significant part to the load of global diseases. Meanwhile, the market of NPS is yet little, but their users do not know the contents and dose of psychoactive elements in some of the NPS that have the potential to increase the risk to serious diseases (UNODC, 2017). Just now the world is focussed on the threat of *methamphetamines* and new NPS. These new substances continued to increase till 2015, and was reported they almost reached twice the number (483) compared to 2012, that contained 260 NPS. UNODC also stated that the production of cocaine and opioids has increased, so these drugs are still the object of serious attention.

Meanwhile. besides drugs can cause premature death, they also have a high risk for diseases. According to UNODC Report of 2017, hepatitis C has caused a great loss to injecting drug abusers. More than half of the total 12 million injecting drug users are infected with hepatitis C, one from eight drug abusers (1.6 million) live with HIV, while 1.3 million suffer from hepatitis C and HIV. On the whole, 222,000 people died from hepatitis C, or three times the number of drug abusers who died from HIV (60,000). UNODC Report stressed that although there is progress in the medication for hepatitis C, the access is still unfavourable for most countries because medication for hepatitis C is very expensive (UNODC, 2017).

Because of the bustling trade in illegal drugs, effects of drugs increased. and was felt in the social, health and economic aspects. Drug abuse has affected the social aspect immensely. It has pushed criminal actions and increase social vulnerability. Drug abuse has also inflicted economic loss, *real and opportunity cost,* As a drug abuser their economic needs to pay for drugs that are highly priced make them carry out criminal acts like stealing and robbing (Goode, 1999).

A study in Wales, England, made an estimation that the economic loss of drug abuse is approx, 23 billion dollars, or an average of 12 thousand dollars/person per year (Goode, 2000). A research in the state of Washington, United States, made an estimation that the economic loss caused by crimes related to drinking and drug abuse is around 541 million dollars, an increase of 55% from 1990 (Wickizer, 1996). In 2000 Liu research in Texas State, U.S., estimated that the economic loss of crimes related to alcohol and drug abuse in the state of Texas in the same year reached 26 billion dollars; premature death 4.8 billion dollars. and lost productivity approx. 11 million dollars. World Drugs Report of 2017 considers that drugs is related to other types of organized crime, i.e. the flow of illegal finance, corruption and terrorism; that strengthens the reason for further digging into other facts. It needs more researches to find out.

In Indonesia, a study conducted by BNN-PPKUI in 2014 calculated the total number of drug abusers is 3.8- 4.1 million, or 2%-2.5% of the total population were at risk to drug abuse in 2014. Compared to the study in 2011 the prevalence of drug abuse is relatively stable (2.2%), but increased if seen from the study in 2008 (1.9%). The source of drug abusers with the largest contribution comes from workers, as they have the financial ability to purchase drugs, face immense work pressure and a potential for high stress, (PPKUI-BNN, 2014). The cost of drug abuse among males is higher than among females. If sorted out according to the types of costs, the former study estimated Rp. 56.1 trillion for private loss Rp. 6.9 trillion for social cost. In the private cost the largest proportion is spent on drug consumption (76%) (PPKUI-BNN. 2014). The largest proportion of loss in the social cost is due to premature death (78%). If seen from the demographic spread the largest portion of drug abusers are adolescents and the younger people with education, the nation's invaluable asset; the actual cost is far more higner than what is calculated in this study (PPKUI-BNN, 2014). The huge economic and social loss from drug abuse justifies the reason for urgent actions taken in the prevention and dealing with drugs (PPKUI-BNN, 2014).

As is seen from the world drug trafficking and prevalence of drug abuse and the drug condition in Indonesia which is quite enormous, the National Narcotics Board in cooperation with the Center of Health Research. University of Indonesia, made an update of the study data on the economic and social cost of drug abuse in Indonesia, for 2017. They hope that the research on the latest potential cost or loss caused by drug abuse from the micro as well as the macro aspect will be a useful input. Considering that stakeholders and policy makers are aware of the importance of *evidence based planning* in taking their decisions that have to be based on accurate and reliable information, and use the latest data in the evaluation and formulation of new policies against drug abuse.

b. Purpose

The general purpose of this study is to know the estimate rate of drug abuse and magnitude of the economic and social loss from drug abuse in Indonesia in the year 2017. The special aim to be reached is as follows:

1) Obtain an illustration on the pattern of use. drug trafficking, and places of trafficking in the circles of drug abusers.
2) Obtain information from the Police on drug evidence covering types of drugs, its price, and source of drugs.
3) Analyze the policies of drug prevention and countermeasures against drugs abuse in Indonesia.
4) Obtain the proportion of consequence from drug abuse.
5) Obtain the average cost of drug abuse according to the type of abuse.
6) Make an estimate of the economic and social cost, covering the *opportunity* and *real cost* to be borne by the drug abuser, the family and community from drug abuse.

2. Definition and Meaning.

a. Estimate and Projection of the Total Drug Abusers.

One of the important components to measure the social and economic loss of drug users begins with the estimate of the total drug abuse. From the estimate a strategy is developed on the policy and program in the control of drugs from the aspect of prevention and rehabilitation. Apart from that the rate of drug abuse is used in designing the program needs, monitor and evaluate the successful results of the program to eradicate and prevent drug trafficking. An accurate prevalence rate shall result in the planning and evaluation of the exact situation at the local and national levels.

It is quite difficult to measure the rate of drug abuse because drug abusers are the *hidden population.* Prevalence is the common method to measure the rate of drug abuse. In measuring the prevalence there are some related indicators involved, on health and social problems that can be obtained from a survey. However, it is not possible to take the prevalence of drug abuse from the survey on households. because of their closed characteristic. So special efforts are made to get the rate of drug abuse by using several methods of estimation.

To measure the magnitude of the drug problem the following is forwarded by UNODC, (2010) (i) Measure the magnitude of drug abuse with the rate of prevalence (ever used, past year use, past 30 days use) of the general population, and (ii) Measure the potential of the drug problem from the drug use among young people, and the cost of drug abuse and its consequence with the rate/indicator for treatment (related to morbidity and mortality).

b. Criteria of Drug Abuser: Experimental Use; Regular Use; Addict.

There are many concepts and operational definitions of drug abuse, some through the approach of the frequency of drug use, or the level of addiction by measuring some psychological or mental indicators. Ritter & Anthony (1991) define experimental use (*new initiation)* if the frequency of drug use is 6 times or less in a year. Todorov et al. (2006) set 5 times or less for experimental use, more than 5 times as *more than experimental,* and *reguar drug user* if consumed every day with the minimum of 2 weeks. Meyer (1975) stated the use of a drug more than once a day within a period of 10 to 14 days or more, belongs to the cathegory of addiction. SAMSHA (2008) divides the behavior of drug use into three groups: (1) *lifetime use,* the minimum use one time in a lifetime, including in the past 30 days or 12 months; (2) *past year use,* the last use in the past 12 months, including 30 days before the interview, (3) *past month use,* in the past 30 days before the interview.

Table 2.1. *Cutting Points* and Criteria of the Level of Addicion from Several Sources

EXPERIM-ENTAL	OCCASI-ONAL	CASUAL	MODE-RATE USE	REGULAR	HEAVY USERS	HABITUAL. CHRONIC
1-2 times (Mizner, 1973)	3-9 times (Mizner)	1-20 times (Stanton)	10-29 times (Mizner)	Minimum 1 time in a week (Johnson)	21-199 times (Stanton)	> 200 times (Stanton)
1-2 times (Josephson, 1973)		3-59 times (Josephson, 1973)	One month or more (Johnson)		>30 times (Mizner)	3 times a week in 3 years or more, or every day use for 2 years (Hochman $ Brill, 1973)
1-9 times (Josephson, 1972)		10-59 times (Josephson, 1972)			> 60 times (Josephon)	
< 1 tine in 1 month (Johnson)		10 times in the past one year (Hochman and Brill, 1973)			3 times a week or > 1 month use (Robins)	
		min 1 kali/ bulan (Johnson)				

Source : Kandel, 1975

In broad outlines the *cutting points* and the criteria of addiction starts from the non abuser up to the *experimental* user, *moderate user, heavy user*. Elinson (1974) reviewed several researches that Kandel investigated (1975), that gave some definitions and criteria used to illustrate a more detailed pattern of drug abuse or the level of addiction (Table 2.1). Others developed a combination of the above measurement through the DSM-IVTR criteria in order to know the level of dependence (Todorov et al., 2006), and the *Diagnostic and Statistical Manual of Mental Disorders* (SHAMSHA, 2008).

This study focuses to get a more detailed picture on the past year drug use, that is classified according to the frequency of drug use and method of use. There are 4 cathegories of past year drug users, i.e. experimental users, those who consume a drug less than 5 times in the past year from the time of the survey. Regular user, who consumes 5 – 49 times in the past year from the time of the survey. Non injecting drug user who consumes more than 49 times in the past year from the time of the survey. Lastly, injecting drug user who injects the drug in whatever dose in the past year from the time of the survey.

c. Definiton and Components of Social-Economic Cost of Drug Abuse

According to Collins &Lapsley (1991 & 1996)[11] the definition of cost of drug abuse is the net value of resources in a certain year that is not available for the public for drug abuse behavior, or for the purpose of investment, as an effect of drug abuse in the past and today, and the invisible cost from drug abuse.

Calculating the social-economic loss from drug abuse is necessary as the base in counting the estimate of the government's expenditure in handling drug abuse (*proactive* and *reactive* cost). *Proactive* cost is defined as the written cost in reducing the number of drug abusers or addicts. *Reactive cost* is defined as the cost related to the consequence of drug abuse. The urgency to calculate the loss from drug abuse (Single, 2001)[12] is as follows:

1) Calculation of the economic loss is frequently used for the proposal of policies related to alcohol, cigarettes (smoking) and other illegal drugs as a priority in the agenda of public policy.

2) Calculating the social-economic loss helps to achieve the target of specific problems and the right policy. It is most important to know the drug with the highest loss value. For example, a study by Collins & Lapsley (1991) concluded that the cost of alcohol and cigarettes has surpassed the social cost of the use of illegal drugs in Australia.

3) A study in the calculation of economic loss helps to identify the gap, meed for research and expected corrections for the national system of statistic reporting.

No standardized components are present in relation with the economic social cost of drugs in the studies from various countries. Availability of data is the important key word in determining the cost components. Developed countries rely more on routine data as the source of data received from reports submitted by related ministries or institutions. The study perpectives have also great influence in determining the cost components. Perspectives of the study consist of client's perspective (drug user), or social perspective (public). This study uses the perspective of the drug user.

[11]Collins DJ, Lapsley HM. 2002. Counting the cost: estimates of the social costs of drug abuse in Australia in 1998-9. Monograph Series No 49. Commonwealth Department of Health and Ageing. Canberra. http://www.emcdda.europa.eu/?fuseaction=public.AttachmentDownload&nNodeID=1984

[12]Single et al. 2001. International Guidelines for Estimating the Costs of Substance Abuse.http://www.pierrekopp.com/downloads/International%20guidelines%202001%20edition-4.pdf

Single et al (2001)[13] explained that the social economic cost of drug abuse consists of 4 major parts, namely cost for health services (drug addiction, diseases & trauma related to drugs); productivity cost (premature death, cost of death-jobless, and productivity), cost of punishment and judicial matters (criminal cost, lost of time for criminal actions, cost for imprisonment); property loss from accidents or criminal acts.

According to Pacula et.al. (2009),[14] there are two approaches in the search for economic and social cost through the usage of and/or policies. The cost of usage consists of 3 components: 1) health (health services, overdose, death, HIV/AIDS, Hepatitis B & C, invisible addiction); 2) productivity cost (related to premature death and short time inability); 3) crime cost (drugs as the trigger of crime). From the part of policies: 1) crime cost (cost of court matters and arrest); and other direct costs (prevention policies, reduction of ill effects of drugs). Table 2.2 pressents the details of cost components in various studies.

Markandya and Pearce (1989) define the total cost of drug abuse as *private cost,* added with social cost. Private cost is related to the consumption and production of drugs, while other cost related to drugs is not charged to the drug abusers but to the community as social cost, Schauffer (2001). Collins & Lapsley (2004) acknowledge the views of the economists that distinguish the cost of drugs. The study on drugs include the three main costs, costs of health services, productivity cost and cost related to law and court matters (Single et.al., 2001). Some developed countries make an estimate of the cost of drug abuse by referring to *"The International Guidelines"* (Single et.al, 2001). However, it is very hard to apply this methodology in the developing countries due to the limited availability of data infrastructure, for example, on incidence rate, and drug prevalence, mortality, criminality, health etc. (Single et. al, 2001).

[13]Single et al. 2001.International Guidelines for Estimating the Costs of Substance Abuse.http://www.pierrekopp.com/downloads/International%20guidelines%202001%20edition-4.pdf

[14]Pacula, R.L., Hoorens, S., Kilmer, B., Reuter, P.H., Burgdorf, J.R., Hunt, P. 2009. Issues in estimating the economic cost of drug abuse in consuming nations. Report 3. RAND Corporation. http://www.rand.org/pubs/technical_reports/TR709.html

Table 2.2. Location, Author, Method, and Components of the Study on Economic and Social Loss of Drug Abuse

STATE	UNITED STATES	CANADA	AUSTRALIA	FRANCE	ENGLAND & WALES	SPAIN
Author	National Drug Control Policy, 2004 [15]	Rehm et al. 2006 [16]	Collins & Lapsley. 2004 [17]	Kopp & Blanchard [18]	Gordon et al. 2006 [19]	Garcia-Altes et al. 2002
Method	Cost of Illness (Human Capital approach)	Cost of illness Human Capital	Demogra-phic	Cost of Illness. Human capital	Human capital	Prevalence
Cost components	Direct cost: 1) Health services: a) Provided by federal; b) Medical consequence 2) Other costs: a) Judicial system and public cost; b) Private cost Indirect cost: 1) Estimate of productivity loss; 2) Illness as a conse-quence of drugs; 3) Hospital treatment; 4) Productivity loss as a victim of crime; 5) Imprisonment; 6) Criminal history	1) Direct treatment cost (morbidity, hospital, mental hospital, doctor's visit, prescription for drugs) 2) Direct cost for legal actioncs (Police, Court, Appeal) 3) Direct cost for preven-tion and research (study/ research, prevention program, wages & operational funds) 4) Other direct costs (fire, traffic accident, loss at the work placw, administra-tion cost & pembayaran transfer)	Visible cost: 1) Labour at the workplace 2) Labour in the house-hold 3) Health services 4) Traffic accident Invisible cost: 1) Loss of life 2) Disabled from traffic accident	1) Health services cost 2) Other cost than health services 3) Government expenditures 4) Income and productivity loss 5) Other costs related to drug abuse(crimin ality and accidents))	1) Criminal ctions related to drug abuse(fraud, theft, robbery, caught for drugs) 2) Medical cost (hospitalizati on (hospital & mental hospital), doctor's visit, effect of drugs on neonatal, infectious disease) 3) Death caused by drugs 4) Social treatment	1) Health indicators (treatment, overdose, HIV, intentional accident, unintentio-nal accident) 2) Indikator kejahatan (judicial cost and repairs cost related to drug crimes, and social prosperity) 3) Producti-vity loss (premature death, lost time because of drugs, research & prevention cost)

[15]Office of National Drug Control Policy, 2004. The Economic Costs of Drug Abuse in the United States, 1992-2002. Washington, DC: Executive Office of the President (Publication No. 207303). http://www.ncjrs.gov/ondcppubs/publications/pdf/economic_costs.pdf

[16]Rehm, J., Baliunas, D., Brochu, S., Fischer, B., Gnam, W., Patra, J., Popova, S., Sarnocinska-Hart, A., Taylor, B. 2006.The Cost of Substance Abuse in Canada 2002.http://www.ccsa.ca/2006%20CCSA%20Documents/ccsa-011332-2006.pdf

[17]Collins, D.J. & Lapsley, H.M. 2004. The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/2005. http://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/34F55AF632F67B70CA2573F60005D42B/$File/mono64.pdf

[18]Kopp, P. & Blanchard, N. 1997. Social costs of drug use in France.http://www.pierrekopp.com/downloads/Social%20Cost%20in%20France%20_v6_.pdf

[19]Gordon, L., Tinsley, L., Godfrey, C., Parott, S. 2006. The economic and social costs of Class A drug use in England and Wales 2003/2004. Home Office Online Report 16/06

3. Method.

a. Survey Design.

Estimate of economic and social loss is calculated by applying the approach of unit cost per consequence of drug abuse multiplied by estimate of the total drug abusers (Godfrey et.el., 2002). The same method is also applied in similar surveys of 2004. 2008 and 2011. The client's or drug abuser's perpective is used because of the government's limited collected data on drug abuse for the routine report (Godfrey et.al. 2002). This matter was also pointed out by Single et.al (2001), that it is very difficult for developing countries to collect data as is done in developed countries because of their limited availability of data infrastructure. For example, there is no *incidence* and *prevalence* rate of drugs, no data on mortality and morbidity, criminality, health, etc. To resolve the limitations of data, the method applied is to conduct a survey on drug abusers in 13 provinces, to get the unit cost and proportion of incidence rate of each drug abuse consequence. Then, make an estimate and projection of the total number of drug abusers by making use of the survey outcomes on high school/university students, formal workers and households of 2005 and 2012. Here under is a more detailed description.

First, get the estimate of unit cost and incidence proportion of each consequence of drug abuse. This was achieved through a survey among drug abusers in 13 provinces: North Sumatera, Riau Islands, Lampung, DKI Jakarta, West Java, DI Yogyakarta, Central Java, East Java, Bali, West Nusa Tenggara, South Kalimantan, South Sulawesi, and Papua. Location of the survey is the capital of each province. Selection of the provinces is based on the total arrests of drug cases and geographical considerations.

Since the respondent population of the survey are drug abusers with their closed and hidden characteristics, the survey method applied is a modification of RDS (*Respondent Driven Sampling*). The initial step is to divide a study reagion into 5 parts, for example, east, west, north, south, and central. In each part 3 types of respondents are selected, namely, student, worker and unemployed. The three cathegories of selected respondents become the gate in finding other respondents. Selection of candidate respondents are nominated by the initial selected respondents, a maximum of two persons outside their hangout friends. This process is repeated until the minimum samples is obtained in each gate (9 – 10 respondents). In each study location the minimum number of respondents should be 125 persons, to get a total of 1,702 respondents.

Besides the RDS approach, a purposive selection was also conducted to get an illustration of respondents in the group of experimental[20] drug use (less than 5 times drug consumption in their lifetime), also from the drug-related sick people. Each study location has 15 experimental user respondents, and a total of 340 respondents. The tracing of respondents are conducted by key informants in the field, like students, workers, NGO partners, etc. 10 sick respondents are selected for each study location totaling 130 respondents for the study. This selection was done through the purposive approach from hospitals/clinics or NGOs working with HIV/AIDS patients. Selection of sick respondents was made among those with HIV/AIDS, Tuberculosis (TBC), Hepatitis, etc.

Second, the total number of drug abusers was obtained by applying *direct estimation* from the population in the age group of 10-58 years as targets of the survey, multiplied by the prevalence rate of drug abuse among high school/university students, the targets of the survey (2006, 2009, 2011 and 2016), formal workers (2009, 2012 and 2017), and households (2005, 2010).

Third, to get an in-depth and comprehensive picture of the drug problem in the field, an in-depth interview was conducted for related parties, drug abusers, the family, Police members, BNNP, residents of rehabilitation centers, and ex-drug abuse.

b. Number of Samples and their Selection

The calculated cost component is divided into 2 parts, i.e. direct cost related to drug abuser, and indirect cost related to drug abuse. Details are presented in the next Table:

Table 2.3.Calculation of Cost Components in the Study

DIRECT COST	INDIRECT COST
Type of drugs consumed	Criminality
Medication and treatment for overdose	Time lost due to overdose
Medication for a disease (HIV/AIDS, TBC, Hepatitis, etc)	Time lost because of illness
Rehabilitation and detoxification	Time lost for detox & rehab
Traffic accident	Time lost because of an accident
Encounter with law enforcement	Time lostbecauseof an encounter with law enforcement
Imprisonment	Time lost because of imprisonment
	Lime lost because of activity interference
	Drug-related death

[20]From the results of the RDS method nomination will not be obtained recreational user respondents

Estimate of total drug abusers is calculated from the total population between 10-59 years multiplied by the prevalence of drug abuse from each survey target. Drug abuse prevalence is calculated from current users. Past year drug users (current users) are grouped in 4 cathegories: experimental use, regular use, non-injecting drug users and injecting drug users. The formula of calculation is as follows:

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

E_t = t years Estimate of total drug abusers

p_i = t years prevalence of drug abusers of i population

P = t years total populationJ (10-59 years)

w_i = Proportion of i population against the whole population

Note: Population between 10-59 years; I = student; worker and household

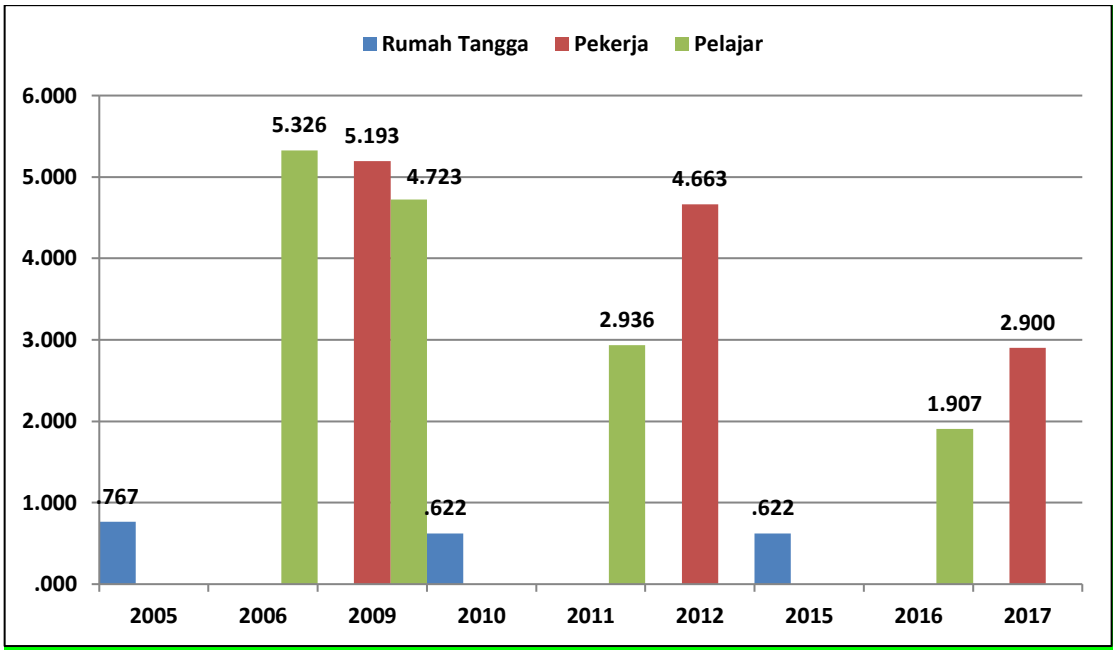
Steps to be taken:

First, decomposition of Indonesia population in 2017 – 2022 according to survey target. The estimation of the total Indonesian population in 2017 between 10 to 59 years is 190.6 million, and increased to 200.2 million in 2011 (BPS, 2013). That total is approx. 73% of the total Indonesian population. The total is then decomposed into groups according to the survey targets (school students/university students, formal workers; and the rest of the population households), gender (male; female) and provinces (34).

The source of data in the decomposition of population is taken from many data sources. Reference for the source of data in the decomposition of population according to the survey, province and gender is from Ministry of National Education, data of workers and population from National Statistics Agency (BPS).

Second, estimate and decompose drug abusers from the surveys based on the period of drug use and level of addiction. After the above format of decomposition is established, the next step is to fill the cells in each format with the prevalence rate of the surveys based on gender, and province. Three (3) surveys are used, survey on school/university students, survey on workers, and survey on households. The number of ever used in the past year is taken from each survey that is presented in the following graph.

Diagram 2.1. Prevalence of Past Year Use from the Three Surveys on Drugs, 2005-2017



Study the findings in all surveys and see its tendency, and select one rate as reference to be used as the basic data of the estimate, namely of 2017. *The expert judgement* is determined as the reference rate for 2017, by taking note of the decreasing tendency of prevalence in all surveys. The researcher decided to use the *expert judgement* because the method of statistics, for example, regression, will show a much lower decrease. While the facts in the field prove that drug trafficking and arrests of drug cases are still rampant. The experts agreed to use as the basic data for the surveys in 2017 the following: survey on households (0.60%); survey on school/university students (2.1%); and survey on workers (3.5%). Furthermore, multiply each prevalence rate with the weight at point 1, and the result will be the national prevalence rate of drugs in Indonesia in 2017.

Furthermore, the prevalence of past year use is divided into the cathegory of experimental use, regular use, injecting drug user and non-injecting drug user based on gender and province in each survey group. An verage is taken from the results of all surveys and reviewed by experts. The prevalence rate of drug abuser shall be decomposed by finding the proportion of each cathegory and survey group with a standard of 100%. After the proportion is obtained in each cathegory then multiplied with the estimate number of drug abusers of past year use. The same pattern is also used to get the total of each drug types.

Third, multiply the total population and prevalence, and decompose the number of drug abusers from the outcome of the surveys according to gender, province, level of addiction, and types of drugs. After all data are ready in each cell of the format in Microsoft Excel, the next step is to multiply the prevalence with the weight and total population. The first phase is to find the national number of drug abusers based on gender, total drug abusers based on the level of addiction, total drug abusers based on type of drugs used. Then, decompose according to province. Provinces that have no survey on households, an estimate is made by taking reference to the survey's prevalence of school/university students and/or workers as their data are available in all provinces of Indonesia.

After finding the estimate prevalence of drug abusers in 2017, the estimate is projected till 2022. There are 3 scenarios of projection, i.e. *increase, stable,* and *decrease.* In making a projection the following method is applied:

1) The prevalence of drugs agreed upon by experts for 2017 shall be used as reference year for the calculation of the projection.

2) Based on the prevalence of the survey since 2005, the prevalence among school/university students shows a tendency of a decrease, while in households the tendency is stable. The pattern is used for the base of the projection. For the assumption of decrease. BNN's target rate of 0.02%/year is used. so in 5 years there will be a decrease of 0.1%

3) The rate of 0.1% is then added to the agreed prevalence by experts for 2017 for each of the survey groups, and its result is the rate for 2022. The value between 2017 and 022 is determined by using logistic regression rate in the Microsoft Excel program. The equation of regression for households is $y = -20.21\ln(x) + 154.38$; for workers $y = -40.42\ln(x) + 311.05$; for school/university students $y = 40.42\ln(x) + 309.65$.

4) After having obtained the prevalence for each year by using the regression equation at point 3, the following step is to multiply the weight of each survey group and the population between 10-59 years in the same year.

5) The next process is to decompose with the same method as explained at the estimation before, by distribution according to gender, level of addiction, types of drugs and province in the survey groups.

c. Calculation of Social Economic Cost.

1) Economic Cost Unit.

The estimate loss of economic cost is obtained by multiplying the estimate of the total drug abusers (above procedure) multiplied with unit cost per consequence of drug abuse. The proportion of incidence from each consequence and the unit cost is obtained from the survey on drug abuse in 17 provinces.

First, the calculation method for each economic and social cost component. The cost of drug consumption is the average value of the total drug consumption per person for one year, then cashed by referring the market price of each type of drug. Consumption costs of each type of drug is calculated in detail according to the types of drugs like: narihuana/cannabis/ganja, shabu, ecstasy, etc. Method of calculation is making an average of drug consumption per personper year multiplied with the market price of each type of drug.

Cost of medication, rehabilitation and detoxification is the cost spent for services and treatment of detoxification and rehabilitation for one year. It is given on the respondent's acknowledgement for the cost spent on activites in the past year.

Medication and treatment cost is the cost spent by the respondent for outpatient care and hospitalization for the treatment related to drugs in the past year. On the acknowledgement of the respondent this cost is given for the treatment and medication of diseases. If the respondent does not know the amount it will be substituted with an average cost from the study among the sick people as a consequence of drugs.

Cost for an overdose is the cost spent on the occurrence of an overdose from excessive drugs. Calculation of the cost is based on the acknowledgement of the respondent for an overdose from the time of temporary handling, treatment cost at the hospital/clinic, transportation, etc., in the past year.

Criminality cost is the cost from a criminal act by the respondent. This cost include the loss of money from stealing, pickpocketing, or for the goods of the family or other people sold by the respondent. Criminality cost is calculated on the acknowledgement of the respondent for the selling of goods, or their value at the time of stealing the money.

Imprisonment cost is the cost spent by the respondent the cost for arrest, or the cost spent by the family during the respondent's time in jail. It includes court sessions, or respondent's time during imprisonment. The cost is calculated on acknowledgement of the respondent for the past year.

Cost of productivity loss (overdose, illness, Imprisonment, etc.). It is the cost spent for the lost time of a person during the waiting or accompanying the respondent during treatment, including the cost for meals and transportation. It is calculated from the lost days multiplied with the Minimum Regional Wage (UMR) added with the cost for meals and transportation.

Cost of premature death is the estimate cost lost from premature death, It is calculated by finding the ratio of the mortality rate from drugs among the friends of the drug abuser (based on the respondent's acknowledgement). The ratio is multiplied with the estimate number of injecting drug users for the estimated mortality rate from drugs. Then, the estimate age of the deceased friend of the respondent distributed by age group (per 5 years till the maximum of 55 years, the age of receiving a pension). The remaining age is calculated by the pension age (56 years) minus the age at the time of death multiplied with the regional minimum wage.

Second, the total drug abusers multiplied with the unit cost and prevalence rate of each consequence. Aftergetting the unit cost of the survey, this is multiplied with the prevalence rate of each consequence with the total number of drug abusers.

2) Estimate and Projection of Drug Abusers.

The international terminology related to the cathegory of drug abuse is *ever used* and *current users.* Ever used is the group that have ever used drugs with a minimum of one time in a lifetime, while past year use are drug abusers who have used drugs in the past 12 months from the survey. The calculation of the total drug abusers **does not include** the group of *ever used.* The calculation of estimate total of drug abusers is obtained by using the prevalence rate according to the group of survey targets in 2017 multiplied with the weight and total population. The prevalence rate is determined by the result of the panel of experts with the findings of the survey for each target group from 2005 to 2017. Here under are the results:

The estimate of the total number of drug abusers is between 3.0 million to 3.7 million in the past year, (*current users*) in the age group of 10-59 years in Indonesia in the year 2017. In other words, 1 out of 51 to 63 persons used drugs in 2017. More than half of the total drug abusers are found among workers (59%), followed by school/university students and households. Details are presented in the following Table.

Table 2.4. Estimate Total Drug Abusers in Indonesia In the Past Year, 2017

NO.	SCENARIO	GTOUP UNDER SURVEY			
		HOUSEHOLD	WORKERS	STUDENTS	TOTAL
1.	Increase	630,909	2,202,012	880,805	3,713,726
2.	Stable	573,554	2,001,829	800,732	3,376,115
3.	Decrease	516,198	1,801,646	720,659	3,038,503

d. Data Analysis.

Epi Info *Software* issued by CDC-WHO is used for data enter from the survey results, while data processing uses SPSS ver 13 and Microsoft Excel *software.* While processing and analyzing of data from the qualitative study uses in-Vivo version7.0.

3 main variables, i.e. age group, gender and classification of drug abusers (experimental use, regular use, injecting drug user and non-injecting drug user) are the basis for the analysis of this study. Data from the survey outcomes are analyzed by distributing the frequency to check data consistency. The 3 main variables are cross tabulated to find the unit cost and percentage of the problem in each consequence.

4. Characteristics of a Drug Abuser

Eligible past year drug abusers become the sample of this study, the majority are males (88%). Male respondents are the largest in number in each group. Males are mostly found in the group of injecting drug abusers (93%), compared with the group of regular users and non-injecting drug users. More than half of respondents have a high education background or have passed Senior High School/same degree. Of course, this is a condition for the State's indirect loss because the potentials of young people with higher education are ruined by drugs.

Even approx. 6% of female respondents (n=208) admit being pregnant when interviewed. Imagine the health risk faced by the would-be baby if the mother is a drug abuser. More than half of respondents admit they are not married, but unfortunately, 1/3 of respondents are married. The married respondents have a high risk and lack to fullfill their household economic needs, and have great potential for conflicts, and domestic violence. More than one-third of respondents (42%) admit to bear the living costs of others besides themselves. So their economic responsibility becomes greater, in race with the respondent's needs for drugs.

Table 2.5. Characteristics of Past Year Drug Abusers

NO.	GENDER/EDUCATION/ STATUS	PAST YEAR DRUG ABUSERS							
		REGULAR		NON INJECTING DRUG ADDICT		INJECTING DRUG ADDICT		TOTAL	
		N	%	N	%	N	%	N	%
1.	**Gender**								
	Males	167	77.3	897	87.8	430	92.7	1494	87.8
	Females	49	22.7	125	12.2	34	7.3	208	12.2
2.	**Education**								
	No Schooling	1	0.5	7	0.7	2	0.4	10	0.6
	Not finished Elementary	6	2.8	36	3.5	13	2.8	55	3.2
	Elementary/Same Degree	8	3.7	79	7.7	12	2.6	99	5.8
	Junior High School/Same Degree	46	21.5	256	25.0	81	17.5	383	22.5
	Senior High School/Same Degree	131	61.2	550	53.7	285	61.4	966	56.8
	Academy/University	21	9.8	96	9.4	71	15.3	188	11.0
3.	**Status**								
	Single	137	63.4	645	63.0	180	38.7	962	56.5
	Married	61	28.2	278	27.2	216	46.5	555	32.6
	Divorced	2	0.9	6	0.6	14	3.0	22	1.3
	Widow/Widower	13	6.0	75	7.3	48	10.3	136	8.0
	Living Together Without Marriage	2	0.9	16	1.6	6	1.3	24	1.4

The total of male drug abusers is 2.6 times greater than females. The highest ratio of males occur in the group of households (1:9), the lowest in the group of workers (1:1.7).

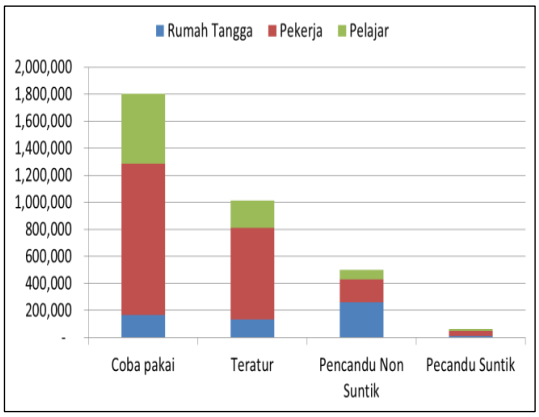
Approx. half the number of respondents live with their parents. Only 1 out of 10 respondents live alone. Most of the respondents are private employees and merchants/entrepreneurs. While the proportion of respondents who admit being a student is 10%, particularly in the group of non-injecting addicts. This number is higher than those who admit are unemployed. or not working (18%). The proportion of those who admit are unemployed is smaller than the group of regular drug abusers. Serious attention should be paid to those who work in the sector of public service as it may endanger other people. Approx. 4% of respondents admit working as taxi driver or online transportation. Besides getting a fixed income half the number of respondents (51%) have additional income from two main sources. One-third of the respondents admit getting from their work (35%), mainly among the addicts. And another one-third getting from their parents (34%), particularly among the regular drug users.

Less than one-third of respondents have savings (30%), and 29% have some debt to another party. They belong to the group of injecting drug addicts (37%). Only 1 out of 20 own a credit card. From this group 1 out of 8 have not yet paid their debt in the past 2 months, in particular the group of injecting drug addicts.

5. Estimate and Projection of the Total Number of Drug Abusers.

a. Classification of Drug Abusers

Diagram 2.2. Estimate Number of Drug Abusers Based on Level of Addiction, 2017



The definition that determines a person to be classified as an experimental drug user, regular user, recreational or heavy addict has not been agreed upon by experts (see bibliography review), because the cathegory of drug abuse has a continuum quality. Some apply the medical approach, others psychological. frequency of use, or its combination. In this study we classify drug abusers in 4 cathegories, i.e. experimental, regular, injecting drug use, and non-injecting drug use. This classification is based on the frequency of drug use in the past year and the method of drug use (nly injecting).

The majority of respondents belong to the group of experimental users (1.8 milliom). Most of them are workers. This is triggered by the heavy work to be done by workers, social economic condition and environmental pressure of friends. The majority of respondents are still in the experimental or regular stage, particularly for drugs that give effect to physical endurance (shabu, zenith/carnopen). They use the drug because they have to face high work pressure, or they need the drug for immediate strong physical endurance or extra stamina. One of the reasons respondents said in an in-depth interview they use shabu for doping to be strong (not become easily tired). Unfortunately, these workers do not understand that shabu is a drug. They even believe that shabu does not cause addiction as they can control its use. This misconception about shabu widely circulates among the workers.

Injecting drug abusers tend to decrease from 2008 till the present. As is seen in the statistics in 2008 there are 263 thousand, in 2011, 70 thousand, decreased again to 67 thousand (2014), and in 2017 decreased to 58 thousand. From observation in the field new injecting drug abusers are emerging today. They do not inject heroin/putaw, but other types of drugs such as shabu, subuxon, etc. because the price of heroin or putaw has become very expensive. and hard to find in the drug market. If injecting drug use is not stopped. injecting drug abusers will certainly increase, and HIV/AIDS cases escalate (*Details of addiction rate per province is shown in the attchment).*

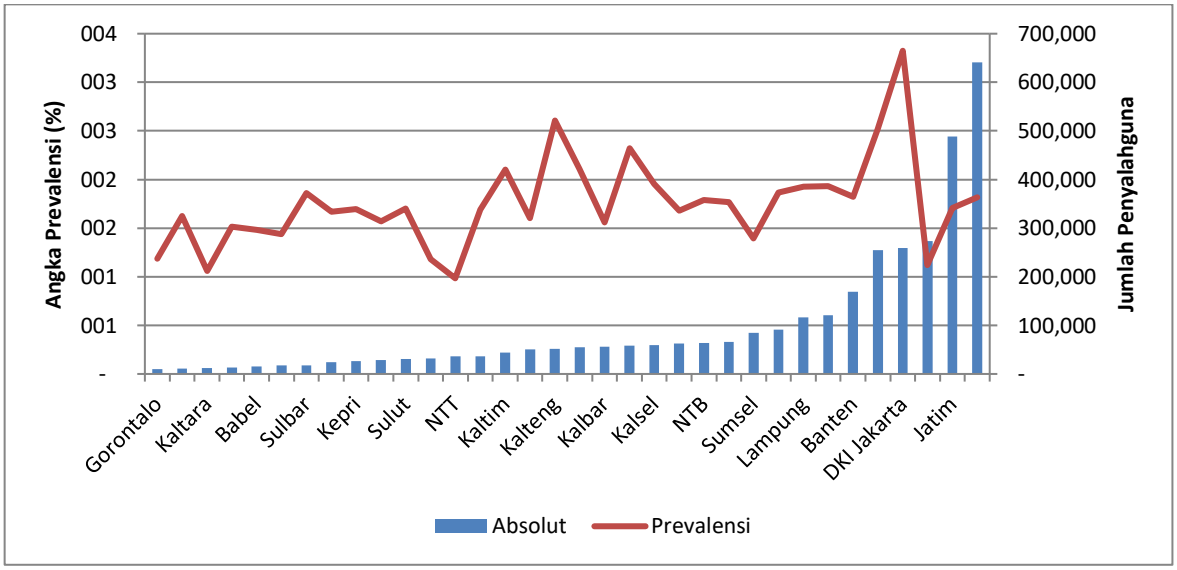
b. Estimate Number of Drug Abusers by Province.

After getting the estimate number of drug abusers at national level, the next step is to divide the prevalence by province, and projected till 2020. The selection of prevalence rate in each province refers to the prevalence rate in all provinces of the three surveys, namely school/university students, workers and households. For provinces without a survey the estimate is determined by the survey on students, and its corrected prevalence, as the survey on students has the most complete data until now, except for North Kalimantan a new province as an administrative spread from East Kalimantan.

If the number of drug abusers is broken down by province. the five provinces with the largest prevalence are the provinces in Java, and North Sumatera, and the the provinces with the largest concentration of drug abusers in West and East Java. Actually the prevalence is lower than the other provinces, but since the population in these two provinces are much larger than the other provinces. the absolute calculation becomes greater.

East Nusa Tenggara and North Kalimantan have the lowest prevalence rate, while the province with the highest rate is DKI Jakarta, and remains the highest from year to year.

Diagram 2.3. Estimate of Absolute Rate and Prevalence Rate of Drug Abusers By Province. 2017



c. Estimate of the Type of Drugs in Circulation

To calculate the total types of drugs the basic data from the surveys in each group is used, namely, high school/university students, workers, and households. The method of calculation is getting an average of the percentage of each type of drug use by gender from each survey. Then the rate is reviewed and adjusted with the population in each province for the purpose of inter-province standardization. The result of the standardization is used for decomposition of the national rate.

The most drugs consumed by drug abusers are cannabis/ ganja, shabu and ecstasy. These three drugs still dominate the drug market. Another interesting thing is the case of controlled prescription drugs (tramadol, trihex, koplo pil, xanax, etc). These drugs are also much consumed by drug abusers. Over-the counter drugs (analgesics) are also popular and consumed excessively to get the “effect”.

In each group of the survey besides cannabis/ganja and shabu, there is some difference in the pattern of drug consumption. High school/university students tend to experiment with drug use, because of their limited finance. After shabu the koplo pill is also much consumed. While among workers, since most of them take drugs with the purpose to prolong their stamina, the most consumed drugs are shabu and ecstasy. In the group of households, there is a combination in the pattern of drug abuse between the drug abuse pattern of students and workers.

Table 2.6. Estimation of 15 Largest Number of Drug Abusers Based on Type of Drug, 2017-2022

NO.	TYPE OF DRUG	2017	2018	2019	2020	2021	2022
1.	Cannabis/ganja	1,594,150	1,583,873	1,585,425	1,586,797	1,587,478	1,600,443
2.	Shabu	835,037	830,736	832,219	833,621	834,673	841,721
3.	Excessive analgesics	616,507	613,695	615,234	616,720	617,957	623,701
4.	Dextro/dextro-methorpan	612,826	610,497	612,175	613,806	615,190	620,721
5.	Ecstasy	512,817	509,980	510,771	511,510	512,032	516,317
6.	Tramadol	504,416	502,240	503,447	504,611	505,570	510,032
7.	Glue Inhaling	452,095	449,254	449,973	450,646	451,129	455,310
8.	Koplo Pill/BK	420,651	418,458	419,301	420,104	420,733	424,510
9.	Codeine	334,228	332,956	333,917	334,851	335,653	338,765
10.	Trihexyphenidyl/trihex	311,004	309,176	309,639	310,070	310,369	313,046
11.	Kecubung (datura)	306,762	305,134	305,731	306,299	306,739	309,488
12.	Analgesic mixed with soda	288,417	287,228	287,989	288,726	289,348	291,988
13.	Amphetamines	273,929	272,935	273,742	274,528	275,205	277,745
14.	Heroin/putaw	271,955	270,288	270,645	270,972	271,184	273,495
15.	Magic mushroom	270,122	268,930	269,612	270,271	270,821	273,312
16.	Xanax/Camlet	269,468	268,211	268,862	269,491	270,009	272,505
17.	Nipam	264,299	262,926	263,454	263,957	264,350	266,714

6. Drug Abuse Behaviour.

a. History of Drug Abuse

- ***Ever Used* Type of Drug**

Almost all respondents admit having ever consumed more than one drug *(polydrug use)*. Approx, 65% male and 51% female respondents have practised in taking more than one drug. The most drugs consumed are cannabis/Cannabis/Ganja and shabu with the same proportion, followed by ecstasy, tramadol, trihex/thp, heroin, Subutex, methadone, etc. Most interesting is the emergence of new drugs that are frequently mentioned, like gorilla tobacco, kratom, zenith, etc.

b. First Drug Used

Almost half of respondents (47%) admit Cannabis/Ganja was their first drug of abuse. Other drugs as the first time use vary in proportion, which is less than 9%; Koplo pill/Bk (7.9%), Shabu/SS (7.8%); *Trihexyphenidyl/*yellow pill (6.6%); Ecstasy (5.4%); Tramadol (4.9%); etc. However, it is most unfortunate that some drug abusers take a type of Subutex, *buprenorphine* and *methadone* as their first time drug of abuse. These drugs are part of the harm reduction program against the transmission of HIV/AIDS among injecting drug abusers, which is strictly controlled by the government. Another matter for serious attention is the fact that many consume over-the-counter drugs. As an additional note, each province has a different pattern of first time drug use. For example, in province A the drug much abused may not be the same as in province B, and vice versa. This indicates that some of the drugs are popular as the first drug of abuse. BNNP needs to be able to identify these drugs and put strict control, also on over-the-counter and prescription drugs.

c. Type of Drugs Used in the Past Year (*Current Users*).

Half of respondents admit the most drug consumed in the past year is Shabu (47%). This rate is somewhat higher than cannabis/Cannabis/Ganja (46%), which indicates that the pattern has shifted from Cannabis/Ganja. that placed the highest rate before. Television and other mass media informed shabu as the most popular in 2017. An indication that shabu begins to dominate the drug market in Indonesia.

Meanwhile, other popular drugs, but much smaller in proportion are Xanax (16%), ecstasy (16%), and Trihexyphenidyl (14%). Some three to five years ago ecstasy competed with shabu. The emergence of some synthetic drugs have taken the interest of drug abusers. For example, gorilla tobacco (13%) that made some commotion when a pilot used the drug while entering the airport. Prescription drugs are still a favourite, like Tramadol (11%), Dumolid (7%), Zenith (7%), Dextro (7%), *Methadone* is also much consumed (8%), and other drugs like putaw and magic mushroom.

1) Ever Heard of a New Type of Drug

Among drug abusers 44% admit having heard of a new drug. Injecting drug users (59%) are the most who know about these new drugs. Some examples of new drugs are gorilla tobacco, ganesha, flaka, kratom, liquid shabu, etc. Thus the information on new drugs is quite known among drug abusers.

2) Drug Abuse and Sex Behaviour

The majority of drug abusers have ever been involved in active sexual activities, as is seen fom the data of sexual recognition in the past month (81%), and 68% sexually active, 28%). Most of respondents have their husband/wife as sex partners (51%), with boy/girl friend (38%), a friend/intimate friend/acquaintaince (20%). But some respondents also admit having sex with sex workers (8%) and same gender (3%). The two last mentioned partners are at high risk of HIV/AIDS transmission and other contagious sex diseases, and cause great risk in transmitting the disease to their sex partners. The pattern of sexbehaviour in the past month is relatively the same as before. However, only less than one-third (30%) use the condom for sexual activities.

Some drug abusers were found to have sex for money (3.4%), and 9.5% admit being invited for a date for the sake of drugs. Not much difference is found among regular drug abusers, non-injecting drug users and injecting drug users related to the condom use and sex behavior.

7. Consequence of Drug Abuse.

a. Symptoms and Diseases Among Drug Abusers.

Drug abusers have great risk of diseases. The survey indicates that they frequently have five health complaints. They are less appetite (46%); tightness in the chest (30%); excessive nausea (34%); prolonged fatigue (31%); heartburn pain (23%). Other complaints are cough with phlegm more than 2 weeks, diarrhea more than 2 weeks, prolonged fatigue, high fever more than 2 weeks, yellow skin and nails, skin inflammation (difficult healing of wound), white thickening in the mouth/throat (moldy), itchy/hot and skin eruption, red/white/black spots on the skin, disorders of reproductive organs (impotent, barren, etc.), pain when urinating, swelling in the groin, armpit and neck respectively (10%).

In general, injecting drug addicts have a greater percentage in reporting their health complaints or symptoms of diseases. The higher their level of drug use, the greater the percentage in experiencing their complaints. Injecting drug abusers are the largest proportion in mentioning their complaints, 41% of respondents say these complaints cause disruption of physical/ mental activities.

b. The Pattern of Seeking Medication

38% of those with complaints admit getting medication in the past year. The majority of respondents get medication at medical services (61%), the majority go to public health centers (34%), government hospitals (19%), practitioner (19%), private hospital (16%), and clinic (9%). Those who seek medical examination approx. half (52%) know of their diagnose. The diagnose include: mental disorders/depression (26%), lung disease (16%), HIV (14%), pain in the nerves/joints/movement organs (15%), Hepatitis C (9%), eye damage/disorders (6%), Hepatitis B (4%), TB (4%). Candidiasis (4%). and other diseases. The pattern of diseases among drug abusers from the result of medical examination is parallel with the rate of drug abuse. The higher the rate of drug abuse, the higher also the percentage of drug abusers in reporting their diagnose of diseases. With the exception of mental disease/depression and eye damage/disorders that are reported by regular drug abusers.

The group of regular drug users make use of insurance for medication cost, while drug addicts and injection drug users pay with their own money or *Out of Posket* (OOP). The percentage of those who pay from their own pocket is greater (62%), with BPJS/KIS (government health insurance) (40%), paid by family (25%), by the Company (4%), and other Insurance (5%).

Among the sick drug abusers, 42% say they are outpatients, and 11% are hospitalized. More regular drug abusers prefer medication as outpatients, while injection drug users are hospitalized (16%), twice the number of regular drug users (8%). 41% of respondent have ever followed an HIV test and presently 9% have taken ARV in the past month, while 8% admit taking ARV during the survey.

c. Criminal History

Quite many drug abuser respondents have ever taken money or valuables owned by the family/other people (including hold up, theft, robbery, etc.) for the purchase of drugs (25%). Most of them belong to injecting drug users (54%), (17%) from non-injecting drug users, and (8.8%) from regular drug users.

One-third of respondents (30%) have ever taken money/ vauables from the family/other people (including a hold up, robbery, theft etc) for the purchase of drugs in the past year (June 2016 – the present) from the group who have ever done these criminal actions. Among the regular drug users (32%), non-injecting drug users (43%).and injecting drug users (22%).

d. History of Traffic Accident.

One-third of respondents affected by drugs have met with a traffic accident (29%). From those who have ever met with an accident 2/3 experienced the accident before the past year, and the remaining 1/3 experienced in the past year. More than half of injecting drug users (52%) have experienced a traffic accident.

Almost one-third of respondents from those who have ever met with an accident experienced a traffic accident in the past year (June 2016 – present) from the effect of drug abuse (29%). Most of them belong to non-injecting drug users (36%). Among regular drug users (27%) and injecting drug users (24%).

From those who have met with an accident from the effect of drug abuse, 59% have paid for medication/treatment; 42% paid for motorcycle repairs from their own pocket, and 9% paid compensation for vehicle/motorcycle repairs owned by other people, 7% for police matters, 6% for the victim's medication, and 6% for the victim's compensation, 12% admit they have not spent any cost.

e. History of Drug Trafficking.

Approx, one-fifth of drug abuser respondents (23%) have ever sold drugs. The most are from injecting drug users (38%), while 18% are addicts, and 12% from regular drug users.

Meanwhile, one-third (38%) have sold drugs in the past year, from those who have ever sold drugs. The proportion is not much different in each group of drug abusers, although the proportion is greater among non-injecting drug users (45%), regular drug users (27%), injection drug users (31%). They have sold almost all types of drugs, and for each drug respectively less than 1%.

d. Number of Drug Abuse Friends and Mortality Rate from Drugs

Approx 18 respondents reported a friend who died from drugs in the past year. The data on the total of drug abusers illustrates the drug abuser network, and this data is used for the prediction of mortality rate from drugs. The average number of drug using friends is 13 in the past year, while 20 in the group of injecting drug addicts, among regular drug users 9, and among non-injecting drug users 11. The average total of friends who died is 2 persons, and 3 among injecting drug users. Based on these data the estimated rate of mortality among drug abusers per year is 5.412 persons. The decrease in the mortality rate is because the number of injecting drug users has much reduced, since most of them have died from an overdose.

8. Social Economic Cost of Drug Abuse.

a. Unit Cost of Drug Abuse.

Every abuse of drugs creates either great or small consequences. Each consequence from drug abuse creates a cost. This study endeavors to seek any cost that has to be paid from the drug abuser's perspective, the amount calculated per person per year in the past year. First, the consequence on the health condition of the respondent. There are 2 possibilities of consequences, either healthy or sick. In a sick condition, where to go for medication and what measures are received, to hospital or to another place, outpatient treatment or hospitalization. Then, trace what kind of illness by focusing on 4 diseases related to drug abuse, namely, HIV/AIDS, Lung TB, Hepatitis and *Candidiasis*.

When the drug abuser goes for medication, who is accompanying, and how much is the medication cost, how much is spent during the medication. The median medication cost for outpatients with HIV/AIDS is up to Rp. 2.000.000/person per year for males, and Rp. 910.000.- for females. The median cost of outpatient medication for Lung TB does not differ much for males and females, RP. 1.000.000.- for males and Ro. 917.000.- for females. The most expensive median cost is the outpatient medication for candidiasis, i.e. Rp. 3.900.000.- while hospitalization is somewhat higher. The median cost for hospitalization of HIV/AIDS patients is between Rp. 1.000.000 up to Rp. 2.000.000.

Second, cost of an overdose. Not all overdose incidences are brought to hospital, if it can be handled by friends of the patient by giving milk to drink or injecting salt water into the body, or keep the client awake by tapping on the client's face. A such, the cost spent is much smaller (even no cost at all) for hospitalization. However, the cost of an overdose is still present because of the lost productive time of the individual and family. The median cost of lost time from an overdose is between Rp. 500.000.- to Rp. 1.900.000.- per person per year.

Third, The median cost for rehabilitation is approx., Rp. 750.000.- per person per year, for males as well as females. The low cost is because the rehabilitation program is provided free of charge by NGOs and the government. Clients spent money for their personal needs. Clients who access private rehabilitation centers have to pay a much larger cost ranging Rp. 29.000.000.- per year. Self medication are activities that are performed to stop drug addiction, such as abstinence from drugs, or take a certain medicine. The median cost spent is Rp. 200.000.- for males and Rp. 100.000.- for females.

Fourth, criminal actions, drug abusers tend to perform criminal actions to get money for buying drugs. The median cost as aconsequence of criminal actions ranges up to Rp. 1.000.000.- for males and Rp. 850.000.- for females per year. The maximum cost of criminal actions is Rp. 19.000.000.- per year.

Fifth, accident incidences also happen to some drug abusers after drug consumption. The median cost as a consequence of the incidence that has to be paid is between Rp. 800.000.- to Rp. 4.300.000.-. The maximum cost ever paid for an accident is Rp. 69.000.000.- per year.

Table 2.7. Median Value of Unit Cost, For Each Consequence of Drug Abuse, Males & Females, 2017

NO.	OUTPATIENT/HOSPITALIZATION	GENDER		TOTAL
		MALES	FEMALES	
1.	Outpatient treatment-HIV/AIDS	2,039,560	912,500	1,956,074
2.	Outpatient treatment-LungTB	1,088,723	917,083	1,067,042
3.	Outpatient treatment-Hepatitis	1,531,493	597,273	1,399,744
4.	Outpatient treatment-Candidiasis	3,909,600	-	3,909,600
5.	Inpatiebt-HIV AIDS	1,393,333	-	1,194,286
6.	Inpatient-New TB	2,196,923	600,000	1,984,000
7.	RI-Hepatitis	1,600,909	-	1,467,500
8.	RI-Candidiasis	2,000,000	-	2,000,000
9.	Outpatient loss	743,887	340,948	692,081
10.	Hospitalization loss	298,586	59,950	272,648
11.	Overdose	-	-	-
12.	Overdose loss	529,957	1,925,000	779,071
13.	Rehab	750,000	750,000	750,000
14.	Rehab loss	366,886	85,194	300,358
15.	Self medication	200,000	100,000	200,000
16.	Criminal action	1,000,000	850,000	1,000,000
17.	Accident	800,000	430,000	800,000
18.	Accident loss	131,148	37,240	114,700
19.	Law enforcement	7,000,000	5,500,000	6,000,000
20.	Law enforcement loss	147,102	1,060,424	162,888
21.	Imprisonment	10,000,000	27,500,000	10,000,000
22.	Imprisonment loss	171,618	18,893,625	520,325
23.	Disrupted activities	234,052	192,352	225,387

Sixth, encounter with law enforcement. When the drug abuser was caught by law enforcement apparatus, there will a long process to be passed till the court's verdict. During this process there will be opportunities for law enforcement apparatus to ask a certain amount of money to stop the case, or reduce the punishment period. The median of cost spent by the respondent is between Rp. 5.500.000.- to Rp. 7.000.000.-. The maximum cost mentioned by respondent is Rp. 90.000.000.- per person.

Seventh, the prison is a place for potential financial transactions to happen by individuals. The drug abuser inmates have to deal with matters and pay a median cost of tens of thousands to Rp. 18.000.000.- per person per year. The cost of drug consumption per person per year is estimated at an average of Rp. 20.000.000.- per person per year. There is not much difference between the unit cost for males and females. The unit cost of consumption has increased twice the amount compared to 2014. The higher the level of addiction, the greater the median cost.

In the context of calculating the estimation of loss the term used in this study is economic cost, the individual/private cost and social cost. The private cost is the cost attached to the drug abuser, including the cost of drug consumption. The social cost is the cost as a consequence of drug abuse that indirectly affects the community. This definition more or less refers to Markandya & Pearce definition (1989). The loss of economic cost from drug abuse in 2017 is estimated at approx, Rp. 84.7 trillion, an increase compared to Rp. 63.1 trillion in 2014. If this amount is sorted out, Rp. 77.42 trillion is estimated for private cost, and Rp. 7.27 trillion for social loss. Most of the private cost is spent for drug consumption (90%). Morbidity cost indicates a decrease if compared to 2014, hich is related to the decline of the morbidity rate from drug abuse. While the social cost is mostly related to mortality due to drug abuse (*premature death*) (58%). Another quite significant cost is the cost of criminal actions (17%).

Individual/Private Cost

Private cost is the cost attached to the drug abuser. It includes cost for drug consumption, cost if an overdose occurs, cost for detoxification & rehabilitation, cost of self medication to stop drug consumption, cost of a traffic accident, cost if caught by the police related to drugs, cost for imprisonment, cost of productivity loss as a consequence of drug abuse, that makes respondent is unable to work/go to school.

The total individual cost as a consequence of drug abuse was approx Rp. 77.4 trillion in 2017. The largest cost contributed by drug consumption, reaching Rp. 69.8 trillion. This amount increased sharply with a percentage of 63% compared to 2014, which was caused by the increase in the market price of drugs, particularly for putaw, shabu, and other drugs. The high price of putaw was caused by its limited supply and decrease in quality at street level due to the tight control in preventing the drug from entering Indonesia. The cost of medication shows a significant decrease to Rp. 1 trillion, while before it reached Rp. 10.2 trillion. This is related to the decrease in morbidity rate of the four main diseases that usually occur among drug addicts, in particular injecting drug addicts. The decline in morbidity rate is due to the decrease in the number of injecting drug users, shifting to other drugs and leaving the consumption of heroin, also activities in harm reduction and no sharing of needles.

Diagram 2.4. The Trend of Total Economic Loss From Drugs, in 2008, 2011, 2014, and 2017

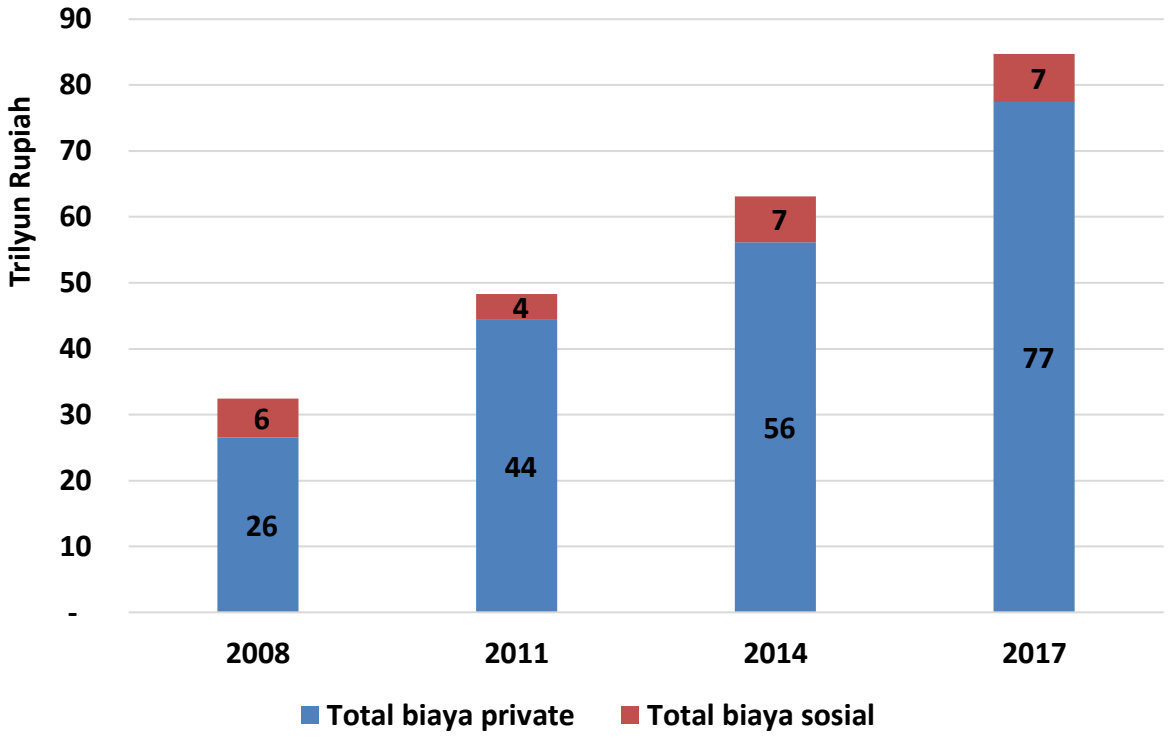


Table 2.8. Total Economic and Social Loss As a Consequence of Drug Abuse in Indonesia, 2017 (in Millions)

NO.	COST COMPONENT	RUPIAH (IN MILLIONS)	PERCENTAGE (%)
1.	Drug consumption	69,848,128	90.22
2.	Medication	1,036,467	1.34
3.	Overdose	151,925	0.20
4.	Detox & Rehabilitation	11,952	0.02
5.	Self Medication	1,377,568	1.78
6.	Accident	656,397	0.85
7.	Encounter with Law Enforcement	1,824,935	2.36
8.	Imprisonment	2,003,957	2.59
9.	Disrupted Activities	505,861	0.65
	Total private cost	**77,417,191**	100
	Productivity Loss		
1.	Illness	126,604	1.74
2.	Overdose	50,642	0.70
3.	Detox & Rehabilitation	109,527	1.51
4.	Accident	486,053	6.68
5.	Law Enforcement Apparatus	41,402	0.57
6.	Imprisonment	995,089	13.68
7.	*Premature Death*	4,193,824	57.66
8.	Criminal action	1,270,673	17.47
	Total social cost	7,273,815	100

Sosial Cost

Social cost is the cost spent as a consequence of drug abuse that indirectly affects the community. Since this study applies the perspective approach of the client, the largest portion of calculated cost is the activities performed by other people in relation with the respondent, by measuring the cost of productivity loss in connection with the time and cost spent by other people for accompanying or looking after the respondent. Calculation of the unit cost uses the minimum regional wages (UMR) per province, in 2017.

Details of the cost components include cost of productivity loss for looking after/accompanying the sick respondent, when an overdose incidence occurs, at a traffic accident, encounter with prison officials, at premature death, and criminal actions. The social cost is estimated at Rp. 7.3 trillion (2017). The social cost increased 4.7% from 2014. The largest cost contribution is still the cost of premature death from drug abuse (58%). However, mortality rate among injecting drug users decreased because the increasing decline in the rate of ovedose incidence and the number of injecting drug addicts. But the threat of premature death remains present because injecting drug addicts substitute with any drug to fulfill their suggestion need for injection. Other contributions of costs are productivity loss in prison, (14%) and cost of criminal actions (17%).

b. Estimation and Projection of Drug Abusers.

The basic data in making a projection is the estimation of 2017. Based on the trend of data from 2005 to 2017, there is indication of a decrease in the prevalence of drug abuse among workers and students. That becomes the basic in the making of an assumption on the pattern of decrease for the projection from 2012 to 2022. BMM's program target is used in finding the assumption of decrease, i.e. 0.02% per year for workers and students (high school/ university), while 0.01% per year for households, which has a more stable pattern. This number is then multiplied with 5 years, according to the target year 2020. Then added as the target number of 2020. The logistic regression is applied in determining the prevalence rate from 2017 to 2020.

The prevalence rate of drug abuse tends to be relatively stagnant in 5 years ahead, from 2017 to 2022. The number of drug abusers is about 3.3 million in the coming 5 years. There was some decrease, but increased again as the decrease in the prevalence of drug abuse is smaller compared to the increase of population in the age of 10- 59 years. This also indicates that the decrease of the absolut prevalence of drug abuse has become much more difficult (*hard rock*). Like a pear for example, if it is pressed, there will be a part that cannot be further pressed. Some extra efforts are needed to give more pressure, on the program strategy as wel as its funding. Details of the drug abuse projection is presented in the following Table.

Table 2.9. Projection of the Total of Drug Abusers in the Past Year, 2017 – 2022 (In Thousands)

NO.	GENDER	SCENARIO	2017	2018	2019	2020	2021	2022
1.	Males	Increase	2,687	2,669	2,671	2,673	2,673	2,695
		Stable	2,443	2,426	2,428	2,430	2,430	2,450
		Decrease	2,198	2,183	2,185	2,187	2,187	2,205
2.	Females	Increase	1,027	1,023	1,026	1,029	1,031	1,041
		Stable	933	930	933	935	938	946
		Decrease	840	837	839	842	844	851
3.	Total	Increase	3,714	3,692	3,697	3,701	3,704	3,736
		Stable	3,376	3,356	3,361	3,365	3,368	3,396
		Decrease	3,039	3,020	3,025	3,028	3,031	3,056

There are 3 scenarios developed in the above table, namely, increase, stable and decrease. In the scenario of increase an increase occurs if the pressure of drug dealers and syndicates are stronger than prevention efforts and disclosures of drug cases, resulting in the increase of drug abusers. The scenario of decrease indicates the decrease of drug abusers as a result of a stronger pressure from law enforcement and the community in the prevention of drug abuse and in dealing with drugs, in particular from aspects of socialization, education and law enforcement. The stable scenario is the condition with relatively no increase or decrease from year to year, because there is an equal force between law enforcement and the community against drug dealers/syndicates.

If the scenario goes up, the number of drug abusers increases from 3.3 million (2017) to 3.7 million (2022). If the scenario decreases, there will be a decrease from 3.3 million to 3.0 million (2017). If the scenario is stable, the estimation is that there will 3.3 million in 2017. Meanwhile, the prevalence rate of drug abuse indicates a tendency of decrease. If in 2017 the prevalence rate is 1.8%, it becomes 1.7% in 2022 in a stable scenario. Likewise the same is shown in other scenarios. So the conclusion is that the absolute number is stable, but the prevalence of drug abuse tends to decrease. Details are shown in the table below.

Table 2.10. Projection of Prevalence Rate of Drug Abuse in the Past Year, 2017-2022 (%)

NO.	SCENARIO	2017	2018	2019	2020	2021	2022
1.	Increase	1.95	1.92	1.90	1.88	1.87	1.87
2.	Stable	1.77	1.74	1.73	1.71	1.70	1.70
3.	Decrease	1.59	1.57	1.55	1.54	1.53	1.53

c. Social Economic Loss from Drug Abuse.

The projection of the loss of economic and social cost as a consequence of drug abuse is based on the calculation of the loss of social economic cost in 2017. From the basic data a projection is made by applying the *future value* method. Future value is a method used for equalizing the present value of money to the future. The assumption is applied with an interest rate of 4% per year. The analysis of calculation is based on gender. From the 3 scenarios we only make a calculation for the stable scenario.

It is projected that there will be an increase in the social and economic loss from drug abuse approx, almost 2 times from Rp. 84.7 trillion to Rp. 152.5 trillion in 2022. The cost among males is higher than the group of females.

As regard the cost component of drug consumption, it is projected to increase from Rp. 69.8 trillion (2017) to Rp. 125.8 trillion (2022). This amount is very tempting as a business opportunity, particularly for drug syndicates to penetrate deeper into the drug market for greater profits. It seems that the drug business never dies. All layers of society together with law enforcement have to make efforts, to press drug trafficking.

Table 2.11. Projection of Economic Loss from 2017 to 2022 (In Millions Rp)

NO.	PRIVATE COST/ SOCIAL COST	2017	2018	2019	2020	2021	2022
1.	**Private Cost**						
	Drug Consumption	69,848,128	72,642,053	78,569,645	88,382,993	103,399,264	125,805,884
	Medication	1,036,467	1,077,926	1,165,885	1,311,504	1,534,328	1,866,817
	Overdose	151,925	158,002	170,895	192,240	224,902	273,638
	Detox & Rehabilitation	11,952	12,430	13,445	15,124	17,693	21,528
	Self Medication	1,377,568	1,432,671	1,549,577	1,743,119	2,039,275	2,481,186
	Accident	656,397	682,653	738,358	830,579	971,694	1,182,260
	Encounter with Law Enforcement	1,824,935	1,897,932	2,052,804	2,309,199	2,701,532	3,286,954
	Imprisonment	2,003,957	2,084,115	2,254,179	2,535,726	2,966,546	3,609,396
	Disrupted Activities	505,861	526,096	569,025	640,096	748,849	911,124
	Total Private Cost	**77,417,191**	**80,513,879**	**87,083,812**	**97,960,580**	**114,604,082**	**139,438,787**
2.	**Social Cost**						
	Productivity Loss						
	Illness	126,604	131,668	142,413	160,200	187,418	228,031
	Overdose	50,642	52,667	56,965	64,080	74,967	91,213
	Detox & Rehabilitation	109,527	113,908	123,203	138,591	162,138	197,273
	Accident	486,053	505,495	546,744	615,032	719,526	875,447
	Law Enforcement	41,402	43,058	46,572	52,389	61,290	74,571
	Imprisonment	995,089	1,034,893	1,119,340	1,259,145	1,473,074	1,792,289
	Premature Death	4,193,824	4,361,577	4,717,482	5,306,695	6,208,303	7,553,642
	Criminal Action	1,270,673	1,321,500	1,429,334	1,607,858	1,881,033	2,288,653
	Total Social Cost	**7,273,815**	**7,564,767**	**8,182,052**	**9,203,991**	**10,767,749**	**13,101,120**
	Total Social & Economic Cost	**84,691,006**	**88,078,646**	**95,265,864**	**107,164,570**	**125,371,831**	**152,539,907**

9. Prevention Policies and Countermeasures.

Many sectors have initiated regulations that enable the implementation of the Prevention and Eradication of Drug Abuse and Illicit Trafficking (P4GN) on a strong basis. Indonesia's Laws and Regulations, also policies are considered very complete in dealing with the abuse of narcotics and other addictive substances. No other field has such a complete legal basis like the P4GN program. At the legislative level there is Law No. 35 of the year 2009 on Narcotics, and Law No. 36 of the year 2009 on Health that regulates the handling of abusers of narcotics and other addictive substances. At the executive level there are two regulations : Presidential Instruction No. 12 of 2011, on the National Policies and Strategy on the Prevention and Eradication of Drug Abuse and Illicit Trafficking in Drugs (P4GN), and Government Regulation No. 25 of the year 2011, on the Implementation of Compulsory Reporting of Narcotic Addicts. Two highest levels of legislation is the proof of the government's very strong support in dealing drug abuse.

The Regulation of the Minister of Internal Affairs No. 21 of the year 2013 on Facilitation in the Prevention of Narcotic Abusers provides opportunities for the Regional Administration of their involvement in the handling of drug abuse. It is the realization of a synergy in handling drug abuse. The regulation sets the role of the governor/regent/mayor, in funding, guidance and reporting of P4GN facilitation. The regulation also stresses the local administration's responsibility in dealing with drug abuse. Facilitation is in the form of: Issue regional regulation; enhance community participation; counterpart/cooperation with community organizations; private sector; universities/colleges; volunteers; individuals; and/or legal entities; involve forum of religious communities; forum of early community alertness; regional intelligence community for the prevention of narcotics abuse; and plan a program and activities in the prevention of narcotics abuse (Article 4). Facilitation in the prevention of narcotics abuse is performed through activities such as: seminars; workshops; quran recitals; performance; art and culture festivals; outbound activities such as camping; jamboree; tracking; speech contest; march; song composition; community empowerment; community training; scientific writings; and socialization; dissemination; technical assistance and guidance, (Article 5). BNNP can further explore the opportunities to enhance efforts in the prevention of drug abuse by making use of the available resources in the Local Administration.

The Regulation of the Minister of Manpower and Transmigration Republic of Indonesia No. Per. 11/Men/VI/2005 on the prevention and eradication of drug abuse and illicit trafficking in narcotics, psychotropic substances and other addictive substances in the workplace. The entrepreneur has the obligation to implement active efforts in P4GN in the workplace such as: a. determine policies; b. program planning and implementation. The Minister of Internal Affairs Regulation can be the foundation of the government to demand the company and manager to develop P4GN activities. The local government can urge companies in their respective regions to perform P4GN activities according to their respective capacities. The local administration should care and understand its role in as laid out in the Minisiter of Internal Affairs Regulation No. 21 of the year 2013.

The last policy is related to Compulsory Reporting of Narcotic Addicts. This policy directs the abusers of narcotics and other addictive substances to report themselves to undergo rehabilitation at the appointed rehabilitation facility or institution for compulsory reporting (IPWL). Positive responses were received as many parties agree that the prison is not the place to solve the problem of drug abuse. General and special prisons have limited accommodation and capacity to nurture the arrested drug abusers. Related ministries and institutions fully support this policy although there are still many inter agency issues that have to be finished for the smooth implementation of this policy.

At the level of ministries. institutions and technical agencies some joint policies and agreements have been made to support IPWL. In 2014 a Joint Regulation was issued between Chairman of the Supreme Court RI; Minister of Law and Human Rights RI; Miniter of Health RI; Minister of Social Affairs RI; Attorney General Office RI; Head of National Police RI; Head of BNN RI; No: 01/PB/MA/III/2014; No.: 03/2014; No: 11/2014; PER-005/A/JA/03/2014; No:1/2014 and PERBER/01/III/2014/BNN to facilitate the implementation in placing narcotic abusers in rehabilitation institutions.

However, the direction of P4GN policies of the related agencies change along with the latest condition and situation. These circumstances can also change the present program's focus. BNN seems to change its focus from rehabilitation to supply reduction through more aggressive repressive actions and arrests of drug dealers.

The ever changing focus of policies is a common thing in following the leaders' condition, situation and vision. This actually does not significantly influence anything if the available system of integrated service is strong and responsive at all levels. The society knows quite sufficiently how to recognize, respond and find the right way out to P4GN. There is a trusted center of consultation and rehabilitation that can provide sufficient and accessible services without putting a stigma and judgement, and good inter-agency cooperation. Strengthening of a particular focus without weakening other focuses are the rational efforts to make all programs run well.

10. Pattern of Activities and Law Enforcement Efforts.

a. Number of Drug Cases.

The tendency of three main classifications of drugs, narcotics, psychotropic substances, and other substances are the main drugs of abuse. In the 5 past years the abuse of narcotics tends to increase; The National Police and BNN reported the number of drug cases according to drug classification shows an increase of 24% in 2015 and 27% in 2016. Likewise with disclosures of cases related to psychotropic substances that sharply increased in 2016 (73%).

Table 2.12. Total Drug Cases Based on Drug Classification, 2012-2016

NO.	CLASSIFICATION OF CASES	YEAR									
		2012		2013		2014		2015		2016	
		N	%	N	%	N	%	N	%	N	%
1.	Narcotics	19,081	66	21,269	60	23,134	66	28,588	70	36,297	76
2.	Psychotropic substances	1,729	6	1,612	5	838	2	891	2	1,540	3
3.	Other addictive substances	7,917	28	12,705	36	10,885	31	11,418	28	9,774	21
		28,727	**100**	**35,586**	**100**	**34,857**	**100**	**40,897**	**100**	**47,611**	**100**

Source : National Police & BNN March 2017, in the data journal of BNN Center of Data, Research and Information 2017

b. Characteristics of Suspects

The total number of drug suspects are increasingly escalating from 2012. There was an increase of 69% in 2016 along with the increase of drug cases. Almost all suspects are Indonesians; only less than 1% are of a foreign nationality. This indicates that the .involvement of local citizens as drug dealers is still high. The majority of suspects are males (>90%). Only a small part are females (<10%).

In connection with the age of drug suspects, half of them are >30 years, and the other half 16-19 years. Involvement of children under 16-19 years tend to decrease from 6% in 2012 to 4% in 2016.

More than half the portion of suspects are from Senior High School/same degree. This proportion is stable in the 5 past years. With regard to occupation, the majority have the profession of private employee/worker and entrepreneur (67%). The group of unemployed is the second large group of suspects, with a proportion of 12%. A most alarming fact is the highly involvement of highschool/university students in drug cases, indicating a quite stable trend (4 %) in the past 5 years (Table 2.13).

Table 2.13. Characteristics of Drug Suspects of Drug Cases, 2012-2016

NO.	CLASSIFICATION OF CASES	YEAR									
		2012		2013		2014		2015		2016	
		N	%	N	%	N	%	N	%	N	%
	N	**35,640**	**100**	**44.012**	**100**	**43,459**	**100**	**51,332**	**100**	**60,389**	**100**
1.	**Nationality**										
	Indonesian	35,524	99.7	43,885	99.7	43,264	99.6	51,158	99.7	60,226	99.7
	Foreign	116	0.	127	0.3	195	0.4	174	0.3	163	0.3
2.	**Sex**										
	Males	32,358	90.0	39,715	90.2	39,383	90.6	47,079	91.7	55,439	91.8
	Females	3,282	9.	4,297	9.8	4,076	9.4	4,253	8.3	4,950	8.2
3.	**Age**										
	<16 years	132	0.37	122	0.28	130	0.30	99	0.19	126	0.21
	16-19 years	2,106	5.91	2,382	5.41	2,254	5.19	2,164	4.22	2,312	3.83
	20-24 years	5,478	15.37	6,269	14.24	6,555	15.08	7,174	13.98	8,889	14.72
	25-29 years	10,339	29.01	16,216	36.84	14,195	32.66	15,275	29.76	17,637	29.21
	>30 years	17,585	49.34	19,023	43.22	20,325	46.77	26,620	51.86	31,425	52.04
4.	**Education**										
	Elementary	4,980	13.97	7,573	17.21	7,147	16.45	7,112	13.85	8,008	13.26
	Jumior High	9,768	27.41	12,216	27.76	12,373	28.47	12,765	24.87	15,368	25.45
	Senior High	19,730	55.36	23,086	52.45	22,708	52.25	30,055	58.55	35,331	58.51
	University	1,162	3.26	1,137	2.58	1,231	2.83	1,367	2.66	1,619	2.68
	Do/No Schoo-ling/Others							33	0.06	63	0.10

NO.	CASE CLASSIFICATION	YEAR									
		2012		2013		2014		2015		2016	
		N	%	N	%	N	%	N	%	N	%
5.	**Occupation**										
	Civil servant	320	0.90	413	0.94	362	0.83	453	0.88	468	0.77
	Police/Armwd Forces	287	0.81	262	0.60	326	0.75	355	0.69	389	0.64
	Private sector	16,071	45.09	19,804	45.00	18,511	42.59	20,778	40.48	24,236	40.13
	Entrepreneur	7,545	21.17	9,105	20.69	11,430	26.30	14,357	27.97	16,481	27.29
	Farmer	1,388	3.89	2,108	4.79	1,551	3.57	1,869	3.64	2,087	3.46
	Labour	4,025	11.29	4,954	11.26	4,570	10.52	5,283	10.29	6,438	10.66
	Univ. student	710	1.99	870	1.98	883	2.03	981	1.91	1,100	1.82
	Student	695	1.95	1,121	2.55	778	1.79	874	1.70	1,260	2.09
	Unemployed	4,599	12.90	5,375	12.21	5,048	11.62	6,382	12.43	7,390	12.24
6.	**Drug classification**										
	Narcotics	25,309	71.01	28,788	65.41	3,184	7.33	38,152	74.32	47,384	78.46
	Psychotropic Substances	2,062	5.79	1,868	4.24	978	2.25	1,014	1.98	1,778	2.94
	Other addictive subst.	8,269	23.20	13,356	30.35	11,397	26.22	12,166	23.70	11,227	18.59

Source : Police & BNN March 2017, in the Data Journal of BNN Center of Research, Data and Information (Puslitdatin) 2017 (re-processed)

c. Data of Seized Evidence

Seizures are usually classified into 3 types of drug classification, narcotics, psychoactive substances and others. The large variation of seizures each year indicates performance of the law enforcement apparatus, BNN, Police and Directorate of Customs & Excise, Ministry of Finance RI.

Narcotic seizures. The most popular narcotic is cannabis/ cannabis/ganja. Data from the Police RI and BNN show large seizures every year, but in the past 3 years tend to decrease from 68 million grams in 2014 to 29 million grams in 2015, and 13 million grams in 2016. This indicates the presence of consistency between the decrease of seized cannabis/cannabis/ganja and the increase in disclosures of cultivation areas and cannabis trees.

Table 2.14. Total Seized Cannabis/Cannabis/Ganja, 2012-2016

NO.	SEIZED EVIDENCE	YEAR				
		2012	2013	2014	2015	2016
1.	Cannabis leaves (gr)	22,335,281,98	17,777,142	68,541,87,75	29,389,319	13,889,499
2.	Cannabis plants	341,395,00	534,829	92,481	101,195	2,196,418
3.	Cannabis seeds (gr)	284,91	12	378	6	1,583

Source : Police & BNN March 2017. in the Data Journal of Puslitdatin – BNN 2017

There is a tendency of increase and variety in the cultivation area of cannabis in the past 5 years. In 2012, 89.5 hectares, 2013 119.9 Ha, decreased drastically to 13 Ha, but increased again to 166.5 Ha (2015), another increase of 425 Ha in 2016. It is a serious challenge for activists of community empowerment in the field, how to converse cannabis into productive vegetation or other business.

Total Narcotic seizures. The total seizures of narcotics, particularly heroin tend to decrease, but the amount remains relatively large, from 52.4 thousand grams in 2012 to 2.2 thousand grams in 2016. This indicates that cannabis/Cannabis/Ganja is still available in the market although in an increasingly lesser amount and expensive in price. This condition also instigate a decrease in the number of injecting drug users. Ecstasy seizures are still high, more than 1.6 million tablets were confiscated in 2016. While seizures of shabu are also high in 2016 (2.6 million grams) although less in 2015 (4.2 million grams).

Table 2.15. Total Seized Narcotics, 2012-2016

NO.	SEIZED EVIDENCE	YEAR				
		2012	2013	2014	2015	2016
1.	Heroin (gr)	52,425.24	11,269.94	12,195.44	13,329.34	2,262.06
2.	Cocaine (gr)	6,736.84	2,035	373.33	10.54	369.03
3.	Hashish (gr)	7,836.44	2,067.68	4,237.49	199.62	2,982.96
4.	Ecstasy (tbl)	4,271,619.00	1,165,178	490,121.25	1,980,873	1,694,970
5.	Shabu (gr)	2,054,149.51	542,652.32	1,147,588.54	4,420,166.83	2,631,078.89

Source : Police & BNN March 2017, in the Data Journal of Puslitdatin – BNN 2017 (re-processed)

Total Seized Psychotropic Substances. Total seized psychotropic substances by the Police and BNN till March 2017 indicate that Controlled medicines and barbiturates are discovered again in the 2 past years. In 2014 seizures reached 14 million tablets, then went down to 1.6 million tablets in 2015, but increased again in 2016 to 4.9 million tablets. After reaching a total of 426 thousand tablets in 2012, went down drastically from 2013 to 2015 within a range of 7,300 tablets to 9,500 tablets, but increased again in 2016 to 42 thousand tablets.

Table 2.16. Total Seized Psychotropic Substances

NO.	SEIZED EVIDENCE	YEAR				
		2012	2013	2014	2015	2016
1.	Benzodiazepines (Tbl)	512,523.00	460,806.75	356,631.00	1,247,895	723,527.00
2.	Barbiturates (Tbl)	426,793.50	181	9,571.00	7,332.00	42,952.00
3.	Ketamine (gr)	13,426.00	4,661.51	13,400.09	6,504.98	7.60
4.	Controlled medicines (Tbl)	2,064,302.50	5,869,329.50	14,729,227.75	1,646,224.50	4,970,301.00

Source : Police & BNN March 2017, in the Data Jornal of Puslitdatin – BNN 2017

Development of New Psychoactive Substances. UNODC 2017 Report stated that the crisis in the high opiates abuse, is getting resolved, but another threat is emerging of no lesser magnitude, namely, *Amphetamine-Type Stimulant* (ATS), and *New Psychoactive Substances* (NPS). UNODC reported that many more States inform the trafficking of NPS, and more than 20 tons of NPS were seized during 2015. Likewise with multiple seizures of A*mphetamine-Type Stimulan* (ATS) in 5 years, that reached 191 tons.

NPS are very variable, and develop very fast. They suddenly emerge in the market and quickly disappear again from circulation. The combination of substances are miscellaneous. From 2009 to 2015 (80) new main groups of NPS have been found and are already in circulation. Some of these NPS are already listed under international control. On the other hand, 60 old NPS seems to have disappeared from circulation since 2013. NPS continues to develop dynamically marking the emergence of many chemical variations. Between 2009 and 2016, 106 States and regions reported 739 different NPS to UNODC (UNODC, 2017).

NPS in Indonesia are generally a derivative of c*athinone, c*athinone and *cathine, synthetic cannabinoid, phenethyamine, piperazine, ketamine* and *tryptamine.* From 60 NPS indentified only 43 NPS are under control and classified as addictive and narcotics by the Minister of Health Regulation No.: 2 of 2017 (BNN, 2017). Control is necessary because of the high risk in the consumption of NPS. These substances are very dangerous as the user does not realize its content and its dose that is potentially able to endanger health. It happened in Sulawesi, Indonesia in 2017. The medicine that should not endanger a person's health becomes dangerous because of its additional content.

11. Conclusion.

Some conclusions drawn from the study refers to the aim to be achieved:

a. The estimation and projection of drug abuse tend to be stable from 2017 to 2022. This is due to the effort in decreasing the rate of drug abuse that has reached the phase that is increasingly difficult to get an absolute decrease (*hard rock*), of approx. 3.3 million drug abusers. It will be increasingly difficult in the effort to reduce the absolute number of drug abusers since the percentage of drug prevalence is lower than the increase of population growth that makes an impression of a stagnant condition. What is needed is an extraordinary continuous program strategy and activities with more innovations to significantly reduce drug abuse through prevention and law enforcement and determine a higher target achievement.

b. The pattern of drug use does not differ much from the surveys before. the most consumed drugs are cannabis/ganja, shabu, ecstasy, and controlled medicines. To obtain these drugs some methods of transactions and illicit trafficking are applied: face to face transaction, direct purchase from the dealer; the use of a courier; direct purchase at the center of drug trafficking in the city; by temple/mine system, i.e. the buyer transfers some money and the drug dealer/syndicate gives insructions where the drug abuser has to take the drug; the last popular method is *online purchase*, especially for NPS. They also form a special group in the online system using a code or certain password for access.

c. Policies and regulations on the prevention of drug abuse and eradication against illicit drug trafficking is already very strong. From the law at the upper level to the level of implementation in the region/city. What is necessary is the strong will and wish of all parties to take actions together in one language and one coordination in dealing with drug abuse. On the other hand. although policies have been made by a joint decision, the IPWL program is not fully implemented, some problems are met in the field since no technical guidelines are provided for the implementation of IPWL, also the issue of sectoral ego. As a result, everybody has a different perception and interpretation. Only Minister of Health and Minister of Social Affairs have developed technical guilines on the implementation of IPWL. Another problem that impedes the PWL implementation is the limited referral facilities for rehabilitation. available funds, and the quantity and capacity of human resources.

d. Drug abuse brings consequences that have to be borne by the drug abuser, such as the risk of being exposed to diseases, so the client has to seek for medication at the hospital or health clinic as an outpatient or being hospitalized. In seeking medication drug abusers already know the diagnose of their illness, i.e. HIV/AIDS. Lung TB, Hepatitis C, Mental illness/depression, 1 Out of 10 clients have experienced an overdose, and 1 out of 20 have received rehabilitation. Approx. 10% of respondents admit they have intention to undergo rehabilitation in the near future (1-12 months ahead), and 45% of respondents have no intention to stop, 10% have no thought to stop taking drugs. One out of 3 respondents confessed they have ever taken money or valuables of the family/another person.

1/5 of respondents have ever met with a traffic accident from the influence of drugs. Almost 1/5 of respondents admit they were arrested by law enforcement for a drug case, 13% of respondents have ever been imprisoned. Ironically, almost all respondents in the provinces except Papua, who have been imprisoned confessed they have taken drugs in prison.

e. The median cost of consequence varies every year, in the amount as well as in gender. The median cost for hospitalization is approx. Rp. 6 million/person per year. The largest median cost ever spent is for drug consumption, namely Rp 10.8 million per person/year, and the cost during imprisonment Rp.10 million/person per year. The higher the level of addiction, the larger the cost for drug consumption, or for the purchase of drugs.

f. Social and economic cost from drugs is estimated at Rp. 63.1 trillion in 2014. It tends to increase from year to year. The largest cost component of private cost is especially for drug consumption. The business of drug trafficking is estimated at Rp. 42.9 trillion per year. The social economic cost from drugs is estimated to increase 2.3 times to Rp. 143 trillion in 2015.

Based on the above summary of facts and data this study concludes the following:

a. Drug abuse and illicit trafficking maintain to occur, even more international syndicates are eager to sell their products in Indonesia, because this country has a stable and excellent economic condition is a potential market for drugs.

b. Counter measures are not taken to the optimum since inter-agency coordination does not run as expected so there is no cooperation and some programs are not integrated. One simple example is the IPWL program.

c. New synthetic drugs are continuously increasing and entering Indonesia, by online sale. On the other hand, these new substances have not been included in the legislation system, and cannot be prosecuted. Also controlled medicines (hard medicines) are falsified by illegal factories making the young generation as their target with their limited financial condition. Not like in the case of narcotic drugs the handling of controlled medicines is very different, and difficult to implement law enforcement measures in the field.

d. The more serious the narcotic addiction, the greater it's effect, particularly on the family and environment. The family can suddenly fall into bankcruptcy because they have to pay medication for the addicted family member. If accumulated to the national level the economic social cost becomes larger reaching Rp. 84.6 trillion in 2017.

CHAPTER III
PREVENTION OF DRUG ABUSE AND ERADICATION OF ILLICIT DRUG TRAFFICKING 2017

1. Supply Reduction

a. Cases, Suspects and Seizures of Drug Crimes, Handled by Police and BNN, 2017

Table 3.1. Total Drug Cases Based on Type of Drug, 2017

NO.	TYPE OF DRUG	TOTAL CASES		TOTAL
		POLICE	BNN	
1	2	3	4	5
1.	Cannabis/Ganja	3,931	103	**4,034**
2.	Heroin	9	4	**13**
3.	Hashish	2	1	**3**
4.	Cocaine	8	1	**9**
5.	Ecstasy	1,551	42	**1,593**
6.	Amphetamine	0	3	**3**
7.	Shabu	29,730	820	**30,550**
8.	Gorilla Tobacco	203	0	**203**
9.	Khat (Cathinone dan Cathin)	0	3	**3**
10.	4-CMC (Derivative of Cathinone)	0	1	**1**
11.	DMT (Derivative of Triptamin)	0	2	**2**
12.	Psychotropic Substances & Precursors	0	4	**4**
13.	Mushroom	6	0	**6**
14.	Included in Table III	225	0	**225**
15.	Included in Table IV	337	0	**337**
16.	Controlled Medicines/Hard Drugs	3,090	0	**3,090**
17.	Alcohol	10,209	0	**10,209**
18.	Jamu Traditional	14	0	**14**
19.	Cosmetics	16	0	**16**
20.	Food	2	0	**2**
21.	Synthetic Cannabinoid	10	5	**15**
22.	Ketamine	16	0	**16**
23.	Hard Drugs	1,062	0	**1,062**
24.	Limited Hard Drugs	50	0	**50**
25.	Over-the-Counter Drugs	3	0	**3**
TOTAL		**50,474**	**990**	**51,464**

Source : Police dan BNN, March 2018

Table 3.2. Total Drug Cases Based on Drug Classification, 2017

NO.	DRUG CLASSIFICATION	TOTAL CASES		TOTAL
		POLICE	BNN	
1	2	3	4	5
1.	Narcotics	35,440	975	**36,415**
2.	Psychotropic Substances	3,652	0	**3,652**
3.	Psychotropic Substances and Precursors *(Clan Labs)*	0	4	**4**
4.	Other Addictive Substances	10,241	0	**10,241**
5.	New Psychoacative Substances (NPS)	26	11	**37**
6.	Medicines	1,115	0	**1,115**
7.	Money Laundering Crimes (TPPU)	0	21	**21**
TOTAL		**50,474**	**1,011**	**51,485**

Source : Police and BNN, March 2018

Table 3.3. Total Drug Cases Based on Type of Crime, 2017

NO.	TYPE OF CRIME	TOTAL CASES		TOTAL
		POLICE	BNN	
1	2	3	4	5
1.	Cultivation	34	0	34
2.	Production	7	4	11
3.	Distribution	39,611	986	40,597
4.	Consumption	10,822	0	10,822
TOTAL		**50,474**	**990**	**51,464**

Source : Police and BNN, March 2018

Table 3.4. Ranking of Successful Disclosures Related to Narcotics, Psychotropic Substances and Other Addictive Substances By Province, 2017

NO.	PROVINCE	TOTAL CASES		TOTAL	RANKING
		POLICE	BNN		
1	2	3	4	5	6
1.	East Java	13,514	67	**13,581**	I
2.	DKI Jakarta	6,286	36	**6,322**	II
3.	North Sumatera	5,980	95	**6,075**	III
4.	West Java	2,756	50	**2,806**	IV
5.	South Kalimantan	2,453	43	**2,496**	V
6.	East Kalimantan	2,227	78	**2,305**	VI
7.	Central Java	2,044	28	**2,072**	VII
8.	South Sumatera	1,780	43	**1,823**	VIII
9.	Lampung	1,772	14	**1,786**	IX
10.	Aceh	1,609	15	**1,624**	X
11.	South Sulawesi	1,420	27	**1,447**	XI
12.	Riau	1,394	24	**1,418**	XII
13.	Bali	870	45	**915**	XIII
14.	Central Kalimantan	750	28	**778**	XIV
15.	West Sumatera	762	10	**772**	XV
16.	Banten	561	13	**574**	XVI
17.	Jambi	548	22	**570**	XVII
18.	West Kalimantan	521	19	**540**	XVIII
19.	West Nusa Tenggara	490	7	**497**	XIX
20.	DI Yogyakarta	401	22	**423**	XX
21.	Riau Islands	350	51	**401**	XXI
22.	Central Sulawesi	325	30	**355**	XXII
23.	Bangka Belitung	304	10	**314**	XXIII
24.	Police HQ/Central BNN	176	72	**248**	XXIV
25.	Papua	229	16	**245**	XXV
26.	North Sulawesi	210	9	**219**	XXVI
27.	S.E. Sulawesi	173	20	**193**	XXVII
28.	Bengkulu	163	11	**174**	XXVIII
29.	West Sulawesi	110	21	**131**	XXIX
30.	West Papua	88	6	**94**	XXX
31.	Maluku	84	9	**93**	XXXI
32.	North Maluku	71	13	**84**	XXXII
33.	Gorontalo	39	19	**58**	XXXIII
34.	East Nusa Tenggara	14	2	**16**	XXXIV
35	North Kalimantan	0	15	**15**	XXXV
TOTAL		**50,474**	**990**	**51,464**	

Source : Police and BNN, March 2018

Table 3.5. Total Suspects of Drug Cases Based on Type of Drug, 2017

NO.	TYPE OF DRUG	TOTAL SUSPECTS		TOTAL
		POLICE	BNN	
1	2	3	4	5
1.	Cannabis/Ganja	4,981	137	**5,118**
2.	Heroin	9	4	**13**
3.	Hashish	2	2	**4**
4.	Cocaine	13	1	**14**
5.	Ecstasy	2,199	58	**2,257**
6.	Amphetamine	0	3	**3**
7.	Shabu	39,212	1.184	**40,395**
8.	Gorila Tobacco	258	0	**258**
9.	Khat (Cathinone & Cathin)	0	0	**0**
10.	4-CMC (derivative of Cathinone)	0	2	**2**
11.	DMT (derivative of triptamin)	0	2	**2**
12.	Psychotropic Substances & Precursors	0	17	**17**
13.	Mushroom	9	0	**9**
14.	Included in Table III	296	0	**296**
15.	Included inTable IV	367	0	**367**
16.	Controlled Medicines/Hard Drugs	3,514	0	**3,514**
17.	Alcohol	10,806	0	**10,806**
18.	Traditional Jamu	12	0	**12**
19.	Cosmetics	21	0	**21**
20.	Food	2	0	**2**
21.	Synthetic Cannabinoid	12	9	**21**
22.	Ketamine	16	0	**16**
23.	Hard Drugs	1,319	0	**1,319**
24.	Limited Hard Drugs	57	0	**57**
25.	Over-the-Counter Drugs	3	0	**3**
TOTAL		**63,108**	**1,419**	**64,526**

Source : Police and BNN, March 2018

Table 3.6. Total Suspects of Drug Cases Based on Drug Classification, 2017

NO.	DRUG CLASSIFICATION	TOTAL SUSPECTS		TOTAL
		POLICE	BNN	
1	2	3	4	5
1.	Narcotics	46,683	1,389	**48,072**
2.	Psychotropic Substances	4,177	0	**4,177**
3.	Psychotropic Substances ans Precursors (*Clan Labs*)	0	17	**17**
4.	Other Addictive Substances	10,841	0	**10,841**
5.	New Psychoactive Substances	28	13	**41**
6.	Medicines	1,379	0	**1,379**
7.	Money Laundering / TPPU	0	31	**31**
TOTAL		**63,108**	**1,450**	**64,558**

Source : Police and BNN, March 2018

Table 3.7. Total Suspects of Drug Cases Based on Type of Crime, 2017

NO.	TYPE OF CRIME	TOTAL SUSPECTS		TOTAL
		POLICE	BNN	
1	2	3	4	5
1.	Cultivation	23	0	23
2.	Production	24	17	41
3.	Distribution	4,697	1,402	50,099
4.	Consumption	14,364	0	14,364
TOTAL		**63,108**	**1,419**	**64,527**

Source : Police and BNN, March 2018

Table 3.8. Total Suspects of Drug Cases Based on Nationality, 2017

NO.	NATIONALLITY	TOTAL SUSPECTS		TOTAL
		POLICE	BNN	
1	2	3	4	5
1.	Indonesian	6,972	1,407	**64,379**
2.	Foreigners	136	12	**148**
TOTAL		**63,108**	**1,419**	**64,527**

Source : Police and BNN, March 2018

Table 3.9. Total Suspects of Drug Cases Based on Nationality and Gender, 2017

NO.	NATIONALITY AND GENDER	TOTAL SUSPECTS		TOTAL
		POLICE	BNN	
1	2	3	4	5
1.	**Indonesians**	**62,972**	**1,406**	**64,378**
	Males	57,692	1,287	58,979
	Females	5,280	120	5,400
2.	**Foreigners**	**136**	**12**	**148**
	Males	120	11	131
	Females	16	1	17
TOTAL		**63,108**	**1,419**	**64,527**

Source : Police and BNN, March 2018

Table 3.10. Total Suspects of Drug Cases Based on Gender, 2017

NO.	GENDER	TOTAL SUSPECTS		TOTAL
		POLICE	BNN	
1	2	3	4	5
1.	Males	57,812	1,298	**59,110**
2.	Females	5,296	121	**5,417**
TOTAL		**63,108**	**1,419**	**64,527**

Source : Police and BNN, March 2018

Table 3.11. Total Drug Suspects Based on Age, 2017

NO.	AGE GROUP	TOTAL SUSPECTS		TOTAL
		POLICE	BNN	
1	2	3	4	5
1.	<16 Years	114	3	**117**
2.	16-19 Years	2,578	31	**2,609**
3.	20-24 Years	9,530	178	**9,708**
4.	25-29 Years	18,105	234	**18,339**
5.	> 30 Years	32,781	973	**33,754**
TOTAL		**63,108**	**1,419**	**64,527**

Source : Police and BNN, March 2018

Table 3.12. Total Suspects of Drug Cases Based on Education, 2017

NO.	EDUCATION	TOTAL SUSPECTS		TOTAL
		POLICE	BNN	
1	2	3	4	5
1.	Elementary	9,641	198	**9,839**
2.	Junior High School	16,704	195	**16,899**
3.	Senior High School	35,196	909	**36,105**
4.	University	1,567	70	**1,637**
5.	Drop Out	0	35	**35**
6.	No Schooling	0	12	**12**
TOTAL		**63,108**	**1,419**	**64,527**

Source : Police and BNN, March 2018

Table 3.13. Total Suspects of Drug Cases Based on Occupation, 2017

NO.	OCCUPATION	TOTAL SUSPECTS		TOTAL
		POLICE	BNN	
1	2	3	4	5
1.	Govt Employee/Civil Servant	396	26	**422**
2.	Police/Armed Forces	354	13	**367**
3.	Private sector	25,481	503	**25,984**
4.	Entrepreneur	16,703	497	**17,200**
5.	Farmer	2,578	47	**2,625**
6.	Labourer	6,832	70	**6,902**
7.	Univ. Student	1,266	61	**1,327**
8.	Student	1,034	16	**1,050**
9.	Unemployed	8,464	186	**8,650**
TOTAL		**63,108**	**1,419**	**64,527**

Source : Police and BNN, March 2018

Table 3.14. Total Foreigners Involved in Drug Crimes in Indonesia, 2017

NO.	NATIONALITY	TOTAL SUSPECTS		TOTAL
		POLICE	BNN	
1	2	3		
I. A s i a				
1.	Malaysia	39	7	46
2.	Taiwan	19		19
3.	South Korea	1		1
4.	Saudi Arabia	2		2
5.	Turkey	2		2
6.	China	13		13
7.	PNG	16		16
8.	Japan	1		1
9.	Hong Kong	1		1
10.	Singapore		1	1
11.	India		3	3
TOTAL		**94**	**11**	**105**
II. E r o p e				
1.	Germany	2		2
2.	Russia	2		2
3.	Italia	2		2
4.	France	1		1
5.	Netherland	2		2
6.	Sweden	1		1
7.	England	2		2
TOTAL		**13**		**13**
III. A f r i c a				
1.	Nigeria	12		12
2.	South Africa	7		7
3.	Kenya	2		2
4.	Tanzania	1		1
TOTAL		**22**		**22**
IV. Australia				
1.	Australia	4		4
TOTAL		**4**		**4**
V. United States				
1.	USA	3	1	4
GRAND TOTAL		**136**	**12**	**148**

Source : Police and BNN, March 2018

Table 3.15. Ranking of Successful Arrest of Suspects Related to Narcotics, Psychotropic Substances, and Other Addictive Substances by Province, 2017

NO.	PROVINCE	TOTAL SUSPECTS		TOTAL	RANKING
		POLICE	BNN		
1	2	3	4	5	6
1.	East Java	15,120	91	**15,211**	I
2.	North Sumatera	7,908	132	**8,040**	II
3.	DKI Jakarta	7,755	47	**7,802**	III
4.	West Java	3,385	65	**3,450**	IV
5.	South Kalimantan	3,009	52	**3,061**	V
6.	East Kalimantan	2,769	60	**2,829**	VI
7.	Lampung	2,561	21	**2,582**	VII
8.	South Sumatera	2,438	61	**2,499**	VIII
9.	Central Java	2,413	51	**2,464**	IX
10.	South Sulawesi	2,226	56	**2,282**	X
11.	Aceh	2,253	22	**2,275**	XI
12.	Riau	1,947	34	**1,981**	XII
13.	Bali	959	49	**1,008**	XIII
14.	West Sumatera	987	13	**1,000**	XIV
15.	Central Kalimantan	906	31	**937**	XV
16.	Banten	747	33	**780**	XVI
17.	Jambi	735	33	**768**	XVII
18.	West Kalimantan	709	37	**746**	XVIII
19.	West Nusa Tenggara	600	9	**609**	XIX
20.	Riau Islands	500	83	**583**	XX
21.	DI Yogyakarta	496	30	**526**	XXI
22.	Central Sulawesi	459	45	**504**	XXII
23.	Police HQ/Central BNN	270	168	**438**	XXIII
24.	Bangka Belitung	384	12	**396**	XXIV
25.	Papua	285	17	**302**	XXV
26.	S.E.Sulawesi	262	25	**287**	XXVI
27.	North Sulawesi	255	13	**268**	XXVII
28.	Bengkulu	229	24	**253**	XXVIII
29.	West Sulawesi	176	25	**201**	XXIX
30.	Maluku	101	17	**118**	XXX
31.	West Papua	108	8	**116**	XXXI
32.	North Maluku	91	17	**108**	XXXII
33.	Gorontalo	51	19	**70**	XXXIII
34.	North Kalimantan	-	18	**18**	XXXIV
35.	East Nusa Tenggara	14	1	**15**	XXXV
TOTAL		**63,108**	**1,419**	**64,527**	

Source : Police and BNN, March 2018

Table 3.16. Total Seized Cannabis/Ganja, 2017

NO.	SEIZED EVIDENCE	TOTAL EVIDENCE		TOTAL
		POLICE	BNN	
1	2	3	4	5
1.	Cannabis Herbs (Gram)	150,785,496	885,400.92	**151,670,896.92**
2.	Cannabis Plants (trees)	205,529	179	**205,708.00**
3.	Cultivation Area (Ha)	72	0	**72**
4.	Cannabis See (Gram)	154.50	3.30	**157.80**
5.	Cannabis Seedlings (Trees)	5,000	0	**5,000**

Source : Police and BNN, March 2018

Table 3.17. Total Seized Narcotics Evidence, 2017

NO.	SEIZED EVIDENCE	TOTAL EVIDENCE		TOTAL
		POLICE	BNN	
1	2	3	4	5
1.	Heroin (Gram)	204.37	256.88	**461.25**
2.	Cocaine (Gram)	68.47	3.49	**71.96**
3.	Hashish (Gram)	33.44	10.74	**44.18**
4.	Ecstasy (Tablet)	2,779,319.75	323,359	**3,102,678.75**
5.	Ecstasy (Gram)	20,909.97	0	**20,909.97**
6.	Shabu (Gram)	6,289,425.36	1,165,347.69	**7,454,773.05**
7.	Codeine (Gram)	0	4	**4.00**

Source : Police and BNN, March 2018

Table 3.18. Total Seized Psychotropic Substances, 2017

NO.	SEIZED EVIDENCE	TOTAL EVIDENCE		TOTAL
		POLICE	BNN	
1	2	3	4	5
1.	Barbiturates (Tablet)/Table III	264,106.25	0	**264,106.25**
2.	Benzodiazepines (Tablet)/Table IV	64,962	0	**64,962**
3.	Happy Five	52,839	0	**52,839**
4.	Ketamine (Gram)	1,817.77	3.18	**1,820.95**
5.	Controlled Medicines/Hard Drugs (Tablet)	15,596,030	641	**15,596,671**

Source : Police and BNN, March 2018

Table 3.19. Total Seized Other Addictive Substances, 2017

NO.	SEIZED EVIDENCE	TOTAL EVIDENCE		TOTAL
		POLICE	BNN	
1	2	3	4	5
1.	Alcohol (Bottle)	187,159	0	**187,159**
2.	Alcohol (Liter)	72,310.36	0	**72,310.36**

Source : Police and BNN, March 2018

Table 3.20. Disclosures of Clandestine Laboratories, 2017

NO.	SCALE	TOTAL DISCLOSURES		TOTAL
		POLICE	BNN	
1	2	3	4	
1.	Small	2	3	5
2.	Medium	-	1	1
3.	Large	-	-	-
TOTAL		**2**	**4**	**6**

Source : National Police Republic of Indonesia, March 2018

b. Data of Prominent Cases of Narcotic Crimes by Regional Police, 2017

Table 3.21. Total Prominent Cases, 2017

NO.	REGIONAL POLICE	2017		
		CASES	SUSPECTS	EVIDENCE
1	2	3	4	5
1.	Riau	1	1	18 Kg Shabu
2.	Riau Islands	1	6	480 drums / 12 tons raw materials (white powder) contains Dextromethorphan, Trihexyphenidyl, Carisoprodol, Diazepam and Cepralin
3.	Metro Jaya	1	9	949,159 gram shabu
4.	East Kalimantan	1	1	5,949 gram shabu
5.	Lampung	1	4	10 kg shabu
6.	Police HQ	1	2	1.2 juta ecstasy
7.	West Java	1	3	1 Kg shabu
8.	Aceh	1	2	100 kg cannabis/ ganja
9.	North Sumatera	1	1	6.5 kg shabu
10.	Papua	1	1	54.58 gram shabu
11	South Kalimantan	1	1	2,020 tableets ecstasy 2,140 kg shabu
12.	Central Java	1	1	182 gram shabu 436 ecstasy
TOTAL		**12**	**32**	

Source : National Police Republic of Indonesia, March 2018

c. Money Laundering Cases Handled by BNN, 2017

Table 3.22. Total Money Laundering Suspects Based on Nationality, 2017

NO.	NATIONALITY	TOTAL SUSPECTS
1	2	3
1.	Indonesians	25
2.	Foreigners	0
TOTAL		**25**

Source : BNN Deputy of Eradication, March 2017

Table 3.23. Total Money Laundering Suspects Based on Gender, 2017

NO.	GENDER	TOTAL SUSPECTS INDONESIANS	TOTAL FOREIGNERS
1	2	3	4
1.	Males	20	0
2.	Females	5	0
TOTAL		**25**	**0**

Source : BNN Deputy of Eradication, March 2017

Table 3.24. Total Money Laundering Suspects Based on Age Group, 2017

NO.	AGE GROUP	TOTAL SUSPECTS
1	2	3
1.	< 16 Years	0
2.	16 – 19 Years	0
3.	20 – 24 Years	0
4.	25 – 29 Years	1
5.	> 30 Years	24
TOTAL		**25**

Source : BNN Deputy of Eradication, March 2017

Table 3.25. Total Money Laundering Suspects Based on Education, 2017

NO.	EDUCATION	TOTAL SUSPECTS
1	2	3
1.	Elementary	0
2.	Junior High School	0
3.	Senior High School	25
4.	University	0
5.	No Schooling	0
6.	Drop Out	0
7.	Not Registered	0
TOTAL		**25**

Source : BNN Deputy of Eradication, March 2017

Table 3.26. Total Money Laundering Suspects Based on Occupation, 2017

NO.	OCCUPATION	TOTAL SUSPECTS
1	2	3
1.	Govt. Employee/Village Head	0
2.	Armed Forces/Police	0
3.	Private Sector	22
4.	Entrepreneur	1
5.	Farmer	0
6.	Univ. Student	0
7.	Student	1
8.	Labour	0
9.	No employment/Prisoner/House Assistant	1
TOTAL		**25**

Source : BNN Deputyof Eradication, March 2017

Table 3.27. Details of Money Laundering Cases, 2017

NO.	LKN	SUSPECTS	EVIDENCE		NOTE.
			CASH/ ACCOUNT (Rp.)	GOODS / VALUE (Rp.)	
1	2	3	4	5	
1.	LKN/01-TPPU/I/2017/BNN	Tjia Sun Fen and Andi	2,800,000,000	6,028,000,000	To court proceedings/ P21
2.	LKN/14-TPPU/II/2017/BNN	Frankie and Pendi Chandra	0	0	Under Investigation
3.	LKN/20-TPPU/IV2017/BNN	Dedi and Herijal	113,000,000	2,200,000,000	Under Investigation
4.	LKN/24-TPPU/III2017/BNN	Saparudin	170,000,000	4,200,000,000	To Court Proceedings
5.	LKN/25-TPPU/III2017/BNN	Lie Ly Tedjo-koesoemo	4,502,000,000	3,904,000,000	To Court Proceedings
6.	LKN/35-TPPU/IV.2017/BNN	Cao Jing	2,400,000,000	21,650,000,000	P21
7.	LKN/32-TPPU/IV/2017/BNN	Saiful Als Junet	0	2,535,000,000	Phase I
8.	LKN/39-TPPU/V/2017/BNN	Angelina & Haryanto Chandra	1,230,000,000	0	P21
9.	LKN/40-TPPU/VI/2017/BNN	Chan Sze Ngai als Calvin	600,000,000	12,800,000,000	To court proceedings
10.	LKN/42-TPPU/VI/2017/BNN	Ali Akbar als Dekgam	0	3,417,900,000	Phase I
11.	LKN/52-TPPU/VII/2017/ BNN	Suherianto	0	3,235,000,000	Investigation
12.	LKN/60-TPPU/IX/2017/BNN	Tajul Maulana als Tajul	0	1,175,000,000	PhaseI
13.	LKN/61-TPPU/IX/2017/BNN	Li Wei Gui als Willy. cs	0	1,440,000,000	Phase I
14.	LKN/64-TPPU/IX/2017/BNN	Irawan als Dagot and Feny	86,000,000	2,736,000,000	Investigation
15.	LKN/66-TPPU/IX/2017/BNN	Lukmanul Hakim als Hendra	0	14,693,000,000	Investigation
16.	LKN/66-TPPU/IX/2017/BNN	Teddy Fahrizal	1,400,000,000	0	Investigation
17.	LKN/68-TPPU/IX/2017/BNN	Ibnu Idris	0	1,050,000,000	Investigation
18.	LKN/74-TPPU/X/2017/BNN	Ajin	0	2,250,000,000	Investigation
19.	LKN/85-TPPU/XI/2017/BNN	Fadli als LI als Abi Sahabudin	0	6,685,000,000	Investigation
TOTAL			**13,301,000,000**	**89,998,900,000**	

Source : BNN Deputy of Eradication, March 2017

d. In-Country and Overseas Illicit Drug Trafficking Routes from National Police, 2017

1) Overseas.

a) Shabu (Air Route)

(1) Cina – Jakarta
(2) Afrika – Jakarta
(3) Malaysia – Jakarta
(4) Teheran – Jakarta

b) Shabu (Sea Route)

(1) Cina – Jakarta – Batam
(2) Malaysia – Jakarta – Banten
(3) Jakarta – Sumatera – Aceh

c) Ecstasy (Air Route)

(1) Netherlands – Belgium – Jakarta
(2) Netherland – Germany – Jakarta
(3) ChIna – Jakarta

d) Heroin (Air Route)

(1) Bangkok – Medan – Jakarta – Surabaya – Denpasar
(2) Pakistan–Karachi–Kathmandu–Singapore–Pekanbaru–Jakarta

2) Domestic.

a) Cannabis/Ganja (Air Route)

(1) Aceh – Lampung – Jakarta – Surabaya – Bali – Pontianak-Samarinda – Balikpapan – Banjarmasin – Manado – Palu-Makasar – East Nusa Tenggara – West Nusa Tenggara – Papua

b) Cannabis/Ganja (Land Route)

(1) Aceh – Lampung – Jakarta – Bogor
(2) Aceh – Lampung – Java – Bali
(3) In a private car

c) Shabu (Air Route)

(1) Banyuwangi – Surabaya – Jakarta
(2) Jakarta – Samarinda
(3) Medan – Aceh
(4) Aceh – Jakarta

d) Ecstasy (Air Route)

(1) Makassar – Kupang
(2) Jakarta

e. In-country and Overseas Illicit Drug Trafficking Routes from BNN, 2017.

1) Land Route.

a) Kuching, Malaysia – Bengkayang, West Kalimantan
b) Kuching, Malaysia – Sanggau, West Kalimantan
c) Kuching, Malaysia – Jagoi Babang, West Kalimantan
d) Kuching, Malaysia – Sungai Ambawang, West Kalimantan
e) Kuching, Malaysia – Entikong, West Kalimantan

2) Air Route.

a) Malaysia – Jakarta
b) Malaysia – Medan
c) Malaysia – Denpasar
d) Malaysia – Surabaya
e) Malaysia – Lombok
f) Malaysia – Padang
g) Malaysia – Palembang
h) South Africa – Denpasar, Bali
i) Saudi Arab – Jakarta
j) Benin – Jakarta
k) Hongkong – Jakarta
l) Germany – Denpasar
m) Nepal – Jakarta
n) Nigeria – Jakarta
o) Singapore – Jakarta
p) Taiwan – Jakarta

3) By Post/JT Delivery Service.

a) Germany – Jakarta
b) Spanyol – Jakarta
c) Hongkong – Jakarta
d) Natherland – Jakarta
e) Netherland – Denpasar
f) Netherland – Balikpapan, East Kalimantan
g) Belgium – Jakarta
h) Ethiopia – Jakarta
i) Taiwan – Jakarta
j) Hongkong – Jakarta
k) China – Denpasar, Bali
l) China – Surabaya
m) China – Semarang
n) USA – Jakarta
o) Canada – Jakarta
p) Thailand – Jakarta

4) Sea Route.

a) Tawau, Malaysia – Tarakan, North Kalimantan
b) Tawau, Malaysia – Palu
c) Malaysia – Pekanbaru
d) Malaysia – Medan
e) Malaysia – Aceh
f) Malaysia – Batam, Riau Islands
g) Malaysia – Tanjung Balai Karimun, Riau Islands
h) Malaysia – Tanjung Pinang, Riau Islands
i) Malaysia – Dumai, Riau
j) Malaysia – Tanjung Balai Asahan, Riau
k) Malaysia – Jakarta
l) Myanmar – Anyer, Banten
m) Myanmar – Batam, Riau Islands
n) Myanmar – Natuna
o) China – Jakarta
p) China – Lampung
q) China – Medan
r) China – Cikarang

e. Ranking and Seizures of Narcotics from Ministry of Finance RI, 2017

Table 3.28. Total Narcotics Seizures at Airports, 2017

NO.	SEIZED EVIDENCE	2017	NOTE
1	2	3	4
1.	Cannabis/Ganja (Gram)	9,495.40	
2.	Heroine (Gram)	-	
3.	Cocaine (Gram)	7.49	
4.	Hashish (Gram)	930.73	

Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2018

Table 3.29. Total and Ranking of Cannabis Herbs at Airports, 2017

NO.	PROVINCE	AIRPORT	2017		NOTE
			TOTAL (GRAM)	RANKING	
1	2	3	4	5	6
1.	Banten	Soekarno-Hatta	8,941.60	I	13 Cases
2.	Bali	I Gusti Ngurah Rai	404.80	II	8 Cases
3.	East Java	Juanda	140.00	III	1 Case
4.	West Sumatera	Minangkabau	6.00	IV	1 Case
5.	North Sumatera	Kualanamu	3.00	V	1 Case
TOTAL			**9,495.40**		**24 Cases**

Source : Directorate of Customs & Excise, Ministry of Finance RI, March 2018

Table 3.30. Total and Ranking of Cocaine Seizures at Airports, 2017

NO.	PROVINCE	AIRPORT	2017		NOTE
			TOTAL (GRAM)	RANKING	
1	2	3	4	5	6
1.	Bali	I Gusti Ngurah Rai	5.50	I	2 Cases
2.	East Java	Juanda	1.90	II	1 Case
3.	North Sumatera	Kualanamu	0.09	III	1 Case
TOTAL			**7.49**		**4 Cases**

Source : Directorate of Customs & Excise, Ministry of Finance RI, March 2018

Table 3.31. Total and Ranking of Hashish Seizures at Airports, 2017

NO.	PROVINCE	AIRPORT	2017		NOTE
			TOTAL (GRAM)	RANKING	
1	2	3	4	5	6
1.	Banten	Soekarno-Hatta	898.20	I	2 Cases
2.	Bali	I Gusti Ngurah Rai	32.53	II	1 Case
TOTAL			**930.73**		

Source : Directorate of Customs & Excise, Ministry of Finance RI, March 2018

Table 3.32. Total Synthetic Narcotic Seizures at Airports, 2017

NO.	SEIZED EVIDENCE	2017
1	2	3
1.	Ecstasy (Gram)	520,164.50
2.	Shabu (Gram)	88,311.52

Source : Directorate of Customs & Excise, Ministry of Finance RI, March 2018

Table 3.33. Total and Ranking of Ecstasy Seizures at Airports, 2017

NO.	PROVINCE	AIRPORTS	2017		NOTE
			TOTAL (GRAM)	RANKING	
1	2	3	4	5	6
1.	Banten	Soekarno-Hatta	520,004.00	I	3 Cases
2.	Riau Islands	Hang Nadim	148.00	II	1 Case
3.	Bali	I Gusti Ngurah Rai	12.00	III	2 Cases
4.	North Sumatera	Kualanamu	0.50	IV	1 Case
TOTAL			**520,164.50**		**7 Cases**

Source : Directorate of Customs & Excise, Ministry of Finance RI, March 2018

Table 3.34. Total and Ranking of Shabu Seizures at Airports, 2017

NO.	PROVINCE	AIRPORTS	2017		NOTE
			TOTAL (GRAM)	RANKING	
1	2	3	4	5	6
1.	Banten	Soekarno-Hatta	42,587.80	I	43 Cases
2.	Bali	I Gusti Ngurah Rai	15,753.81	II	8 Cases
3.	Riau Islands	Hang Nadim	12,433.00	III	17 Cases
4.	East Java	Juanda	9,595.00	IV	12 Cases
5.	South Sumatera	Sultan MB II	4,489.00	V	2 Cases
6.	West Nusa Tenggara	Lombok	1,923.10	VI	3 Cases
7.	Jambi	Sultan Thaha	1,000.00	VII	1 Case
8.	North Sumatera	Kualanamu	529.00	VII	4 Cases
9.	West Kalimantan	Supadio	0.81	IX	1 Case
TOTAL			**88,311.52**		**91 Cases**

Source : Directorate of Customs & Excise, Ministry of Finance RI, March 2018

Table 3.35. Total Narcotic Seizures at Ferry Sea Ports, 2017

NO.	SEIZED EVIDENCE	2017	NOTE
1	2	3	4
1.	Cannabis Herbs (Gram)	330,014.89	
2.	Heroin (Gram)	9.15	
3.	Ecstasy (Tablet)	121.00	
4.	Shabu (Gram)	88,311.52	

Source : Directorate of Customs & Excise, Ministry of Finance RI, March 2018

Table 3.36. Total and Ranking of Cannabis Seizures at Sea Ports, 2017

NO.	PROVINCE	SEA PORTS	2017		NOTE
			TOTAL (GRAM)	RANKING	
1	2	3	4	5	6
1.	DKI Jakarta	Tanjung Priok	330,000.00	I	1 Case
2.	Riau Islands	Batam Center	10.00	II	1 Case
3.	Riau Islands	Tanjung Balai Karimun	4.89	III	3 Cases
TOTAL			**330,014.89**		**5 Cases**

Source : Directorate of Customs & Excise, Ministry of Finance RI, March 2018

Table 3.37. Total and Ranking of Heroin Seizures at Sea Ports, 2017

NO.	PROVINCE	SEA PORT	2017		NOTE
			TOTAL (TABLET)	RANKING	
1	2	3	4	5	6
1.	Riau Islands	Tanjung Balai Karimun	9.15		1 Case
TOTAL			**9.15**		**1 Case**

Source : Directorate of Customs & Excise, Ministry of Finance RI, March 2018

Table 3.38. Total and Ranking of Ecstasy Seizures at Sea Ports, 2017

NO.	PROVINCE	SEA PORT	2017		NOTE
			TOTAL (TABLET)	RANKING	
1	2	3	4	5	6
1.	Riau Islands	Batam Center	121.00		5 Cases
TOTAL			**121.00**		**5 Cases**

Source : Directorate of Customs & Excise, Ministry of Finance RI, March 2018

Table 3.39. Total and Ranking of Shabu Seizures at Sea Ports, 2017

NO.	PROVINCE	SEAPORT	2017		NOTE
			TOTAL (GRAM)	RAN-KING	
1	2	3	4	5	6
1.	DKI Jakarta	Tanjung Priok	84,542.00	I	2 Cases
2.	North Kalimantan	Aji Putri	163.70	VII	1 Case
		Tunontaka	702.46		3 Cases
3.	Riau Islands	Batam Center	1,791.00	VI	13 Cases
		Harbour Bay	73.00		1 Case
4.	Lampung	Panjang	84,000.00	II	1 Case
5.	DKI Jakarta	Perikanan Muara Angke	13,560.00	III	1 Case
6.	Jambi	Marina-Kuala Tungkal	10,100.00	IV	2 Cases
7.	South Sulawesi	Nusantara-Parepare	2,300.00	V	1 Case
8.	Riau Islands	Tanjung Balai Karimun	534.74	VIII	3 Cases
9.	Riau Islands	Sri Bintan Pura	209.00	IX	1 Case
TOTAL			**88,311.52**		**91 Cases**

Source : Directorate of Customs & Excise, Ministry of Finance RI, March 2018

Table 3.40. Total Narcotics Seizures at Border Crossing, 2017

NO.	SEIZED EVIDENCE	2017	NOTE
1	2	3	4
1.	Cannabis Herbs (Gram)	135.00	
2.	Shabu (Gram)	81,571.00	

Source : Directorate of Customs & Excise, Ministry of Finance RI, March 2018

Table 3.41. Total Cannabis Seizures at Border Crossing, 2017

NO.	PROVINCE	BORDER CROSSING	2017		NOTE
			TOTAL (GRAM)	RANKING	
1	2	3	4	5	6
1.	Papua	Skow-Wutung	135.00		3 Cases
TOTAL			**135.00**		**3 Cases**

Source : Directorate of Customs & Excise, Ministry of Finance RI, March 2018

Table 3.42. Total and Ranking of Shabu Seizures at Border Crossing, 2017

NO.	PROVINCE	BORDER CROSSING	2017		NOTE
			TOTAL (GRAM)	RANKING	
1	2	3	4	5	6
1.	West Kalimantan	Entikong	81.571.00		7 Cases
TOTAL			**81.571.00**		**7 Cases**

Source : Directorate of Customs & Excise, Ministry of Finance RI, March 2018

Table 3.43. Total Narcotics Suspects Based on Nationality, 2017

NO.	NATIONALITY	TOTAL SUSPECTS 2017
1	2	3
1.	South Africa	2
2.	United States	2
3.	Saudi Arabia	1
4.	Australia	3
5.	Bangladesh	3

1	2	3
6.	Benin	1
7.	China	5
8.	Ethiopia	2
9.	Ghana	1
10.	Indonesia	189
11.	Jepang	2
12.	Germany	2
13.	Kenya	2
14.	Malaysia	35
15.	Egypt	1
16.	Nigeria	4
17.	Ivory Coast	1
18.	Papua New Guinea	3
19.	France	1
20.	Republic Mozambique	1
21.	Rusia	2
22.	Singapore	2
23.	Taiwan	5
24.	Tanzania	1
TOTAL		**271**

Source : Directorate of Customs & Excise, Ministry of Finance RI, March 2018

Table 3.44.Total Narcotics Suspects Based on Gender, 2017

NO.	GENDER	TOTAL SUSPECTS
1	2	3
1.	Males	226
2.	Females	45
TOTAL		**271**

Source : Directorate of Customs & Excise, Ministry of Finance RI, March 2018

f. Prisoners and Detainees of Drug Cases all over Indonesia from Ministry of Justice and Human Rights, 2017

Table 3.45. Total Prisoners and Detainees of Drug Cases all over Indonesia by Province in December, 2017

NO.	REGIONAL OFFICE	TOTAL PRISONERS & DETAINEES
1	2	3
1.	Aceh	2,921
2.	Bali	1,521
3.	Bangka Belitung	922
4.	Banten	3,477
5.	Bengkulu	550
6.	DI Yogyakarta	298
7.	DKI Jakarta	11,067
8.	Gorontalo	104
9.	Jambi	1,597
10.	West Java	9,798
11.	Central Java	4,274
12.	East Java	9,575
13.	West Kalimantan	1,629
14.	South Kalimantan	4,626
15.	Central Kalimantan	1,120
16.	East Kalimantan	6,638
17.	Riau Islands	2,538
18.	Lampung	3,670
19.	Maluku	158
20.	North Maluku	7
21.	West Nusa Tenggara	281
22.	East Nusa Tenggara	39
23.	Papua	52
24.	West Papua	18
25.	Riau	3,944
26.	West Sulawesi	164
27.	South Sulawesi	3,375
28.	Central Sulawesi	211
29.	S.E. Sulawesi	417
30.	North Sulawesi	168
31.	West Sumatera	1,154
32.	South Sumatera	3,617
33.	North Sumatera	11,631
TOTAL		**91,561**

Source : Directorate General of Correctional Institutions, Minister of Justice and Human Rights RI, March 2018

Table 3.46. Total Prisoners and Detainees of Drug Cases All Over Indonesia by Province Based on Group of Drug Syndicates/Dealers and Users in December 2017

NO.	REGIONAL OFFICE	DRUG CASES		TOTAL
		DRUG SYNDICATE/ DEALER	DRUG USER	
1	2	3	4	5
1.	Aceh	1,701	1,220	**2,921**
2.	Bali	1,011	510	**1,521**
3.	Bangka Belitung	761	161	**922**
4.	Banten	1,477	2,000	**3,477**
5.	Bengkulu	423	127	**550**
6.	DI Yogyakarta	168	130	**298**
7.	DKI Jakarta	4,646	6,421	**11,067**
8.	Gorontalo	0	104	**104**
9.	Jambi	1,253	344	**1,597**
10.	West Java	6,152	3,646	**9,798**
11.	Central Java	3,270	1,004	**4,274**
12.	East Java	4,811	4,764	**9,575**
13.	West Kalimantan	664	965	**1,629**
14.	South Kalimantan	3,855	771	**4,626**
15.	Central Kalimantan	692	428	**1,120**
16.	East Kalimantan	5,804	834	**6,638**
17.	Riau Islands	2,103	435	**2,538**
18.	Lampung	2,300	1,370	**3,670**
19.	Maluku	29	129	**158**
20.	North Maluku	3	4	**7**
21.	West Nusa Tenggara	206	75	**281**
22.	East Nusa Tenggara	4	35	**39**
23.	Papua	36	16	**52**
24.	West Papua	18	0	**18**
25.	Riau	2,909	1,035	**3,944**
26.	West Sulawesi	119	45	**164**
27.	South Sulawesi	1,731	1,644	**3,375**
28.	Central Sulawesi	0	211	**211**
29.	S.E.Sulawesi	253	164	**417**
30.	North Sulawesi	102	66	**168**
31.	West Sumatera	696	458	**1,154**
32.	South Sumatera	2,697	920	**3,617**
33.	North Sumatera	7,372	4,259	**11,631**
TOTAL		**57,266**	**34,295**	**91,561**

Source : Directorate General of Correctional Institutions. Ministry of Justice & Human RI, March 2018

Table 3.47. Total Prisoners and Detainees in Special Narcotics Prisons all over Indonesia, 2017

NO.	WORK UNIT	REGIONAL OFFICE	ISI			CAPA CITY	% CAPA CITY
			PRISONERS	DETAINEES	TOTAL		
1	2	3	4	5	6	7	8
1.	Class II A Narcotics Prison Bandung	West Java	359	906	**1,265**	793	160
2.	Class II A Narcotics Prison Jayapura	Papua	98	270	**368**	308	119
3.	Class II A Narotics Prison Madiun	East Java	16	690	**706**	854	83
4.	Class II A Narcotics Prison Nusakam-bangan	Central Java	0	446	**446**	245	182
5.	Class II A Narcotics Prison Sungguminasa	South Sulawesi	13	804	**817**	368	222
6.	Class II A Narcotics Prison Tanjung Pinang	Riau Islands	2	499	**501**	620	81
7.	Class III Narcotics Prison Langkat	North Sumatera	10	856	**866**	915	95
8.	Class III Narcotics Prison Muara Sabak	Jambi	62	353	**415**	362	115
9.	Class II A Narcotics Prison Bandar Lampung	Lampung	0	1,048	**1,048**	168	624
10.	Class II A Narcotics Prison Cipinang	DKI Jakarta	125	2,539	**2,664**	1,084	246
11.	Class II A Narcotics Prison Cirebon	West Java	0	869	**869**	455	191
12.	Class II A Narcotics Prison Karang Intan	South Kalimantan	0	1,226	**1,226**	800	153
13.	Class II A Narcotics Prison Lubuk Linggau	South Sumatera	101	644	**745**	289	258
14.	Class II A Narcotics Prison Pamekasan	East Java	0	709	**709**	1,234	57
15.	Class II A Narcotics Pematang Siantar	North Sumatera	0	698	**698**	420	166
16.	Class II A Narcotics Prison Yogyakarta	DI Yogyakarta	45	222	**267**	565	47
17.	Class III Narcotics Prison Kasongan	Central Kalimantan	41	311	**352**	200	176
18.	Class III Narcotics Prison Langsa	Aceh	2	387	**389**	800	49
19.	Class III Narcotics Prison Pangkal Pinang	Bangka Belitung	85	651	**736**	450	164
20.	Class III Narcotics Prison Samarinda	East Kalimantan	0	1,358	**1,358**	352	386
21.	Class II A Narcotics Prison Bangli	Bali	0	249	**249**	468	53
22.	Class III Narcotics Prison Sawahlunto	West Sumatera	0	58	**58**	210	28
23.	Class III Narcotics Prison Palembang	South Sumatera	0	777	**777**	484	161
TOTAL			**959**	**16,570**	**17,529**	**12,444**	

Source : Directorate General of Correctional Institutions Ministry of Justice and Human Rights RI. March 2018

Table 3.48. Total Death Row Prisoners of Special Narcotics Crimes All over Indonesia, 2017

NO.	REGIONAL OFFICE	TECHNICAL IMPLEMENTATION UNIT	TOTAL	NATIONALITY	TOTAL
1	2	3	4	5	6
1.	Bali	Women Prison Denpasar	1	England	1
2.	Banten	Class IPrison Tangerang	6	Indonesia	2
				England	1
				Malaysia	1
				Nigeria	1
				Taiwan	1
		Class II A Women Prison Tangerang	1	Indonesia	1
3.	DI Yogyakarta	Women Prison Yogyakarta	1	Phillipines	1
4.	DKI Jakarta	Class I Prison Cipinang	7	Hongkong	1
				Indonesia	3
				Malaysia	3
		Class II A Narcotics Prison Jakarta	1	Indonesia	1
5.	West Java	Class I Prison Cirebon	3	Indonesia	1
				Iran	2
		Class III Prison Gunung Sindur	1	Indonesia	1
6.	Central Java	Class I Prison Semarang	1	Pakistan	1
		Class II A Prison Besi Nusakambangan	4	Indonesia	1
				Malaysia	1
				Nigeria	1
				Zimbabwe	1
		Class II A Prison Kembang Kuning Nusakambangan	4	Indonesia	2
				Nigeria	1
				Zimbabwe	1
		Class II A Prison Perisan Nusakambangan	1	China	1
		Class II A Prison Purwokerto	2	China	2
		Class II B Prison Cilacap	1	Indonesia	1
7.	East Java	Class I Prison Surabaya	1	Nigeria	1
8.	West Kalimantan	Class II A Prison Pontianak	1	Malaysia	1
9.	Kepulauan Riau	Class II A Prison Batam	3	Malaysia	2
				Singapore	1
10.	Lampung	Class I Prison Bandar Lampung	2	Indonesia	1
				Malaysia	1
11.	South Sulawesi	Class I Prison Ujung Pandang	2	Indonesia	2
12.	North Sumatera	Class I Prison Medan	1	Malaysia	1
TOTAL			**44**		**44**

Source : Directorate General of Correctional Institutions Ministry of Justice & Human Rights RI, March 2018

g. Detainees of Narcotics all over Indonesia from BNN, 2017

Table 3.49. Total Detainees of Narcotics Cases Based on Nationality, 2017

NO.	NATIONALITY	TOTAL DETAINEES
1	2	3
1.	Indonesia	176
2.	Hongkong	1
3.	India	1
TOTAL		**178**

Source : BNN Deputy of Eradication, March 2018

Table 3.50. Total Detainees of Narcotics Cases Bsed on Gender, 2017

NO.	GENDER	TOTAL DETAINEES
1	2	3
1.	Males	167
2.	Females	11
TOTAL		**178**

Source : BNN Deputy of Eradication, March 2018

Table 3.51. Total Detainees of Narcotics Cases Based on Age Group, 2017

NO.	AGE GROUP	TOTAL DETAINEES
1	2	3
1.	< 16 Years	0
2.	16 – 20 Years	3
3.	21 – 25 Years	12
4.	26 – 30 Years	33
5.	31 – 35 Years	40
6.	36 – 40 Years	35
7.	41 – 45 Years	28
8.	46 – 50 Years	17
9.	> 50 Years	8
10	Not known	2
TOTAL		**178**

Source : BNN Deputy of Eradication, March 2018

i. Total Settled Cases Related to Narcotics and Psychotropic Substances, Death convicted Foreigners and Indonesians of Narcotics and Psychotropic Substances Cases, and Executed Death Convicted Prisoners from Attorney General Office RI, by Province 2017

Table 3.52. Total Settled Narcotics Cases by Province, 2017

NO.	PROVINCE	SETTLED NARCOTICS CASS
1	2	3
1.	Aceh	744
2.	North Sumatera	3,927
3.	West Sumatera	416
4.	Riau	733
5.	Jambi	351
6.	South Sumatera	1,307
7.	Bengkulu	330
8.	Lampung	987
9.	DKI Jakarta	2,291
10.	West Java	2,615
11.	Central Java	586
12.	D.I. Yogyakarta	97
13.	East Java	2,825
14.	West Kalimantan	337
15.	Central Kalimantan	244
16.	South Kalimantans	636
17.	East Kalimantan	1,986
18.	North Sulawesi	5
19.	Central Sulawesi	221
20.	S.E. Sulawesi	160
21.	South Sulawesi	1,075
22.	Bali	765
23.	West Nusa Tenggara	118
24.	East Nusa Tenggara	9
25.	Maluku	2
26.	Papua	47
27.	North Maluku	2
28.	Banten	1,371
29.	Bangka Belitung	228
30.	Gorontalo	15
31.	Riau Islands	101
TOTAL		**24,531**

Source : Attorney General Office Republic of Indonesia, March 2018

Table 3.53. Total Death Row Indonesians and Foreigners of Narcotics and Psychotropic Substances Cases, 2017

NO.	NATIONALITY	TOTAL CONVICTED	NOTE
1	2	3	4
1.	Indonesia	25	
2.	Sinegal	1	
3.	Nigeria	8	
4.	Malaysia	5	
5.	Zimbabwe	1	
6.	Philippines	1	
7.	South Africa	2	
8.	Australia	1	
9.	Iran	3	
10.	Pakistan	1	
11.	India	1	
12.	China	7	
13.	France	1	
14.	England	1	
15.	Taiwan	4	
16.	West Africa	1	
TOTAL		**63**	

Source : Attorney General Ofice Republic of Indonesia, March 2018

j. Tested Evidence Related to Narcotics, Psychotropic Substances and Other Addictive Substances, from National Agency of Drugs and Food Control

Table 3.54. Recapitulation of Tested Narcotics Evidence from Narcotics Crimes, 2017

NO.	BALAI BESAR/ BALAI POM	TTL SAMPLES	TESTED EVIDENCE							TOTAL
			NARCOTICS							
			HEROIN	CODEINE	COCAINE	CANNABIS	METAMPHETAMINE	MDMA	NEGATIVE NARCOTICS	
1	2	3	4	5	6	7	8	9	10	11
1.	BBPOM Jakarta	**0**	-	-	-	-	-	-	-	**0**
2.	BBPOM Banda Aceh	**0**	-	-	-	-	-	-	-	**0**
3.	BBPOM Bandar Lampung	**54**	-	-	-	10	42	2	-	**54**
4.	BBPOM Bandung	**629**	-	-	-	143	249	18	-	**410**
5.	BBPOM BanjaRestaurantasin	**1,614**	-	-	-	-	661	58	-	**719**
6.	BBPOM Denpasar	**0**	-	-	-	-	-	-	-	**0**
7.	BBPOM Jayapura	**168**	-	-	-	132	35	1	-	**168**
8.	BBPOM Makassar	**0**	-	-	-	-	-	-	-	**0**
9.	BBPOM Manado	**10**	-	-	-	-	7	-	-	**7**
10.	BBPOM Mataram	**316**	-	-	1	44	260	6	-	**311**
11.	BBPOM Medan	**0**	-	-	-	-	-	-	-	**0**
12.	BBPOM Padang	**635**	-	-	-	200	427	8	-	**635**
13.	BBPOM Palembang	**0**	-	-	-	-	-	-	-	**0**
14.	BBPOM Pekanbaru	**0**	-	-	-	-	-	-	-	**0**
15.	BBPOM Pontianak	**679**	-	-	-	8	606	63	-	**677**
16.	BBPOM Samarinda	**345**	-	-	-	7	282	5	-	**294**
17.	BBPOM Semarang	**0**	-	-	-	-	-	-	-	**0**
18.	BBPOM Surabaya	**0**	-	-	-	-	-	-	-	**0**
19.	BBPOM Yogyakarta	**0**	-	-	-	-	-	-	-	**0**
20.	BPOM Ambon	**53**	-	-	-	14	32	-	-	**46**
21.	BPOM Bengkulu	**281**	-	-	-	93	188	-	-	**281**
22.	BPOM Jambi	**748**	-	-	-	75	614	58	-	**747**
23.	BPOM Gorontalo	**80**	-	-	-	-	73	1	-	**74**
24.	BPOM Kendari	**0**	-	-	-	-	-	-	-	**0**
25.	BPOM Kupang	**0**	-	-	-	-	-	-	-	**0**
26.	BPOM Palangkaraya	**269**	-	-	-	-	138	5	-	**143**
27.	BPOM Palu	**75**	-	-	-	-	65	-	-	**65**
28.	BPOM Batam	**0**	-	-	-	-	-	-	-	**0**
29.	BPOM Pangkal Pinang	**0**	-	-	-	-	-	-	-	**0**
30.	BPOM Serang	**0**	-	-	-	-	-	-	-	**0**
31.	BPOM Manokwari	**0**	-	-	-	-	-	-	-	**0**
TOTAL		**5,956**	**0**	**0**	**1**	**491**	**2,430**	**166**	**0**	**4,631**

Source : National Agency of Drugs and Food Control (POM), March 2018

Table 3.55. Recapitulation of Tested Evidence Related to Psychotropic Substances Crimes, 2017

NO.	BALAI BESAR/ BALAI POM	TTL SAMPLES	TESTED EVIDENCE					TTL
			PSYCHOTROPIC SUBSTANCES					
			ALPRA-ZOLAM	DIA-ZEPAM	FLU-NITRA-ZEPAM	NIME-TAZE-PAM	NEGA-TIVE PSYCHO-TRO-PICA SUBST.	
1	2		3	4	5	6	7	8
1.	BBPOM Jakarta	**0**	-	-	-	-	-	**0**
2.	BBPOM Banda Aceh	**0**	-	-	-	-	-	**0**
3.	BBPOM Bandar Lampung	**54**	-	-	-	-	-	**0**
4.	BBPOM Bandung	**629**	41	4	-	-	-	**45**
5.	BBPOM Banjarmasin	**1,614**	1	5	-	-	-	**6**
6.	BBPOM Denpasar	**0**	-	-	-	-	-	**0**
7.	BBPOM Jayapura	**168**	-	-	-	-	-	**0**
8.	BBPOM Makassar	**0**	-	-	-	-	-	**0**
9.	BBPOM Manado	**10**	-	-	-	-	-	**0**
10.	BBPOM Mataram	**316**	-	-	-	-	-	**0**
11.	BBPOM Medan	**0**	-	-	-	-	-	**0**
12.	BBPOM Padang	**635**	-	-	-	-	-	**0**
13.	BBPOM Palembang	**0**	-	-	-	-	-	**0**
14.	BBPOM Pekanbaru	**0**	-	-	-	-	-	**0**
15.	BBPOM Pontianak	**679**	-	-	-	-	-	**0**
16.	BBPOM Samarinda	**345**	-	-	-	-	-	**0**
17.	BBPOM Semarang	**0**	-	-	-	-	-	**0**
18.	BBPOM Surabaya	**0**	-	-	-	-	-	**0**
19.	BBPOM Yogyakarta	**0**	-	-	-	-	-	**0**
20.	BPOM Ambon	**53**	-	-	-	-	-	**0**
21.	BPOM Bengkulu	**281**	-	-	-	-	-	**0**
22.	BPOM Jambi	**748**	-	-	-	-	-	**1**
23.	BPOM Gorontalo	**80**	-	-	-	-	-	**0**
24.	BPOM Kendari	**0**	-	-	-	-	-	**0**
25.	BPOM Kupang	**0**	-	-	-	-	-	**0**
26.	BPOM Palangkaraya	**269**	-	-	-	-	-	**0**
27.	BPOM Palu	**75**	-	-	-	-	-	**0**
28.	BPOM Batam	**0**	-	-	-	-	-	**0**
29.	BPOM Pangkal Pinang	**0**	-	-	-	-	-	**0**
30.	BPOM Serang	**0**	-	-	-	-	-	**0**
31.	BPOM Manokwari	**0**	-	-	-	-	-	**0**
TOTAL		**5,956**	**0**	**5**	**0**	**0**	**0**	**52**

Source : National Agency of Drugs and Food Control (POM), March 2018

Table 3.56. Recapitulation of Tested Evidence Related to Crimes of Other Addictive Substances, 2017

NO.	BALAI BESAR/ BALAI POM	TTL SAMPLES	TESTED EVIDENCE						TTL
			ADDICTIVE SUBSTANCES						
			PARACETAMOL	TRI-HEK-SIFE-NIDIL	DEK-STRO ME-TOR-PHAN	CARI-SOP-RO-DOL	TRA-MA-DOL	KETA-MINE	
1	2	3	4	5	6	7	8	9	10
1.	BBPOM Jakarta	**0**	-	-	-	-	-	-	**0**
2.	BBPOM Banda Aceh	**0**	-	-	-	-	-	-	**0**
3.	BBPOM Bandar Lampung	**54**	-	-	-	-	-	-	**0**
4.	BBPOM Bandung	**629**	-	54	30	-	64	-	**154**
5.	BBPOM Banjamasin	**1,614**	*756(*)*	17	116	*756(*)*	-	-	**889**
6.	BBPOM Denpasar	**0**	-	-	-	-	-	-	**0**
7.	BBPOM Jayapura	**168**	-	-	-	-	-	-	**0**
8.	BBPOM Makassar	**0**	-	-	-	-	-	-	**0**
9.	BBPOM Manado	**10**	-	3	-	-	-	-	**3**
10.	BBPOM Mataram	**316**	-	1	-	-	4		**5**
11.	BBPOM Medan	**0**	-	-	-	-	-	-	**0**
12.	BBPOM Padang	**635**	-	-	-	-	-	-	**0**
13.	BBPOM Palembang	**0**	-	-	-	-	-	-	**0**
14.	BBPOM Pekanbaru	**0**	-	-	-	-	-	-	**0**
15.	BBPOM Pontianak	**679**	-	-	-	-	1	1	**2**
16.	BBPOM Samarinda	**345**	*3(*)*	48	-	*3(*)*	-	-	**51**
17.	BBPOM Semarang	**0**	-	-	-	-	-	-	**0**
18.	BBPOM Surabaya	**0**	-	-	-	-	-	-	**0**
19.	BBPOM Yogyakarta	**0**	-	-	-	-	-	-	**0**
20.	BPOM Ambon	**53**	*3(*)*	-	4	*3(*)*	-	-	**7**
21.	BPOM Bengkulu	**281**	-	-	-	-	-	-	**0**
22.	BPOM Jambi	**748**	-	-	-	-	-	-	**0**
23.	BPOM Gorontalo	**80**	-	6	-	-	-	-	**6**
24.	BPOM Kendari	**0**	-	-	-	-	-	-	**0**
25.	BPOM Kupang	**0**	-	-	-	-	-	-	**0**
26.	BPOM Palangkaraya	**269**	-	-	9	113	-	-	**126**
27.	BPOM Palu	**75**	-	10	-	-	-	-	**10**
28.	BPOM Batam	**0**	-	-	-	-	-	-	**0**
29.	BPOM Pangkal Pinang	**0**	-	-	-	-	-	-	**0**
30.	BPOM Serang	**0**	-	-	-	-	-	-	**0**
31.	BPOM Manokwari	**0**	-	-	-	-	-	-	**0**
TOTAL		**5,956**	**0**	**112**	**131**	**589**	**69**	**1**	**1,253**

Source : National Agency of Drugsand Food Control, March 2018

k. Recommendations for Non Pharmaceutical Precursors Issued by BNN, 2017.

Table 3.57. Total Issued Recommendations for Non Pharmaceutical Precursors, 2017

NO.	COMPANY	TYPE OF REQUEST	PRECURSOR	IMPORT/ EXPORT PURPOSE
1	2	3	4	5
1.	PT. Sinar Kimia Utama	SPI	Pottasium Permanganate (PK)	2.25 MT
2.	PT. Itochu Indonesia	SPI	Toluene	9,000 Ton
			Hydrochloric Acid	8,500 Ton
			Methyl Ethyl Ketone	3,000 Ton
			Acetone	3,000 Ton
			Dietil Ether	40 Ton
3.	PT. Sinar Berkat Anugerah	IT Extension		
4.	PT. Merck Chemicals and Life Sciences	SPI	Acetat Anhidrida	1,200 Liter
			Acetone	
			Antrinilat Acid and its Salts	30,000 Liter 10 Kg
			Dietil Ether	
			Butanon (Etil Metil Ketone)	35,000 Liter 1,000 Liter
			Hidrogen Klorida (Chloric acid)	90,000 Liter
			Fenilasetat Acid and its Salts	20 Kg
			Piperidina and its Salts	20 Kg 20 Liter
			Kalium Permanganate	700 Kg 300 Liter
			Sukphuric acid	120 Kg 75,000 Liter
			Tolene	18,000 Liter
5.	PT. Indochemicals	SPI	Toluene	46,000 MT
			Methyl Ethyl Ketone	13,000 MT
			Acetone	7,000 MT
6.	PT. Rukun Persada Makmur	SPI	Pottasium Permanganate (PK)	67.5 MT
7.	PT. Polymark Reaindo Plus	Appointment as IT		
8.	PT. Nagase Impor-Ekspor Indonesia	SPI	Hydrochloric Acid (HCL) 36%	1600 Kg
9.	PT. Jatika Nusa	SPI	Potassium Permanganate	80,000 Kg
			Piperonal	10,000 Kg

1	2	3	4	5
10.	PT. Asahimas Chemical	SPE	Hydrochloric Acid (HCL) 33%	24,155 MT
11.	PT. AIK Moh Chemicals Indonesia	SPI	Acetone	47 Ton
			Toluene	21 Ton
			Hydrochloric Acid	24 Ton
12.	PT. EDF System Integration	SPI	Butanone (MEK)	1,974 Liter
13.	PT. Marga Cipta Selaras	SPI	Methyl Ethyl Ketone	250 MT
			Acetone	250 MT
			Toluene	250 MT
14.	PT. Asahimas Chemical	SPE	Hydrochloric Acid 33%	24,155 MT
15.	PT. Wasindo Panca Mitra	Appointment as IT		
16.	PT. Udaya Anugerah Abadi	SPI	Toluene	8,000 Liter
			Methyl Ethyl Ketone	2,000 Liter
			Acetone	1,000 Liter
17.	PT. Indofa Utama Multicore	IT Extension		
18.	PT. Sari Sarana Kimiatama	SPI	Acetone	600 MT
			MEK	3,000 MT
			Toluene	6,000 MT
19.	PT. PKG Lautan Indonesia	SPI	Toluene	6,000 Ton
			Acetone	2,000 Ton
			MEK	2,000 Ton
20.	PT. Prochem Tritama	SPI	Hydrochloric Acid	57,600 Kgs
			Acetone	15,360 Kgs
21.	PT. Samchem Prasandha	SPI	Methyl Ethyl Ketone	1,000 MT
			Acetone	240 MT
			Toluene	2,000 MT
22.	PT. Nagase Impor-Ekspor Indonesia	SPI	Hydrochloric Acid (HCL) 36%	1,600 Kg
23.	PT. Sinar Kimia Utama	Change of API-U		
24.	PT. Asahimas Chemical	PEN	Hydrochloric Acid 33%	24,155 MT
25.	PT. AKR Corporindo Tbk	SPI	Asam Sulfat (Sulfuric Acid)	17,000 MT
26.	PT. Megasetia Agung Kimia	IT Extension		
27.	PT. Itochu Indonesia	SPI	Toluene	9,000 Ton
			Hydrochloric Acid	8,500 Ton 3,000 Ton
			Methyl Ethyl Ketone	3,000 Ton
			Acetone	3,000 Ton
			Dietil Ether	40 Ton
28.	PT. Mulya Adhi Paramita	SPI	Acetone	6,000 MT
			Methyl Ethyl Ketone	7,000 MT
			Toluene	22,000 MT

1	2	3	4	5
29.	PT. Jatika Nusa	SPI	Potassium Permanganate	80,000 Kg
			Piperonal	10,000 Kg
30.	PT. Printechnindo Raya Utama	SPI	Methyl Ethyl Ketone	17,300 liter
31.	PT. Asahimas Chemical	PEN	HCL 33 %	22,601 MT
32.	PT. Sinarkimia Utama	SPI	Potassium Permanganate	900 MT
33.	PT. Halim Sakti Pratama	IT Extension		
34.	PT. Makro Jaya	IT Extension		
35.	PT. ELang Kurnia Sakti	IT Extension		
36.	PT. Murni DhaRestauranta Karya	Appointment as IT		
37.	PT. Utama Plaspak Inker	Appointment as IT		
38.	PT. Wiriawan Ingenious	Penunjukkan sebagai IT		
39.	PT. Asahimas Chemical	SPI	Hydrochloric Acid 33%	8,800 MT
40.	PT. Printechnindo Raya Utama	Change of SIUP		
41.	PT. Indochemical Citra Kimia	SPI	Toluene	43,000 MT
			Methyl Ethyl Ketone	16,000 MT
			Acetone	8,000 MT
42.	PT. EDF System Integration	SPI	Butanone (MEK)	1,974 liter
43.	PT. Halim Sakti Pratama	SPI	Potassium Permanganate BP 2000	22.50 MT
44.	PT. Marga Cipta Selaras	SPI	Methyl Ethyl Ketone	250 MT
			Acetone	250 MT
			Toluene	1,000 MT
45.	PT. Multiredjeki Kita	SPI	Hydrochloric Acid	7,500 liter
			Sulphuric Acid	5,000 liter
			Acetone	2,240 liter
46.	PT. Merck Chemicals and Life Sciences	IT Extension		
47.	PT. Prochem Tritama	IT Extension		
48.	PT. Elang Kurnia Sakti	SPI	Hydrochloric Acid (KOREA)	34,000 Kg
49.	PT. Itochu Indonesia	SPI	Toluene	9,000 Ton
			Hydrochloric Acid	8,500 Ton
			Methyl Ethyl Ketone	3,000 Ton 3,000 Ton
			Acetone	3,000 Ton
			Dietil Ether	40 Ton

1	2	3	4	5
50.	PT. Asahimas Chemical	PEN	Hydrochloric Acid 33%	2,200 MT
51.	PT. PKG Lautan Indonesia	IT Extension		
52.	PT. Panda Mas Kimia Abadi	Appointment as IT		
53.	PT. Samchem Prasandha	SPI	Methyl Ethyl Ketone	1,000 MT
			Acetone	240 MT
			Toluene	2,000 MT
54.	PT. Megasetia Agung Kimia	Appointment as IT		
55.	PT. Mega Kemiraya	Appointment as IT		
56.	PT. PKG Lautan Indonesia	SPI	Toluene	6,000 MT
			Acetone	2,000 MT
			Methyl Ethyl Ketone	2,000 MT
57.	PT. Karunia Jasindo	SPI	Acetone	2,400 liter
			Toluene	1,250 liter
			Hydrochloric Acid	2,025 liter
			Sulhuric acid	2,025 liter
			Potassium Permanganate	55 Kgm 50 liter
			2-Butanone (MEK)	2 liter
58.	PT. Udaya Anugerah Abadi	SPI	Toluene	8,000 MT
			Methyl Ethyl Ketone	2,000 MT
			Acetone	1,000 MT
59.	PT. Nagase Impor-Ekspor Indonesia	SPI	Hydrochloric Acid	1,600 Kg
60.	PT. Fanindo Chiptronic	IT Extension		
61.	PT. Merck Chemicals and Life Sciences	SPI	Acetat Anhidrida	1,200 liter
			Acetone	
			Antrinilat Acid and its Salts	30,000 liter 10 Kg
			Dietil Ether	
			Butanon (Etil Metil Ketone)	35,000 liter 1,000 liter
			Hidrogen Klorida (Chloric Acid)	90,100 liter 20 Kg
			Fenilasetat acid and its Salts	
			Piperidina and its Salts	720 Kg 20 liter
			Kalium Permanganate	700 Kg 300 liter 700 Ampul
			Asam Sulfat	120 Kg 75,000 liter 900 Ampul
			Toluene	24,000 liter

1	2	3	4	5
62.	PT. Jatika Nusa	SPI	Potassium Permanganate Piperonal	40,000 Kg 10,000 Kg
63.	PT. Halim Sakti Pratama	SPI	Potassium Permanganate BP 2000	22.50 MT
64.	PT. Mulya Adhi Paramita	SPI	Acetone Methyl Ethyl Ketone Toluene	6,000 MT 7,000 MT 20,000 MT

Source : BNN Deputy of Eradication, March 2018

Keterangan :

1. SPI : Import License
2. SPE : Export License
3. PEN : Pre Export Notification
4. Appointment as IT : Recommendation for Appointment as Registered Importer of Non-Pharmaceuticals
5. Extention of Appointment as IT : Recommendation for Extention of Appointment as Registered Importer of Precursors

l. Laboratory Tested Drug Samples, in 2017, and List of NPS and its Derivatives in Circulation from BNN

Table 3.58. Total Laboratory Tested Drug Samples at BNN, 2017

NO.	MONTH	NARCOTICS		PSYCHOTRO-PIC SUBST		PRECURSORS		NPS		NEGATATIVE		TTL
		RAW MATE-RIAL	URI-NE	RAW MA-TERIAL	URI-NE	RAW MA-TERIAL	URI-NE	RAW MA-TERIAL	URI-NE	RAW MA-TERIAL	URI-NE	
1	2	3	4	5	6	7	8	9	10	11	12	13
1.	Januariy	1,420	132	3	0	0	0	5	0	4	38	**1,602**
2.	February	1,812	170	6	0	0	0	1	0	14	68	**2,071**
3.	March	1,437	146	12	0	0	0	0	0	12	46	**1,653**
4.	April	1,852	194	15	0	1	0	1	0	30	100	**2,193**
5.	May	1,240	86	7	0	0	0	0	0	18	63	**1,414**
6.	June	1,404	132	12	0	0	0	0	0	24	25	**1,597**
7.	July	772	50	2	0	0	0	2	0	1	16	**843**
8.	August	1,691	144	5	0	11	0	0	0	14	48	**1,913**
9.	September	1,492	134	3	0	0	0	1	0	47	36	**1,713**
10.	October	1,677	119	3	0	2	0	6	0	97	83	**1,987**
11.	November	1,572	160	8	0	0	0	8	0	28	50	**1,826**
12.	December	1,234	134	7	0	0	0	0	0	26	43	**1,444**
TOTAL		**17,603**	**1,601**	**83**	**0**	**14**	**0**	**24**	**0**	**315**	**616**	**20,256**

Source : BNN Drug Testing Laboratory, March 2018

Table 3.59. NPS and Its Derivatives Circulating in Indonesia.

NO.	CHEMICAL NAME (IUPAC)	EFEFECT	GENERAL NAME	TYPE
1	2	3	4	5
Controlled by Minister of Health Regulation No. 2 of 2017 in its Attachment				
1.	2-methylamino-1-(3.4-methylenedioxyphenyl)propan-1-one	Stimulant, hallucinogen, insomnia and Sympathomimetic	Methylone (MDMC)	Derivative of Cathinone
2.	(RS)-2-methylamino-1-(4-methylpenhyl)propan-1-one	StimulaEast Nusa Tenggara/NTT, increase heart rate and *harmful*	Mephedrone (4-MMC)	Derivative of Cathinone
3.	(±)-1-phenyl-2-(methylamino)pentan-1-one	Psycho Stimulant East Nusa Tenggara/NTT	Pentedrone	Derivative of Cathinone
4.	(RS)-2-ethylamino-1-(4-methylphenyl)propan-1-one	Stimulant East Nusa Tenggara/NTT 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	Psycho Stimulant	Ethcathinone (N-ethyl-cathinone)	Derivative of Cathinone
7.	(RS)-1-(4-methylphenyl)-2-(1-pyrrolidinyl)-1-hexanone	Psycho Stimulant	MPHP	Derivative of Cathinone
8.	(1-pentyl-1H-indol-3-yl)-1-naphthalenyl-methanone	Hallucinogen, effect cannabinoid 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, lesser effect than methamphe-tamine	DMA (Dimethyl-ampheta-mine)	Derivative of Phenethylamine
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-methoxypehyl)methyl]ethanamine	Stimulant, hallucinogen, and Toxic	25I-NBOMe	Derivative of Phenethylamine
17.	2-(4-Bromo-2.5-dimethoxyphenyl)-N-[(2-methoxypehyl)methyl]ethanamine	Stimulant, Hallucinogen, and Toxic	25B-NBOMe	Derivative of Phenethylamine
18.	2-(4-Chloro-2.5-dimethoxyphenyl)-N-[(2-methoxypehyl)methyl]ethanamine	Stimulant, hallucinogen, and Toxic	25C-NBOMe	Derivative of Phenethylamine
19.	Catha edulis contains cathinone and cathine	Psycho Stimulant	Khat Plant contains Cathinone and Cathine	Cathinone and Cathine
20.	5-fluoro AKB48	Hallucinogen, effect cannabinoid and toxic	5-fluoro AKB 48	Synthetic Cannabinoid

1	2	3	4	5
21.	MAM 2201	Hallucinogen, effect cannabinoid and toxic	MAM 2201	Synthetic Cannabinoid
22.	1-benzofuran-4-yl-propan-2-amine	Stimulant, hallucinogen, and Toxic	4 APB	Derivative of Phenethylamine
23.	1-Benzylpiperazine	Euphoria, increases heart rate, dilated pupil, and Toxic	BZP	Derivative of Piperazine
24.	1-(3-Chlorophenyl)piperazine	Euphoria, increases heart rate, dilated pupils, and Toxic	mCPP	Derivative of Piperazine
25.	1-(3-Trifluoromethylphenyl)piperazine	Euphoria, increases heart rate, dilated pupils, and Toxic	TFMPP	Derivative of Piperazine
26.	2-(1*H*-indol-3-yl)-1-methyl-ethylamine	Euphoria, empathy, psychedelic, Stimulant, and anxiety	α-MT	Derivative of Tryptamine
27.	3.4-Methylenedioxy-N-ethylchatinone	Stimulant, euphoria	Ethylone (bk-MDEA.MDEC)	Derivative of Cathinone
28.	4-methyl buphedrone	Stimulant, euphoria	Buphedrone	Derivative of Cathinone
29.	5-methoxy N.N-methylisopropyltryptamine	Stimulant, hallucinogen	5-MeO-MiPT	Derivative of Tryptamine
30.	(1-(4-fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl) methanone	Hallucinogen, cannabinoid effect and toxic	FUB-144	Synthetic Cannabinoid
31.	N-[(1S)-1-(aminocarbonyl)-2-methylpropyl)]-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide	Hallucinogen, effect cannabinoid dan toxic	AB-CHMINACA	Synthetic Cannabinoid
32.	N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-[(4-fluorophenyl) methyl]-1H-indazole-3-carboxamide	Hallucinogen, cannabinoid effect and toxic	AB-FUBINACA	Synthetic Cannabinoid
33.	Naphthalen-1-yl-(-4-pentyloxynaphthalen-1-yl) methanone	Hallucinogen, cannabinoid effect and toxic	CB 13	Synthetic Cannabinoid
34.	1-(4-Chlorophenyl)-2-(methylamino)propan-1-one	Stimulant, euphoria	4-chloro metchatinone	Derivative of Cathinone
35.	Methyl 2-({1-[(4-fluorophenyl)methyl]-1H-indazole-3-carbonyl}amino)-3-methylbutanoate	Hallucinogen, cannabinoid effect and toxic	FUB-AMB	Synthetic Cannabinoid
36.	N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide	Hallucinogen, cannabinoid effect and toxic	AB-PINACA	Synthetic Cannabinoid
37.	[1-(5-fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl)methanone	Hallucinogen, cannabinoid effectand toxic	THJ-2201	Synthetic Cannabinoid
38.	1-naphthalenyl(1-pentyl-1H-indazol-3-yl)-methanone	Hallucinogen, effect cannabinoid dan toxic	THJ-018	Synthetic Cannabinoid
39.	N-(1-Amino-3.3-dimethyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide	Hallucinogen, cannabinoid effect and toxic	ADB-FUBINACA	Synthetic Cannabinoid
40.	N-(1-Amino-3.3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexymethyl)-1H-indazole-3-carboxamide	Hallucinogen, cannabinoid effect and toxic	ADB-CHMINACA	Synthetic Cannabinoid
41.	Methyl 2-{[1-(cyclohexylmethyl)-1H-indol-3-yl]foRestaurantamido}-3.3-dimethylbutanoate	Hallucinogen, cannabinoid effect and toxic	MDMB-CHMICA	Synthetic Cannabinoid
42.	Methyl (S)-2-[1-(5-fluoropentyl)-1H-indazole-3-carboxamido]-3.3-dimethylbutanoate	Hallucinogen, effect cannabinoid dan toxic	5-fluoro ADB	Synthetic Cannabinoid
43.	(RS)2-(3-methoxyphenyl)-2-(ethylamino)cyclohexanone	Hallucination, euphoria, psychotomimetic	Methoxe-tamin	Derivative of Ketamin

1	2	3	4	5
Not controlled by legislation				
44.	Mitragyna speciosa contains mitragynine dan speciogynine	Effect like opiat and cocain	Kratom contains mitragynine and speciogynine	Plant. plant based powder
45.	2-(2-chlorophenyl)2-(methylamino)cyclohexan-1-one	Hallucination, euphoria, psychotomimetic	Ketamine	Ketamine
46.	(±)-1-(4-methylphenyl)-2-(benzylamino)propan-1-one	Stimulant, hallucinogen, insomnia and Sympathomimetic	Benzedron	Derivative of Cathinone
47.	3-Methoxy-2-(methylamino)-1-(4-methylphenyl)propan-1-one	Stimulant, hallucinogen, insomnia and Sympathomimetic	MEXEDRON	Derivative of Cathinone
48.	1-(1.3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one	Stimulant, hallucinogen, insomnia and Sympathomimetic	PENTYLONE	Derivative of Cathinone
49.	1-(2*H*-1.3-benzodioxol-5-yl)-2-(ethylamino)pentan-1-one	Stimulant, hallucinogen, insomnia and Sympathomimetic	*N*-ETHYLPENTYLONE	Derivative of Cathinone
50.	(1-Butyl-1H-indol-3-yl)(naphthalen-1-yl)methanone	Hallucinogen, cannabinoid effect and toxic	JWH-073	Synthetic Cannabinoid
51.	(4-methylnaphthalen-1-yl)(1-pentyl-1H-indol-3-yl)methanone	Hallucinogen, cannabinoid effect and toxic	JWH-122	Sybthetic Cannabinoid
52.	2-4(iodo-2.5-dimethoxiphenyl)ethanamine	Stimulant, hallucinogen and toxic	2-CI	Derivative of Phenetyl-amine
53.	1-(4-chlorophenyl)-2-(ethylamino)propan-1-one	Stimulant, hallucinogen, insomnia and sympathomimetic	4-Chloro-ethcathi-none	Derivative of Cathinone
54.	N-(Adamantan-1-il)-1-(5-kloropentil)-1H-Indazol-3-karboksamida	Hallucinogen, cannabinoid effect and toxic	5-Chloro AKB 48	Synthetic Cannabinoid
55.	MethylN-{[1-(5-fluoropentyl)-1H-indazol-3-yl]carbonyl}valinate	Hallucinogen, cannabinoid effect and toxic	5-fluoro-AMB	Synthetic Cannabinoid
56.	Naphthalen-1-yl 1-(5-fluoropentyl)-1H-indole-3-carboxylate	Hallucinogen, cannabinoid effect and toxic	SDB-005	Synthetic Cannabinoid
57.	N-(1-amino-3.3dimethyl-1-oxobutan-2-yl)-1-(5-fluoropentyl)-1H-indole-3-carboxamide	Hallucinogen, cannabinoid effect and toxic	5-fluoro-ADBICA	Synthetic Cannabinoid
58.	1-phenyl-2-(propylamino)-1-pentanone	Stimulant, hallucinogen, insomnia and Sympathomimetic	Alpha-Prophylaminopentiop-henone	Derivative of Cathinone
59.	Ethyl (1-(4-fluorobenzyl)-1H-indazole-3-carbonyl)valinate	Hallucinogen, canna-binoid effect and toxic	EMB-Fubinaca	Synthetic Cannabinoid
60.	N-ethyl-1-(4-methoxyphenyl)propan-2-amine	Stimulant, hallucinogen and toxic	PMEA	Derivative of Phenetylamine
61.	Mimosa Tenuiflora		Mengan-dung DMT	Plant Based Substance
62.	Ayahuasca (Banisteriopsis Caapi dan Psychotria viridis)		Mengan-dung DMT	Plant Based Substance
63.	1-(4-chlorophenyl)-2-(pyrrolidin-1-yl)pentan-1-one		4-Chloro-Alpha-PVP	Derivative of Cathinone
64.	α-ethylaminocaprophenone. N-ethylnorhexedrone. hexen and NEH		N-Ethyl-hexedrone	Derivative of Cathinone
65.	naphthalen-1-yl 1-[(4-fluorophenyl)methyl]-1H-indole-3-carboxylate		FDU-PB-22	Synthetic Cannabinoid

Source : BNN Drug Testing Laboratory, March 2018

2. Demand Reduction.

a. Drug Abusers Rehabilitated at Government Rehabilitation Institutions 2017, Drug Abusers Rehabilitated at BNN Rehabilitation Center, Rehabilitation Building, Rehabilitation House, 2017, and Total Drug Abusers Receiving Post Rehabilitation from BNN, 2017.

1) Total Drug Abusers Rehabilitated at Government Rehabilitation Institutions, 2017.

Table 3.60. Total Drug Abusers Rehabilitated at Government Rehabilitation Institutions, 2017

NO.	TYPE OF REHABILITATION	TOTAL
1	2	3
1.	Inpatient/Resident at Rehabilitation Center	1,833
2.	Inpatient Rehab in Prison	115
3.	Outpatient Rehab at Clinic/Hospital/ Community Health Center	13,664
TOTAL		**15,612**

Source : BNN Deputy of Rehabilitation, March 2018

Table 3.61. Total Drug Abusers Rehabilitated at Community Rehabilitation Institution, 2017

NO.	REHABILITATION	TOTAL
1	2	3
1.	Inpatient	68
2.	Medical Outpatient Rehabilitation	415
3.	Social Inpatient Rehabilitation	132
4.	Social Outpatient Rehabilitation	327
TOTAL		**942**

Source : BNN Deputy of Rehabilitation, March 2018

2) Drug Abusers Rehabilitated at BNN Rehabilitation Center, Rehabilitation Building and Rehabilitation House, 2017.

Table 3.62. Total Drug Abusers Rehabilitated at BNN Rehabilitation Center, Rehabilitation Building and Rehabilitation House Based on Gender, 2017

NO.	RESIDENTS AMITTED	TOTAL PATIENT					TOTAL
		REHAB CENTER LIDO WEST JAVA	REHAB BUILDING BADDOKA MAKASSAR SOUTH SULAWESI	REHAB BUILDING TANAH MERAH EAST KALI-MANTAN	REHAB HOUSE BATAM RIAU ISLANDS	REHAB HOUSE KALIANDA LAMPUNG	
1	2	3	4	5	6	7	8
1.	Males	924	281	200	192	130	**1,727**
2.	Females	58	31	7	9	0	**105**
TOTAL		**982**	**313**	**207**	**201**	**130**	**1,833**

Source : Rehabilitation Center BNN, March 2018

Table 3.63. Total Drug Abusers at BNN Rehabilitation Center, Rehabilitation Building, and Rehabilitation House Based on Age Group, 2017

NO.	AGE GROUP	TOTAL PATIENTS					TOTAL
		REHAB CENTER LIDO WEST JAVA	REHAB BUILDING BADDOKA SOUTH SULAWESI	REHAB BUILDING TANAH MERAH EAST KALIMANTAN	REHAB HOUSE BATAM RIAU ISLANDS	REHAB HOUSE KALIANDA LAMPUNG	
1	2	3	4	5	6	7	8
1.	< 16 Years	9	5	29	0	0	**43**
2.	16-20 Years	186	90	124	43	14	**457**
3.	21-25 Years	244	76	47	46	22	**435**
4.	26-30 Years	213	66	6	40	33	**358**
5.	31-35 Years	166	38	1	37	32	**274**
6.	36-40 Years	104	22	0	15	15	**156**
7.	41-45 Years	33	0	0	0	8	**41**
8.	> 46 Years	27	16	0	20	6	**69**
TOTAL		**982**	**313**	**207**	**201**	**130**	**1,833**

Source : BNN Rehabilitation Center, March 2018

Table 3.64. Total Drug Abusers at BNN Rehabilitation Center, Rehabilitation Building, and Rehabilitation House Based on Education, 2017

NO.	EDUCATION	TOTAL PATIENTS					TOTAL
		REHAB CENTER LIDO WEST JAVA	REHAB BUILDING BADDOKA MAKASSAR SOUTH SULAWESI	REHAB BUILDING TANAH MERAH EAST KALI-MANTAN	REHAB HOUSE BATAM RIAU ISLANDS	REHAB HOUSE KALIANDA LAMPUNG	
1	2	3	4	5	6	7	8
1.	No schooling	2	5	8	0	0	**15**
2.	Elementary	40	28	37	20	12	**137**
3.	Junior High School	128	97	52	25	14	**316**
4.	Senior High Shool	623	140	91	129	81	**1,064**
5.	Diplome	45	4	4	7	3	**63**
6.	Undergraduate	139	39	15	20	20	**233**
7.	Master	5	0	0	0	0	**5**
TOTAL		**982**	**313**	**207**	**201**	**130**	**1,833**

Source : BNN Rehabilitation Center, March 2018

Table 3.65. Total, Drug Abusers at BNN Rehabilitation Center, Rehabilitation Building and Rehabilitation House Based on Occupation, 2017

NO.	OCCUPATION	TOTAL PATIENTS					TOTAL
		REHAB CENTER LIDO WEST JAVA	REHAB BUILDING BADDOKA MAKASSAR SOUTH SULAWESI	REHAB BUILDING TANAH MERAH EAST KALIMANTAN	REHAB HOUSE BATAM RIAU ISLANDS	REHAB HOUSE KALIANDA LAMPUNG	
1	2	3	4	5	6	7	8
1.	Artist (Film, TV)	1	0	0	0	0	**1**
2.	Labour	8	17	4	15	6	**50**
3.	Honorary	14	0	0	0	1	**15**
4.	Teacher	3	0	0	0	0	**3**
5.	Univ. Student	48	13	4	2	1	**68**
6.	Fisherman	4	0	2	0	0	**6**
7.	School Student	62	22	15	25	1	**125**
8.	Seaman	1	0	0	0		**1**
9.	Fire Fighter	4	0	0	0	0	**4**
10.	Farmer	10	0	0	0	0	**10**
11.	Lawyer	1	0	0	0	0	**1**
12.	Civil Servant	47	8	4	16	32	**107**
13.	Police	31	6	0	3	0	**40**
14.	Driver	4	0	3	0	0	**7**
15.	Artist (Craft)	1	0	0	0	0	**1**
16.	Private Sector	143	11	23	20	17	**214**
17.	Unemployed	354	161	122	73	43	**753**
18.	Parking Attendant	1	0	0	0	0	**1**
19.	Journalist	1	0	0	0	0	**1**
20.	Entrepreneur	244	75	30	47	29	**425**
TOTAL		**982**	**313**	**207**	**201**	**130**	**1,833**

Source : BNN Rehabilitation Center, March 2018

Table 3.66. Total Drug Abusers at BNN Rehabilitation Center, Rehablitation Building, and Rehabilitation House Based on Drugs Abused, 2017

NO.	DRUGS ABUSED	TOTAL PATIENTS					TOTAL
		REHAB CENTER LIDO WEST JAVA	REHAB BUILDING BADDOKA MAKASSAR SOUTH SULAWESI	REHAB BUILDING TANAH MERAH EAST KALIMANTAN	REHAB HOUSE BATAM RIAU ISLANDS	REHAB HOUSE KALIANDA LAMPUNG	
1	2	3	4	5	6	7	8
1.	Benzodiazepam	79	0	2	0	0	**81**
2.	MDMA	152	0	1	201	120	**474**
3.	Methampetamin	905	258	192	0	6	**1,361**
4.	Opiates	44	25	2	0	0	**71**
5.	Other Drugs	21	26	8	0	0	**55**
6.	THC	295	4	2	0	4	**305**
7.	Cocaine	1	0	0	0	0	**1**
TOTAL		**982**	**313**	**207**	**201**	**130**	**2,348**

Source : BNN Rehailitation Center, March 2018

3) Total Drug Abusers Receiving Post Rehabilitation, 2017.

Table 3.67. Total drug Abusers Receiving Post Rehabilitation, 2017

NO.	Service Received	TOTAL
1	2	3
1	Post Rehabilitaation at BNN	60
2	Post Rehabilitation at BNNP/BNNK	3,643
3	Post Rehabilitation at Bapas	2,626
4	Extended Treatment at BNN	30
5	Extended Treatment at di BNNP	2,125
6	Halfway House at BNN	213
7	Halfway House at BNNP	1,120
TOTAL		**9,817**

Source : BNN Deputy of Rehabilitation, March 2018

b. Drug Abusers Having self Reported to Receiving Institution for Compulsory Reporting (IPWL) from Ministry of Health RI, 2017

Table 3.68. Total Compulsory Reporting and Medical Rehabilitation, 2017

NO.	PROVINCE	CITY/ REGENCY	TYPE OFREHABILITATION				TTL
			BUPRE-NOR-PHINE MAINTE-NANCE	INPA-TIENT TREAT MENT	OUTPA-TIENTS TREAT-MENT	METHA-DONE MAINTE-NANCE	
1	2	3	4	5	6	7	8
1.	Aceh	Banda Aceh/City		18	52		70
2.	Bali	Kab. Bangli/Regency		50	30		80
3.	Bangka Belitung	Kab. Bangka/Regency		1	6		7
4.	Bengkulu	Kota Bengkulu/City		100			100
5.	DI Yogyakarta	Kab. Sleman/Regency		22	54		76
6.	DKI Jakarta	South Jakarta		30	8	1,195	1,233
		East Jakarta		734	230	4,740	5,704
7.	Jambi	Kota Jambi/City		39	18		57
8.	West Java	West Bandung/ Regency		48	31		79
		Kota Bandung/City				72	72
		Kota Bogor City		59	6		65
9.	Central Java	Kab. Klaten/Regency		43	19		62
		Kota Magelang/City			8		8
		Kota Pekalongan/City			6		6
		Kota Semarang/City		110	0		110
		Kota Surakarta/City		8	19		27
10.	East Java	Kab. Malang/Regency		23	41		64
		Kota Surabaya/City	19	42	87		163
11.	West Kalimantan	Kota Pontianak/City		55	41		138
12.	South Kalimantan	Kab. Banjar/Regency		146	89		235
13.	East Kalimantan	Kota Samarinda/City		19	0		19
14.	North Kalimantan	Kota Tarakan/City			156		156
15.	Lampung	Kota Bandar Lampung/City		14	182		196
16.	West Nusa Tenggara	Kota Mataram/City		13	15		28
17.	Riau	Kab. Indragiri Hilir/Regency			13		13
		Kota Pekanbaru/City		58	30		88
18.	S.E.Sulawesi	Kota Palu/City		9	6		15
19.	West Sumatera	Kab. Agam/Regency			44		44
		Kota Bukittinggi/City			4		4
		Kota Padang/City		48	93		141
20.	South Sumatera	Kota Palembang/City		81	220		520
TOTAL			**19**			**1,770**	**6,283**

Source : Ministry of Health RI, March 2018

Note : -PTRM : Methadone Maintenance Program**, PTRB :** Buprenorphine Maintenance Program

c. Self Reported Drug Abusers to IPWL, by Ministry of Social Affairs RI, 2017.

Table 3.69. Total Drug Abusers Self Reporting to IPWL Based on Rehabilitation Facility, 2017

NO	PROVINCE	NO	INSTITUTION	INPATIENT*	OUTPATIENT	NOTE
1	2	3	4	5	6	7
1.	Aceh	1	Yakita Aceh	6	-	
		2	Yayasan Safirah Aceh	80	100	
		3	Yayasan Pintu Hijrah	10	47	
		4	Yayasan Tabina Aceh	75	-	
2.	North Sumatera	5	PSPP Insyaf	200	-	
		6	Lembaga Rehab Sibolangit Centre	40	-	
		7	Yayasan Nazar	40	110	
		8	Medan Plus	40	120	
		9	Yayasan Keris Sakti	30	90	
		10	Lembaga Terpadu Pemasyarakatan Anti Narkoba	10	50	
		11	Yayasan Haga Christ	10	-	
		12	Yayasan Sungai Jordan Kasih	10	50	
		13	Bukit Doa Taman Getsemane	24	75	
		14	Minyak Narwastu	15	50	
		15	Rahmani Kasih	10	20	
		16	Pondok Trenkely	10	35	
		17	Yayasan Mitra Masyarakat Sehat	10	50	
		18	Lembaga Rehabilitasi Pencegahan Penyalahgunaan Narcotics (LRPPN) Bhayangkara	20	50	
		19	Minar Christ	10	25	
		20	Rumah Ummi	10	-	
3.	Riau	21	Yayasan Siklus	10	50	
		22	Yayasan Mercusuar Riau	20	115	
		23	Yayasan Safirah Riau	-	15	
		24	Yayasan Satu Bumi	-	100	
4.	West Sumatera	25	Yayasan Al Ikhwan Sucihati	7	75	
		26	New Padoe Jiwa	10	75	
		27	LSM Gempa	9	50	
5.	Jambi	28	Sahabat Jambi	29	300	
		29	IPWL Al Jannah	20	40	
		30	Yamika Natura Jambi	10	50	
6.	South Sumatera	31	Yayasan Ar Rahman	35	75	
		32	Yayasan Mitra Mulia	20	100	
		33	Yayasan Cahaya Putra Selatan	30	140	
		34	Yayasan DhaRestauranta Wahyu Insani Palembang	39	180	
		35	IPWL Sriwijaya	23	100	
		36	Syifa Alif Rahman	10	50	
7.	Bengkulu	37	Yayasan KIPAS	15	60	
		38	ORestaurantas Peduli Sosial Nasional (PESONA)	6	70	
		39	Yayasan DhaRestauranta Wahyu Insani Bengkulu	25	110	
8.	Bangka Belitung	40	Yayasan DhaRestauranta Wahyu Insani Bangka Nelitung	30	85	
		41	Wado Health Care Bangka Nelitung Foundation	-	50	
9.	Riau Islands	42	Yayasan Lintas Nusa	25	50	
		43	Yayasan Rumah Rehabilitasi Sosial Anak Indonesia	10	85	
		44	Yayasan Rumah Harapan	10	50	

1	2	3	4	5	6	7
10.	Lampung	45	Yayasan Sinarjati	15	40	
		46	Wisma Ataraxis	15	40	
		47	Yayasan Srikandi Bandar Surabaya	10	30	
		48	LKS Riyadlotunnufus	10	50	
11.	DKI Jakarta	49	PSPP Khusnul Khotimah	-	-	
		50	Yayasan Kapeta	20	-	
		51	Yayasan Karisma	10	40	
		52	Madani Mental Health Care	20	125	
		53	Natura	18	60	
		54	Al Jahu	20	80	
		55	GMDM	40	870	
		56	Yayasan Sahabat Rekan Sebaya	20	40	
		57	Jakarta Plus Center	10	75	
		58	Yayasan Mutiara Maharani	20	75	
		59	Yayasan Balarenik	15	75	
		60	Yayasan Kasih Mulya (Kedaton Parahita)	-	-	
		61	Yayasan Sembilan	10	75	
		62	Yayasan Stigma	10	70	
		63	Yayasan Catur Wangsa Nusantara	10	65	
12.	Banten	64	Yayasan Hikmah Syahadah	10	25	
		65	Bani Syifa	10	-	
		66	Nururrohman	10	-	
		67	YRESTAURANT Dira Sumantriwintoha	10	35	
13.	West Java	68	PSPP Galih Pakuan	717	278	
		69	BRSPP Lembang	-	-	
		70	Yayasan Untuk Segala Bangsa	30	55	
		71	YAKITA Bogor	20	75	
		72	PSKN Penuai	70	840	
		73	Yayasan PEKA Bogor	20	100	
		74	Yayasan SekaRestaurantawar	6	-	
		75	Inabah II Puteri	20	65	
		76	Yayasan Nurul Jannah	20	-	
		77	Inabah XV	20	-	
		78	Yayasan Maha Kasih	14	150	
		79	Breakthrough Missions	13	-	
		80	Yayasan Rumah Asa Anak Bangsa	10	50	
		81	Yayasan Pelayanan Agape	20	75	
		82	Yayasan As Sabur (Bumi Kaheman)	10	50	
		83	Yayasan Prama	10	150	
		84	Yayasan Putra Agung Mandiri	10	75	
		86	Yayasan Generasi Jabez Indonesia	10	75	
		87	Yayasan Katarsis Sarasati Edukasi	20	100	
		88	Yayasan Karang Madya Depok	10	50	
		89	Yayasan Bersama Kita Pulih	20	50	
		90	LKS Societa Indonesia	15	50	
		91	Pondok Remaja Inabah XVII Puteri	25	-	
		92	Pondok Remaja Inabah XVIII Putera	25	-	
		93	Yayasan Bakti Putra	15	50	
		94	Yayasan Peduli Kasih Bekasi	10	50	
		95	Yayasan Citra Mulya Mandiri	30	320	
		96	Ianatush Syibyan	5	50	
		97	Yayasan Al Karomah	10	50	
		98	Lembaga InfoRestaurantasi dan Konsultasi (LIK) Sadulur	6	75	
		99	Yayasan Bunga Bangsaku	-	75	
		100	Yayasan Nurido Sabar Abadi	10	50	
		101	Yayasan Tenjo Laut	10	50	

1	2	3	4	5	6	7
14.	Central Java	101	PSRSKP Napza "Satria" Baturaden	46	-	
		102	Rumah Damai	16	-	
		103	YPI Nurul Ichsan Al Islami	15	30	
		104	PA. Rehabilitasi At Tauhid	10	84	
		105	Yayasan Cinta Kasih Bangsa	10	50	
		106	Pemulihan Pelita	6	100	
		107	Maunatul Mubarok	15	50	
		108	Yayasan Mitra Alam	15	350	
		109	Ponpes Al Ma'la	20	160	
		110	Yayasan PA. Raden Sahid	15	-	
		111	Sinai	10	50	
15.	DI Yogyakarta	112	Yayasan Rehabilitasi Kunci	20	11	
		113	Galilea Elkana	25	145	
		114	Yayasan Griya Pemulihan Siloam	-	60	
		115	Yayasan Indo Charis	10	70	
		116	Al Islami	10	75	
16.	East Java	117	Inabah XIX Surabaya	35	-	
		118	Yayasan Pemulihan Doulos	20	-	
		119	Yayasan Corpus Christi	10	-	
		120	Yayasan Bambu Nusantara	20	200	
		121	Eklesia Kediri Foundation	10	70	
		122	Komunitas Pemuda Peduli Masyarakat Banyuwangi	15	70	
		123	Yayasan Bambu Nusantara II (Rumah Kita)	60	370	
		124	Yayasan Bahrul Maghfiroh Cinta Indonesia	-	-	
		125	GHANA PKBI Pamekasan	20	80	
		126	Yayasan Lembaga Kessos Daruddawam	10	40	
		127	Yayasan Orbit	15	80	
		128	Plato Foundation	26	125	
17.	Bali	129	Yayasan Kasih Kita Bali	6	20	
		130	Yakeba	10	70	
		131	Yayasan Pesona Sivana Bali	-	10	
18.	West Nusa Tenggara	132	Aksi WEST NUSA TENGGARA/NTB	20	70	
		133	Rumah Dampingan Lentera	15	75	
19.	East Nusa Tenggara	134	Yayasan Warna Kasih Kupang	-	50	
		135	Yayasan Mitra Harapan	5	50	
20.	South Kalimantan	136	Yayasan Serba Bakti	-	50	
		137	IPWL Kalimantan Selatan	-	-	
		138	Yayasan Griya Pemberdayaan	10	50	
		139	Yayasan Lentera Hati Bumi Indonesia	29	135	
21.	Central Kalimantan	140	Yayasan Galilea	85	200	
22.	East Kalimantan	141	Pondok Modern Ibadurrahman	20	-	
		142	Yayasan Laras	15	50	
		143	Yayasan SEKATA	10	50	
23.	West Kalimantan	144	RBM Khatulistiwa	15	80	
		145	LSM Merah Putih	15	75	
		146	Yayasan Pontianak Plus	15	75	
		147	RBM Juang	15	60	
		148	IPWL Teratai Khatulistiwa	63	30	
24.	West Sulawesi	149	Amada	10	75	
25.	South Sulawesi	150	YKP2N	170	750	
		151	Yayasan Doulos Perwakilan Makassar	10	20	
		152	Yayasan RBM Nirannuang	-	425	
26.	North Sulawesi	153	Yayasan Pelayanan Kristen Bunga Bakung	25	100	
		154	Yayasan Jameela Husein Ministry	-	40	
		155	IPWL Kalooran	-	-	
27.	S.E Sulawesi	156	Yayasan Family Rekan Sebaya	20	75	
28.	Central Sulawesi	157	Yayasan Tiara Nusantara	10	35	
29.	Maluku	158	Lembaga Pengabdian Pemuda Bangsa	-	120	
30.	North Maluku	159	IPWL Akekolano Oba Utara	-	-	
31.	Papua	160	Yayasan Pendampingan dan Pember-dayaan Masyarakat Papua dan Papua Barat (YP2MP)	10	75	
TOTAL				**3,684**	**13,060**	

Source : Ministry of Social Affairs RI, March 2018

d. Self Reported Drug Abusers to IPWL from Center of Medical and Health, Police HQ, 2017.

NO.	PROVINCE	IPWL	TOTAL CLIENTS	NOTE
1	2	3	4	5
1.	West Sumatera	Biddokes Polda West Sumatera	2	TAT
2.	Jambi	Biddokes Polda Jambi	4	TAT
3.	Bangka Belitung Islands	Biddokkes Polda Kep. Bangka Nelitung	1	IPWL
4.	South Sumatera	Bhayangkara Hospital Palembang	1	TAT
5.	West Java	Bhayangkara Sartika Asih Hospital	20	IPWL
		Bhayangkara Hospital Mobile Brigade Kelapa Dua Depok	67	TAT
6.	East Java	Bhayangkara Hospital Lumajang	16	TAT
7.	South Kalimantan	Bhayangkara Hospital Banjarmasin	4	TAT
TOTAL			**115**	

Source : Police Medical and Health Center, March 2015

e. *Injecting Drug Users* (IDU) and HIV/AIDS from Ministry of Health RI, 2017

Drug abuse brings ill effects to the health of a drug addict, in particular to injecting drug addicts, and consequently in the transmission of HIV/AIDS, Hepatitis B and C. Directorate General of P2PL. Ministry of Health RI reports that there are 9.280 cases of AIDS from 1 January to 31 December 2017.

Table 3.70. Total Cases of AIDS Based on Gender, Years 2017

NO.	GENDER	TOTAL AIDS
1	2	3
1.	Males	6,314
2.	Females	2,959
3.	Not known	7
TOTAL		**9,280**

Source : Directorate General of P2PL Ministry of Health RI, March 2018

Table 3.71. Total AIDS Cases Based on Risk Factor, 2017

NO.	RISK FACTOR	TOTAL AIDS
1	2	3
1.	Heterosex	6,390
2.	IDU	192
3.	Homosex	1,894
4.	Prenatal	253
5.	Bisex	95
6.	Transfusion	26
7.	Others	39
8.	Not known	391
TOTAL		**9,280**

Source : Directrate General P2P Ministry of Health RI, March 2018

Table 3.72. Total AIDS Cases Based on Age, 2017

NO.	AGE GROUP	TOTAL AIDS
1	2	3
1.	< 1 Years	102
2.	1 – 4 Years	154
3.	5 – 14 Years	106
4.	15 – 19 Years	195
5.	20 – 29 Years	2,830
6.	30 – 39 Years	3,294
7.	40 – 49 Years	1,634
8.	50 – 59 Years	722
9.	> 60 Years	215
10.	Not known	28
TOTAL		**9,280**

Source : Directorate General of P2P Ministry of Health RI, March 2018

f. BNN Deputy of Prevention Activities, 2017.

1) Directorate of Advocacy

Table 3.73. Total Participants of DIPA (Budgetary) and Non DIPA (Non Budgetary) Activities, Directorate of Advocacy, BNN Deputy of Prevention, 2017

NO.	ACTIVITIES	INSTITUTION
1	2	3
	DIPA	
1.	Coordination Meetings with	
	a. Government Agencies	30 Persons
	b. Non Government Agencies	30 Persons
	c. Education	30 Persons
	d. Community	30 Persons
2.	Build a Development Network with Anti Drugs Insight	
	a. Government Agencies	15 Ministries/Institutions
	b. Non Government Agencies	15 Private Institutions
	c. Education	14 Education Institutions
	d. Community	15 Community Groups
3.	Assistance in Developing an Anti Drug Insight	
	a. Government Agencies	10 Ministries/Institutions
	b. Non Government Agencies	10 Private Agencies
	c. Education	10 Education Institutions
	d. Community	10 Community Groups
4.	Intervention in the Education Environment through Good morning Greeting	
	a. Education	2.500 Persons
5.	Monitoring and Evaluation	
	a. Non Government Agencies	30 Persons
	b. Education	25 Persons
	c. Community	25 Persons
6.	Strengthening Assistance	
	a. Government Agencies	90 Persons
	b. Non Government Agencies	150 Persons
	c. Education	80 Persons
	d. Community	120 Persons
7.	Mobile Socialization (KIE/ Communiction, Information, Education) : 96 Activities	
	a. Government Agencies	275 Persons
	b. Non Gevernment Agencies	300 Persons
	c. Education	865 Persons
	d. Community	1,440 Persons

1	2	3
8.	Technical Guidance BNNP (Province) BNNK/City	 178 Persons
9.	Anti Drug Volunteers a. Government Agencies b. NonGovernment Agencies c. Education d. Community	 227 Persons 75 Persons 200 Persons 931 Persons
10.	Indonesia Healthy Week : 2 Activities Community	 1,000 Persons
11.	P4GN Communication Forum Community	 100 Persons
12.	National Seminar Government Agencies	 100 Persons
	NON DIPA (NON BUDGETARY)	
1.	P4GN Socialization a. Government Agencies b. Non Government Agencies c. Education d. Community	 6,503 Persons 7,500 Persons 6,250 Persons 5,500 Persons

Source : BNN Deputy of Pevention, March 2018

2) Directorate of Information Dissemination

a) DIPA Activities

a. Information Dissemination Through Conventional Media or Face to Face

NO.	TARGET	TOTAL PARTICIPANTS	NOTE
1	2	3	4
1.	Family	350	Persons
2.	School/Univ. Students	1,493	Persons
3.	Workers	648	Persons
4.	Community	4,450	Persons
TOTAL		**6,941**	Persons

Source : BNN Deputy of Prevention, March 2018

b. Information Dissemination Through Operation of Mobile Socialization

NO.	TARGET	TOTAL PARTICIPANTS	NOTE
1	2	3	4
1.	Family	250	Persons
2.	School/Univ. Students	2,400	Persons
3.	Workers	1,188	Persons
4.	Community	1,483	Persons
TOTAL		**5,321**	Persons

Source : BNN Deputy of Prevention, March 2018

c. Information Dissemination Through Broadcast Media (Television and Radio)

NO.	CONTENTS	MEDIA	VOLUME
1	2	3	4
1.	P4GN advertisement through radio broadcast	-	5 advertisements 60 seconds duration
2.	P4GN advertisement to radio community	Communication meeting West Java, Central Java, DI Yogyakarta, Central Java, DI Yogyakarta	5 advertisements of 60 seconds duration
3.	P4GN advertisements through private radio	DFM Radio	5 advertisements of 60 seconds duration
4.	Production and Broadcast on television the peak of STOP Drugs Campaign	I-News and Jak TV	1 Filler with 60 seconds material
5.	Short film production on P4GN with the family as the rarget	-	1 Short Film (7 minutes duration)
6.	Production of P4GN Animation in multimedia targeting University Students	-	1 Animation film (60 sec. duration))
7.	P4GN advertisement on television targeting commucity	-	1 advertisement (60 sec. duration)
8.	Production and broadcast of P4GN on radio targeting students	RRI/Radio RepublicIndonesia (Program ICU dan Nampang)	1 ILM and broadcast of 272 spots
9.	P4GN broadcast in electronic media targeting students	KBR, Trijaya FM, Elshinta	Broadcast of Interactive Dialogue

Source : BNN Deputy of Prevention, March 2018

d. Information Dissemination through Printed Media

NO.	CONTENT	NAME OF MEDIA
1	2	3
1.	Ear-Ad	Warta Kota
2.	Top Banner	Tabloid Bola (Bolavaria)

Source : BNN Deputy of Prevention, March 2018

e. Information Dissemination through Outdoor Media

NO.	TARGET	CONTENTS
1	2	3
1.	Family	Mural
2.	School/Univ. Students	- School Bus Branding - City Transportation - Posters - Leaflets - Stickers - T-Shirt and Polo T-Shirt
3.	Workers	- Mural - Billboard
4.	Community	- Mural - Billboard - Banner - Pennant

Source : BNN Deputy of Prevention, March 2018

f. Information Dissemination through Online Media

(a) Website Indonesia Bergegas
www.cegahnarkoba.bnn.go.id

Total distribution of website visitors from January-October 2017 is 11.724.54. This number of website visitors consists of unique visitors (new visitors).

(b) Utilizing online media by the management of *Online News*

Until October 2017 the total readers of news and articles has increased in the "stop drugs" website:

NO.	MONTH	READERS
1	2	3
1.	January	372,813
2.	February	317,951
3.	March	693,473
4.	April	317,951
5.	May	190,723
6.	June	0
7.	July	425
8.	August	0
9.	September	0
10.	October	0
TOTAL		**1,893,336**

Source : BNN Deputy of Prevention, March 2018

(c) Social Media (Social Media Management)

Until the month of October 2017, the following statistics are shown in relation with the twitter account @BNNcegahnarkoba:

NO.	MONTH	FOLLOWERS	AFFORDABLE MESSAGE
1	2	3	4
1.	January-October 2017	11,400	815,572

Source : BNN Deputy of Prevention, March 2018

(d) Instagram, address of the account BNNcegahnarkoba:

Until October 2017, the following are the statistics of the Instagram account BNNcegahnarkoba:

NO.	MONTH	POST	FOLLOWERS	LIKE
1	2	3	4	5
1.	January-October 2017	1,079	4,582	53,370

Source : BNN Deputy of Prevention, March 2018

(e) Facebook Fanpage. with the account address BNNcegahnarkoba:

In general, hereunder is the performance of the fanpage Facebook "BNN cegahnarkoba" from January-October 2017:

NO.	MONTH	LIKE	FOLLOWERS	REACH
1	2	3	4	5
1.	January-October 2017	4,530	4,523	345,495

Source : BNN Deputy of Prevention, March 2018

(f) "CNS" Cegah Narkoba Streaming Radio

Listeners of the streaming radio is quite sufficient and has its own listeners. It is seen from the inter-activities in the twitter social media, and in the following statistics from January – October 2017:

NO.	LISTENERS	NOTE
1	2	3
1.	1.870	Listeners are those who listed in the website, mobile phone and Android Apps

Source : BNN Deputy of Prevention, March 2018

(g) Placement of National Online

As a national media Detikcom is already wellknown and has a large number of visitors. It is used as a media for information dissemination on the dangers of drug abuse with the use of videos, articles and information, including images. Statistics are presented here under:

NO.	REACH	CLICKS	CTR
1	2	3	4
1.	10,666,073	6,604	0.3%

Source : BNN Deputyof Prevention, March 2018

(h)Communication, Information and Education (CIE/KIE)

Activities and participants of KIE implemented by BNNP and BNNK all over Indonesia till December 2017 are as follows:

NO.	KIE P4GN	TARGET: FAMILIES	TARGET: SCHOOL/ UNIV STUDENTS	TARGET: WORKERS	TARGET: COMMUNITY
1	2	3	4	5	6
1.	Total Activities	346	369	330	357
2.	Total Participants (Persons)	13,840	14,760	13,200	14,280

Source : BNN Deputy of Prevention March 2018

The total implemented KIE activities on P4GN is 1,400 with the involvement of 56,000 participants.

(i) Information Dissemination

Data of the Total dissemination implemented by BNNP and BNNK all over Indonesia in the four abovementioned media till December 2017 are as follows:

NO.	MEDIA	CONVEN-TIONAL	PRINTED	BROAD-CAST	ONLINE
1	2	3	4	5	6
1.	Total Information Dissemination	411,373	21,737,152	52,062,952	12,679,557

Source : BNN Deputy of Prevention, March 2018

b) Non DIPA (Non Budgetary) Axtivities

- **Socialization of P4GN**

NO.	TARGET	TOTAL PARTICIPANTS	NOTES
1	2	3	
1.	School/Univ. Students	13,878	Persons
2.	Workers	784	Persons
3.	Community	1,429	Persons
TOTAL		**16,091**	**Persons**

Source : BNN Deputy of Prevention, March 2018

g. Activities of BNN Deputy of Community Empowerment, 2017.

Table 3.74. Total Urine Tests Conducted by Deputy of Community Empowerment, 2017

NO.	AGENCY	TOTAL ACTIVITIES	TOTAL TESTS	POSITIVE	%
1	2	3	4	5	6
1.	Government Agencies	73	13,046	11	0.08
2.	Private Agencies	29	8,211	40	0.49
3.	Education	10	2,886	-	-
4.	Community	16	692	-	-
TOTAL		**128**	**24,835**	**51**	**0.20**

Source : BNN Deputy of Community Empowerment, March 2018

Table 3.75. Total Urine Tests Conducted by BNNP, 2017

NO.	PROVINCE	TOTAL ACTIVITIS	TOTAL TESTS	POSITIVE	%
1	2	3	4		
1.	Aceh	22	1,132	-	-
2.	Bangka Belitung	12	734	1	0.14
3.	Bali	44	1,825	3	0.16
4.	Banten	5	1,244	-	-
5.	Bengkulu	39	1,782	6	0.34
6.	DI Yogyakarta	64	4,940	4	0.08
7.	DKI Jakarta	155	37,934	-	-
8.	Gorontalo	29	896	3	0.33
9.	West Java	163	14,728	-	-
10.	Jambi	7	432	-	-
11.	Cwntral Java	133	13,333	3	0.02
12.	East Java	272	20,427	10	0.05
13.	West Kalimantan	64	3,717	9	0.24
14.	South Kalimantan	123	12,298	50	0.41
15.	Central Kalimantan	23	4,041	-	-
16.	East Kalimantan	11	1,194	-	-
17.	Riau Islands	40	3,255	-	-
18.	Lampung	42	4,729	23	0.49
19.	Maluku	27	1,474	-	-
20.	North Maluku	11	599	-	-
21.	West Nusa Tenggara	66	4,165	-	-
22.	East Nusa Tenggara	66	5,192	-	-
23.	Papua	28	2,823	2	0.07
24.	West Papua	16	1,082	10	0.92
25.	Riau	56	4,123	22	0.53
26.	West Sulawesi	5	260	8	3.08
27.	South Sulawesi	66	13,698	14	0.10
28.	Central Sulawesi	16	913	12	1.31
29.	S.E. Sulawesi	219	5,731	61	1.06
30.	North Sulawesi	5	232	-	-
31.	West Sumatera	35	1,649	-	-
32.	South Sumatera	16	723	10	1.38
33.	North Sumatera	821	20,597	209	1.01
TOTAL		**2,701**	**191,902**	**460**	**0.24**

Source : Drug Information System, March 2018

Table 3.76. Total Farmers Changing Profession and Total Switch from Cannabis Cultivation, 2017

NO.	REGION	SWITCH OF FUNCTION	TOTAL CANNABIS CULTIVATION AREA	TOTAL FARMERS
1	2	3	4	5
1.	Aceh Besar	20 Ha	30 Ha	20 persons
2.	Bireuen	45 Ha	23 Ha	45 persons
3.	Gayo Lues	50 Ha	15 Ha	50 persons

Source : BNN Deputy of Community Empowerment, March 2018

Table 3.77. Total Change of Profession in the City Area Prone to Drugs

NO.	AREA	TOTAL GUIDED PERSONS	TOTAL CHANGE OF PROFESSION	PERSENTAGE (%)
1	2	3	4	5
1.	Kampung Permata (Permata Village), West Jakarta	25 Persons	17 Persons	68%
2.	Kampung Boncos (Broncos Village), West Jakarta	50 Persons	8 Persons	16%
3.	Johar Baru, Central Jakarta	50 Persons	7 Persons	14%
4.	Menteng Tenggulun, South Jakarta	50 Persons	24 Persons	48%
5.	Kampung Agriculture (Agriculture Village), East Jakarta	25 Persons	5 Persons	20%
TOTAL		200 Persons	61 Persons	**30.5%**

Source : BNN Deputy of Community Empowerment, March 2018

h. BNN Contact Center, 2017.

Table 3.78. Total Information Received by BNN Contact Center Based on Type of Information, 2017

NO.	TYPE OF INFORMATION	TOTAL INFORMATION RECEIVED	NOTE
1	2	3	4
1.	Prevention	170	
2.	Rehabilitation	313	
3.	Eradication	2,542	
4.	Public Relation	55	
5.	Data and Information	45	
6.	General Information	4,855	
7.	Community Complaints to BNN Principal Secretariat	4	
TOTAL		**7,984**	

Source : BNN Center of Data Research and Information, March 2018

Table 3.79. Total Information Received by BNN Contact Center Based on Source of Information, 2017

NO.	SOURCE OF INFORMATION	TOTAL NFORMATION RECEIVED	NOTE
1	2	3	4
1.	Call	1,804	
2.	SMS	2,692	
3.	E-mail	1,030	
4.	Voicemail	19	
5.	Whatsapp	3,801	
6.	Blackberry Messenger	2	
7.	Facebook	157	
8.	Walk In	22	
TOTAL		**7,984**	

Source : BNN Center Of Data Research and Information, March 2018

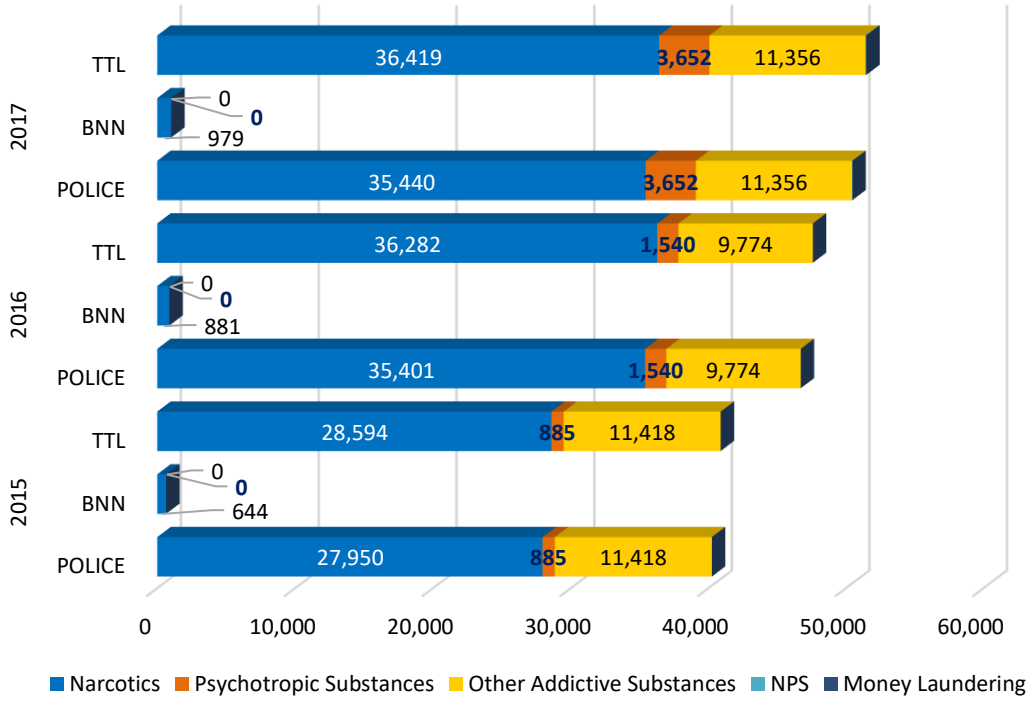
CHAPTER IV
TREND OF DATA ON PREVENTION AND ERADICATION OF DRUG ABUSE AND ILLICIT TRAFFICKING 2015–2017

1. Data of *Supply Reduction.*

Data presented in Supply Reduction from 2015 – 2017 relate to law enforcement received from different sources, namely BNN, National Police, Attorney General Office RI, Ministry of Finance RI, Ministry of Justice and Human Rights.

a. Drug Crimes Handled by National Police and BNN, 2015-2017

Diagram 4.1. Total Drug Cases Based on Drig Classification, 2015-2017



Source : Police and BNN, March 2018

In 2017 the most cases handled by National Police and BNN are related to drug abuse and illicit trafficking amounting to **36,419** cases, showing a relatively stable condition compared to the years before.

In general, these cases are increasing. Besides giving rise to deep concern to the ever increasing drug trafficking in Indonesia, but on the other hand, it also indicates the successful efforts by law enforcement in the disclosures of drug cases.

Although the total cases of psychotropic substances is far below the number of Narcotic cases, its increase in percentage from 2016 to 2017 is very significant if compared to narcotic cases, an indication that trafficking in psychotropic Substances becomes more lively.

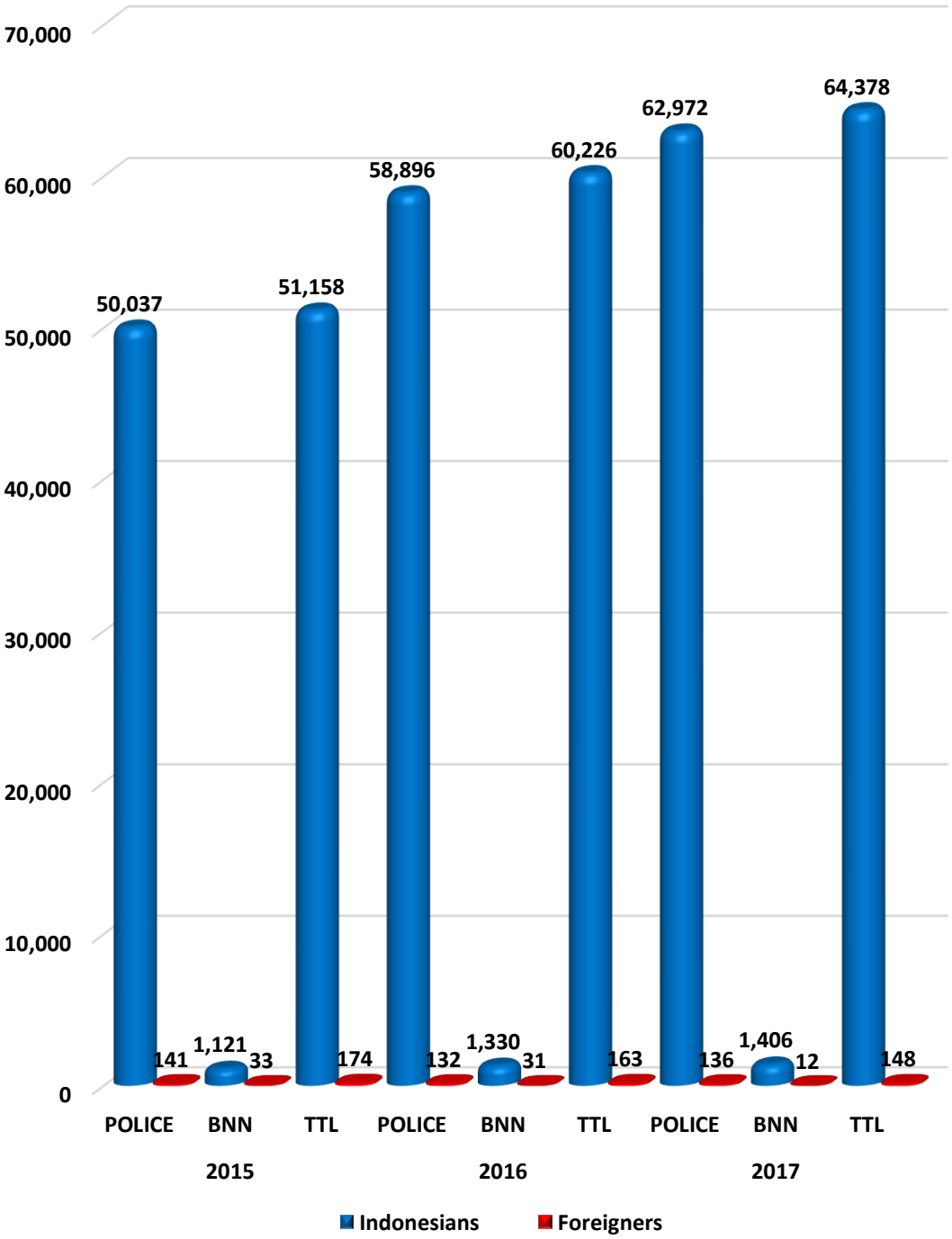
Diagram 4.2. Total Suspects of Drug Cases Based on Drug Classification, 2015-2017

Source : Police and BNN, March 2018

In 2017, along with the handling of many cases of drug abuse and illicit trafficking, many suspects of narcotic cases were arrested **(48,088)** compared with suspects of Psychotropic Substances and other addictive substances.

In line with the trend of abuse and its trafficking, there is a very significant double increase in percentage among suspects related to Psychotropic Substances from 2016 to 2017. So it is necessary to heighten awareness that in 2017 the trend of abuse in Psychotropic Substances is likely to increase, and the higher the increase of abuse, the higher also the trafficking in Psychotropic Substances.

Diagram 4.3. Total Suspects of Drug Cases Based on Nationality, 2015 – 2017

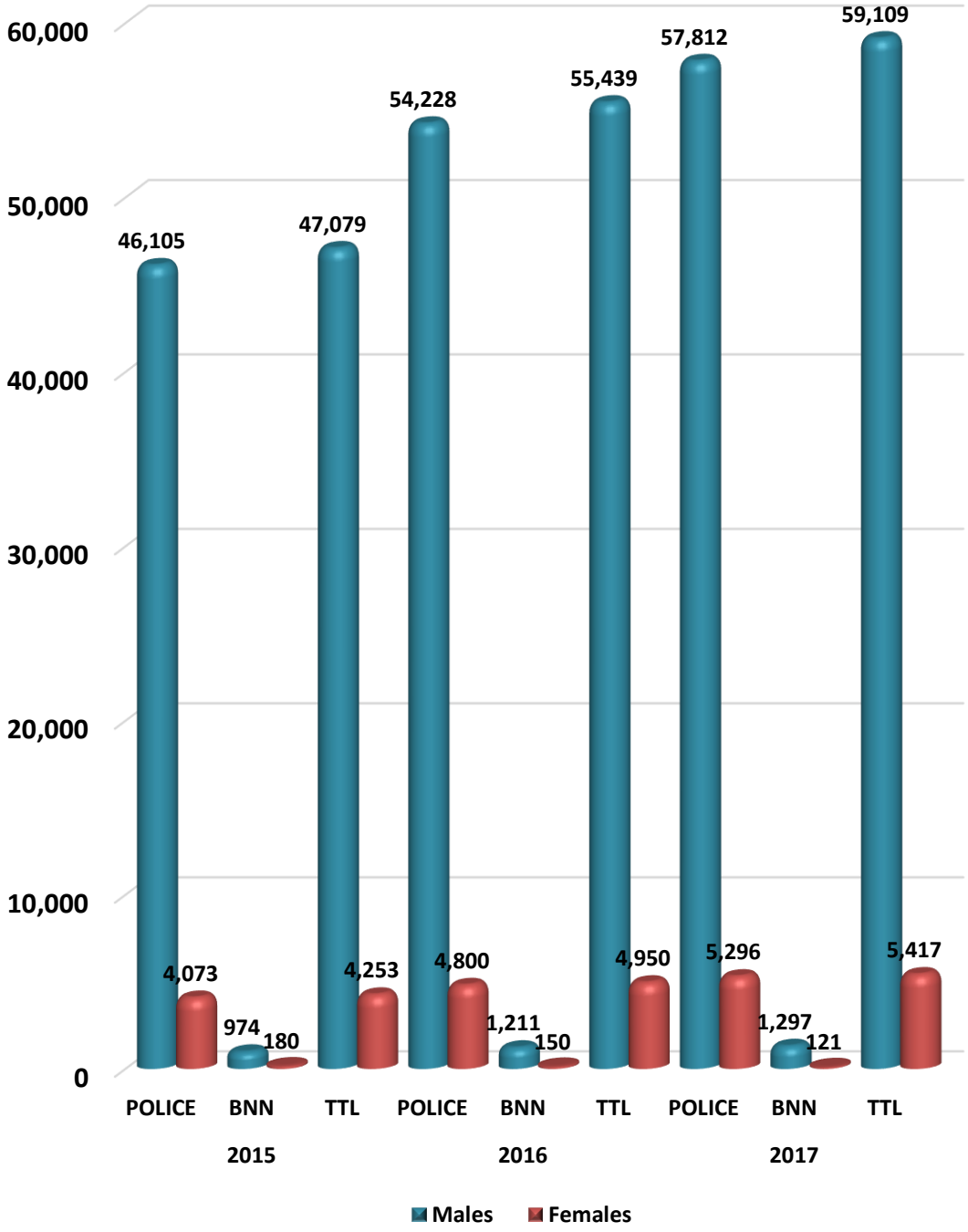


Source : Police and BNN, March 2018

Indonesian suspects still dominate cases in drug abuse and illicit trafficking in 2017, while only approx **0.23%** of foreign suspects are involved in these crimes.

Overall, the number of suspects related to drug abuse and illiit trafficking in Indonesia continue to increase, but foreign drug suspects tend to decrease, which is the opposite with the number of domestic suspects.

Diagram 4.4. Total Suspects of Drug Cases Based on Gender, 2015 – 2017

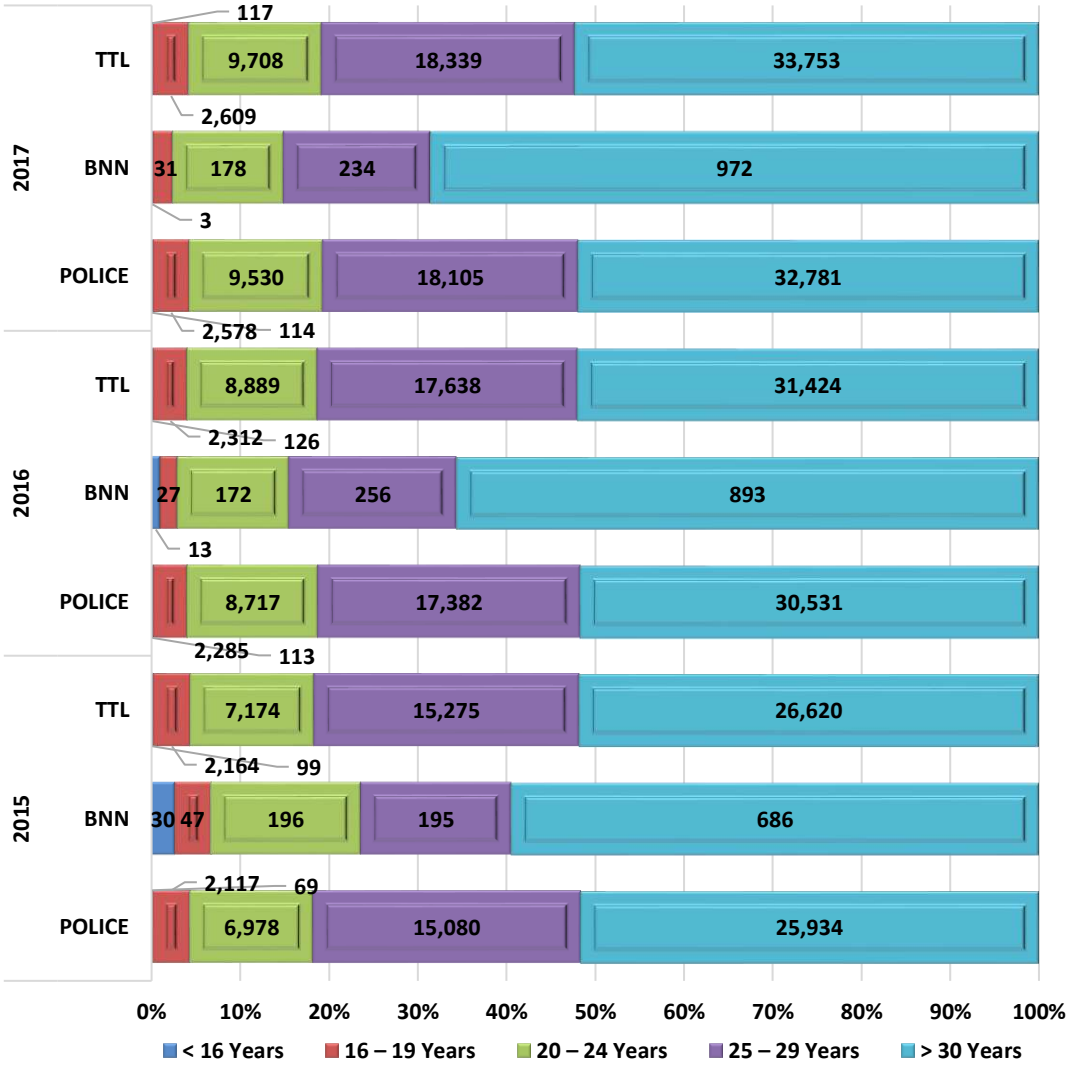


Source : Police and BNN, March 2018

In 2017, male suspects still dominate drug abuse cases and illicit trafficking, while only 8.4% of women suspects are involved.

Generally, the number of male and female suspects continue to increase, but the proportion remains relatively stable with a comparison of 11:1 between males and females.

Diagram 4.5. Total Drug Suspects Based on Age Group, 2015 – 2017



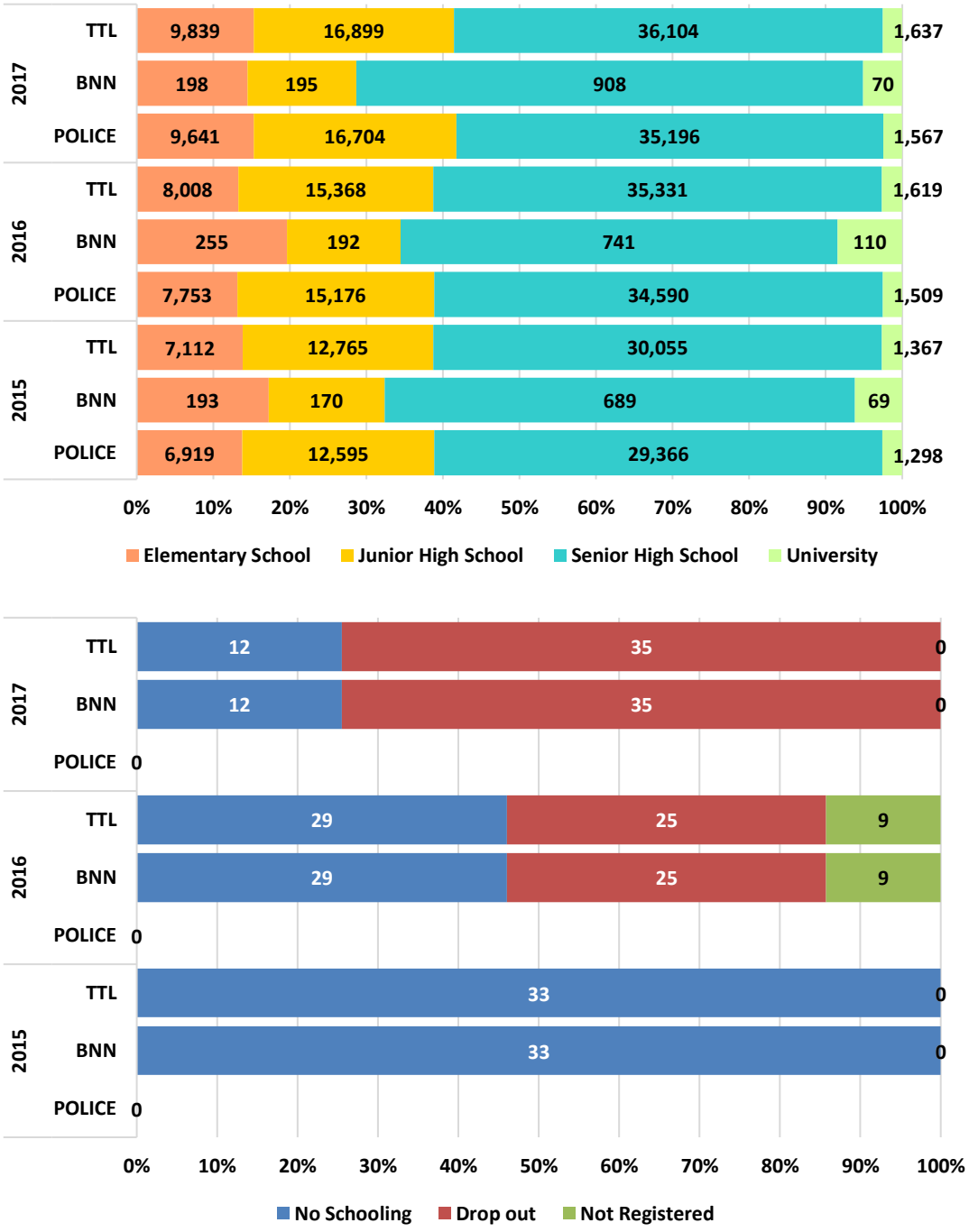
Source : Police and BNN, March 2018

In 2017, the largest number of arrested suspects of drug abuse and illicit trafficking are in the age group of >30 years (33,750), followed by the group 25-29 years (18,339).

Almost in all age groups suspects of drug abuse and illicit trafficking are increasingly getting larger in number, except in the group of <16 years there is a decrease in 2017. However, the percentage of increase in this group is the highest in the period of 2015-2016, so it may be concluded that the trend of suspects is relatively stable in this group.

In the period 2016-2017 the percentage of increase of suspects tends to be lower in the groups of 20-24, 25-29 and >30 years compared to the percentage of increase from 2015-2016 in the same group, but the increase percentage in the group of 16-19 years in the period 2016-2017 is higher than in the period 2015-2016. There is indication that in 2017 the trend of drug abuse and illicit trafficking leads to the group of 16-19 years.

Diagram 4.6. Total Suspects of Drug Cases Based on Education, 2015 – 2017



Source : Police and BNN, March 2018

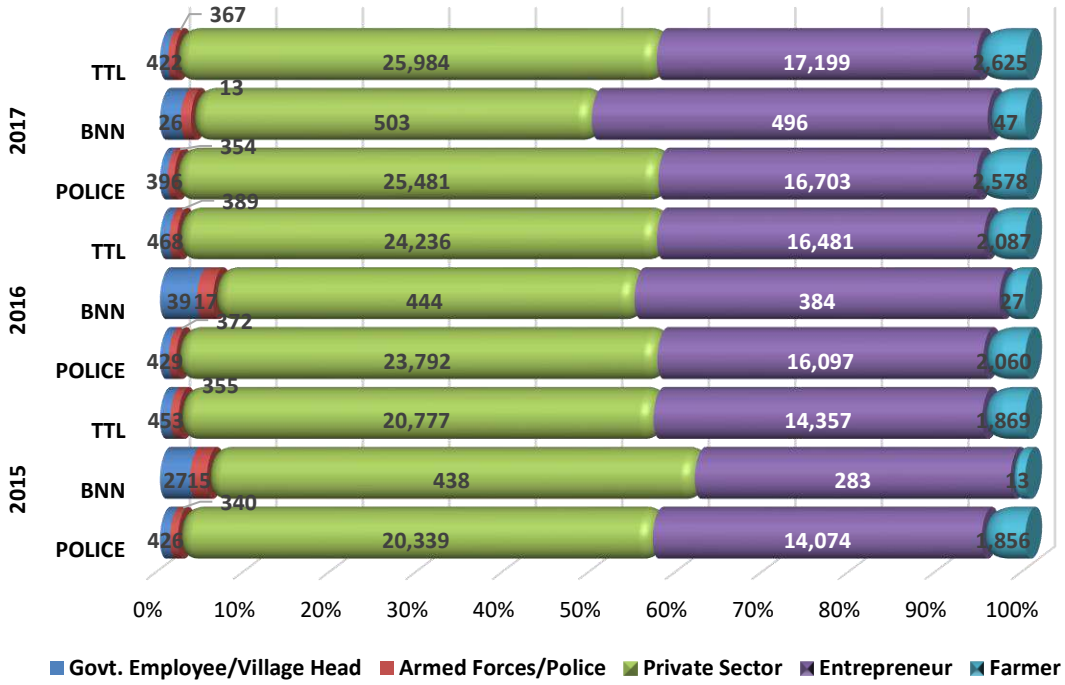
In 2017 suspects having graduated from Senior High School are the largest in number (**36,104**), followed by graduates of Junior High School (**16,899**).

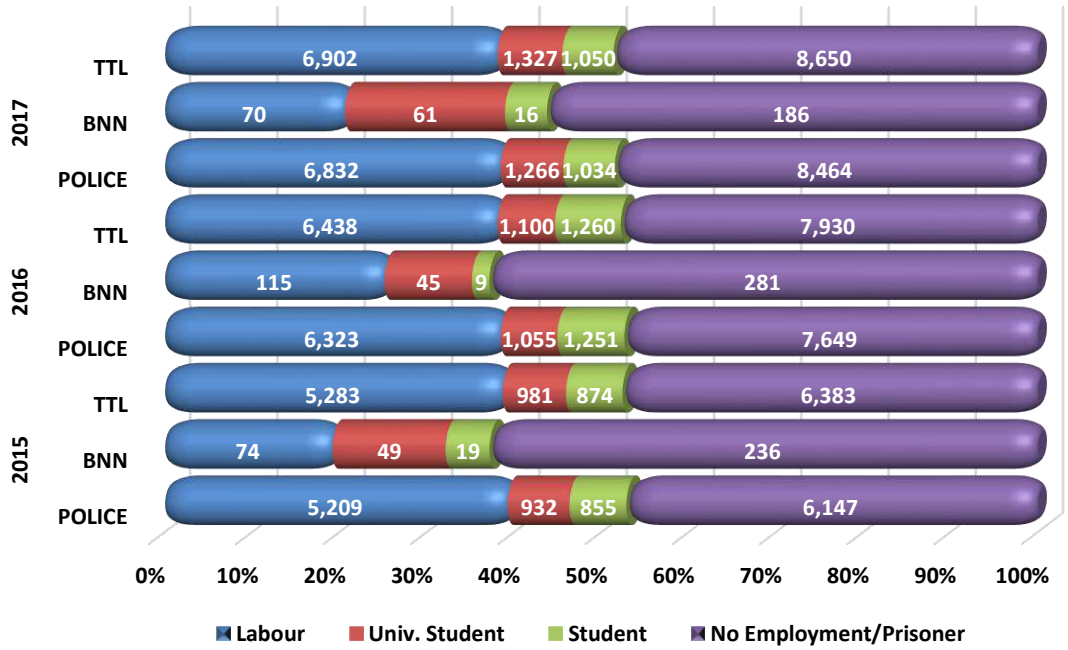
Drug abuse and illicit trafficking in drugs are consistently increasing regardless the educational background. But looking closely at the increase percentage in the period 2016-2017, the educational background tends to have great influence on the magnitude of increase percentage. The higher the education the smaller its percentage of increase, and vice versa.

Between the period 2016-2017 and 2015-2016, the added percentage of suspects only occurs among graduates of Elementary School, which is relevant with the previous analysis, the lower the education, the more difficult to ward off drug abuse and illicit trafficking in drugs.

From the above information those who have no schooling and dropouts should be very exposed to the dangers of drug abuse, but conclusions cannot be made because of the limited available data.

Diagram 4.7. Total Suspects of Drug Cases Based on Occupation, 2015 – 2017





Source : Police and BNN, March 2018

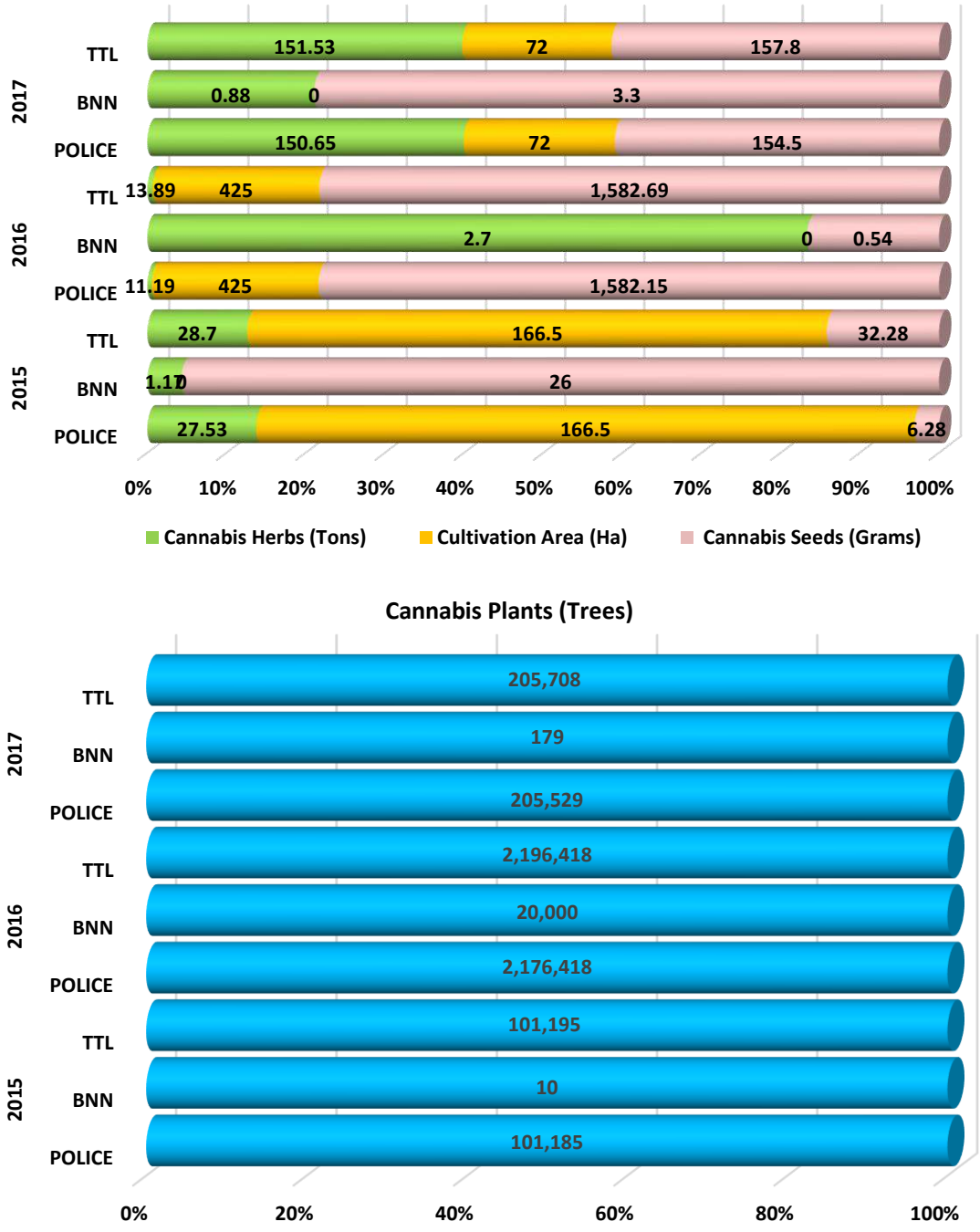
In 2017, the largest number of suspects involved in drug abuse and illicit trafficking are workers in the private sector (25,895), followed by entrepreneurs (**17,199**), and the last the group of unemployed (**8.650).**

On the whole, suspects of drug abuse and illicit trafficking continue to increase, but in 2017 there was a decrease among suspects from the groups of Civil Servants, Police/Armed Forces, Labour and Including Students. The conclusion is that the P4GN program in this reported year seems to have developed a condition of resilience against drug abuse in the four mentioned groups.

Although private workers, entrepreneurs and the unemployed have the largest number of suspects in 2017, the increase percentage indicates a decline compared to the percentage of increase in 2015-2016.

Looking closely at the trend of drug abuse and illicit trafficking these groups are not free from the following conditions: environmental influence, good income, co-workers and workload/educational burden, Civil Servants, Police/Armed Forces are government institutions that work in the field of service for the community. They have strong resilience. and although suspects are very few, but the impact is great. Private workers and entrepreneurs have sufficient and quite a stable income. Their urban life style and workload give great influence to the increase of drug abuse and illicit trafficking. Farmers and laborers are very close with rough work and intense time demand. Company workers are bound to employment regulations. Sanctions are given to workers who are involved in drug abuse and illicit trafficking. On the other hand, farmers have an unstable income and are not bound to regulations, so they are prone to being used and are easily involved in drug trafficking. Concerning drug abuse and illicit trafficking, high school and university students are greatly influenced by their friends and the environment. School students are empowered by the family and school regulations that apply, but university students live far from the family and they like to lead an urban lifestyle that is more vulnerable to drug abuse and illicit trafficking. Some of the above factors also cause the idle group to be involved in drug crimes.

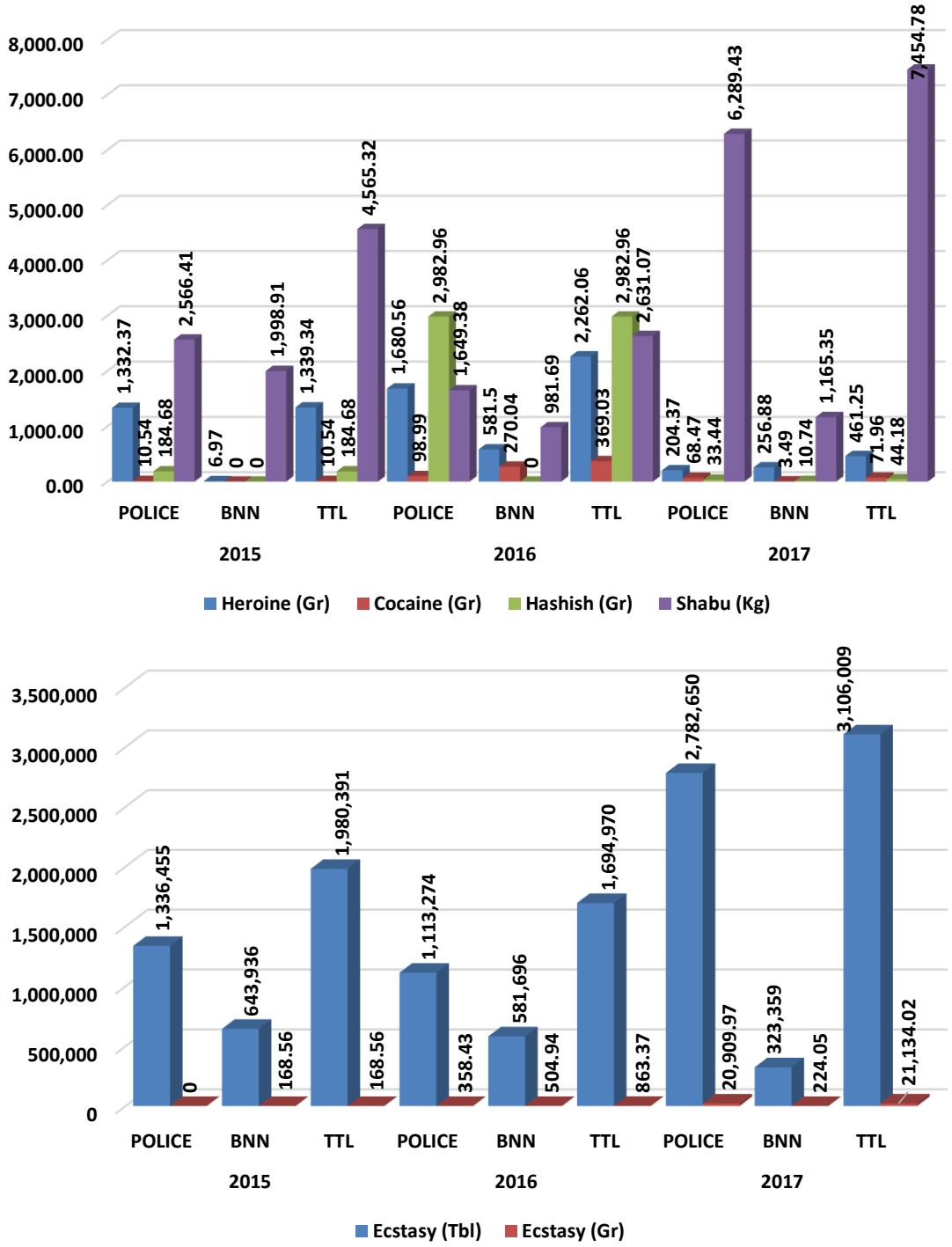
Diagram 4.8. Total Seized Cannabis Evidence (Herbs, Cultication Area, Seeds and Plants), 2015 – 2017



Source : Police and BNN, March 2018

Seizures of Cannabis tend to fluctuate from year to year. Data indicate that the supply of Cannabis herbs has inverse proportion with the availability of cultivation area, cannabis seeds and cannabis plants. In the period 2016-2016 there was an increase in seizures of cultivation area, cannabis seeds and cannabis plants. On the other hand, seizures of cannabis herbs went down. While in the period 2016-2017 seizures decreased for cultivation area, cannabis seeds and cannabis plants, but the reverse occurred with cannabis herbs.

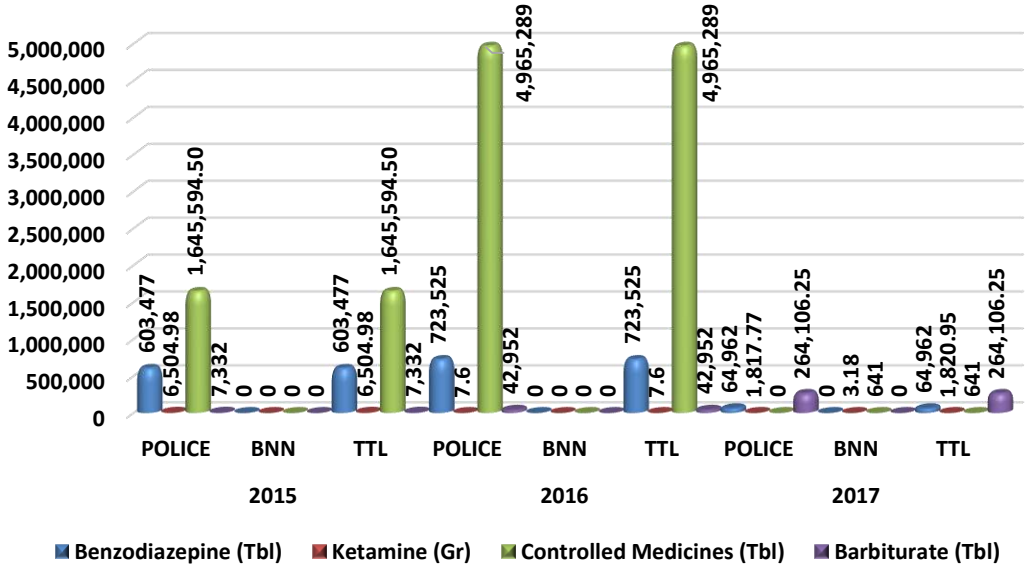
Diagram 4.9. Total Evidence of Seized Narcotics, 2015 – 2017



Source : Police and BNN, March 2018

The year 2017 shows that ATS (shabu and ecstasy) remain the popular drugs, that are hard to eliminate from circulation. A large proportion of synthetic narcotics tend to decrease, with the exception of ecstasy and shabu. Seizures of synthetic narcotics fluctuate from year to year. Data of seizures show that drug dealers always change the drugs they are selling depending on the condition in the field to avoid law enforcement. If seizures decrease in the previous period, they will increase in the next period, and vice versa.

Diagram 4.10. Total Seizures of Psychotropic Substances, 2015 – 2017

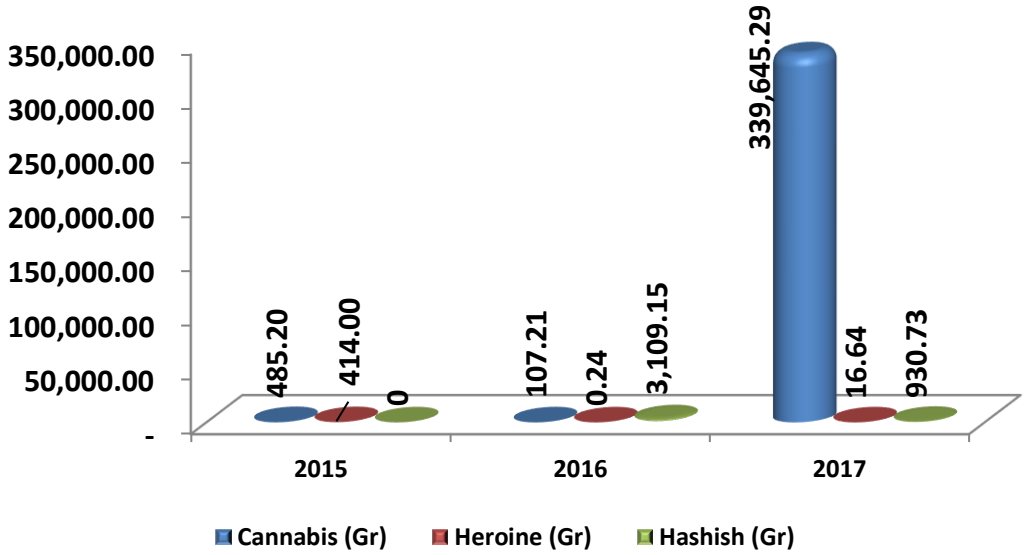


Source : Police dan BNN, March 2018

The year 2017 shows that psychotrophics (such as benzodiazepines, barbiturates, ketamine and controlled medicine) remain the popular drugs, that are hard to eliminate from circulation. Seizures of psychotropics fluctuate from year to year. Data of seizures show that drug dealers always change the drugs they are selling depending on the condition in the field to avoid law enforcement. If seizures decrease in the previous period, they will increase in the next period, and vice versa.

b. Evidence and Suspects of Narcotic Crimes, from Ministry of Finance RI, 2015-2017

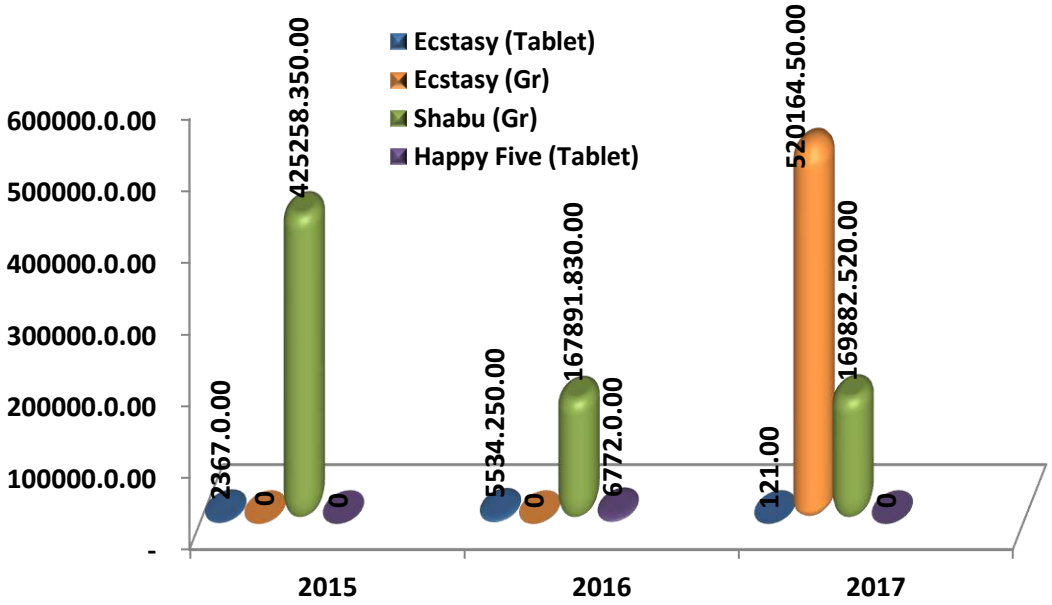
Diagram 4.11. Total Natural Narcotics Seized at Airports, Border Crossings and Sea Ports, 2015 – 2017



Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2018

From 2016 to 2017 the smuggle of natural narcotics at airports, seaports and border crossings still occur, as is seen from the significant increase in seizures of cannabis and heroin, than in the previous year, while a significant increase in seizures of hashish occurred in 2016 but went down in 2017. It is necessary to be alert of the increase in cannabis seizures as it is not known yet how large the undetected cannabis cultivation areas are in Aceh.

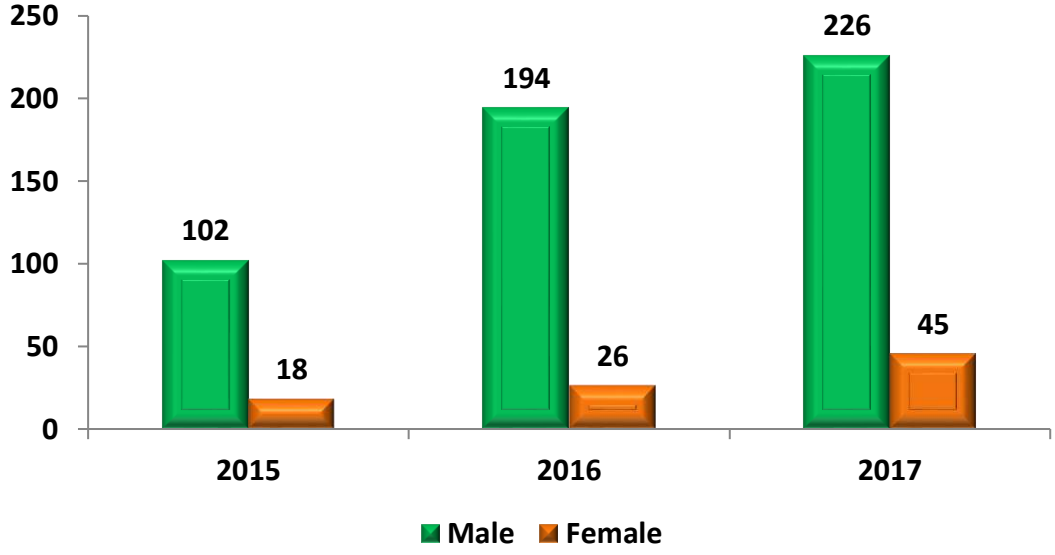
Diagram 4.12. Total Synthetic Narcotics Seized at Airports, Seaports and Border Crossings, 2015-2017



Source : Directorate General of Customs & Excise, Minisitry of Finance RI, March 2018

The smuggle of ATS such as shabu and ecstasy still occur through Airports, Seaports and Border crossings in the period 2015 – 2017. The circulation of shabu and ecstasy in Indonesia is very alarming.

Diagram 4.13. Total Narcotics Suspects Based on Gender, 2015–2017

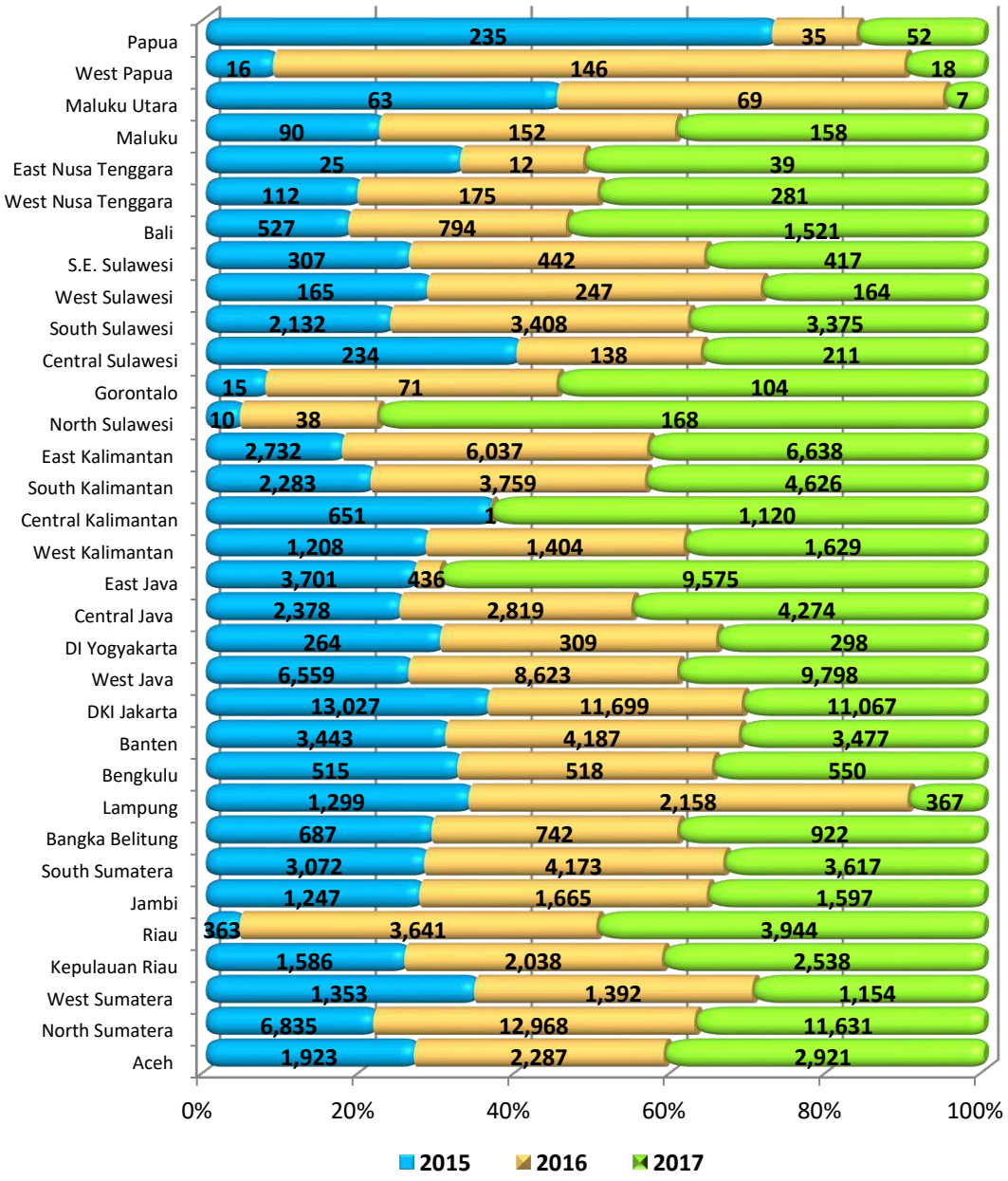


Source : Directorate General of Customs & Excise, Ministry of Finance RI, March 2018

Total suspects bringing Narcotics into Indonesia through air, sea and land routes and by post still indicate an increase. It indicates the successful measures of law enforment to prevent the narcotics coming into Indonesia. But on the other hand, regardless of the fact that the drugs are meant for personal use or for re-selling, it shows that the supervision and the regulations in controlling narcotics abuse and illicit trafficking are not effective enough to cause a deterrent effect.

c. Prisoners and Detainees Related to Drug Cases all over Indonesia from Minister of Justice and Human Rights RI, 2015-2017

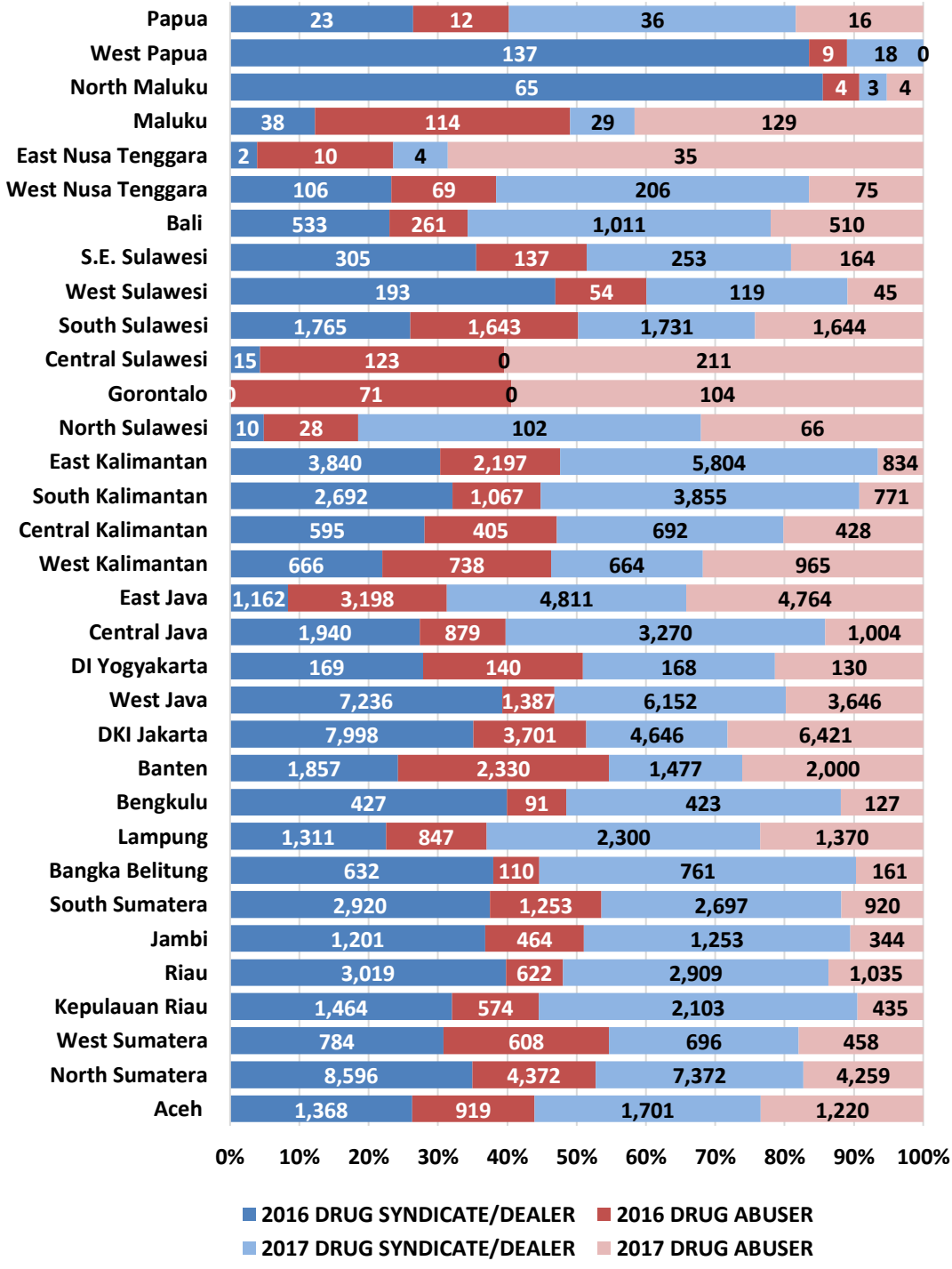
Diagram 4.14. Total Total Prisoners and Detainees of Drug Cases all over Indonesia by Province, 2015 – 2017



Source : Directorate General of Correctional Institutions, Ministry of Justice and Human Rights RI, March 2018

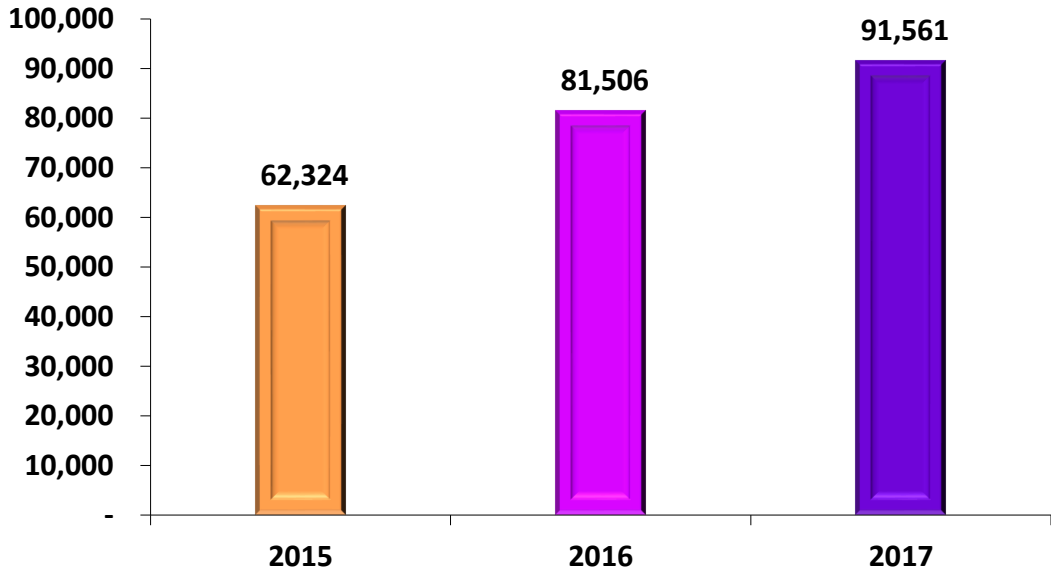
In 2017, the largest number of Prisoners and Detainees of drug cases is dominated by the province of North Sumatera (11,631), or a percentage of 13.18%, followed by DKI Jakarta (11,067), or 12,54%; next comes West Java (9,798) or 11.10%.

Diagram 4.15. Total Prisoners and Detainees of Drug Cases All over Indonesia Based on Type Crime, Syndicate/Dealer and Drug User by Province, 2016 – 2017



Source : Directorate General of Correctional Institutions, Ministry of Justice and Human Rights RI, March 2018

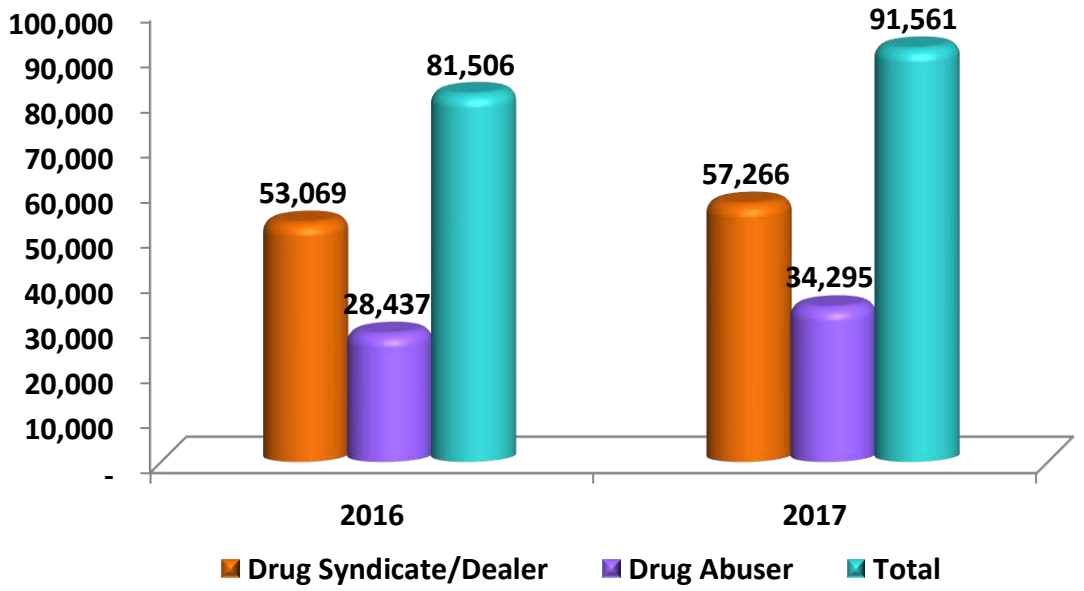
Diagram 4.16. Total Prisoners and Detainees of Drug Cases all over Indonesia, 2015 – 2017



Source : Directorate General of Correctional Institutions, Ministry of Justice & Human Rights RI, March 2018

In line with the increasing number of drug cases and arrested suspects, the number of prisoners and detainees also goes up. As a result, the impact of limited space in prisons is greaatly felt. It isnecessary to consider and review alternative sanctions besides putting drug abusers in prison (except for syndicates and drug dealers).

Diagram 4.17. Total Prisoners and Detainees of Drug Cases all over Indonesia Based on crime classification as Syndicate/Dealer and Drug Abuser, 2016 – 2017



Source : Directorate General of Correctional Institutions, Ministry of Justice & Human Rights RI, March 2018

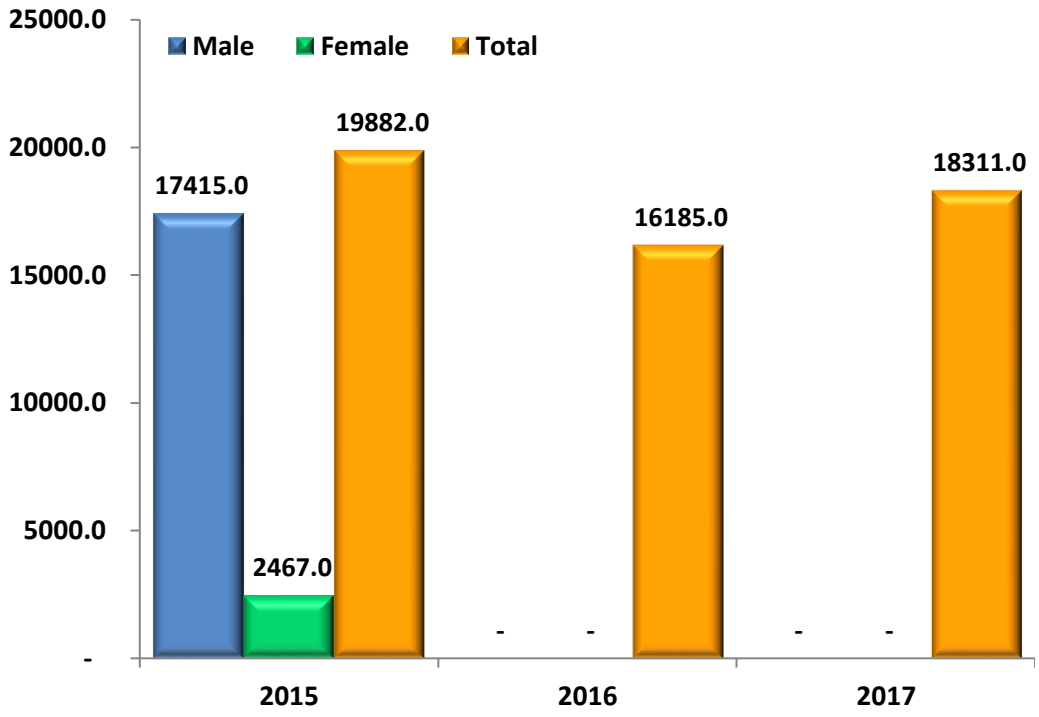
Along with the increase of prisoners and detainees of drug cases, detained drug users and syndicates/dealers also escalate. However, the proportion of drug dealers/syndicates and drug abusers in prison remains stable, i.e. 2:1. However, with the larger number of drug dealers than drug abusers in prison, it is very likely that drug transactions may be made in prison, which the related officers should be aware of, since this is a condition that may bring ill effect to drug abusers in prison, since they are at high risk of getting a higher level of drug addiction.

2. Demand Reduction

a. Drug Abusers Making Access to Rehabilitatio Services and getting support at Rehabilitation Facilities, 2015 – 2017 and Drug abusers getting treatment at BNN Rehabilitation Center, from BNN, 2015 – 2017.

1) Drug Abusers Making Access to Rehabilitation Services and getting Support, 2015 – 2017

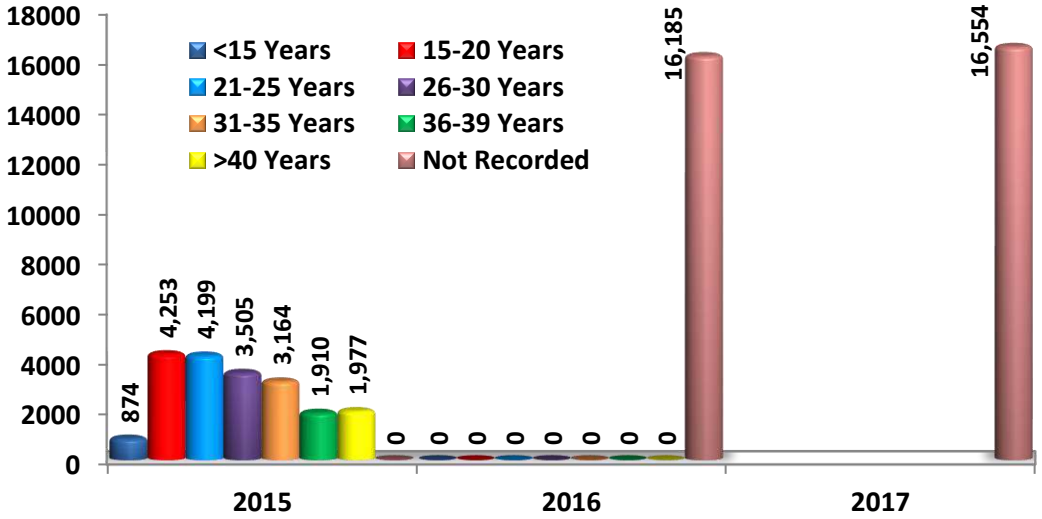
Diagram 4.18. Total Drug Abusers Based on Gender, 2015– 2017



Source : BNN Deputy of Rehabilitation, March 2018

Registration of rehabilitation patients according to gender in 2016 and 2017 is very minimum, but data in 2015 indicates that male patients are greater in number than females. The estimation is that this trend remains the same in 2016 and 2017. Indeed, female patients are less than male patients, but the acceleration in drug abuse from experimental use up to drug addiction is very fast, and usually its effect is also much more severe than among males.

Diagram 4.19. Total Drug Abusers Based on Age Group, 2015 – 2017

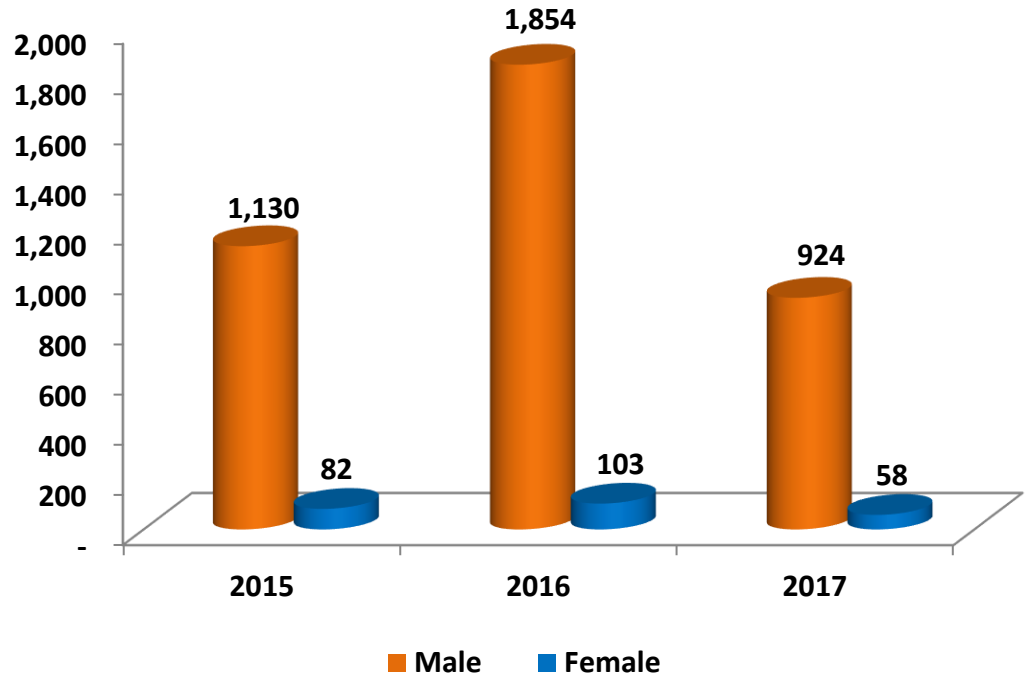


Source : BNN Deputy of Rehabilitation, March 2018

Registration of rehabilitation patients based on age is also very scarce in 2016 and 2017, but taken the data of 2015 the largest number of rehabilitation patients is among 15-20 years, followed by the group of 21–25 years. The estimation is that this tend remains the same in 2016 and 2017, since drug dealers still make the productive years as their target.

2) Drug Abusers Receiving Treatment at BNN Rehabilitation Center, 2015 – 2017

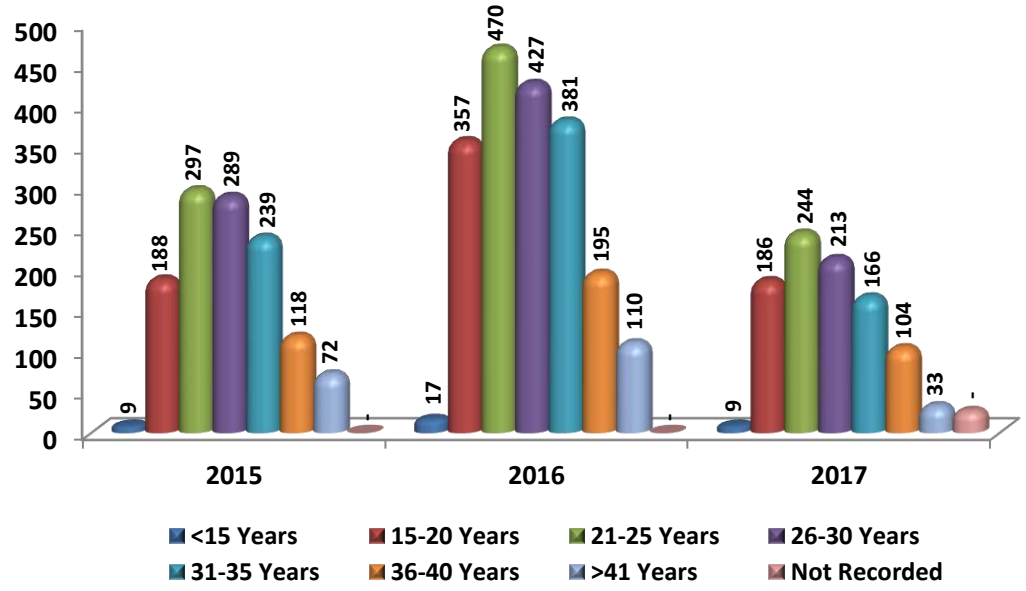
Diagram 4.20. Total Drug Abusers at BNN Rehabilitation Center Based on Gender, 2015 – 2017



Source : BNN Rehabilitation Center, March 2017

In general, the number of male patients making access to rehabilitation services at BNN Rehabilitation Center is relatively greater than female patients.

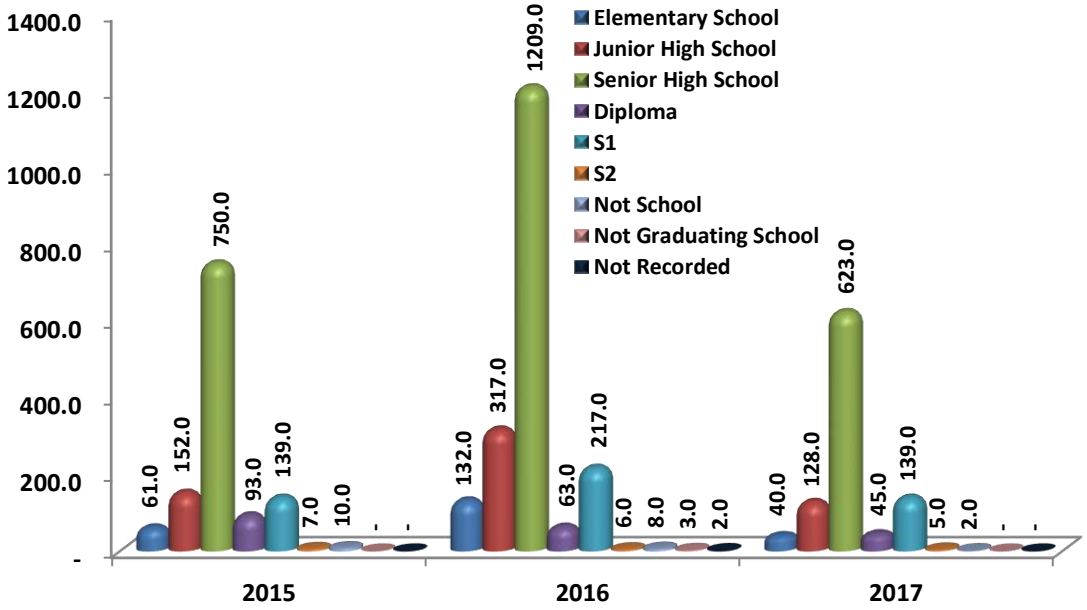
Diagram 4.21. Total Drug Abusers at BNN Rehabilitation Center Based on Age Group, 2015 – 2017



Source : BNN Rehabilitation Center, March 2018

During the past three years the proportion of rehabilitation patients based on age group remains stable. In general, the largest number of patients making access to BNN Rehabilitation Center is in the age group of 20 – 25 years, followed by the age group 26- 30 years.

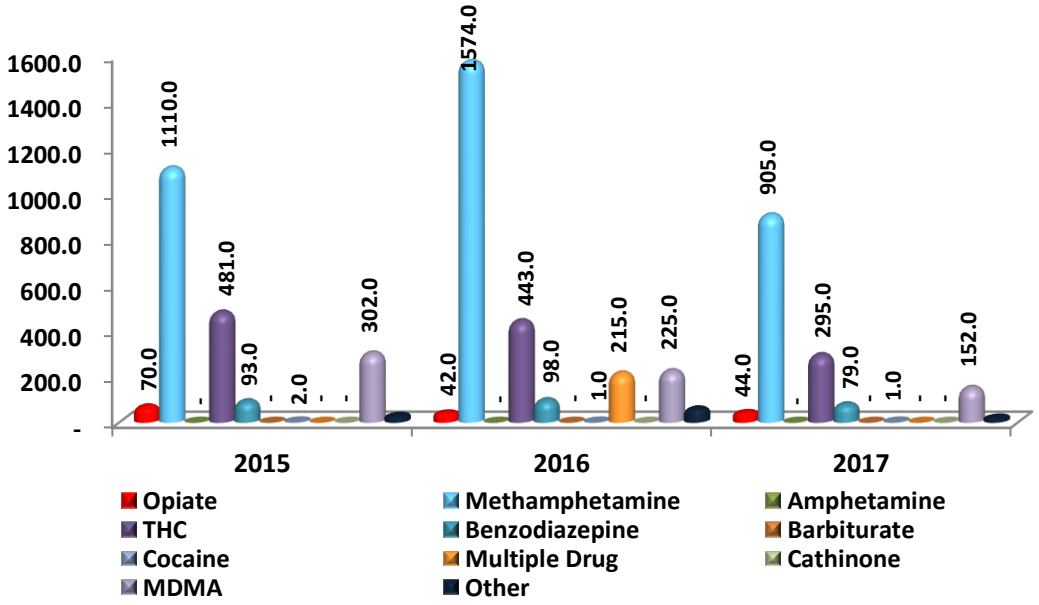
Diagram 4.22. Total Drug Abusers at BNN Rehabilitation Center Based on Education, 2015 – 2017



Source : Balai Besar Rehabilitasi BNN, March 2018

In the past three years the total patients who have accessed rehabilitation at BNN Rehabilitation Center are from Senior High School.

Diagram 4.23. Total Drug Abusers at BNN Rehabilitation Center Based on Type Drug Used, 2015 – 2017

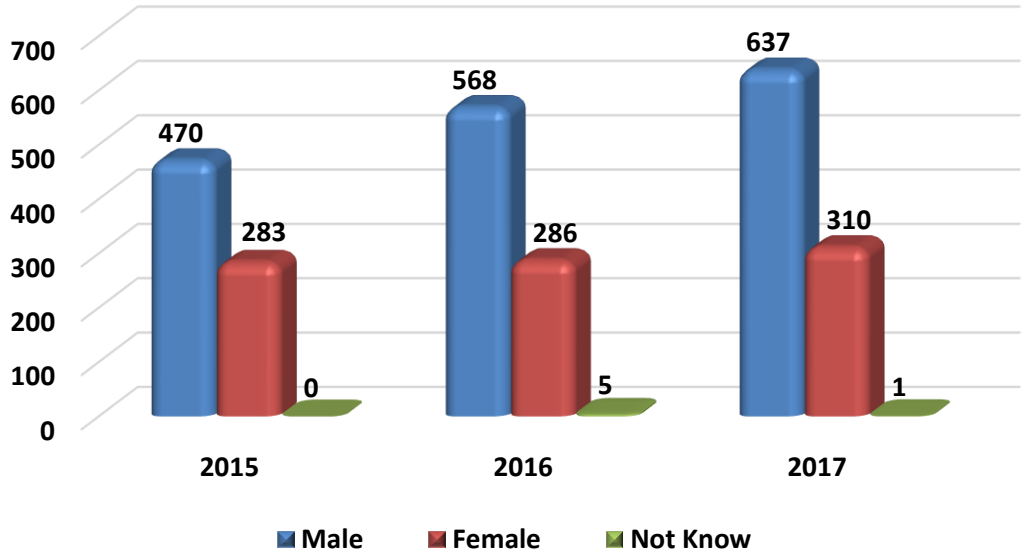


Source : BNN Rhabilitation Center, March 2018

In the past three years the largest number of patients making access to BNN Rehabilitation Center belong to abusers suffering from methamphetamine addiction, followed by abusers of THC/cannabis/ganja.

b. *Injecting Drug Users* (IDUs) and HIV/AIDS Cases from Ministry of Health RI, 2015 – 2017

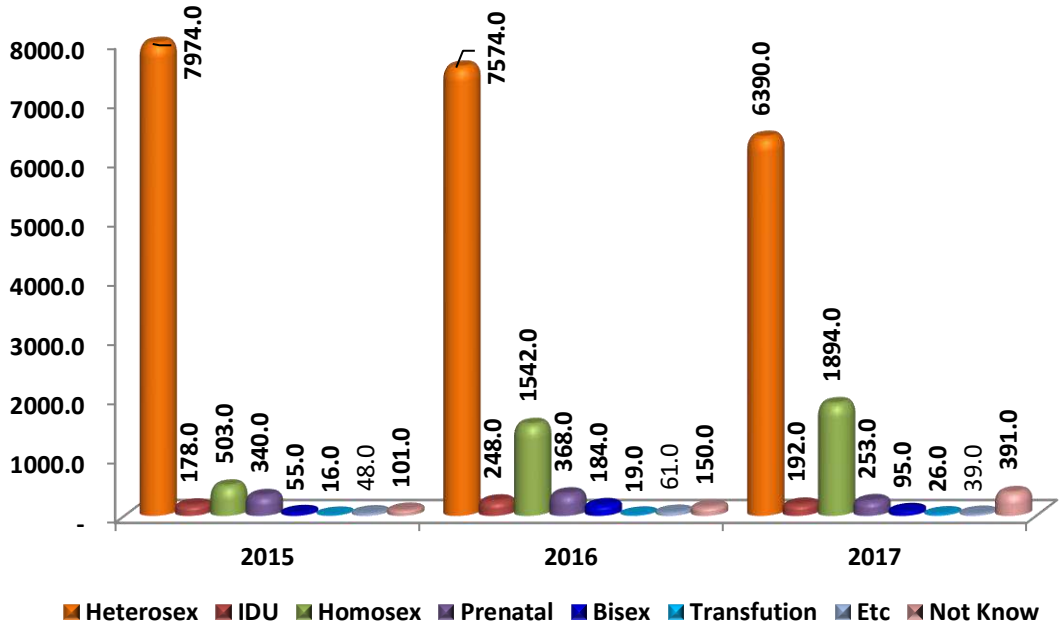
Diagram 4.24. Total Cumulative AIDS Cases Based on Gender, 2015- 2017



Source : Directorate General of PP & PL, Minisitry of Health RI, March 2018

In the past 3 years, the total of AIDS cases continues to increase, in the group of males as well as females, but the proportion between males and females remains relatively stable 2 (males) : 1 (females).

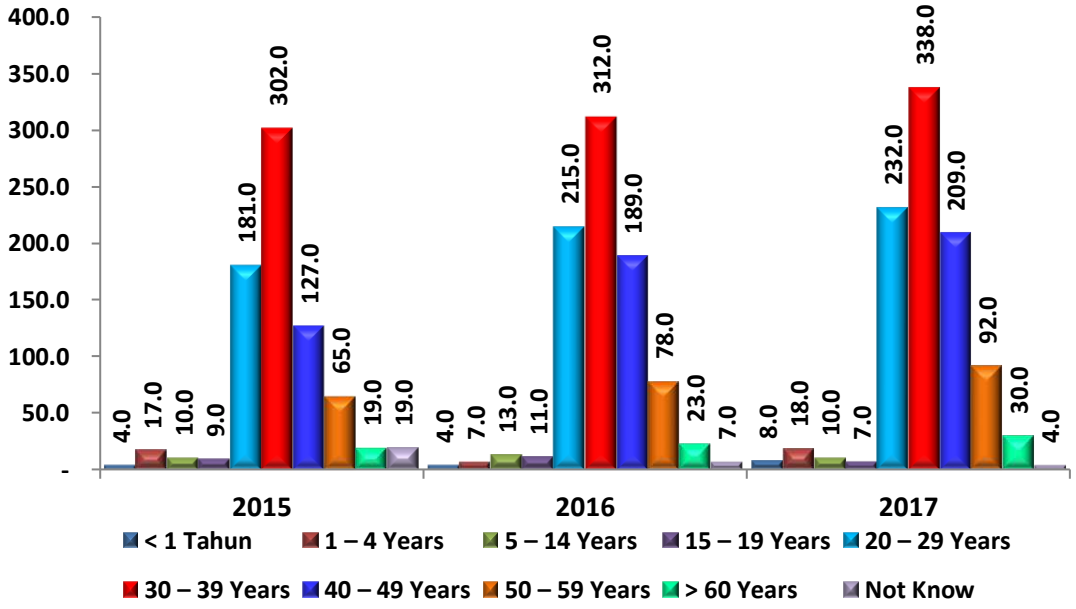
Diagram 4.25. Total Cumulative AIDS Cases Based on Risk Factor, 2015- 2017



Source : Directorate General of PP & PL Ministry of Health RI, March 2018

During the past three years AIDS Cases in the group of heterosex continues to go down, but on the other hand the group of homosex increases. AIDS cases among IDUs remains stable. Although there was an increase in 2016, but in 2017 it went down.

Diagram 4.26. Total Cumulative AIDS Cases Based on Age Group, 2015- 2017



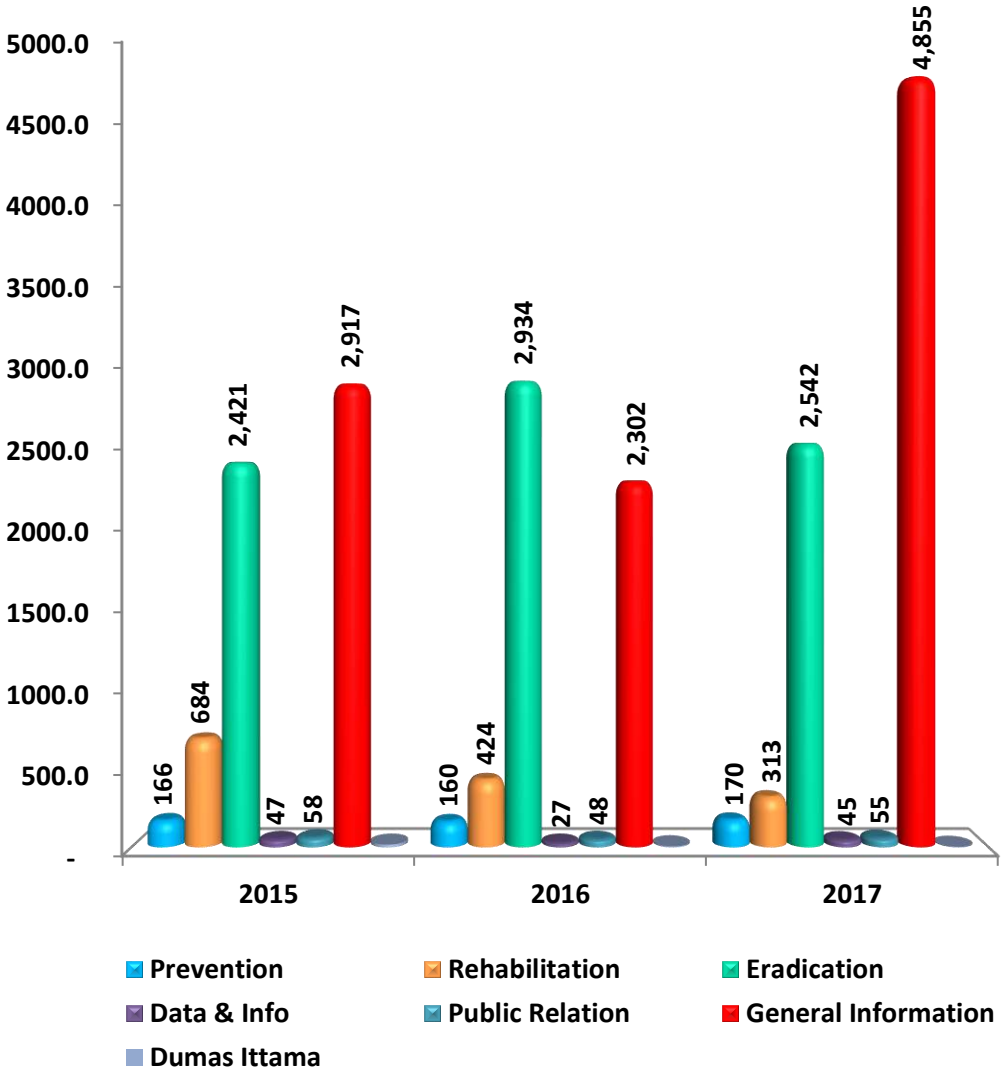
Source : Directorate General of PP & PL Ministry of Health RI, March 2018

In the past three years, the total Cases of AIDS continues to increase in almost all age groups, but the proportion remains relatively the same. Every year the group 30-39 years has the largest number of AIDS cases, followed by the age group 20 – 29 years.

c. Data of BNN Contact Center, 2015 – 2017.

1) Data of BNN Contact Center Based on Type of Information, 2015 – 2017.

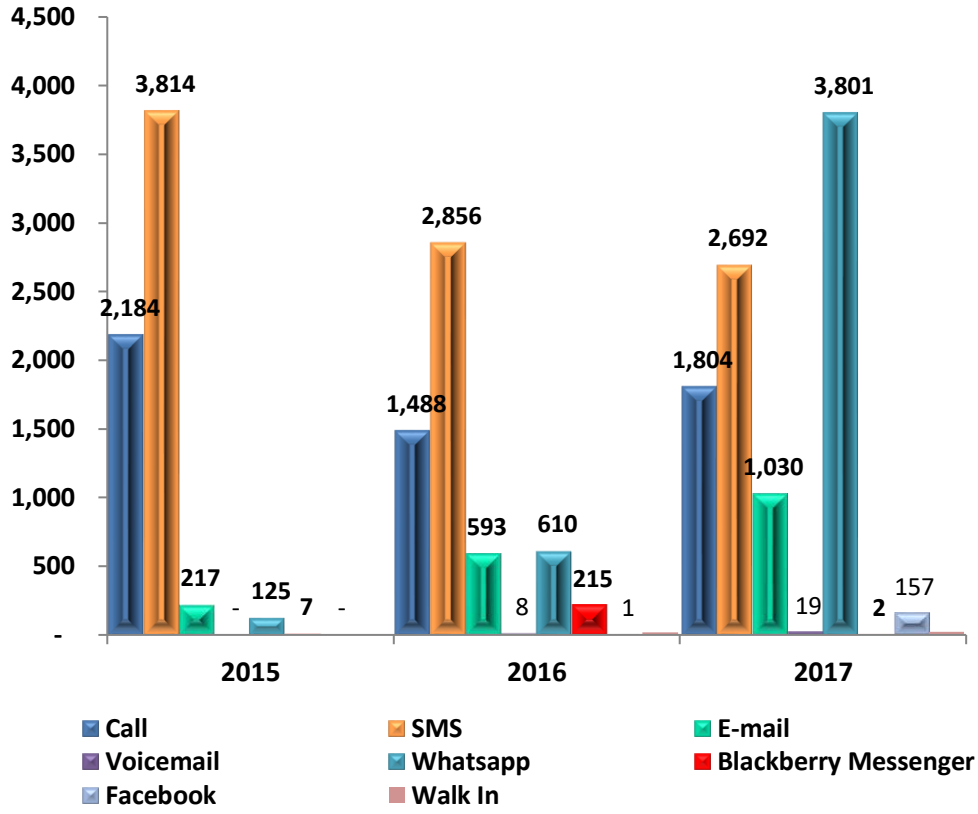
Diagram 4.27. Total Information Rceived by BNN Contact Center Based on Type of Information, 2015 – 2017



In the past three years, information on rehabilitation is declining. Along with the increase of rehabilitation patients conclusion is made that socialization of information on the rehabilitation locations and its process of rehabilitation have been well implemented. Information on Eradication of drug abuse is relatively stable, the community tends to care for its environment and continue to report drug abuse and illicit trafficking in their environment to BNN Contact Center.

2) Data of BNN Contact Center Based on Source of Information, 2015–2017.

Diagram 4.28. Total Information Received by BNN Contact Center Source of Information Contact Center, 2015 – 2017



Source : BNN Center of Data Research and Information, March 2018

In the past three years . lesser information is coming ini through SMS. On the other hand, information through Whatsapp continues to increase, which is in accordance with the technological progress. People prefer to use Whatsapp and leave SMS. Besides, information coming in through email, voice mail, Facebook and Walk-in is continuously escalating. Also information by phone is relatively stable. Since so much information is received and continues to increase in 2017, one may conclude that the community still appreciates the presence of the National Narcotics Board, and care to participate in dealing with drug and illicit trafficking in their environment.

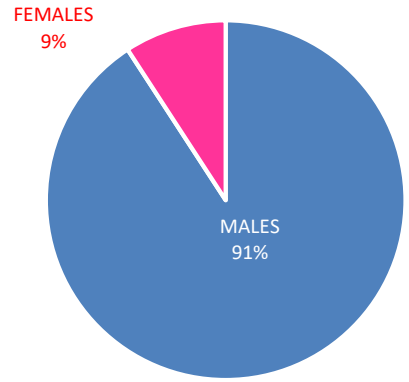
CHAPTER V
DATA OF BNN IN SEMESTER I 2018

This Chapter will discuss the data on Prevention and Eradication of Drug Abuse implemented by the National Narcotics Board. These data to be presented originate from the SIN system (Drug Information) that is spread out in 34 Provinces of Indonesia. Data input is conducted by operators in BNN Province and BNN Regency/City.

1. BNN Data on Eradication

From data collected by Center of Data Research and Information (Puslitdatin) through the system spread out in 34 Provinces, **540 drug** cases have been settled by BNN, including 13 cases of money laundering in the first semester of 2018. Cases related to Shabu remain the largest in number (426), and the most had been handled by **North Sumatera BNN Province.**

Diagram 5.1 Percentage of Suspects Based on Gender



Total suspects (784) were handled by BNN. Male suspects are the largest in number (712), and (72) female suspects were involved in drug crimes. Most of the suspects are above 30 years (407), there are some suspects under 15 years, although very few. From arrested suspects 60% have passed Senior High School. Based on occupation, workers in the private sector and entrepreneurs dominate this part. Looking at their educational background, suspects have sufficient understanding on drugs. In regard with their occupation, due to their association and life style suspects became perpetrators of drug crimes.

BNN has made quite many seizures in the first semester of 2018. Cannabis was the largest amount seized (807,318.05 gr). The second largest seizure is shabu (676,522.34 gr). These findings should be investigated, especially concerning shabu seizures. It may be assumed that the performance of law enforcement becomes increasingly better, or it may be possible that shabu is available in such a large amount in the drug market that drug abusers have easy access on the drug. Equivalent with the many cases, the Province of North Sumatera has the largest number of Cannabis seizures. (87%) were seized by BNNP North Sumatera. The largest seizures of Shabu occurred in Jambi made by BNNP Jambi, as is presented in the following Table.

Table 5.1. Drug Cases Handled by BNN in Semester 1, 2018

NO.	PROVINCE	CASES									N/K
		CLAN-DESTINE LAB	AMP HE-TAMINES	CARISO-PRODOL	CANNABIS/ GANJA	ECSTA-SY	SHABU	COM-MON MEDI-CINES	CON-TROLL-ED HARD DRUGS	MONEY LAUN-DERING	
1	2	3	4	5	6	7	8	9	10	11	12
1.	Aceh		2				16				**18**
2.	Bangka Belitung				1		6				**7**
3.	Bali				11	2	26				**39**
4.	Banten						2				**2**
5.	Bengkulu						7				**7**
6.	DKI Jakarta				3	2	12				**17**
7.	Gorontalo		5				6	3			**14**
8.	West Java				7		9				**16**
9.	Jambi		1				9				**10**
10.	Central Java					1	8				**9**
11.	East Java		1		2		23				**26**
12.	West Kalimantan					1	9				**10**
13.	South Kalimantan	1	1				28		1	1	**32**
14.	North Kalimantan						17				**17**
15.	Central Kalimantan						16				**16**
16.	East Kalimantan		2			1	34				**37**
17.	Riau Islands		1		1		22				**24**
18.	Lampung					1	7				**8**
19.	Maluku				2		5				**7**
20.	North Maluku				1		4				**5**
21.	West Nusa Tenggara				1		3				**4**
22.	East Nusa Tenggara						1				**1**
23.	West Papua				1		4				**5**
24.	Papua				13		8				**21**
25.	Central BNN	1					21			11	**33**
26.	Riau				2	4	17				**23**
27.	West Sulawesi						4				**4**
28.	South Sulawesi			3			12			1	**16**
29.	Central Slawesi				2		16				**18**
30.	S.E. Sulawesi				1		9				**10**
31.	West Sumatera				2						**2**
32.	South Sumatera				1	1	23				**25**
33.	North Sumatera		2		9	4	35				**50**
34.	DI Yogyakarta						7				**7**
Total		**2**	**15**	**3**	**60**	**17**	**426**	**3**	**1**	**13**	**540**

Source : National Narcotic Board, August 2018

Table 5.2. Suspects of Drug Cases Handled by BNN in Semester 1 of 2018 Based on Nationality, Age and Education

NO.	PROVINCE	SUSPECTS																
		DO-MESTIC		FO-REIGN		AGE						EDUCATION						
		M	F	M	F	≤ 15 YRS	16-19 YRS	20-24 YRS	25-29 YRS	≥ 30 YRS	N/K	ELEMENTARY	JUNI-OR HIGH	SENI-OR HIGH	UNIVERSITY	DROP OUT	NO SCHOO-LING	N/K
1	2	3	4	5	6	7	8	9	10	11	12							
1.	Aceh	24				1	1	3	4	14	1		3	19	2			-
2.	Bangka Belitung	8					1		2	5		1		7				
3.	Bali	29	2	1 2				8	10	24	1	1	9	29	4			
4.	Banten	4								4		1	2	1				
5.	Bengkulu	14		1				4	3	8			2	12	1			
6.	DKI Jakarta	18	3					6	4	11				21				
7.	Gorontalo	11	7			1	1	2	1	9	4	1	5	8	4			-
8.	West Java	22	3				1	7	5	11	1	2	7	13	2	1		-
9.	Jambi	13	2							8	7			15				-
10.	Central Java	13	2					3	4	8		5		10				
11.	East Java	33	3					6	6	20	4	9	8	11	1		7	-
12.	West Kalimantan	23	1	3			3	2	6	16		4	5	8	1	7	2	
13.	South Kalimantan	38	2				1	2	9	27	1	8	13	17		2		-
14.	North Kalimantan	21	3					4	7	8	5	2	3	11	1	1		6
15.	Central Kalimantan	16	3					4	3	12		1	7	6		3		2
16.	EastKalimantan	19	4						3	20	-	12	5	4	1	1		-
17.	RiauIslands	35	2	3				1	3	6	30		1	27			1	11
18.	Lampung	17	2					1	3	14	1	1	6	11				1
19.	Maluku	9	1						2	5	3			5	2			3
20.	North Maluku	8						2	2	4				8				
21.	West Nusa Tenggara	5								5		2	1	2				
22.	East Nusa Tenggara										-							-
23.	West Papua	6						1	2	2	1			6				
24.	Papua	22	1	3			3	2	2	14	5	7	7	11				1
25.	Central BNN	55	7	5	1			6	6	27	29	1		46	6			15
26.	Riau	27	9				1	4	8	20	3	3	9	21	1			2
27.	West Sulawesi	13				1		1	4	7		1		7	2	3		
28.	South Sulawesi	22	3			1		3	3	14	4	2	7	15	1			
29.	Central Sulawesi	30	5				1	7	4	23	-	1	1	31	1	1		-
30.	S.E. Silawesi	13						1	3	9		2	1	7	3			
31.	West Sumatera	2						1	1			1		1				
32.	South Sumatera	30	2					7	4	14	7	7	8	15	1	1		
33.	North Sumatera	77	4			1	2	8	13	37	20	10	11	59				1
34.	DI Yogyakarta	8						1		1	6		3	5				
Total		**685**	**71**	**27**	**1**	**5**	**15**	**97**	**127**	**407**	**133**	**85**	**124**	**469**	**34**	**20**	**10**	**42**

Source : National Narcotics Board, August 2018

Table 5.3. Suspects of Drug Cases Handled by BNN in Semester 1 of 2018 Based on Occupation

NO.	PROVINCE	SUSPECTS														
		OCCUPATION														
		LABORER	UNIV. STUDENT	FISHERMAN	PRISONER	SCHOOL STUDENT	SEAMAN	UNEMPLOYED	CIVIL SERVANT	POLICE	DRIVER	PRIVATE SECTOR	FARMER	ARMED FORCES	ENTREPRENEUR	N/K
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1.	Aceh			1		1		1	2		1	4	3		11	-
2.	Bangka Belitungl	1				1		4							2	
3.	Bali	2				3			1		1	18			18	
4.	Banten											1			3	
5.	Bengkulu								2	1		11			1	
6.	DKI Jakarta		1			1		1				11			7	
7.	Gorontalo			1		1		1	2			10			3	-
8.	West Java	4			1	1		5				3			11	-
9.	Jambi											15				-
10.	Central Java	3	2								1	8			1	
11.	East Java	5	1					4			1	13	2		10	-
12.	West Kalimantan	5			2			1			2	10	1		6	
13.	South Kalimantan	10						7			2	8	1		12	-
14.	North Kalimantan		1	2				4				9	1		1	6
15.	Central Kalimantan	2										14			3	
16.	East Kalimantan	2			1			11				8			1	-
17.	Riau Islands			1				2				20			6	11
18.	Lampung	2			1			3	1	1	1	3			7	
19.	Maluku							1		1					3	5
20.	North Maluku							1				2			5	
21.	West Nusa Tenggara			1				1		1		1			1	
22.	East Nusa Tenggara															-
23.	WestPapua							2				2			2	
24.	Papua	1	1			2		12			1	6	1		2	
25.	Central BNN	5	6		1		1					29	1		20	5
26.	Riau	4	3		6	1		1				7		1	13	
27.	West Sulawesi							1	2			2			8	
28.	South Sulawesi	6							2		1	5			11	
29.	Central Sulawesi	1	5		1			5	1	1		14	2		5	-
30.	S.E. Sulawesi				2				2		2	1			6	
31.	West Sumatera														2	
32.	South Sumatera	2				1		2	1			12	2	1	11	
33.	North Sumatera	1				1		2				20	3		53	1
34.	DI Yogyakarta							1				5			2	
Total		**56**	**20**	**6**	**15**	**13**	**1**	**73**	**16**	**5**	**13**	**272**	**17**	**2**	**247**	**28**

Source : National Narcotics Boaard, August 2018

Table 5.4. Drug Evidence Handled by BNN in Semester 1 of 2018

NO.	PROVINCE	EVIDENCE									
		AMPHE-TAMINES	CANNA BIS SEEDS	CARISO-PRODOL	CANNA-BIS HEERBS	SHABU		ARE-AL	CANNA-BIS TREES	ECSTASY	
		GRAM	GRAM	BUTIR	GRAM	TAB	GRAM	HA	TREES	TAB	GRAM
1	2	3	4	5	6	7	8	9	10	11	12
1.	Aceh	51.50					76.10				
2.	Bangka Belitung				60.59		7.20			75.00	
3.	Bali				9,415.85		1,071.25			149.00	1.75
4.	Banten						7.18				
5.	Bengkulu				72.95		2,735.68			3.00	
6.	DKI Jakarta				37,031.01		768.83			2,692.00	
7.	Gorontalo						0.87				
8.	West Java				2,157.04		373.59			59.00	
9.	Jambi				7.60	15.00	292,562.75			3.00	
10.	Central Java						6,286.11			9.00	
11.	East Java				31,666.00		18,534.02				
12.	West Kalimantan						58,721.26			4,629.00	
13.	South Kalimantan						1,594.74				
14.	North Kalimantan						1,234.56				
15.	Central Kalimantan						1,704.16			63.00	
16.	East Kalimantan	0.34					1,501.66			251.00	
17.	Riau Islands				8.35		26,556.67				1.06
18.	Lampung						12,519.10			1,373.00	1,845.35
19.	Maluku				1.67		0.10				
20.	North Maluku				94.66		1.01				
21.	WestNusa Tenggara				19,290.00		7.30				
22.	East Nusa Tenggara						-				
23.	West Papua				1.61		1.92				
24.	Papua				1,261.36		66.86		4.00		
25.	Central BNN						232,235.28			100,694.00	
26.	Riau				81.10		7,901.04			168.00	
27.	West Sulawesi						0.49				
28.	South Sulawesi			3,224.00			97.38				
29.	Central Sulawesi	65,379.00					651.16				
30.	S.E.Sulawesi				820.00		1,639.83				
31.	West Sumatera		18.08		22.72		-				
32.	South Sumatera	3.15					5,523.73			36.00	2.33
33.	North Sumatera				705,325.54		2,019.80	2.50	1,946.00	15,540.00	
34.	DI Yogyakarta						120.71				
Total		**65,433.99**	**18.08**	**3,224.00**	**807,318.05**	**15.00**	**676,522.34**	**2.50**	**1,950.00**	**125,744.00**	**1,850.49**

Source : National Naarcotics Board, August 2018

2. Data BNN on Rehabilitation

Data is accomplished from integration with BNN Deputy of Rehabilitation system. Registration is conducted on inpatient rehabilitation, outpatient rehabilitation and post rehabilitation at government rehabilitation facilities. The following Table presents data from January to June 2018.

Table 5.5. Rehabilitated Patients by BNN in Semeter 1 of 2018

NO.	PROVINCE	REHABILITATED PATIENTS			TOTAL
		INPATIENT	OUTPATIENT	POST REHAB	
1	2	3	4	5	6
1.	Bali	-	101	-	101
2.	Banten	-	10	2	12
3.	Bengkulu	-	15	-	15
4.	DI Yogyakarta	1	11	6	18
5.	DKI Jakarta	-	272	47	319
6.	Gorontalo	-	32	21	53
7.	Jambi	-	255	1	256
8.	West Java	362	61	7	430
9.	Central Java	-	12	3	15
10.	East Java	-	59	-	59
11.	West Kalimantan	-	47	1	48
12.	South Kalimantan	-	160	-	160
13.	CentralKalimantan	-	2	10	12
14.	East Kalimantan	113	17	11	141
15.	Bangka Belitung	-	86	-	86
16.	Riau Islands	87	36	17	140
17.	Lampung	57	48	14	119
18.	Maluku	-	2	-	2
19.	North Maluku	-	31	-	31
20.	Aceh	1	28	7	36
21.	West Nusa Tenggara	-	22	20	42
22.	East Nusa Tenggara	-	16	-	16
23.	Papua	-	33	-	33
24.	West Papua	-	5	1	6
25.	Riau	-	2	26	28
26.	West Sulawesi	-	3	1	4
27.	South Sulawesi	169	171	37	377
28.	Central Sulawesi	-	56	-	56
29.	S.E.Sulawesi	-	44	-	44
30.	North Sulawesi	-	65	6	71
31.	West Sumatera	-	61	-	61
32.	South Sumatera	-	127	15	142
33.	North Sumatera	31	138	28	197
Total		**821**	**2,028**	**281**	**3,130**

Source : National Narcotics Board, August 2018

3. Data BNN on Prevention

P4GN consists of 2 (two) parts: Advocacy and Information Dissemination. Dissemination of Information is implemented through various media, while advocacy is to advocate manpower, community and Education.

Table 5.6. BNN Activities of Information Dissemination in Semeter 1 of 2018

NO.	PROVINCE	INFORMATION DISSEMINATION							
		ONLINE MEDIA		BROADCAST MEDIA		PRINTED MEDIA		CONVENTIONAL MEDIA	
		TTL ACTI-VITIES	TTL VIEWERS	TTL ACTI-VITIES	TTL VIE-WERS	TTL ACTI-VITIES	TTL CIRCU-LATION	TTL ACTI-VITIES	TTL PARTI-CIPANTS
1	2	3	4	5	6	7	8	9	10
1	Aceh			6	6	19		30	3,572
2	Bangka Belitung	4	3,035,372	4	4	3		49	5,898
3	Bali	26	103,517	55	54	44	1,000	109	13,072
4	Banten			1				1	63
5	Bengkulu	84	2,748	6	6	39		26	2,187
6	DKI Jakarta					47		29	7,261
7	Gorontalo			13	12	24	3,000	10	1,850
8	West Java	71	16,014	15	15	10		149	17,448
9	Jambi	1	100	4	6			1	40
10	Central Java	19	2,018,872	17	23	9		323	46,280
11	East Java	454	46,000,178,318	190	187	157	1,000	543	125,285
12	West Kalimantan	2		7	7	3		42	4,364
13	South Kalimantan	221	73,335	7	7	9		68	10,221
14	North Kalimantan							25	4,783
15	Central Kalimantan					2		12	2,869
16	East Kalimantan	7		21	21	2		120	38,175
17	Riau Islands	21	997	102	100	4	2,048	34	12,435
18	Lampung			4	5			6	11,971
19	Maluku							8	721
20	North Maluku			1	1			4	154
21	West Nusa Tenggara	9	50,268	12	12	20	2,152	61	10,215
22	East Nusa Tenggara			5	5	7	5	20	2,068
23	West Papua	9	351	3	3			8	320
24	Papua			2	2	3		15	1,250
25	Central BNN								
26	Riau	6	206	3	3	3		19	3,105
27	West Sulawesi	15	348			1			
28	South Sulawesi	4	201	11	19	6		12	947
29	Central Sulawesi	5	96	1	3	32		115	8,878
30	S.E. Sulawesi							22	1,375
31	North Sulawesi	10	1,000	4	5			28	2,696
32	West Sumatera					6	47,985	25	1,626
33	South Sumatera	13	1,235	6	6	25		94	10,419
34	North Sumatera	9	140,830	46	45	20	17,815	357	45,581
35	DI Yogyakarta			9	9			12	2,380
Total		**990**	**46,005,623,808**	**555**	**566**	**495**	**75,005**	**2,377**	**399,509**

Source : BNN, August 2018

Table 5.7. BNN Advocacy Activities (Coordination Meetings, Build Assistance Network, Strengthening Assistance and Intervention) Semester 1 of 2018

NO.	PROVINCE	ADVOCACY										
		COORD. MEETINGS		BUILD NETWORKING			ASSISTANCE		STRENGTHE-NING ASSISTANCE		INTERVEN-TION	
		TTL ACTI-VITIES	TTL PAR-TICI-PANTS	TTL ACTI-VITIES	TTL AGEN-CIES	TTL PAR-TICI-PANTS	TTL ACTI-VITIES	TTL PAR-TICI-PANTS	TTL ACTI-VITIES	TTL PAR-TICI-PANTS	TTL ACTI-VITIES	TTL PAR-TICI-PANTS
1	2	3	4	5	6	7	8	9	10	11	12	13
1.	Aceh	26	453	26	26		18	30				
2.	Bangka Belitung	2	40	3	5	25	2					
3.	Bali	41	337				4	75				
4.	Banten											
5.	Bengkulu	52	453	1	1				1	23		
6.	DKI Jakarta	84	537	13	13		2					
7.	Gorontalo	2	165	3	3		1					
8.	West Java	19	130				3				1	30
9.	Jambi	5	18	1	7							
10.	Central Java	14	56	35	34	40	2	60				
11.	East Java	183	1,586	43	58	1,360	13	35				
12.	West Kalimantan	11	325	5	5		7					
13.	South Kalimantan	37	233	9	10	2	13	34				
14.	North Kalimantan	3	38	1	3							
15.	Central Kalimantan											
16.	East Kalimantan	5	25	1	1		2					
17.	Riau Islands	4	36	3	4		5	30				
18.	Lampung	6	73	1	1		2					
19.	Maluku			1	1							
20.	North Maluku	3	135				2					
21.	West Nusa Tenggara	14	64	16	21	60	5	15	1	-		
22.	East Nusa Tenggara	3	55	1	1		3				1	500
23.	West Papua	4	28									
24.	Papua	4	7	2	2		2					
25.	Central BNN	3	207	5	5		6				3	1,885
26.	Riau	4	133	1	1		1					
27.	West Sulawesi											
28.	South Slaawesi	5	35	1	1		7	6	1	10		
29.	Central Sulawesi	21	280	3	5		3					
30.	S.E. Sulawesi											
31.	North Sulawesi	10	215	1		30	1		1	4		
32.	West Sumatera	1	15	5			4	141				
33.	South Sumatera	9	101				4	40				
34.	North Sumatera	66	263				6	54				
35.	DI Yogyakarta	7	70	4		100						
Total		**648**	**6,113**	**185**	**208**	**1,617**	**118**	**520**	**4**	**37**	**5**	**2,415**

Source : BNN, August 2018

Table 5.8. BNN Advocacy Activities (Supervision, Monitoring/Evaluation, Technical Guidance and Socialization/KIE) in Semester 1 of 2018

NO.	PROVINCE	ADVOCACY							
		SUPERVISION		MONITORING/ EVALUATION		TECHNICAL GUIDANCE		SOCIALIZATION/ KIE	
		TTL ACTI-VITIES	TTL PARTI-CIPANTS	TTL ACTI-VITIES	TTL PARTI-CIPANTS	TTL ACTI-VITIES	TTL PARTI-CIPANTS	TTL ACTI-VITIES	TTL PARTI-CIPANTS
1	2	3	4	5	6	7	8	9	10
1.	Aceh							107	12,008
2.	Bangka Belitung							112	16,591
3.	Bali							163	43,837
4.	Banten							16	3,226
5.	Bengkulu							43	2,286
6.	DKI Jakarta	3		3	217	2	135	32	12,352
7.	Gorontalo							40	6,046
8.	West Java	2				1	135	96	15,688
9.	Jambi							131	29,401
10.	Central Java					2	110	115	15,342
11.	East Java	7	5	1	60	1	30	316	54,084
12.	West Kalimantan			2	-			51	4,587
13.	South Kalimantan							168	29,572
14.	North Kalimantan							23	2,576
15.	Central Kalimantan							1	40
16.	East Kalimantan							13	3,125
17.	Riau Islands			1	10	1	20	87	18,000
18.	Lampung	1						146	28,978
19.	Maluku							45	6,571
20.	North Maluku							44	3,659
21.	West Nusa Tenggara							157	23,783
22.	East Nusa Tenggara			9	2,663			30	3,126
23.	West Papua							17	2,385
24.	Papua							83	10,056
25.	Central BNN					1	121	18	2,712
26.	Riau							130	21,340
27.	West Sulawesi							43	4,417
28.	South Sulawesi							226	43,501
29.	Central Sulawesi							127	33,412
30.	S.E. Sulawesi								
31.	North Sulawesi							122	30,819
32.	West Sumatera								
33.	South Sumatera	12		26	1,881			23	2,772
34.	North Sumatera	9						16	2,539
35.	DI Yogyakarta							72	5,274
	Total	**34**	**5**	**42**	**4,831**	**8**	**551**	**2,813**	**494,105**

Source : BNN, August 2018

4. Data BNN on Community Empowerment

Besides its task on Prevention and Eradication of Drug Abuse and Illicit Trafficking for P4GN activities BNN also conducts community empowerment. There are 2 important tasks to implement. namely empower the community's involvement in the field of education, work and in the community itself as presented in the following Table:

Table 5.9. Ativities of Community Involvement in Semester 1 of 2017

NO.	PROVINCE	COMMUNITY INVOLVEMENT											
		URINE TEST			APACITY DEVELOPMENT		TECHNICAL GUIDANCE		MONITORING AND EVALUATION			COORD. MEETINGS FOR MAPPING	
		TTL ACTI-VITIES	TTL PAR-TICI-PANTS	POSI-TIVE	TTL ACTI-VITIES	TTL PAR-TICI-PANTS	TTL ACTI-VITIES	TTL PAR-TICI-PANTS	TTL ACTI-VITIES	TTL AGEN-CIES	TTL PAR-TICI-PANTS	TTL ACTI-VITIES	TTL PAR-TICI-PANTS
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1.	Aceh	37	2,474	3	8	270	1	30				4	170
2.	Bangka Belitung	12	700	-	9	269	2	40				3	97
3.	Bali	35	1,383	17	6	157	1	30				3	110
4.	Banten	6	286	-	1	30						2	70
5.	Bengkulu	10	491	-	3	110						5	100
6.	DKI Jakarta	210	11,638	-	2	70	1	20	1	1	30	2	70
7.	Gorontalo	14	900	-	3	100	4	110				6	30
8.	West Java	56	3,054	-	14	420	13	724				5	167
9.	Jambi											3	110
10.	Central Java	57	4,376	1	4	95	2	60				4	120
11.	East Java	95	7,065	-	22	1,244						3	105
12.	West Kalimantan	47	1,829	6	28	670						5	180
13.	South Kalimantan	49	4,133	6	5	79						3	88
14.	North Kalimantan	9	372	-	17	1,175						2	80
15.	Central Kalimantan	6	243	2	4	130	1	20				1	40
16.	East Kalimantan	8	905	2	5	160						1	40
17.	Riau Islands	20	1,846	5	3	100	3	25	4	4	27	1	34
18.	Lampung	10	717	3	4	105	1	17				3	35
19.	Maluku	12	1,368	-	4	150							
20.	North Maluku	26	995	-	5	360	1	40					
21.	West Nusa Tenggara	32	1,516	-	14	396			3	3		4	140
22.	East Nusa Tenggara	18	1,034	-	4	126	9	553				2	39
23.	Papua	13	1,417	14	5	190						3	100
24.	Papua Barat	9	726	-	3	107						1	40
25.	Central BNN	43	8,961	1	2	78	2	67				9	485
26.	Riau	16	1,908	18	12	451	1	0				2	80
27.	West Sulawesi	9	428	4	2	60							
28.	South Sulawesi	54	3,719	1	9	270	1	40				2	55
29.	Central Sulawesi	33	2,075	18	12	530	3	80				3	105
30.	S.E. Sulawesi	93	1,019	-									
31.	North Sulawesi	4	129	-	4	215						2	52
32.	West Sumatera	10	529	-	4	115						1	12
33.	South Sumatera	18	1,016	-	11	295						2	70
34.	North Sumatera	833	13,844	82	15	433						4	140
35.	DI Yogyakarta	1	2	-	9	330						5	190
Total		**1,905**	**83,098**	**183**	**253**	**9,290**	**46**	**1,856**	**8**	**8**	**57**	**96**	**3,154**

Source : BNN, August 2018

Another task of Community empowerment is Alternative Development as is presented in the Table hereunder. The activity is synergy with government agencies, community agencies and education. Most of the ativities are conducted by Central BNN.

Table 5.10. Activities of Community Involvement in Semester 1 of 2018

NO.	PROVINCE	ALTERNATIVE DEVELOPMENT										
		CHANGE IN FUNCTION OF CANNABIS CULTIVATION AREAS		CHANF IN PROFE-SSION/ BUSINESS		VULNE-RABLE AREAS TO DRUGS	MONITO-RING/EVA-LUATION ON VULNERABLE AREAS		SYNERGY		COORD. MEETINGS FOR MAPPING	
		TTL ACTI-VITIES	TTL PAR-TICI-PANTS	TTL ACTI-VITIES	TTL PAR-TICI-PANTS	TTL ACTI-VITIES	TTL ACTI-VITIES	TTL PAR-TICI-PANTS	TTL ACTI-VITIES	TTL PAR-TICI-PANTS	TTL ACTI-VITIES	TTL PAR-TICI-PANTS
1	2	3	4	5	6	7	8	9	10	11	12	13
1.	Aceh	2	110									
2.	Bangka Belitung											
3.	Bali					1						
4.	Banten											
5.	Bengkulu			2								
6.	DKI Jakarta										2	60
7.	Gorontalo											
8.	West Java								1	20	2	80
9.	Jambi											
10.	Central Java								1	14		
11.	East Java								3	295		
12.	West Kalimantan					1						
13.	South Kalimantan											
14.	North Kalimantan											
15.	Central Kalimantan								1	12		
16.	East Kalimantan										14	69
17.	Riau Islands			3								
18.	Lampung								1	7	1	40
19.	Maluku											
20.	North Maluku											
21.	West Nusa Tenggara											
22.	East Nusa Tenggara											
23.	Papua			1								
24.	West Papua											
25.	Central BNN	2	28						33	864	7	269
26.	Riau											
27.	West Sulawesi											
28.	South Sulawesi										3	18
29.	Central Sulawesi								2	34	1	39
30.	S.E. Sulawesi											
31.	North Sulawesi											
32.	West Sumatera											
33.	South Sumatera								3	5	2	60
34.	North Sumatera								5	61	2	60
35.	DI Yogyakarta											
Total		**4**	**138**	**6**	**-**	**2**	**-**	**-**	**50**	**1.312**	**34**	**695**

Source : BNN, August 2018

5. Data on External Reports (Overseas).

Via BNN Indonesia is obliged to report data related to drug abuse in Indonesia to United Nations Organizations through UNODC. Some of the reports are the Annual Report Questionnaire (ARQ). *Form C International Narcotics Control Board (INCB),* and *Drug Abuse Information Network for Asia and the Pacific* (*DAINAP*).

Annual Report Questionnaire (ARQ) is a yearly report related to national drug data that is designed by UNODC to be filled by the nations in the world, and collected into an annual report called *World Drug Report.* Another benefit of ARQ is to monitor and encourage the implementation of UN Conventions related to drugs and illicit trafficking in drugs (1961; 1971; 1988). ARQ consists of 4 parts:

1. Part 1 Aspect of law and administrative agreement.
2. Part 2 Development in the implementation of Plan of action and Political Declaration.
3. Part 3 Abuse of Drugs and its impact on health.
4. Part 4 Cultivation and Production of illegal drugs and illicit trafficking in drugs.

INCB (International Narcotics Control Board) is an independent body that monitors the implementation of conventions on the control of drugs. There are several forms: Form A, P, AP, C and D. These forms are under coordination of two institutions, BNN and Ministry of Health.

DAINAP (Drug Abuse Information Network for Asia and the Pasific) is a form of external reporting related to drug abuse for the Asia Pacific Region, DAINAP is filled 5 times a year. It consists of one form for the annual data, and 4 forms to be completed quarterly. The following is data of quarter 1 and 2 of 2018. They are collected by BNN and National Police as combined data.

Table 5.11. Data for DAINAP in Quarter 1 of 2018

TYPE OF DRUG	TOTAL								
	CASES	EVIDENCE	UNIT	SUSPECTS					
				DOMESTIC			FOREIGN		
				MALES	FEMA-LES	TOTAL	MALES	FEMA-LES	TOTAL
1	2	3	4	5	6	7	8	9	10
CANNABIS HERB	950	775,769.60	GRAM	1,166	25	1,191	15	1	16
CANNABIS RESIN	1	389.14	GRAM	-	-	-	1	-	1
CANNABIS PLANTS (TREES)	-	2,299.00	OTHER	-	-	-	-	-	-
CANNABIS OIL	-	-		-	-	-	-	-	-
CANNABIS SEED	-	-		-	-	-	-	-	-
OPIUM	-	-		-	-	-	-	-	-

1	2	3	4	5	6	7	8	9	10
HEROIN	3	11.12	GRAM	2	1	3	-	-	-
MORPHINE	1	-		-	-	-	1	-	1
PRESCRIPTION OPIOID (TRAMADOL)	-	3,514.00		-	-	-	-	-	-
COCAINE (SALT/POWDER)	2	0.71		3	-	3	-	-	-
COCAINE (CRACK)	-	-	GRAM	-	-	-	-	-	-
KRATOM (LEAF)	-	-		-	-	-	-	-	-
KRATOM (LIQUID)	-	-		-	-	-	-	-	-
AMPHETAMINE	31	65,433.99	GRAM	29	5	34	1	-	1
METHAMPHETAMINE CRYSTAL	9,344	4,257,078.86	GRAM	11,565	738	12,303	23	5	28
METHAMPHETAMINE PILLS	-	15.00	TABLET	-	-	-	-	-	-
METHAMPHETAMINE POWDER	-	3,972.65	GRAM	-	-	-	-	-	-
METHAMPHETAMINE LIQUID	-	-		-	-	-	-	-	-
PRESCRIPTION ATS	-	-		-	-	-	-	-	-
ECSTASY	345	417,362.00	TABLET	444	38	482	1	-	1
PIPERAZINES	-	-		-	-	-	-	-	-
KETAMINE	7	8,357.61	GRAM	4	2	6	2	-	2
MEPHEDRONE	-	-		-	-	-	-	-	-
MDPV	-	-		-	-	-	-	-	-
SYNTHETIC CANNABINOIDS	74	1,064.04	GRAM	85	2	87	-	-	-
BARBITURATES/GOL III	81	65,499.00	TABLET	87	5	92	-	-	-
BENZODIAZEPINES/ GOL IV	63	2,714,00	TABLET	74	1	75	2	-	2
LSD	1	3.00	GRAM	-	-	-	-	-	-
INHALANT	-	-		-	-	-	-	-	-
OTHER DRUGS									
MUSHROOM	2	587.49	GRAM	5	-	5	-	-	-
CONTROLLED MEDICINES/HARD DRUGS	325	6,586,537.50	TABLET	337	30	367	-	-	-
SYNTHETIC CATHINONE	2	116,000.00	GRAM	3	1	4	-	-	-
LL (BENZO)	-	9.35	TABLET	-	-	-	-	-	-
ALPRAZOLAM (BENZO)	-	107.00	TABLET	-	-	-	-	-	-
HEXYMER (BENZO)	-	1,125.00	TABLET	-	-	-	-	-	-
	-	-	TABLET	-	-	-	-	-	-
TRYHEXYFENYDIL (OBT)	-	54.00	TABLET	-	-	-	-	-	-
CARNOPHEN (OBT)	-	7,896.00	TABLET	-	-	-	-	-	-
DEXTRO (OB)	-	2,119.00	TABLET	-	-	-	-	-	-
PCC (CARISOPRODOL)	-	13,912.00	TABLET	-	-	-	-	-	-
H5 (BENZO)	-	113.50	TABLET	-	-	-	-	-	-
SOMADRYL (CARISOPRODOL)	-	40.00	TABLET	-	-	-	-	-	-

1	2	3	4	5	6	7	8	9	10
PREKURSOR	-		-	-	-	-	-	-	-
EPHEDRINE	-	-		-	-	-	-	-	-
PSEUDOEPHEDRINE	-	-		-	-	-	-	-	-
ACETIC ANHYDRIDE	-	-		-	-	-	-	-	-
PALLADIUM	-	-		-	-	-	-	-	-
THIONYL CHLORIDE	-	-		-	-	-	-	-	-
ETHYL ETHER	-	-		-	-	-	-	-	-
PMK	-	-		-	-	-	-	-	-
P-2-P	-	-		-	-	-	-	-	-
PHENYLACETIC ACID	-	-		-	-	-	-	-	-
SAFROLE-RICH OIL	-	-		-	-	-	-	-	-
COLD TABLETS	-	-		-	-	-	-	-	-
SOLVENTS	-	-		-	-	-	-	-	-
ACIDS	-	-		-	-	-	-	-	-
UNKNOWN SOLIDS	-	-		-	-	-	-	-	-
UNKNOWN LIQUIDS	-	-		-	-	-	-	-	-
OTHER PRECURSORS									
CLANDESTINE LAB	**2**		**-**	**4**	**1**	**5**	**-**	**-**	**-**
TOTAL	**11,234**			**13,808**	**849**	**14,657**	**46**	**6**	**52**

Source : BNN. August 2018

Table 5.12. Data for DAINAP in Quarter 2 of 2018

TYPE OF DRUG	TOTAL								
	CASES	EVIDENCE	UNIT	SUSPECTS					
				DOMESTIC			FOREIGN		
				MALES	FEMA-LES	TOTAL	MALES	FEMA-LES	TOTAL
1	2	3	4	5	6	7	8	9	10
CANNABIS HERB	722	846,203.05	GRAM	844	24	868	21	-	21
CANNABIS RESIN	-	-		-	-	-	-	-	-
CANNABIS PLANTS (TREES)	-	283.00	OTHER	-	-	-	-	-	-
CANNABIS OIL	-	-		-	-	-	-	-	-
CANNABIS SEED	-	-		-	-	-	-	-	-
OPIUM	-	-		-	-	-	-	-	-
HEROIN	2	1,177.69	GRAM	3	-	3	-	-	-
MORPHINE	-	-		-	-	-	-	-	-
PRESCRIPTION OPIOID (TRAMADOL)	-	2,141.00	TABLET	-	-	-	-	-	-
COCAINE (SALT/POWDER)	5	17.39	GRAM	2	-	2	3	-	3
COCAINE (CRACK)	-	-		-	-	-	-	-	-
KRATOM (LEAF)	-	-		-	-	-	-	-	-

1	2	3	4	5	6	7	8	9	10
KRATOM (LIQUID)	-	-		-	-	-	-	-	-
AMPHETAMINE	-	-		-	-	-	-	-	-
METHAMPHETAMINE CRYSTAL	7,163	741,561.06	GRAM	8,917	556	9,473	8	2	10
METHAMPHETAMINE PILLS	-	-		-	-	-	-	-	-
METHAMPHETAMINE POWDER	-	-		-	-	-	-	-	-
METHAMPHETAMINE LIQUID	-	-		-	-	-	-	-	-
PRESCRIPTION ATS	-	-		-	-	-	-	-	-
ECSTASY	293	278,084.41	TABLET	361	55	416	1	1	2
PIPERAZINES	-	-		-	-	-	-	-	-
KETAMINE	-	3,022.00	GRAM	-	-	-	-	-	-
MEPHEDRONE	-	-		-	-	-	-	-	-
MDPV	-	-		-	-	-	-	-	-
SYNTHETIC CANNABINOIDS	59	144,457.36	GRAM	78	-	78	-	-	-
BARBITURATES/GOL III	54	23,168.00	TABLET	70	5	75	-	-	-
BENZODIAZEPINES/ GOL IV	52	2,629.00	TABLET	55	2	57	1	1	2
LSD	-	-		-	-	-	-	-	-
INHALANT	-	-		-	-	-	-	-	-
OTHER DRUGS									
CARISOPRODOL / PCC	37	42,604.00	TABLET	33	6	39	-	-	-
	-	-		-	-	-	-	-	-
MUSHROOM	1	47.91	GRAM	1	-	1	-	-	-
CONTROLLED MEDICINES/HARD DRUGS	462	35,523,140.80	TABLET	492	27	519	-	-	-
LL	-	8,513.00	TABLET	-	-	-	-	-	-
ALPRAZOLAM	-	20.00	TABLET	-	-	-	-	-	-
HEXYMER	-	2,654.00	TABLET	-	-	-	-	-	-
DEXTRO	-	146.00	TABLET	-	-	-	-	-	-
H5	-	34,996.00	TABLET	-	-	-	-	-	-
SOMADRIL	-	672.00	TABLET	-	-	-	-	-	-
PIL YY	-	646.00	TABLET	-	-	-	-	-	-
HELXYGEN	-	15.00	TABLET	-	-	-	-	-	-
THD	-	1,160.00	TABLET	-	-	-	-	-	-
DIAZEPAM	-	100.00	TABLET	-	-	-	-	-	-
PRECURSOR	-		-	-	-	-	-	-	-
EPHEDRINE	-	-		-	-	-	-	-	-
PSEUDOEPHEDRINE	-	-		-	-	-	-	-	-
ACETIC ANHYDRIDE	-	-		-	-	-	-	-	-
PALLADIUM	-	-		-	-	-	-	-	-
THIONYL CHLORIDE	-	-		-	-	-	-	-	-

1	2	3	4	5	6	7	8	9	10
ETHYL ETHER	-	-		-	-	-	-	-	-
PMK	-	-		-	-	-	-	-	-
P-2-P	-	-		-	-	-	-	-	-
PHENYLACETIC ACID	-	-		-	-	-	-	-	-
SAFROLE-RICH OIL	-	-		-	-	-	-	-	-
COLD TABLETS	-	-		-	-	-	-	-	-
SOLVENTS	-	-		-	-	-	-	-	-
ACIDS	-	-		-	-	-	-	-	-
UNKNOWN SOLIDS	-	-		-	-	-	-	-	-
UNKNOWN LIQUIDS	-	-		-	-	-	-	-	-
OTHER PRECURSORS									
TOLUENE	1	-		1	-	1	-	-	-
CLANDESTINE LAB	1		-	-	-	-	-	-	-
TOTAL	8,852			10,857	675	11,532	34	4	38

Source : BNN, August 2018

CHAPTER VI
CONCLUSION

We sincerely hope that the 2018 Journal of Data issued by Puslitdatin be made as reference material in the planning of programs and activities. and budgeting for the related agencies and BNN. including as a benchmark for the success and failures encountered in the implementation of P4GN. Also to improve the knowledge and community insight on the devekopments of the dangers of drug abuse in Indonesia

We also hope that the 2018 Journal of Data encoourage the stakeholders to be committed and build a comprehensive and integrated synergy with the community to fight against drug abuse and illicit trafficking in drugs in Indonesia. We are fully aware that the task of P4GN is not only the responsibility of the government cq BNN. but every community component has the responsibility and commitment to implement P4GN by enhancing individual immunity and the family against drug abuse and illicit trafficking in drugs. It is not easy since new drugs are continuously in circulation and the modus operandi of illicit trafficking is increasingly developing not only in urban areas but also in rural regions.

Last but not least. we wish to convey our heartfelt thanks to all parties that have given their assistance in the completion of the data journal. May the journal be of great benefit in the progress of P4GN in the future.

Jakarta, August 2018

Compilation Team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ATTACHMENTS

LIST OF INSTITUTIONS IMPLEMENTING INPATIENT AND OUTPATIENT REHABILITATION IN 2017

1. List of Institutions Implementing Outpatient Rehabilitation.

NO.	PROVINCE	INSTITUTION	
1	2	3	
1.	Aceh	1. RSUD Kota Sabang	6. RSUD Meuraxa
		2. RSU Teungku Peukan Abdya	7. RSUD Zainal Abidin
		3. RSU Hj. Sahudin Kutacane	8. RSUD Munyang Kute Redelong Kab. Bener Meriah
		4. RSUD Kota Subulus Salam	9. BNNP Aceh
		5. RSUD TGK Chik Ditiro Kab. Pidie	10. BNN Kota/ Kabupaten di Aceh
2.	North Sumatera	1. RSUD Deli Serdang	14. RS TNI AU "dr. Abdul Malik"
		2. RSUD Padang Sidimpuan	15. RSU Kabanjahe
		3. RSUD Tuan Rondahaim Pamatang Raya	16. RSUD Tapanuli Tengah
		4. RSU Haji Medan	17. RSUD Gunung Tua
		5. RS TNI AL	18. RSUD Rantauprapat
		6. RSUD Tapanuli Selatan	19. RSUD Kumpulan Pane
		7. RSUD H Abdulmanan Simatupang Kisaran	20. RSUD DR. Ferdinand Lumbangtobing Sibolga
		8. RSUD Tarutung	21. RSUD Gunung Sitoli Nias
		9. RSUD dr. Husni Thamrin	22. RSUD Tanjung Pura
		10. RSU Sultan Sulaiman	23. Rumah Sakit Tk. II Kesdam I/BB Putri Hijau Medan
		11. RS Tentara Pematang Siantar	24. BNNP Sumatera Utara
		12. RSUD dr. R.M Djoelham	25. BNN Kota/Kabupaten di Sumatera Utara
		13. RSUD Mandailing Natal	
3.	West Sumatera	1. RSUD Pariaman	13.RSUD Arosuka Solok
		2. RSUD Dr. Rasidin Padang	14.RSUD Sungai Dareh
		3.RSUD Dr. Adnaan WD Payakumbuh	15.RSUD Prof. Dr M A Hanafiah Batusangkar
		4.RSUD Solok	16.RSUD Lubuk Sikaping
		5.RSUD Sawahlunto	17.RSUD Padang Pariaman
		6.RSUD Padang Panjang	18.RSUD Solok Selatan
		7.RSUD Muara Labuh	19.RSUD Sijunjung
		8.RSUD Lubuk Basung	20.Puskesmas Mandiangin
		9.RSUD dr. Acmad Darwis	21.Puskesmas Tigo Baleh
		10.RSUD Pasaman Barat	22.BNNP Sumatera Barat
		11.RSUD Kab. Kep. Mentawai	23. BNN Kota/ Kabupaten di Sumatera Barat
		12.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 BeRestaurantani 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
		RSUD Liwa	BNN Kab di Lampung
9.	Bangka Belitung	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
		Puskesmas Pangkalan Baru	
10.	Riau Islands	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. AdjidaRestauranto Lebak	BNNP Banten
		Puskesmas Pondok Betung Tangerang Selatan	BNN Kota/ Kabupaten di Banten
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 West Java
		Puskesmas Karawang	BNN Kota/Kab. di West Java
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 Brebes
		RSUD Ungaran	RSUD Suradadi Tegal
		RSUD Raa Soewondo Pati	RSUD Majenang
		Puskesmas Gunung Pati Semarang	RSUD Bumiayu
		Puskesmas Halmahera	RSUD Kayen Pati
		RSUD Ambarawa	RSUD Kajen Pekalongan
		Puskesmas Pandanaran Semarang	RSUD Cilacap
		RSUD Dr. SoediRestaurantan	RSUD Dr. H. Soewondo
		RSUD dr.R.Goeteng Taroenadibrata	RSUD dr. R. Soetrasno Rembang
		RSUD Muntilan	RSUD Kardinah Tegal
		RSUD Saras Husada	BNNP Central Java
		RSUD dr. Loekmono Hadi Kudus	BNN Kota/Kab. di Central Java
		RSUD Tidar Kota Magelang	RSUD Sourcerejo Kab. Bojonegoro
15.	East Java	RSU Dr. Wahidin Sudiro Husodo Kota Mojokerto	RS Daerah Balung Kab. Jember
		RSUD Kanjuruhan Kepanjen Malang	RSUD dr. Sayidiman Magetan
		RSUD Waluyo Jati Kraksaan	RSUD Kelas B Kab. Bojonegoro
		RSUD Dr. Iskak Tulungagung	RSUD Geteng
		RSUD Dr. Moch. Soewandhi Surabaya	Puskesmas Tenggilis
		RSU Ngudi Waluyo Wlingi Kab. Blitar	RSUD Jombang
		RSUD Dr. Harjono S Kab. Ponorogo	RS Petrokimia Gresik
		RSUD Dr. Wahidin Sudiro Husodo	RS Fatmah Medika Gresik
		RSUD Dr. Haryoto Lumajang	RSUD dr. Soedono Madiun
		RSUD Kab Kediri	Puskesmas Dupak
		RSUD dr. Abdoer Rahem	BNNP East Java
		RSUD Ploso Kab. Jombang	BNN Kota/Kab. di East Java
16.	DI Yogyakarta	RSUD PanembahanSenopatiBantul	PuskesmasTegal Rejo Yogyakarta
		RSUD Prambanan. Sleman	Puskesmas Depok III Sleman
		RSUD Wates. Kulon Progo	Puskesmas Prambanan
		RSUD Wonosari. Gunung kidul	BNNP DI Yogyakarta
		RSUD Murangan. Sleman	BNN Kota/Kab. di Yogyakarta
17.	Bali	RSUD Wangaya	RSUD Klungkung
		RSUD Sanjiwani Gianyar	RSU Bangli
		BRSU Tabanan	RSUD Amlapura Karangasem
		RSUD Kab. Buleleng	Puskesmas II Denpasar Selatan
		RSUD Kab. Badung	BNNP Bali
		RSU Negara	BNN Kota/Kab. di Bali
18.	West Kalimantan	RSUD dr. Abdul Azis Singkawang	RSUD Melawi
		RSUD Dokter Rubini Mempawah	RS Bergerak Balai Karangan
		RSUD Dokter Agoesdjam	RSUD Sultan Syarif Mohamad Alkadrie
		RSUD Sintang	Puskesmas Tanjung Hulu
		RSUD Sambas	RS Univ tanjung pura
		RSU Bengkayang	Puskesmas Kampung Dalam
		RSUD Landak	Puskesmas Alianyang
		RSUD Sanggau	BNNP Kalimantan Barat
		RSUD dr. Achmad Diponegoro	BNN Kota/Kab. di Kalimantan Barat
		Puskesmas Selalong Kab. Sekadau	
19.	East Kalimantan	RSUD I.A Moeis Samarinda	Puskesmas Bontang Selatan I
		RSUD Panglima Sebaya	Puskesmas Bontang Lestari
		RSUD Kudungga Kutai Timur	Puskesmas Muara Wahau I
		RSUD Abdul Rivai Tanjung Redeb	Puskesmas Baqa
		RSAL Ilyas Tarakan	Puskesmas Sempaja Samarinda
		RSUD Penajam	Puskesmas Batu Ampar Kutai Timur
		RSUD Kudungga Sangata	Puskesmas Sangatta Selatan
		RSUD Harapan Insan Sendawar	Puskesmas Klandasan Ilir Balikppn
		RSUD Kab. PPU	Puskesmas Karang Rejo
		RSUD Kab. Nunukan	BNNP Kalimantan Timur
		RSUD Abadi Samboja	BNN Kota/Kab. di Kalimantan Timur

1	2	3	
20.	South Kalimantan	RSUD Datu Sanggul Rantau	Puskesmas Sungai Jingah BanjaRestaurantasin
		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 South Kalimantan
		Puskesmas Martapura	
21.	Central Kalimantan	RSUD dr. Doris Sylvanus	RSUD Tamiang 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 Central Kalimantan
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 Yearsa	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 Kabila	BNN Kota/Kab. di Gorontalo
		RSUD Tani dan Nelayan	
27.	S.E.Sulawesi	RSUD Bahteramas Prov. S.E. Sulawesi	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 S.E. Sulawesi
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
		RSU Obi	
30.	East Nusa Tenggara	Rumah Sakit Angkatan Udara	RSUD BA'A Kab. Rote Ndao
		Rumah Sakit Wirasakti Kupang	Puskesmas Labuan Bajo East Nusa Tenggara
		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
		RSUD Umbu Rara Meita Waingapu	BNN Kota/Kab. di East Nusa Tenggara
31.	West Nusa Tenggara	RSUD Provinsi NTB di Sumbawa	RSUD Kota Bima
		RSUD KSB Sumbawa Barat	RSUD Dompu
		RSUD Kab.Sumbawa Besar	RSUP West Nusa Tenggara
		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 West Nusa Tenggar
		RSU Sondosia Kab. Bima	
32.	Papua	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
		RSUD Abepura	
33.	West Papua	RSU Sele Be Solu Sorong	Puskesmas Sanggeng Prov. West Papua
		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 Institutions Implementing Outpatient Rehabilitation

NO.	PROVINCE	INSTITUTION	
1	2	3	
1.	Aceh	Lapas Klas II A Banda Aceh	SPN Polda Aceh
		Lapas Klas III Narcotics Langsa	Rindam Iskandar Muda
		Lapas Klas III Narcotics Langkat	
2.	North Sumatera	Lapas Klas II A Narcotics 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 North Sumatera
		Lapas Klas IIB Si Borong-borong	Rindam Bukit Barisan
3.	West Sumatera	SPN Polda West Sumatera	Lapas Klas IIB Lubuk Basung
		Lapas Klas II A Padang	Lapas Klas IIB Payakumbuh
		Lapas Klas IIA Bukitinggi	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 Narcotics Palembang	SPN Polda South Sumatera
		Lapas Klas II A Narcotics 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 Narcotics Muara Sabak	
7.	South Sumatera	Lapas Klas III Narcotics Palembang	SPN Polda South Sumatera
		Lapas Klas II A Narcotics 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 Narcotics Bandar Lampung
10.	Bangka Belitung	Lapas Klas III Narcotics Pangkal Pinang	SPN Polda Bangka Belitung
11.	Riau Islands	Lapas Klas IIA Batam	Lapas Klas II A Narcotics 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 Narcotics 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	Pusdikseni
		Lapas Klas II A Narcotics Bandung	Pusdk Intel
		Lapas Klas II A Narcotics Gintung Cirebon	SPN Polda West Java
		Lapas Klas IIA Wanita Bandung	
15.	Central Java	Lapas Klas II A Narcotics Nusakambangan	Lapas Klas IIA Magelang
		Lapas Klas I Semarang	Rindam Diponegoro
		Lapas Klas IIA Wanita Semarang	
16.	East Java	Lapas Klas II A Narcotics Pamekasan	Lapas Klas I Surabaya
		Lapas Klas III Narcotics 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 East Java
		Lapas Wanita Klas IIA Malang	
17.	DI Yogyakarta	Lapas Klas II A Narcotics Yogyakarta	SPN Polda DI YOGYAKARTA
		Lapas Klas IIA Yogyakarta	
18.	Bali	SPN Polda Bali	Lapas Klas IIB Tabanan
		Rindam Udayana	Lapas Klas II A Denpasar
		Lapas Klas III Narcotics Bangli	
19.	West Kalimantan	SPN Polda West Kalimantan	Lapas Klas II A Pontianak
		Rindam Tanjung Pura	
20.	East Kalimantan	Lapas Klas III Narcotics Samarinda	SPN Polda East Kalimantan
		Lapas Klas IIA Samarinda	Rindam MulawaRestaurantan East Kalimantan
21.	South Kalimantan	SPN Polda South Kalimantan	Lapas Klas IIB Amuntai
		Rindam Mulawarman South Kalimantan	Lapas Klas IIA Kotabaru
		Lapas Klas II A Narcotics Karang Intan	Lapas Klas III Banjarbaru
		LPKA Martapura	
22.	Central Kalimantan	SPN Polda Central Kalimantan	Lapas Klas III Narcotics Kasongan
23.	South Sulawesi	SPN Polda South Slaawesi	Lapas Klas IIB Takalar
		Rindam Wirabuana	Lapas Anak Klas IIA Pare-Pare
		Lapas Klas II A Narcotics Sungguminasa	Lapas Klas IIA Palopo
		Lapas Klas IIA Wanita Sungguminasa	Lapas Klas IIA Watampone
24.	North Sulawesi	SPN Polda North Sulawesi	Lapas Klas II A Manado
25.	Central Sulawesi	Lapas Klas II A Palu	SPN Polda Central Sulawesi
26.	Gorontalo	Lapas Klas II A Gorontalo	
27.	S.E.Sulawesi	Lapas Klas II A Kendari	SPN Polda S.E. Sulawesi
28.	Maluku	Rindam Patimura	SPN Polda Maluku
		Lapas Klas II A Ambon	
29.	North Maluku	Lapas Klas II A Ternate	
30.	EAST NUSA TENGGARA/NTT	SPN Polda EAST NUSA TENGGARA/NTT	
31.	WEST NUSA TENGGARA/NTB	SPN Polda WEST NUSA TENGGARA/NTB	Lapas Klas II A Mataram
32.	Papua	Rindam Cendrawasih	Lapas Klas II A Narcotics Jayapura
33.	West Papua	SRAL Sorong	Lapas Klas II A Manokwari
		RSAD Manokwari	
34.	West Sulawesi	Lapas Klas IIB Polewali	Rutan Klas IIB Mamuju

SPECIAL NARCOTICS PRISONS (LAPASSUSTIK) IN INDONESIA

List of 23 (twenty-three) Special Prisons and Addresses in Indonesia;

NO.	PRISON	ADDRESS
1	2	3
1.	Lapas Narcotics Kelas II A Bandung	Jl. Rancamanuk Kel. Wargamekar Kec. Baleendah Kabupaten Bandung
2.	Lapas Kelas II A Narcotics Jayapura	Jl. Raya Sentani Depapre No. 90 Doyo Baru
3.	Lapas Narcotics Kelas II A Madiun	Jl. Yos Sudarso Madiun – East Java Telp. (0351) 462161
4.	Lapas Narcotics Kelas II A Nusakambangan	Jl. Narcotics Nusakambangan
5.	Lapas Kelas II A Sungguminasa	Jl. Lembaga Bolangi Desa Timbusseng Kec. Pattalasang Kab. Gowa – South Slaawesi Telp. (0411) 868547
6.	Lapas Kelas II A Narcotics Tanjung Pinang	Jl. DR. Saharjo No. 1 Km. 18 Kampung Banjar
7.	Lapas Kelas III Narcotics Langkat	Jl. Simp. FaRestaurant Desa Domba Kec. Hinai Jalan
8.	Lapas Kelas III Narcotics Muara Sabak	Desa Suka Maju Kec. Geragai
9.	Lapas Narcotics Kelas II A Bandar Lampung	Jl. Ryacudu Way Hui Bandar Lampung Telp. (0721) 479198
10.	Lapas Narcotics Kelas II A Cipinang	Jl. Raya Bekasi Timur No. 170 Cipinang – Jaktim Telp. (021) 85909891. 85910101
11.	Lapas Narcotics Kelas II A Cirebon	Jl. Wijaya Kusuma Desa Gintung Tengah Ciwaringin Cirebon – West Java Telp. (0231) 204247
12.	Lapas Narcotics Kelas II A Narcotics Karang Intan	Desa Lihung Kec. Karang Intan Kab. Banjar Proviinsi South Kalimantan
13.	Lapas Kelas II A Narcotics Lubuk Linggau	Jl. Lintas Sumatera Selatan Km. 19 Muara Beliti
14	Lapas Narcotics Kelas II A Pamekasan	Jl. Pembina No. 1 Pamekasan
15.	Lapas Kelas II A Narcotics Pematang Siantar	Jl. Asahan Km. 7 No. 8 Pematang Siantar 21151
16.	Lapas Narcotics Kelas II A Yogyakarta	Jl. Kaliurang Km 17 Pokem Sleman Yogyakarta 55582
17.	Lapas Kelas III Narcotics Kasongan	Jl. Cilik Riwut Km. 10 Kasongan
18.	Lapas Kelas III Narcotics Langsa	Jl. Banda Aceh – Medan Km 438 Kota Langsa
19.	Lapas Kelas III Narcotics Pangkal Pinang	Pangkal Pinang
20.	Lapas Kelas III Narcotics Samarinda	Jl. Padat Karya RT. 16 Bayur. Kel. Sempaja Utara Kec. Samarinda Utara
21.	Lapas Narcotics Kelas II A Bangli	BR. Buungan Desa Tiga Kec. Susut Kab. Bangli
22.	Lapas Narcotics Kelas III Sawahlunto	Jl. Subari Sukardi Kandih Sawahlunto
23.	Lapas Narcotics 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 2017

1. Head of BNN Regulations issued in 2017.

Head of BNN Regulations enacted in 2017 :

NO.	TITLE	NUMBER & DATE OF REGULATION	NUMBER & DATE OF STATE ANNOUNCEMENT	NOTE
1	2	3	4	5
1.	Head of BNN Regulation No. 2 of 2017 on Ceremonial Procedures in the National Narcotics Board	Number 2 of 2017 Dated 17 January 2017	State Announcement RI of 2016 No. 131 daated 18 January 2017	
2.	Head of BNN Regulation Number 3 of 2017 on Technical Guidelines of Narcotic Precursors Supervision	Number 3 of 2017 Dated 17 January 2017	State Announcement RI of 2016 No. 174 dated 27 January 2017	
3.	Head of BNN Regulation Number 4 of 2017 on Guidelines for Settlement of State Compensation as a result of Treasury Deficiency within the National Narcotics Board	Numbrr 4 of 2017 Dated 25 January 2017	State Announvement RI of 2017 No. 280 dated 13 February 2017	..
4.	Head of BNN Regulation Number 5 of 2017 on Procedures for Internal Affairs within the National Narcotics Board	Number 5 of 2017 dated 8 February 2017	State Announcement RI of 2017 No. 258 dated 10 February 2017	
5.	Head of BNN Regulation No. 6 of 2017 on the Guidelines for Codefication of the Segment of Expenditure Account within the National Narcotics Board	Number 6 of 2017 dated 13 February 2017	Stat Announcement RI of 2017 No. 389 dated 8 February 2017	
6.	Head of BNN Regulation No. 7 of 2017 on the Fourth Amendment of Head of National Narcotics Board No 3 of 2015 on the Organization and Work Procedures of BNN Province and BNN Regency/City	Number 7 of 2017 dated 21 Februayi 2017	State Announcement RI of 2017 No. 389 dated 8 February 2017	
7.	Head of BNN Regulation Number 7 of 2017 on Investigation of Money Laundering Crimes from the origin of Narcotics and Narcotics Precursors Crimes	Number 7 of 2016 dated 21 February 2017	State Announcement RI of 2017 No. 395 dated 10 March 2017	

1	2	3	4	5
8.	Head of BNN Regulation Number 8 of 2017 on the Amendment of Head of BNN Regulation Number 3 of 2014 on the Organization and Work Procedures of BNN Rehabilitation House	Numbrr 8 of 2017 dated 21 February 2017	State Announcement RI of 2017 No.396 daated 10 February 2017	
9.	Head of BNN Regulation Number 9 of 2017 on the Guidelines for *Whistleblowing System*	Number 9 of 2017 dated 16 March 2017	State Announcement RI of 2017 No. 436 dated 20 March 2017	
10.	Head of BNN Regulation Number 10 of 2017 on the Handling of Conflict of Interest within the National Narcotics Board	Number 10 of 2017 dated 20 April 2017	State Announcement RI of 2017 No.604 dated 25 April 2017	
11.	Head of BNN Regulation Number 11 of 2017 on the Control of Gratification within the National Narcotics Board	Number 11 of 2017 dated 26 April 2017	State Announcement RI of 2017 Number 640 dated 8 May 2017	
12.	Head of BNN Regulation Number 12 of 2017 on the Guidelines for Follow-up Monitoring on the Results of Examination/Supervison of the Financial Review Body (BPK) and BNN Government Internal Supervision Apparatus	Number 12 of 2017 dated 6 June 2017	State Accouncement RI Number 814 of 2017 dated 9 June 2017	
13.	Head of BNN Regulation Number 13 of 2017 on the Organization of Government Internal Control System	umber 13 of 2017 daated 16 June 2017	State Announcement RI of 2017 Number 924 tanggal 7 July 2017	
14.	Head of BNN Regulation Number 14 of 2017 on the Filling of Positions by Indonesia Army Soldiers	Number 14 of 2017 dated 22 June 2017	State Announcement RI of 2017 Number 884 dated 07 July 2017	
15.	Head of BNN Regulation Number 15 of 2017 on the Application of Risk Management within the National Narcotics Board	Numberr 15 of 2017 dated 10 July 2017	State Announcement RI of 2017 Number 976 dated 17 July 2017	

1	2	3	4	5
16.	Head of BNN Regulation Number 16 of 2017 on Legal Assistance	Nomberr 16 of 2017 datedl 26 September 2017	State Announcement RI of 2017 Number 1394 dated 5 October 2017	
17.	Head of BNN Regulation Number 17 of 2017 on the Grand Design of Technological Information and Communication of the National Narcotics Board 2016-2019	Number 17 of 2017 dated 5 October 2017	State Announcement RI of 2017 Number 1438 dated 17 October 2017	
18.	Head of BNN Regulation Number 18 of 2017 on the Guidelines for Preparation of the Annual Plan of Activities and Budget within the National Narcotics Board	Number 18 of 2017 dated 16 October 2017	State Announcement RI of 2017 Number 1517 dated 31 October 2017	
19.	Head of BNN Regulation Number 19 of 2017 on the Guidelines for Payment of Performane Allowance for BNN Employees	umber 19 of 2017 dated 10 November 2017	State Announcement RI of 2017 Number 1633 dated 17 November 2017	

2. DMoU Signed by BNN in 2017

Hereunder is the list of MoUs signed by BNN with overseas and domestic parties in 2017:

a. Overseas.

NO.	DESCRIPTION	TOPIC	DATE
1	2	3	4
1.	MoU between BNN RI – Laos	*Memorandum of Understanding between The Government of the Republic of Indonesia and the Government of Lao PDR on the Cooperation in Freventing and in Combating Illicit Trafficking in Narcotic Drugs. Psychotropic Substances and Their Precursors*	12 October 2017

b. Domestic .

NO.	DESCRIPTION	TOPIC	VALIDITY PERIOD	EXPIRATION PERIOD
1	2	3	4	5
1.	MoU between BNN – Central BNN Reporting and Analysis of Financial Transactions	P4GN and Money Laundering Crimes	11 January 2017	11 January 2022
2.	MoU between BNN – Angkasa Pura I	P4GN	17 February 2017	17 February 2019

1	2	3	4	5
3.	MoU between BNN – Attorney General Office RI	Coordination in the Implementation of Task and Function	20 February 2017	20 February 2020
4.	Cooperation Agreement between BNN Deputy of Community Empowerment - Education and Training Body of Prosecutor Office RI	Education and Training for Law Enforcement Apparatus	20 February 2017	20 February 2020
5.	Cooperation Agreement between BNN Deputy of Eradication and Junior Attorney General of Development. Attorney General Offie RI	Asset Recovery	20 February 2017	20 February 2020
6.	Cooperation Agreement between BNN Deputy of Law and Cooperation - Junior Attorney of Civil Affairs and State Administration. Attorney General Office RI	Handling of Law Issues related to Civil Affairs and State Administration	20 February 2017	20 February 2020
7.	Cooperation Agreement between BNN – National Agency for the Control of Drugs and Food	P4GN	28 February 2017	19 November 2019
8.	MoU between BNN –and Provincial Assembly RI	P4GN	9 March 2017	9 March 2019
9.	Cooperation Agreement between BNN – PT. Seratus Sejahtera (Deputy of Prevention)	Prevention of Drug Abuse in Evencio Margonda Apartment	25 May 2017	25 May 2022
	Cooperation Agreement between BNN – PT. Seratus Sejahtera (Deputy of Community Empowerment)	Community Empowerment related to P4GN	25 May 2017	25 ayi 2022
10.	MoU between BNN – Ministry of State Apparatus & RB	P4GN	8 May 2017	8 May 2019
11.	Coopration Agreement between BNN – Universitas Trisakti/Trisakti University	Dissemination of P4GN Information through Videotron	15 May 2017	15 May 2022
12.	MoU between BNN – TeleCommunication Service Provider	P4GN	16 May 2017	16 May 2020
13.	Cooperation Agreement between BNN - PT. TeleCommunication Seluler. PT. Indosat. Tbk. PT. XL Axiata. Tbk. PT. Hutchison3 Indonesia	Utilization of Access Codes for SMS using the number 1784 for SMS Center as a means of Community complaints in the implementation of P4GN.	16 May 2017	16 May 2020
14.	MoU netween BNN – Bank Rakyat Indonesia	A Program called “Be Aware of the Dangers of Drugs together with BRI” to educate children	13 July 2017	13 July 2018
15.	MoU between BNN – Ministry of Youth and Sports R	Organizing a Youth. Sports and Boyscout program in the Prevention of Drug Abuse and Eradication of Illicit Trafficking in Narcotics and Narcotic Precursors.	21 July 2017	21 July 2021
	Cooperation Agreement between BNN – Ministry of Youthand Sports RI	Impementating an Anti Drug Training for Youth Cadres	21 July 201 7	31 Dec 2017
16.	MoU between BNN – Indonesia National Nurse Union	P4GN	14 August 2017	14 August 2020

1	2	3	4	5
17.	Cooperation Agreement between BNN Deputy of Community Empowerment – PT. Citylink	Community empowerment in the Prevention and Eradication of Narcotics and Narcotic Precursors Abuse and Illicit Trafficking		
	Cooperation agreement between Bureau of Finance BNN Principal Secretariat– PT. Citylink	Corporate Rate Flight Ticket	7 Sep 2017	
18.	MoU between BNN – PT. Arga Bangun Bangsa	Character Development of Human Resources through P4GN Motivation Training	12 September 2017	12 September 2022
19.	MoU between BNN – Ministry of Transportation RI	P4GN	10 October 2017	10 October 2022
20.	MoU between BNN – PT. Bank Mandiri (Persero). Tbk	P4GN including Provision of and Utilization of Banking services	25 October 2017	25 October 2022
21.	Cooperation Agreement between Bureau of Finance BNN Principal Secretariat– PT. Garuda Indonesia	Flight service	1 October 2017	30 September 2018
22.	Cooperation agreement between BNN – Ministry of Finance RI	Placement of State Finance STAN Poly-technic graduates of 2017 outside the Ministry of Finance RI who have passed the selection of Basic Competence	31 October 2017	31 October 2022
23.	MoU between BNN – PT. Prima Buana Internusa	P4GN	6 November 2017	6 November 2020
24.	MoU between BNN – Asperindo	P4GN	13 Nov 2017	13 Nov 2021
25.	Cooperation agreement between BNN – LDII (Deputy of Community Empowerment)	Role of LDII in P4GN	3 Desember 2017	3 Desember 2020
26.	Cooperation agreement between BNN – University of Indonesia (Deputy of Rehabilitation)	Evaluation of Rehabilitation and Post Rehabilitation service Program	5 December 2017	22 May 2020
27.	MoU between BNN – Ministry of Manpower and Transmigration RI	P4GN	12 Dec 2017	12 Dec 2022
28.	MoU between BNN – BSN	Building and Development of Standardization and Conformity Assessment in the Prevention and Eradication of Drug Abuse and Eradication of Illicit Trafficking in Narcotics and Narcotic Precursors	18 Desember 2017	18 Desember 2022
29.	MoU between BNN – PT. Pelindo III	P4GN	19 Dec 2017	19 Dec 2019
30.	MoU between BNN – MNC Land	Grant and Lease of Land owned by PT. Lido Nirwana Parahyang-an to support Prevention and Eradication of Illicit Trafficking in Narcotics and Narcotic Precursors	19 December 2017	19 December 2019
31.	MoU between BNN - Universitas Unsyiah	Cooperation in the University's Tri Darma in relation with P4GN	20 December 2017	20 December 2022