



# NATIONAL SURVEY ON DRUG ABUSE 2021





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**RESEARCH, DATA, AND INFORMATION CENTER  
INDONESIA NATIONAL NARCOTICS BOARD  
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## NATIONAL SURVEY ON DRUG ABUSE 2021

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Drug abuse and illicit trafficking is one of the national problems considered to be serious by the government. The challenges faced by Indonesia is getting heavier with its geographical condition that becomes the target of drug dealers. The drug abuse countermeasure needs integrated and comprehensive efforts. It also needs the balance between soft power approach, hard power approach, smart power approach and cooperation. The drug abuse countermeasure

in Indonesia is shown in the drug abuse prevalence rate that is measured periodically.

One of the factors in determining the appropriate strategy in drug abuse countermeasure is the accurate data of research results that can describe the increasing complexity of drug problem. One of them is the prevalence rate as the result of the survey carried out by BNN in cooperation with Community and Culture Research Center of the National Research and Innovation Agency.

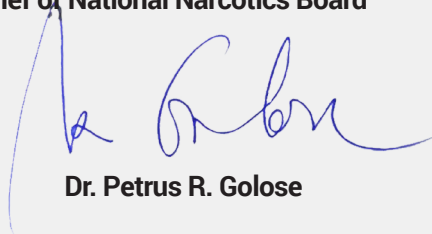
The main content of the book “National Survey on Drug Abuse 2021” is about the situation and condition of drug abuse in Indonesia including national drug abuse prevalence rate (ever used and past year use). In addition, the book also contains information on drug abuse related issues such influencing factors in drug abuse, attitude toward drug abuse, description of risky behavior, knowledge on drug abuse impact, and intervention on the Prevention and Eradication of Drug Abuse and Illicit Trafficking (P4GN) program.

With the publication of this book, I have the expectation that all related stakeholders including ministries/institutions and society would have the understanding on the latest situation of drug abuse in Indonesia and would use this survey data to support the Prevention and Eradication of Drug Abuse and Illicit Trafficking (P4GN) program

## Foreword

Last but not least, as the Chief of BNN, I would like to convey my gratitude to National Research and Innovation Agency and all related parties for the assistance in the formulation of this book. We hope that the result of this survey would be useful for all stakeholders in supporting the Prevention and Eradication of Drug Abuse and Illicit Trafficking (P4GN) program in Indonesia.

**Jakarta, July 2022**  
**Chief of National Narcotics Board**



**Dr. Petrus R. Golose**

Drug abuse seems to be an endless problem in Indonesia. There is an increasing trend on the number of drug user each year. Drug user is no longer limited to urban people. It has penetrated rural people. Drug abuse has spread not only to certain social class, but has touched all social classes. Furthermore, drugs are not only consumed by rich people. People with low income have enjoyed using drugs as well. Today, drugs have been distributed to almost all kind of professions, without exception.

The issuance of Law Number 35 of 2009 on Narcotics is aimed at preventing, protecting and saving Indonesia from narcotics abuse. In addition, eradicating illicit trafficking of narcotics and narcotics precursors could not reduce drug illicit trafficking and abuse in Indonesia despite that the Law regulates quite heavy penalty on drug abuse, namely a maximum of 1 year imprisonment for group III narcotics users, a maximum of 2 years imprisonment for group II narcotics users, and a maximum of 4 years imprisonment for group I narcotics users. For dealers, the penalty is even heavier with the shortest of 4 years imprisonment. However, this heavy penalty could not erode drug abuse in Indonesia.

This condition certainly concerns all related parties since drug abuse does not only gives a negative impact on the user, but also to the surrounding community. Moreover, massive drug abuse will also weaken the life of the nation and the country.

Various efforts have been taken by the National Narcotics Board which has the authority to tackle drug abuse in Indonesia. However, the efforts have not been able to reduce drug abuse rate in Indonesia. Therefore, it needs better strategy, coordination and cooperation to find the best way to fight against drug abuse in the country.

The survey on drug abuse prevalence is one of the ways to set a proper strategy in handling drug abuse. The survey would not only find out the latest condition of drug abuse in the country, but also identify specific groups that needs to be targeted in drug abuse handling. The survey would also observe necessary strategy in handling the drug abuse.

## Preface

This book is written based on the result of survey on drug abuse prevalence in Indonesia in 2021. This book would not only enrich the science in Indonesia. It is expected that the book would become a reference for various government institutions and private sector, including BNN in fighting against drug abuse in Indonesia.

This book would not have been successfully published without any assistance from all related parties and all the members of editorial board. We would like to convey our gratitude to Chief of BNN, Chairman of BRIN, Organization Head of Research on Social and Humanities Science BRIN (IPSH-BRIN), and Head of Society and Culture Research Center BRIN. We would like to send our thank also to Fanny Henry Tondo as the language editor, as well as all related parties, which may not be able to be mentioned one by one, who have directly or indirectly contribute to the publication of this book.

As a work, this book is certainly far from perfect. Therefore, we would be happy to receive your comments and suggestions.

Jakarta, July 2022

Editorial Board

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1

# INTRODUCTION



# INTRODUCTION

## 1.1 Background

Drug abuse is now found almost in every region in Indonesia, from household, neighborhood (RT/RW), rural village/urban village, sub-district, regency/municipality, province to national level. This condition is shown by the prevalence rate of drug abuse in the past year in 2019 based on the survey by National Narcotics Board (BNN) and Society and Culture Research Center (PMB) LIPI in 34 provinces in Indonesia, starting from 0.10% in East Nusa Tenggara Province to 6.50% in North Sumatera Province <sup>1</sup> (Imron *et al*, 2020a). The prevalence rate <sup>2</sup> of drug abuse is derived from the drug abuse in urban and rural areas. Based on the prevalence rate in each province, it can be summarized that none of the province in Indonesia is free from drug abuse

Based on the survey by BNN and PMB-LIPI in 2019, the prevalence rate of drug abuse at the national level in the past year is at 1.80% of the entire population of Indonesia aged 15 to 64 years. The prevalence rate is equivalent to 3,419,188 drug abusers out of 186,616.874 Indonesian population aged 15 to 64 years (Imron *et al*., 2020a). In other words, the ratio of drug abuse in Indonesia is 1:55 or one out of 55 Indonesians aged 15 to 64 years abuses drugs.

The result of the research by BNN and PMB LIPI in 2018 also shows that the trend of drug abuse prevalence in Indonesia among students and university students is quite high of 3.2\$, or equivalent to 2,297,492 people. The prevalence rate among workers is 2.1% or 1,514,037 people (Imron *et al*, 2019).

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1 Despite that the survey shows prevalence rate in each province in Indonesia, the prevalence rate itself has not shown real condition in the related province since the location of the survey consisting of one city as the capital city of the province and one regency could not yet represent the drug abuse condition in the selected province.

2 Prevalence is the number of cases (ever used and current user) in a population in certain period of time.

BNN has conducted several surveys on drug abuse prevalence in collaboration with other institutions in the previous years. Based on the results of BNN and UI survey regarding drug abuse, the prevalence rate was 1.99% in 2008; 2.23% in 2011; and 2.18% in 2014 (BNN, 2014). Meanwhile in 2017, the prevalence rate of drug abuse is around 1.77% (BNN, 2017). Based on the survey results, it can be seen that the prevalence rate of drug abuse from 2008 to 2019 showed fluctuations in the range of 1.77 to 2.23%. Although the prevalence rate for drug abuse is relatively small but when it is converted to an equivalent figure, the number of Indonesians who abuse drugs is on the average of 2 million people.

The prevalence rate and ratio of drug abuse in Indonesia is still lower than the global rate. In 2018, for example, the number of people in the world who had ever used drugs at least once in the previous year was around 269 million people out of 4.98 billion people in the world aged 15 to 64 years. Thus, the percentage of drug abusers in Indonesia shows that the demand for drugs to be abused in Indonesia is very high. Therefore, Indonesia becomes an attractive place for dealers to sell the drugs. Furthermore, the relatively high price of drugs in Indonesia compared to other countries <sup>3</sup> is also an attraction that drives the high drugs distribution and abuse in Indonesia.

Despite that the ratio of drug abuse in Indonesia is lower than the global ratio, this ratio has the potential to increase in the future if it is not anticipated or prevented with maximum efforts. An increasing number of drug abuser will be definitely threatening and causing an impact on the physical, mental, and social health of this nation's next generation. The potential and concern is due to the fact that Indonesia's position on the map of the world's illegal drug trade has shifted from a 'transit country' to a 'destination country' (Herindrasti, 2018). In other words, Indonesia has become a target for international syndicates to trade drugs because of the high demand for drug abuse as indicated by the prevalence rate equivalent. The indicator of Indonesia's position as a 'destination country' is the number of foreigners who are caught

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3 Head of Provincial BNN East Kalimantan Police Brigadier Raja Haryono said that the price of methamphetamine is only Rp20,000/gram in China and Rp50,000/gram in Iran. In Indonesia, the price is 30 times more expensive up to Rp1,500,000/gram (Imron, 2020b: 371-372). Meanwhile, the price of ecstasy is around Rp3,000/pill in Dutch, Rp30,000/pill in Malaysia, and Rp300,000/pill in Indonesia (Ma'rifah, 2019).

and legally processed in Indonesia for trying to smuggle drugs into Indonesian territory (Muhamad, 2015).

Due to the high rate of drug abuse, certain provinces have areas that are categorized as drug-prone areas based on the number and frequency of cases in certain areas, both at the level of province, regency/city, sub-district and rural village/ urban village. The rise of drug abuse in the country can also be seen from the existence of 'drug villages' (BNN and PMB LIPI, 2018). It is called a 'drug village' because abusers seem to be 'free' to make transactions and abuse drugs in this village. The 'drug villages' are found in several provinces, such as: 1) DKI Jakarta, namely: Kampung Ambon, Kampung Berlan, Johar Baru, Kampung Boncos, Kampung Bahari, Kampung Peninggaran; 2) West Kalimantan, namely: Kampung Beting in Pontianak; 3) Riau Islands, namely: Kampung Aceh, Muka Kuning, Tanjung Piayu and Simpang Jam, on Batam Island.

The emerging drug villages in various regions is in line with with the rise of drug abuse in various regions in Indonesia. This is also due to the increasing demand for drugs as more people are becoming drug abusers for various reasons. The desire to try is often the main reason for a person to take drugs for the first time that may continue and make the person to be an addict if the desire to try is not immediately stopped. It may be cliché. However, this is the fact in the field (BNN and PMB LIPI, 2018). Those who try to abuse drugs don't realize that they are being used by dealers to serve them. This then leads to addiction. When someone has become an addict, the desire to abuse drugs becomes a need that is difficult to abandon and postpone.

The existence of drugs prone area and "drug villages" in certain areas shows that drug abuse in various parts of Indonesia and even in the world seems to never end. In fact, news about the negative impacts caused by drug abuse such as health issue, infectious diseases such as HIV and hepatitis C, and premature death (UNODC, 2020) continues to be reported. The negative impact of drug abuse has become a serious threat to Indonesian people, especially the human security of the Indonesian nation (Muhamad, 2015) because the impact of drug abuse will damage the generation of this nation in the future. Drug abuse actually has a

major negative influence on socio-economic development, not only to drug abusers but also to their families, communities, and countries (Eric, 2017). According to Eric's explanation, a society consisting mostly of young people cannot be considered as a healthy and growing society because abusers lose the potential to engage in positive activities due to the negative health, social and economic consequences experienced by drug abusers. Many of these lead to premature death.<sup>4</sup>

It occurs since addicts become anti-social and the potential to grow and develop is wasted because they struggle to maintain their habit as drug abusers. The threat of drugs is also a trigger for poverty because drug abusers spend their income that may lead to lack of attention to family and their loved ones as well as other responsibilities (INCB, 2013). The rehabilitation for drug abusers in rehab centers also costly. For example, the rehabilitation for a week's treatment at Bali Police Bhayangkara Hospital for a mild drug addict without complications such as heart disease, HIV/AIDS costs around Rp 4.5 million in 2010 (Diputra, 2012).

The number of drug abuse can also be seen from the number of catches, both by BNN and the police. Data from the BNN shows that in early 2021, on 14 January 2021, BNN managed to confiscate 42.43 kilograms of methamphetamine in Makassar Strait, Donggala Regency, Central Sulawesi (Habibie, 2021). The drugs eradication operation by BNN or the Police sometimes get resistance from the community when the operation deals with drug dealers in their areas, such as what happened in Tual City, Maluku Province, on Thursday (11/3/2021) (Patty, 2021). It also happened in East Kalimantan with the symbiosis of a mutualism between drug dealers and the community where the drug dealers settle in this area. On the one hand, the drug dealers give incentives for the community, both directly and indirectly, for example by building or repairing roads and giving rice regularly to the poor families that makes the dealers seen as 'angel' for the community receiving the aid. In return, the kingpin or drug dealer accepts 'protection' from the community that makes them safe when the police or BNN carries out

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4 In 2011, the number of mortalities in the world caused by drug abuse is 211,000 deaths. Most cases occur in youth (UNODC, 2013). Meanwhile, in 2014 it was predicted that the mortality case caused by drug abuse was 207,400 deaths (it is relatively stable compared to the death in 2011), or around 43.4 death in every 1 million people aged 15-64 years<sup>1</sup> (UNODC, 2016).

the raids. Their drug network could not be revealed as well (Imron *et al.*, 2021: 372).

The number of drug abuse in Indonesia cannot be separated from the trend of drug abuse internationally. Data from the 2016 World Drugs Report shows that in 2014, a quarter of the world's population aged 15-64 years had consumed one type of drugs. In 2015, UNODC recorded that about 12.7 million people aged 15-64 years are estimated to use injecting drugs and 1.7 million of them have been infected with HIV virus (UNODC, 2016). In 2018, UNODC stated that the world population aged 15-64 years who had ever used drugs in 2017 was around 269 million people out of about 4.98 billion population in the world or equivalent to 5.4%. It means that one out of 19 people in the world aged 15-64 years abuses drugs (UNODC, 2020).

The high drugs distribution and abuse in Indonesia is also related to the condition of Indonesia as an open territory. It is an archipelagic country with many rivers that make it easier to supply drugs from various places to the territory of Indonesia. Drugs trafficking and abuse may be easily monitored through airports, even though they are often missed too. However, it is a different case with drug trafficking by land, sea, and rivers.

Various efforts have been taken to tackle drug abuse at the local, national, bilateral and multilateral levels. Religious institutions put their concern on the issue of drug abuse. The Indonesian Ulema Council (MUI) itself has issued a Fatwa (an official statement or order) on drug abuse on 10 Shafar 1396 H/10 February 1976 AD. MUI Fatwa emphasizes that it is illegal to use drugs. In addition, MUI also encourages scholars, teachers, preachers and educators to be more active in providing education and information to the public about the dangers of drug abuse (MUI, n.d). The Indonesian Catholic Church through the Indonesian Bishops' Conference (KWI) in 2013 sent the Pastor's Letter of KWI to all Catholics and churches in Indonesia. The message of the Pastor's Letter orders all Catholics to defend and love life by fighting against drugs. The letter also emphasizes that all Catholics should move together to become life defenders and lovers by fighting against drug abuse (KWI Session, 2013). In addition, several provincial governments have also put anti-drug subject as an alternative local subject in the curriculum for students. This is what has

been done by the East Kalimantan Provincial Government by issuing Regional Regulation No. 16 of 2016 on the Implementation of Education. Unfortunately, the anti-drug subject as referred to in Article 40 Paragraph 3(b) is only one of the nine options offered. In other words, providing anti-drug education to students in schools in East Kalimantan is not a mandatory because it can be replaced by other local subjects that have nothing to do with anti-drugs education.

At the multilateral level, Indonesia has carried out many international collaborations such as through Interpol, Europol, ASEANAPOL, ASOD (ASEAN Senior Official on Drugs Matters), and the United Nations Office on Drugs and Crime (UNODC). Through diplomacy between parliaments, such as the AIPA Fact Finding Committee to Combat Drug Menace (AIFOCOM) at the ASEAN level, the Asia Pacific Parliamentary Forum (APPF) at the Asia-Pacific level, the Asian Parliamentary Assembly (APA) at the Asian level, and other inter-parliamentary forums, such as the Inter-Parliamentary Union (IPU), Indonesian delegates also often discuss the issue of eradicating drugs (Muhamad, 2015). The number of collaborations and international organizations indicates that war on drugs cannot be done alone or by one country. It needs collaborations with other countries. In addition, Law No. 35 of 2009 on Narcotics also regulates quite heavy penalty for drug abusers, including death penalty for drug dealers.<sup>5</sup> However, various efforts to fight against the rise of drug abuse are not yet effective including the implementation of the death penalty for drug convicts because in reality drug abuse continue to exists regardless of age, gender, religion, ethnicity, education, and profession.

## 1.2 Problems

Drug abuse has been very serious and complicated. It can be seen from the relatively high national prevalence rate, the sophisticated smuggling, the wide range of distribution areas, the scope of social status of the exposed community groups, the negative impacts to the socio-economic and health aspects, as well as the various forms of difficulties and operational obstacles in its mitigation. Therefore, drug abuse needs to be addressed through a planned, systematic and programmed manner.

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<sup>5</sup> In 2015, for instance, 16 death penalty convicts in drug cases had been executed and two of them are Indonesians. Until 26 June 2016, four death penalty convicts had been executed and one of them is Indonesian citizen. (Eddyono *et al.*, 2016).

In order to set and implement the program strategy efficiently and effectively, Bappenas needs data as a basis for policy making by determining the main targets for development in the Defense and Security Sector, particularly related to the prevalence rate of drug abuse. This data is also needed as material in making reports to foreign parties, such as in the CND (Commission on Narcotic Drugs) Assembly, ASOD (Asean Senior Officials on Drugs Matters) Assembly, Global Smart and forms filled out at Dainap (Drug Abuse Information Network for Asia and the Pacific), ARQ (Automatic Repeat Request) and others.

To prepare the data, a survey is needed to determine the prevalence rate of drug abuse and the pattern of abuse at the national level. The survey also needs to be carried out regularly to find out the updates of the number of drug abusers. In addition, to find out the prevalence rate and pattern of drug abuse, the survey is also carried out to determine the factors influencing drug abuse to support drug abuse prevention and eradication programs.

Based on the above problems, there are several research questions in this study. They are:

1. How high is the prevalence rate of drug abuse in Indonesia at the national level and how is the comparison with the previous two years?
2. What is the pattern of drug abuse in the society?
3. What are the influencing factors of drug abuse?

### **1.3 Objective**

The general objective of this research is to carry out mapping on drug abuse in Indonesia at the national level. The specific objectives of this research are:

1. To find out the prevalence rate of drug abusers at the national level and its comparison with the prevalence rate of the previous two years
2. To analyze the pattern of drug abuse
3. To analyze the influencing factors of drug abuse, including individual, family and social factors

## 1.4 Conceptual Framework

Drugs (narcotics, psychotropics, and other addictive substances) is a term commonly used by law enforcement officers such as police (including the National Narcotics Board/BNN), prosecutors, judges, and correctional officers. Meanwhile, health practitioners often use the terminology of NAPZA (Narcotics, Psychotropics and Addictive Substances). The term of drugs is not stated in laws and regulations. Law No.35 of 2009 on Narcotics only says that narcotics are substances or drugs from plants or non-plants, either synthetic or semi-synthetic, which can cause degradation or alteration of consciousness, loss of taste, reduction or elimination of the pain, and can lead to dependency.

Synthetic narcotics are category of narcotics which require synthetic process for medical and research need as analgesic. The examples are amphetamine, methadone, dextropropakasifen, and dexamphetamine. Meanwhile, semi-synthetic narcotics are substances/drugs which are produced through isolation, extraction and others such as heroin, morphine, codeine, and others. Outside this category is called natural narcotics, namely substances and drugs which can be directly consumed as narcotics without fermentation, isolation, and other process since they can be directly consumed with simple process. The examples of natural narcotics are marijuana and coca leaf.

Based on Article 6 Paragraph 1 Law on Narcotics, narcotics are classified into three categories. First is **narcotics category I** which are only allowed to be used for the benefit of science development and cannot be used in therapy, having very high potential of causing dependency. Second is **narcotics category II** which are beneficial for medication as the final option and can be used in therapy and/or for the development of science, having high potential of causing dependency. Third is **narcotics category III** which are purposed for medication and used a lot in therapy and/or for the development of science, having low potential of causing dependency.

Unlike narcotics, psychotropic is regulated in Law No.5 of 1997 on Psychotropic. Article 1 of the Law on Psychotropic states that psychotropic is substance or drug, both nondrugs-natural and synthetic, with psychoactive benefit through selective influence in central nerves

system which causes typical change in mental and behavior activity. Psychotropics are categorized into four categories, 1) Category I, namely psychotropics that are not used for medication purposes with a very strong potential to cause dependency; 2. Category II, namely psychotropics that have therapeutic properties but can cause dependency; 3. Category III, namely psychotropics with moderate potential to cause dependency from the sedative-hypnotic group; and 4. Category IV, namely psychotropics with mild potential to cause dependency. However, after the issuance of Law Number 35 of 2009 on Narcotics, psychotropics category I and II are included into narcotics. In addition, based on the effects, psychotropics can also be divided into three categories, namely: stimulants (stimulant drugs), depressants (sedatives), and hallucinogens (causing hallucinations).<sup>6</sup>

Addictive substances are all chemical substances that can cause addiction to the users. Since narcotics and psychotropics are substances that cause addiction to users, both are included in the category of addictive substances. Besides narcotics and psychotropics, other addictive substances include inhaled that is derived from volatile solutions such as spray paint, hairspray, glue, air freshener, nitrous oxide gas (laughing gas/happy gas) and anesthetic substances, alcohol, nicotine and caffeine.

Drug abuse is defined as the use of drugs other than for the purpose of medication recommended by doctors and for scientific development. Determining the number of drug abusers would need the concept of prevalence. Prevalence is a statistical concept that measures the number of cases of a disease in a certain population at a given point in time (prevalence measures the amount of a disease in a population at a given point in time) (Webb & Bain, 2011; Wu et al., 2003). In this context, the drug abuse prevalence is the number or percentage of drug abusers in a certain population at a certain time. The use of the prevalence concept in calculating the number of drug abuse is related to the unavailability of data on drug users in routine statistics in the health sector.

Based on the frequency of use, drug abuse can be categorized into three, namely new initiation, regular use, and addiction. Ritter & Anthony

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<sup>6</sup> The difference between narcotics and psychotropics is the main substance. Narcotics is made of *Papaver Somniferum* (opium), *Erythroxylon coca* (cocaine), and *cannabis sativa* (weed), that are used alone or in combination. While psychotropics is made of synthetic chemical substances. Psychotropics are usually in the form of finished products both in pills, powders, or capsules, such as: ecstasy, demerol, speed, shabu, megaton, and others.

(1991) define new initiation as the frequency of 6 times use or less per year. While Todorov et al. (2006) define regular users if they use drugs every day within at least two weeks. Meyer (1975) defines addiction if the use of drugs is more than once a day in a period of 10 to 14 days or more. Meanwhile, SAMHSA (2008) divides drug use behavior into three categories, namely: 1) have ever used drugs at least once in their lifetime, 2) have used drugs in the past year (past year use), and 3) have used drugs in the past month (past month use). In this study, based on the time of drug use, drug abuse can be divided into two, namely 1) have ever used drugs, at least once in their lifetime, and 2) past year use.

The pattern of drug abuse in the society can be seen from several aspects, namely the type of drugs, age at the first-time use, reason for first time using drugs, frequency of use, sources and ways of obtaining drugs, and locations to use drugs, as well as the price of drugs used (expenditure). The reason for using drugs for the first time, for example, is also closely related to the various motivations of individuals or community members to take drugs. A study by Cornwel and Cornwel (1987) based on the results of a survey conducted on Americans aged 16-65 years said that people's motivation to take drugs: about 55% of respondents who take drugs once or twice are those who are just curious, while respondents who take drugs with a frequency of once a week or once a month with a percentage of around 40% are those who experience boredom and pressure, have spiritual pursuits, receive peer influence, and experience social isolation. While other 5% respondents say that their motivation to take drugs every day as the result of psychological isolation, lack of self-identity and apathy.

The phenomenon of drug abuse in this research will be explored with the theory of social and risk behavior control. Social control theory is a concept which states that social factors have an influence and control the emergence of deviant behavior, including drug abuse behavior. According to Hagan (in Paulus Hadisuprpto, 2004), this theory is derived from the assumption that individuals in the society have the same tendency, whether to be 'good' or 'bad'. Whether a person is good or bad depends entirely on the society. The individual becomes good if the community assumes it so. On the other hand, an individual may be seen as a bad person if the community makes it.

Social control theorists see that the strength of an individual's bond with the society is a factor that may explain why only few people engage in deviant behavior, such as crime and drug abuse. For example, youth who maintain their strong bond and commitment to parents and school are less likely to involve in deviant behavior (Abadinsky, 2011:198). Hirschi (2001:16) in social control theory says that "deviance occurs when an individual's bond with the society is weak or damaged". The strength of this social bond is determined by internal and external boundaries that determine whether a person tends to have a deviant behavior or obeys the law in the society. Social control theory does not only state that people with weak social bond will engage in drug abuse. However, the massive and intense drug abuse shows the lack of social bond in the society itself (Abandinsky, 2011: 198).

In addition to social control, drug abuse is also a high-risk behavior. Rhodes (1999) in his various readings concludes that on the one hand risk behavior is conceptualized as a product of individual cognitions, decisions, and related actions. While on the other hand, risky behavior is considered as a product of interaction between individuals, the actions of other individuals, their communities, and the social environment. In other words, risky behavior does not only come from individuals but are also influenced by the environment that shapes them, including the various communities they join in.

Mutual influence between the individual and the social is a factor that can lead to risky behavior. If the community which the individual join in is a community consisting of good individuals, then the individual is tend to well behaved. On the other hand, if the individual becomes part of a community with bad behaved members, then there is a strong tendency that the individual will behave badly as well.

Socially, one community wants the social status of its community to be higher than other communities. Therefore, solidarity among community members should be maintained to elevate social cohesion or the bond of one member to another. The example is the community of drug abusers. The use of the same syringe alternately between drug abusers is a behavior that symbolizes the way abusers maintain social relations between them (Rhodes, 1997). In other words, competition between communities also

has an effect on drug-abuse behavior. In fact, sharing the same syringe can spread HIV virus between them.

Besides maintaining solidarity among community members, it is also possible that risky behavior is aimed to show the identity of the individual or the community itself. Identity as stated by Erikson (1968 cited by Verkooijen 2006) is “as ‘a sustained sense of self - a subjective perception of who we are in the eyes of other people’”). The identity of the individual or community is shown through risky behavior because the individual or the community is not certain of their existence in the society. The level of self-confidence that exists in himself and his community is low that it leads to a desire to increase self-confidence through risky behavior by taking drugs. Erickson calls the feelings possessed by such individuals or communities an identity crisis.

According to Erickson, building self-identity in puberty (ie the transition from childhood to adulthood) becomes important because young people desire an identity that reduces their dependence on parents and reflects themselves as a stronger person. Verkooijen (2006) sees identity as a product of past behavior rather than as an actual case (ongoing). The process of building self-identity is facilitated by members of the community they join, so that the role of community members (friends) who drive the establishment of individual identity becomes important. The decision of a teenager (individual) to take a risky behavior depends on the importance of that behavior to build or form the identity of a group or community. If the behavior is relevant to the individual or community and the identity of the individual or community becomes prominent, a teenager is expected to adopt the behavior. When a teenager engages in risky behavior, he/she knows the consequences of the risk. It means that a teenager actually knows the negative consequences of risky behavior, but they take the risk since they want more positive results (Romer 2003 cited by Savi-Çakar, Tagay, & Ikiz, 2015)

Teenagers who are members of one community can become a peer group that replaces the role of parents as social references. The time spent with peers and the friendships, including their form of alienation becomes very strong. Peers and friendships with peers are keys that play an important role in making an individual (teenager) to have a risky-behavior (Verkooijen (2006: 8). Meanwhile, Carson-DeWitt (2002) states that scientists often identify the cause of injury as a combination of risky

behavior and dangerous environments. Risky behavior and injury are common in teenagers and young adulthood. Drug abuse contributes to injury since it has a negative effect on perception, judgment, and reaction time. A teenager who is under the influence of drugs also has little respect on self and other welfare.

Regarding the concept of risk, Trimpop (1994) defines “Risk taking is any consciously, or non-consciously controlled behavior with a perceived uncertainty about its outcome, and/or about its possible benefits or costs for the physical, economic, or psychosocial well-being of oneself or others”. Trimpop added that what is referred in the definition is conscious and unconscious behavior; outcomes and consequences of uncertainty; advantages and disadvantages; rewards (wages) received both intrinsically and extrinsically; individual and social risks; and subjective experience of risk. The impact of risky behavior is both on physical, economic, and social health.

According to Green and Kreuter (2005 cited by Lestary and Sugiharti 2011), there are three factors that cause or influence risky behavior among teenagers. First, predisposing factors or motivating factors, which come from the teenagers themselves that motivate them to perform a behavior. These factors include knowledge, beliefs, values, attitudes, capacities, age, gender, and education. Second, enabling factors that allow a behavior to be performed. These factors include the availability and affordability of health resources, priorities, and community/government commitment to health, health-related skills, housing, economic status, and access to information media. Third, reinforcing factors namely factors that can strengthen behavior which are determined by third parties or other people including family, peers, teachers, health workers, community leaders and decision makers.

Meanwhile, socio-demographic characteristics are also closely related to drug abuse and crime. Therefore, young people are the most vulnerable group and have a tendency to abuse drugs and conduct crime. Study by Amiri, et al. (2014) shows that demographic characteristics such as age, education level, economic status, and urban or rural areas have an influence on drug abuse and crime. For example, many drug abusers come from urban areas compared to rural areas (Amiri, et al. 2014: 170).

Age and gender can also affect drug abuse. The result of a research in UK demonstrates that young female drug users tend to use cocaine as an excuse for “social support”. It is used specifically to give a physical effect such as to lose weight, to support sex life and to stay fit. On the contrary, young men use drugs to seek other effects from using other types of drugs. It indicates that men are more likely to use various types of drugs than women. The factor of age is also very influential. Older people tend to use drugs as a way to find pleasure and help them to sleep, while younger people tend to use drugs to face the problems in their life (Boys, 2001).

Drug abuse is one of the main problems in developing countries with large young population. Young people tend to have a greater risk of drug abuse than other group of people. Young people with various puberty problems seeking for identity, having identity crises and having unstable mental conditions are a group that is very vulnerable to drug abuse exposure. This condition is surely a promising market opportunity for illegal drugs trafficking because it is very profitable.

However, on the other hand, for drug users, this condition will cause losses because the impact is not only on the physical, social and economic health of drug users but it can also become a burden for the community. The increasing drug abuse is closely related to changes in society, including the declining social interaction in the family and society, the increasing unemployment, the fading of community culture, the emerging violence and crime, the declining labor productivity, and the increasing need for health and rehabilitation services (Cartwright, 2003). 2008; Peacock et al., 2018).

No one is born as drug abuser. They are trapped in drugs because of various factors through a process of learning, interaction and curiosity which then leads a person to have the habit of using drugs. Empirically, the use of narcotics and illegal drugs often occurs among teenagers. This habit develops to justify their curiosity in social interactions as humans who basically like to make friends and hang out with each other. For individuals, the effects can be physiological and psychological which will gradually affect the life of the community and productive efforts both socially and economically (Eric, 2017).

The results of research in Thailand show that young people are vulnerable to initiate the use of methamphetamine due to several supporting factors, namely perceptions of social norms, drop out of school, problems in the family and poor economic status. In addition, there are several main factors in their opinion that lead them to be involved in drug abuse, namely low self-esteem, positive expectations from using methamphetamine, and the ease of obtaining drugs. Some teenagers become individuals who use methamphetamine with low economic status and low education. Both are the main factors that influence the initiation to use methamphetamine. They do not have much choice in finding occupation due to their low education (Chomchoei et al., 2019).

Research findings among university students in Africa says that the main cause of drug abuse among students at the University of Ilorin is the need to address academic challenges. The findings also states that the main cause of drug abuse among Ilorin University students is the low self-esteem. The study further says that there is no significant difference between the causes and consequences of drug abuse by undergraduates from Ilorin University based on their gender and faculty (Okafor, 2020). However, in fact, the results of several studies show that vulnerable youth are not limited to those who are in school. The studies find higher rate of drug use in children who are not in school such as street children. The example is a study by World Bank on drug use and other risky behaviors in 2011 by interviewing 640 street children in Dhaka. More than half were aged 15 and under, with 19 percent aged 12. The study shows that cigarettes (86 percent), glue (42 percent), and marijuana (36 percent) are the most commonly used substances. However, a recent systematic review of drug use among street children involving 50 studies in 22 countries with limited data sources found significant gaps, including data scarcity on physical and mental health, HIV, and mortality due to drug use by street children (Barrett, 2015). The experience of drug abusers is also important to be studied, including whether they have been involved in legal cases, have received medication/rehabilitation, and have received social sanctions due to drug problems.

Drug abuse behavior is strongly influenced by the individual factors of the abuser, including their knowledge (perception) and attitude towards drugs. In this study, the perception of abusers is explored related to drug-

prone places and occupations. Meanwhile, the attitude of individual drug abusers is also important to be studied, such as attitudes when they are offered to buy, use, and/or distribute drugs by other people as well as their attitudes towards friends, spouse/lovers, and families who use or distribute drugs.

The importance of analyzing the individual's attitude cannot be separated from social control theory as mentioned at the beginning of this Conceptual Framework. In this theory, the strength of social bond is influenced by the internal elements. According to Hirschi (2001; 16-26), the elements of social bond include: attachment, commitment, involvement, and belief. Meanwhile, social control has the potential to influence a person's behavior in accordance with social norms in their environment. Someone who has strong social control will not act that violate the norm. Looking at from the perspective of this theory, drug abuse is more of a deviant behavior which relates to the problem of obedience or adherence to social norms. Individuals with low self-control who is not stimulated by the environment can act impulsively, tend to take risks, and easily shape someone's personality. Other people may lose emotional control because they are easily frustrated. Someone who is cut off from social ties with his environment does not have social control and is "free" to deviate.

Understanding drug abuse behavior can be traced from the explanation of why a person is not obedient to social norms. Furhmann (1990) states that the involvement of individuals in using drugs includes several stages, namely: a). getting acquaintance with drugs; b). trying to use drugs; c). using drugs regularly because they are in the user's environment; d). using drugs for pleasure, and e). using drugs regularly because of the dependence, both physical and mental dependence.

Drug abuse is a high-risk behavior. This risky behavior, either directly or indirectly, is also influenced by a person's interaction with his family and society. Family and peers are factors that can explain the existence of drug abuse (Espelage, D. et al., 2003). A study by Johnson, et al. (2014) for example explains the factor of adolescents' closeness to their parents in relation to drug abuse. The quality of the closeness between parents and children also affects children in making decisions and choosing friends. On the other hand, an inharmonious family can influence a child's risky behavior, including drug and alcohol abuse to release the stress and pressure.

The family is the smallest and most important social unit in the society. The family as the smallest unit in social life has an important role in shaping the character of children and as a “fortress” from social diseases from an early age. Parents who are busy with their own activities without caring about the development of their children are the beginning of the child’s fragile defense against social problems. The social function of the family is very important in educating children, starting from the early children’s growth until their personality and character are formed. Children must receive education and values, which are allowed or not allowed, what is good or bad, what is appropriate or inappropriate, and so on directly from their parents. Children who are close to their families are less likely to be involved in drug abuse (Johnson et al., 2014: 214). On the other hand, it must be realized that instability in the family has a correlation with drug abuse by teenagers. Therefore, parents should spend time together, have clear rules and monitor their children (Johnson, et al., 2014: 216). Parental supervision also has a positive effect on preventing drug abuse and protecting children from the negative influence of peers and the environment (Tornay, et al., 2013: 1229).

Besides family, social environment also has a role in drug abuse. Within peer groups, individuals will interact and encourage each other emotionally. Thus, the presence of peer groups can have an influence on adolescent development, namely: a). providing positive and negative influence on adolescent development; b). forming body image (self-view); c). encouraging consumptive behavior; and affecting social development (friendships and romantic relationships).

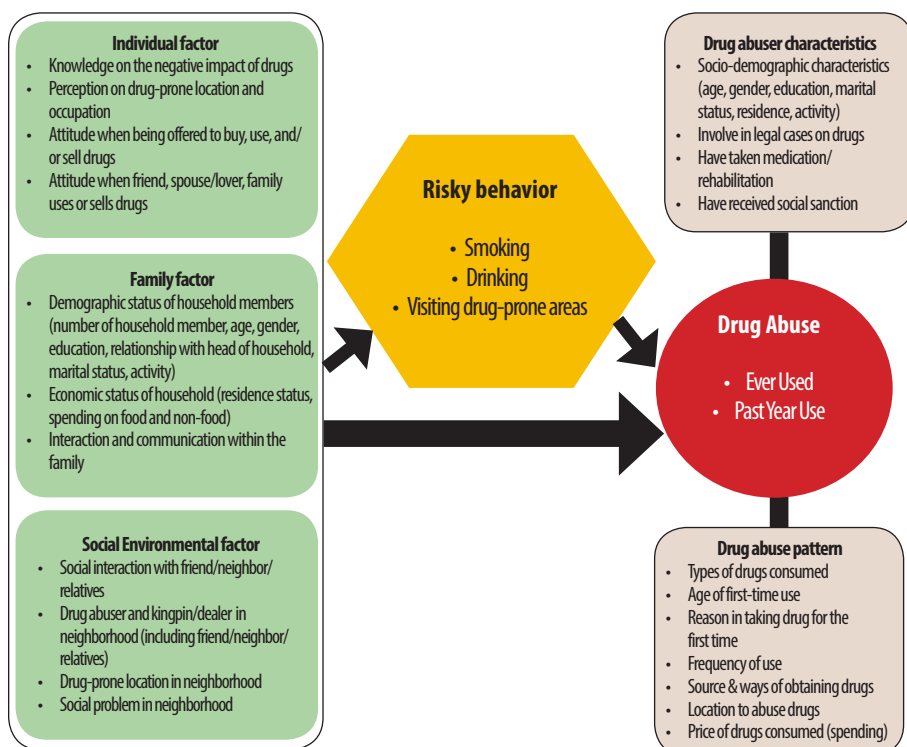
According to Erikson (in Gunarsa 2004), adolescence is a period of searching for self-identity, where this self-identity is formed from adolescent psychosocial relationships with other individuals, namely with friends. Psychosocial relationships among adolescents in identifying themselves and feeling comfortable are referred to as peer groups (Larson & Richard in Papalia 2005). Emotional bonding in the peer group will bring major influences on individuals within the group. Compared to adolescents who do not have peer group relationships or negative peer group relationships, adolescents who have positive peer group relationships are more able to handle their stress due to support from their friends.

The peers' character will greatly affect the development of adolescents. Positive peer group relationships will result in academic achievement and involvement in school activities. The cognitive development is seen from the point of view of the social construction approach. Vygotsky (in Santrock 2011) emphasizes the social context of learning and that knowledge is built together. Engagement with others opens up opportunities for adolescents to obtain information as well as evaluate and improve their understanding when hearing other people's thoughts and participating in groups.

The social environment is also an important factor to see the trend of drug abuse in the society. The role of social capital and social care in neighborly life is very important because it can become a norm that controls drug abuse in the society. Teenagers who live in an unorganized social environment with low social capital tend to be vulnerable to drug abuse. An unorganized social environment is one of the factors that can trigger drug abuse (Ford, et al. 2017: 50).

A person's behavior of abusing drugs is also influenced by other risky behaviors. Smoking, drinking alcohols and visiting drug-prone places, for example, are often considered as 'entrances' to take drugs. The study of Legeye et al. (2016), for example, classifies smoking and drinking as an intermediary (control) factor for drug consumption behavior.

Referring to the theory of social and risk behavior control as described above, the conceptual framework used in this study can be seen in Figure 1.1.



**Figure 1.1. Conceptual Framework**

## 1.5. Methodology

### 1.5.1. Study Approach

This study uses a quantitative approach with a cross-sectional design in the form of a survey. The survey was conducted to obtain prevalence rate and estimated number of drug abusers in Indonesia. The quantitative approach is carried out at the individual level.

### 1.5.2. Population

The population of this study is the Indonesians of productive age group aged 15-64 years. The age limit refers to the international drug abuse prevalence rate (UNODC, 2020). The sample unit in this study is the household, which is defined as the smallest unit in the society, where a group of people live together and eat from the same kitchen, whether they have family relation or not. Meanwhile, the unit of research observation

and analysis are individuals as household members aged 15-64 years who live in the sample household.

### 1.5.3. Number of Sample

The determination of the minimum sample size ( $m$ ) is influenced by the diversity of the population surveyed, the desired accuracy level of the estimate, the level of estimate and the cost of data collection. The sampling uses the multistage random sampling method. The minimum sample size of respondents required to estimate the prevalence ( $p$ ), with the specified precision, is calculated using the following formulation:

$$m = \frac{(1 - p) \times deff}{p \times rr \times e^2}$$

Information :

$p$  : drug abuse prevalence in the past year,  $p = 1.8\%$  (Drug Abuse Survey 2019)

$deff$  : *design effect*,  $deff = 2$

$rr$  : anticipated response rate,  $rr = 85\%$

$e$  : relative standard error

Taking into account the availability of resources (manpower and budget) to set a relative standard error of 2.37% for the national estimate and 13%-18% for the provincial estimate, a minimum sample size of 170,000 respondents is required. However, due to the budget refocusing on this research, the number of samples was reduced to 66,900 respondents with a relative standard error of 4.38%. With the reduced number of samples, the relative standard error for provincial estimate becomes very large (between 22%-32%). Therefore, the analysis for the provincial level is omitted.

In the field, not all respondents who have been selected as samples can be interviewed, either because they refuse to be interviewed for various reasons or because the field team does not successfully meet the respondents. Respondents who refuse or could not be met were not replaced. It is because the determined respondents have represented the referred respondents so that it already portrays the respondent representation. This obstacle reduces the real number of respondents to 64,348 respondents (or decreased by 2,552 respondents, with an average of 75 respondents per province).

#### 1.5.4. Survey Location

The survey was conducted in 34 provinces in Indonesia covering 102 regencies/cities. The number of respondents and a list of regencies/cities are selected in each province. The number of survey locations was reduced from the original plan of 176 cities and regencies. The reduction was caused by a refocusing of the budget. Besides the reduction on the number of regencies/cities, the number of census blocks surveyed also experienced a reduction from the planned 8,500 census blocks into 3,345 census blocks. The details regarding changes in the number of samples, survey locations before and after budget refocusing can be seen in table 1.1, while details on the number of samples and census blocks per selected regency/city can be seen in table 1.2.

**Table 1.1. Number of Sample and Regency/City Before and After Budget Refocusing**

No	Condition	Before refocusing	After Refocusing
1	Number of sample	170,000	66,900 (real 64,348)*
2	Number of regency/city	176	102
3	Number of census block	8,500	3,345
4	Relative Standard Error:		
	• National	2.37%	4.38%
	• Province	13%-18%	22% - 32%

Note: \* the real number is smaller due to rejection from respondents

**Table 1.2. Number of Sample, Census Block and Number of Regency/City**

Regency Code	Province	Regency/City	Level	Number of Sample	
				Census Block	Household/ Individual
(1)	(2)	(3)	(4)	(5)	(6)
1171	Aceh	Banda Aceh	111	34	680
1110	Aceh	Bireuen	112	34	680
1103	Aceh	South Aceh	113	34	680
1275	North Sumatera	Medan	121	44	880
1212	North Sumatera	Deli Serdang	122	44	880
1276	North Sumatera	Binjai	123	44	880
1371	West Sumatera	Padang	131	34	680

Regency Code	Province	Regency/City	Level	Number of Sample	
				Census Block	Household/ Individual
(1)	(2)	(3)	(4)	(5)	(6)
1312	West Sumatera	Pasaman Barat	132	34	680
1311	West Sumatera	Dharmasraya	133	34	680
1471	Riau	Pekanbaru	141	36	720
1409	Riau	Rokan Hilir	143	36	720
1406	Riau	Kampar	143	36	720
1571	Jambi	Jambi	151	32	640
1501	Jambi	Kerinci	152	32	640
1504	Jambi	Batang Hari	153	32	640
1671	South Sumatera	Palembang	161	38	760
1611	South Sumatera	Empat Lawang	162	38	760
1606	South Sumatera	Musi Banyuasin	163	38	760
1771	Bengkulu	Bengkulu	171	27	540
1705	Bengkulu	Seluma	173	27	540
1709	Bengkulu	Bengkulu Tengah	173	27	540
1871	Lampung	Bandar Lampung	181	40	800
1803	Lampung	Lampung Selatan	182	40	800
1806	Lampung	Lampung Utara	183	40	800
1971	Bangka Belitung Islands	Pangkalpinang	191	26	520
1901	Bangka Belitung Islands	Bangka	192	26	520
1904	Bangka Belitung Islands	Bangka Tengah	193	26	520
2172	Riau Islands	Tanjung Pinang	211	27	540
2171	Riau Islands	Batam	212	27	540
2102	Riau Islands	Bintan	213	27	540
3173	DKI Jakarta	Jakarta Pusat	311	41	820
3172	DKI Jakarta	Jakarta Timur	312	41	820
3171	DKI Jakarta	Jakarta Selatan	313	41	820
3273	West Java	Bandung	321	44	880
3212	West Java	Indramayu	322	44	880
3210	West Java	Majalengka	323	44	880
3374	Central Java	Semarang	331	41	820
3325	Central Java	Batang	332	41	820

Regency Code	Province	Regency/City	Level	Number of Sample	
				Census Block	Household/ Individual
(1)	(2)	(3)	(4)	(5)	(6)
3306	Central Java	Purworejo	333	41	820
3471	DI Yogyakarta	Yogyakarta	341	33	660
3404	DI Yogyakarta	Sleman	342	33	660
3401	DI Yogyakarta	Kulon Progo	343	33	660
3578	East Java	Surabaya	351	42	840
3576	East Java	Mojokerto	352	42	840
3528	East Java	Pamekasan	353	42	840
3673	Banten	Serang	361	42	840
3671	Banten	Tangerang	362	42	840
3674	Banten	Tangerang Selatan	363	42	840
5171	Bali	Denpasar	511	33	660
5103	Bali	Badung	512	33	660
5108	Bali	Buleleng	513	33	660
5271	West Nusa Tenggara	Mataram	521	36	720
5203	West Nusa Tenggara	Lombok Timur	522	36	720
5204	West Nusa Tenggara	Sumbawa	523	36	720
5371	East Nusa Tenggara	Kupang	531	33	660
5315	East Nusa Tenggara	Manggarai Barat	532	33	660
5308	East Nusa Tenggara	Lembata	533	33	660
6171	West Kalimantan	Pontianak	611	34	680
6104	West Kalimantan	Mempawah	612	34	680
6108	West Kalimantan	Kapuas Hulu	613	34	680
6271	Central Kalimantan	Palangka Raya	621	30	600
6201	Central Kalimantan	Kotawaringin Barat	622	30	600
6208	Central Kalimantan	Seruyan	623	30	600
6371	South Kalimantan	Banjarmasin	631	34	680
6303	South Kalimantan	Banjar	632	34	680
6302	South Kalimantan	Kotabaru	633	34	680
6472	East Kalimantan	Samarinda	641	33	660
6474	East Kalimantan	Bontang	642	33	660
6403	East Kalimantan	Kutai Kartanegara	643	33	660

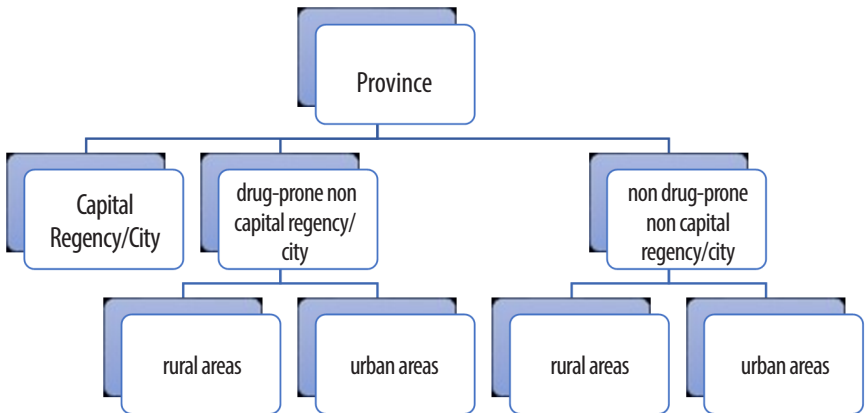
Regency Code	Province	Regency/City	Level	Number of Sample	
				Census Block	Household/ Individual
(1)	(2)	(3)	(4)	(5)	(6)
6571	North Kalimantan	Tarakan	651	21	420
6502	North Kalimantan	Bulungan	652	21	420
6501	North Kalimantan	Malinau	653	21	420
7171	North Sulawesi	Manado	711	29	580
7172	North Sulawesi	Bitung	712	29	580
7106	North Sulawesi	Minahasa Utara	713	29	580
7271	Central Sulawesi	Palu	721	30	600
7208	Central Sulawesi	Parigi Moutong	722	30	600
7202	Central Sulawesi	Banggai	723	30	600
7371	South Sulawesi	Makassar	731	38	760
7318	South Sulawesi	Tana Toraja	732	38	760
7313	South Sulawesi	Wajo	733	38	760
7471	South East Sulawesi	Kendari	741	29	580
7404	South East Sulawesi	Kolaka	743	29	580
7413	South East Sulawesi	Muna Barat	743	29	580
7571	Gorontalo	Kota Gorontalo	751	25	500
7502	Gorontalo	Gorontalo	752	25	500
7503	Gorontalo	Pohuwato	753	25	500
7604	West Sulawesi	Mamuju	761	25	500
7602	West Sulawesi	Polewali Mandar	762	25	500
7606	West Sulawesi	Mamuju Tengah	763	25	500
8171	Maluku	Ambon	811	26	520
8106	Maluku	Seram Bagian Barat	812	26	520
8104	Maluku	Buru	813	26	520
8271	North Maluku	Ternate	821	23	460
8201	North Maluku	Halmahera Barat	822	23	460
8206	North Maluku	Halmahera Timur	823	23	460
9105	West Papua	Manokwari	911	23	460
9171	West Papua	Kota Sorong	912	23	460
9106	West Papua	Sorong Selatan	913	23	460
9471	Papua	Jayapura	941	32	640

Regency Code	Province	Regency/City	Level	Number of Sample	
				Census Block	Household/ Individual
(1)	(2)	(3)	(4)	(5)	(6)
9401	Papua	Merauke	942	32	640
9412	Papua	Mimika	943	32	640
Total				3,345	66,900

### 1.5.5. Sampling Technique

In general, the sampling method in this research is stratified three stage cluster sampling. In each province, stratification was carried out based on frame matching between areas prone to drugs and areas not prone to drugs, with a list of BPS rural villages/urban villages. If a rural village/urban village is declared a drug-prone area, all census blocks in the rural village/urban village are classified as drug-prone census blocks. Thus, each province is stratified into three, namely:

1. Stratification of provincial capitals. For each province, a city is chosen as the provincial capital. The city of the provincial capital is selected as an area with diverse socio-demographic and economic conditions.
2. Stratification of regencies/cities that are not provincial capitals, which are prone to drugs and have a census block that is prone to drugs.
3. Stratification of regencies/cities that are not provincial capitals, which are not prone to drugs and do not have a census block prone to drugs.



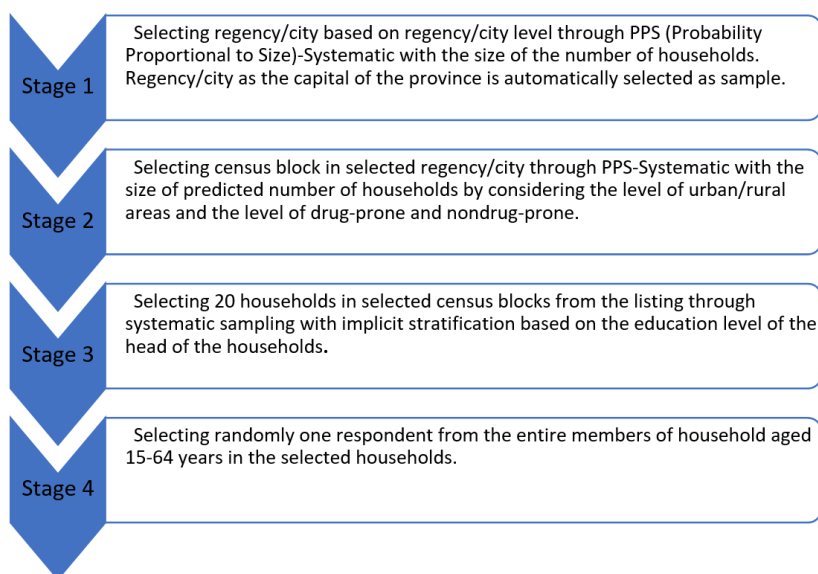
**Figure 1.2. Sample Stratification in Each Province**

In each regency/city stratification of non-provincial capital, whether drug-prone or nondrug-prone regency/cities, one regency/city is selected randomly. So in each province, a city of the provincial capital and two regencies/cities which are not the provincial capital are selected. The list of selected regencies/cities can be seen in the appendix.

Each rural village is divided into several census blocks, namely the enumeration work area which is part of a rural village/urban village. Referring to the sampling technique above, there are four sample frames used in the drug abuse survey, namely:

1. List of regencies/cities with information containing the estimated number of households that have been grouped based on their drug-prone status.
2. List of 2020 census blocks in the master frame in selected regencies/cities which is equipped with information containing the estimated number of households that have been grouped based on drug-prone status and urban/rural area classification.
3. List of households as a result of listing in the selected census block containing information on the education level of each household head.
4. List of eligible household members (aged 15-64 years) in the selected household.

The procedure for selecting samples at the level of province, regency, census block, up to the selection of respondents is carried out by multi-stage random sampling, with the stages as shown in Figure 1.3.



**Figure 1.3. Sampling Procedure from Provincial Level to the Smallest Unit in Household**

### 1.5.6. Data Collection

Quantitative data was collected by means of interviews using a structured questionnaire using the CAPI system. Respondents were selected randomly using a random table system based on a list of eligible household members (aged 15 – 64 years) in the selected household. Before the interview, each respondent was required to first give informed consent. If the respondent rejects the statement, the interviewer can re-read the contents of the informed consent. Prospective respondents can sign or state their willingness if they have understood the statement. Prospective respondents who express objections and refuse to be interviewed will not be changed and the interview will not be continued.

The interviewers in this survey are undergraduates or final semester students who were previously given training. The interviewers or enumerators are tasked with conducting interviews with respondents for filling out questionnaires. The training in filling out the questionnaire includes an explanation of each question on the questionnaire. After the training, a trial interview will be conducted in the interviewers' neighborhood. The results of the trial interviews were discussed with researchers, field coordinators (Korlap) and local partners (Mitlok) regarding possible

problems and their solutions. For smooth data collection in the field, an “Interview Guidebook” was written which contains an explanation of the operational definition of each question or category, as well as the guidance on how to fill out or mark the questionnaire according to the respondent’s answers. The training for enumerators was carried out in the provincial capital. The training materials were provided by researchers assisted by Local Researchers (Penlok) and Local Partners (Mitlok), who had received training.

A management is required during the data collection in the field to ensure the quality of the data. The management in each province will be assisted by three Korlap and each Korlap is responsible for data collection in one regency/city conducted by enumerators. Therefore, the number of Korlap is adjusted to the location of the selected regency/city. Each Korlap is responsible for the quantitative data collection carried out by the interviewer or enumerator. Each Korlap supervises a maximum of 10 enumerators. In each province, researchers are assisted by one local researcher who usually comes from the local university (Penlok), one Local Partner (Mitlok) and one IT staff from Provincial BNN. These three assistants have different roles and functions during the data collection. Penlok is responsible for coordinating and assisting for the smooth data collection carried out by Korlap and Enumerators. Penlok ensures that the data collection process in the field goes as planned. Mitlok is also responsible for the smooth data collection in terms of administration and licensing arrangements as well as in assisting researchers for a smooth qualitative data collection. Prior to data collection in the field, Penlok, Mitlok and Korlap had first received online briefing and training on data collection organized by BNN in collaboration with the National Innovation Research Agency (BRIN) and the Indonesia Statistics (BPS).

Enumerators are tasked with interviewing selected respondents and filling out questionnaires using CAPI. Before the filled-out questionnaire is sent to the IT administration, the enumerator first ensures that the questionnaire is completely filled out. The IT team in Jakarta carried out cross-checks and data consistency to ensure that the questionnaire was correctly asked and the answers were filled in based on the respondents’ confessions. If there are errors in filling out the questionnaire or inconsistencies or irregularities in the data, the IT team contacts the

researcher and the field coordinator who is responsible for repeating data collection by repeating the interview.

Before collecting field data, there is a process to obtain approval of ethic clearance (Etik Klirens) to measure the ethical acceptability of a series of research processes. The purpose is to protect the team and respondents in this research from physical, psychological, social and legal consequences. In this regard, this research has passed the ethic clearance test and has received an ethic clearance certificate from the ethics clearance commission, Deputy for Social Sciences of LIPI in Decision Letter of Ethics Clearance of Research in the Field of Science and Humanity No: 64/Klirens/VI/2021.

#### **1.5.7. Data Analysis**

The collected quantitative data were analyzed descriptively and inferentially. The descriptive analysis is done to obtain prevalence rate of drug abuse in Indonesia according to demographic characteristics and patterns of drug abuse, including the average age at initial use of drug, the distribution of the types of drugs, the frequency of drug abuse and the tendency of risky behavior in the population aged 15-64 years. Meanwhile, inferential analysis is done to determine the effect on drug abuse from each factor, namely individual factors, family factors, social environmental factors, and risky behavior. The analysis was carried out by taking into account the association and direction of the relationship of the two variables using bivariate analysis, namely cross tabulation analysis, and looking at the coefficient values between the two variables. The provincial level analysis was not carried out because the number of samples for each province was insufficient, and the estimated relative standard error was between 22% - 32%. Thus, the sample error rate at the provincial level is quite large so that the validity of the data is weak.

The analysis at the population level is not carried out directly based on the percentage at the respondent level, but by first being given a weighting. The variables used as weights are the number of households resulting from the listing and the number of eligible household members (aged 15-64 years) as a result of the enumeration.

### 1.5.8. Aspect and Variable in Instrument

There are two categories of variables in this study, namely the scope of the household and the scope of the individual. Within the scope of the household, there are 3 aspects and 11 variables, namely:

- a) Aspects of the **demographic status of household members**, consisting of variables of the number of household members, age, gender, education, marital status, activities of household members, and relationship with the head of the household.
- b) Aspects of **household economic status**, consisting of variables of residence status and spending on food and non-food items.
- c) Aspects of **Neighborhood**, consisting of variables of proximity to bus terminals, markets/malls, entertainment place, pharmacies/drug stores, and social problems around residence: alcohol, brawls, gambling, prostitution, theft, drugs etc.

In the individual level, several aspects and variables that will be considered include:

- a) **Individual characteristics** (education, occupation).
- b) **Perceptions and attitudes towards drug abuse** (perceptions related to drug-prone places and occupation; attitudes when offered to buy, use, and/or distribute drugs; and attitudes towards friends, spouse/girlfriends/boyfriends, families who use or distribute drugs)
- c) **Interaction** (emotional closeness) **and communication within the family**.
- d) **Risky behavior** (smoking, drinking, visiting drug-prone areas).
- e) **Social environment** (social environment with friends/neighbors/relatives; abusers and kingpin/drug dealers in the neighborhood, including friends/neighbors/relatives).
- f) **Drug abuse** (ever used, past year use).
- g) **Pattern of drug abuse** [type of drug used, age at initial use, reason for initial use, frequency of use, source & method of obtaining drugs, place to use drugs, and price of drugs used (spending)].

## 1.6. Operational Definition

- a) **Drugs:** narcotics, psychotropics, and illegal drugs
  - 1) Narcotics: substances or drugs from plants or non-plants, either synthetic or semi-synthetic, which can cause degradation or

- alteration of consciousness, loss of taste, reduction or elimination of the pain, and can lead to dependency. (Law Number 35 of 2009).
- 2) **Psychotropics:** substance or drug, both nondrugs-natural and synthetic, with psychoactive benefit through selective influence in central nerves system which causes typical change in mental and behavior activity (Law Number 5 of 1997).
- b) **Drug abuse:** drug use outside the purpose of medication recommended by doctors and the interests of scientific development.
  - c) **Drug abuse prevalence:** the number or percentage of drug users in a given population at a certain time.
  - d) **Pattern of drug abuse:** the tendency of drug abuse in society seen from various aspects, namely the type of drug used, age at first use, reason for first use, frequency of use, sources and methods of obtaining drugs, and places to use drugs, as well as prices of drugs used (spending).
  - e) **Characteristics of abusers:** the background of drug abusers is seen from socio-demographic characteristics (age, gender, education, marital status, neighborhood, activities) as well as experience whether they have been involved in legal cases because of drugs, have done medication/rehabilitation due to drugs, and receive social sanctions for drugs.
  - f) **Drug abuse factors:** factors that influence a person's behavior in abusing drugs, consisting of individual factors, family factors, and socio environmental factors, namely:
    - 1) **Individual factors** include perceptions related to drug-prone places and professions, attitudes when offered to buy, use, and/or distribute drugs, and attitudes towards friends, spouse/lover, families who use or distribute drugs.
    - 2) Meanwhile, **family factors** are seen from the socio-demographic characteristics of family members (age, gender, education, relationship with head of household, marital status, activities), household economy, as well as interaction and communication within the family.
    - 3) **Social environmental factors** consist of social environment with friends/neighbors/relatives, abusers and kingpin/drug dealers in the neighborhood (including friends/neighbors/relatives), drug-prone area in the neighborhood, as well as social problems in the neighborhood.

Individual, family and social environmental factors can directly influence a person's behavior in abusing drugs or indirectly through risky behavior (control factors or intervening variables).

- g) **Risky behavior:** a person's behavior that can influence (as a control factor or intervening variable) the behavior of abusing drugs. Risky behavior in this study is seen from three variables, namely smoking, drinking and visiting drug-prone places.

## 1.7. Research Design

The systematics of writing in this book consist of:

CHAPTER I Introduction. This section describes the background, problems, objectives, framework, methodology, and operational definitions.

CHAPTER II Characteristics of respondents. This chapter describes the characteristics of the respondents according to social demographics and the vulnerability of the respondent's environment.

CHAPTER III Drug Abuse Prevalence. This chapter discusses the prevalence rate of drug abuse in 2021 and its comparison with the prevalence rate in 2019. In addition, it also discusses the characteristics of drug abusers which include individual characteristics, family background, social environment and risky behavior of drug abusers.

CHAPTER IV Patterns of drug abuse. This chapter discusses the types of drugs consumed, age at first use, types of drugs first used, sources of obtaining drugs, reasons for using drugs, methods of obtaining drugs, and places of using drugs.

CHAPTER V Factors influencing drug abuse. There are three factors analyzed in this section, namely individual factors, family factors and social environmental factors

CHAPTER VI Conclusions and Recommendations



2

# **SOCIO-DEMOGRAPHIC CHARACTERISTICS AND VULNERABILITY OF RESPONDENT NEIGHBORHOOD**



# **SOCIO-DEMOGRAPHIC CHARACTERISTICS AND VULNERABILITY OF RESPONDENT NEIGHBORHOOD**

## **CHAPTER**

# **2**

Overall, there were 64,348 respondents interviewed in this study. This chapter describes the characteristics of respondents, which are divided into 2 (two) groups, namely characteristics of socio-demography and the vulnerability of the respondent's neighborhood. Characteristics of respondents based on socio-demography are distinguished by age, gender, residence, status in the household, marital status, education level, main activity and occupation, as well as household socio-economic status. The characteristics of respondents based on the vulnerability of the respondent's neighborhood are divided into: proximity of the respondent's residence to public facilities, social problems in the neighborhood, environmental vulnerability from drug abuse, and feelings of security from the threat of drugs in the neighborhood.

## **2.1 Socio-demographic Characteristics**

### **2.1.1 Group of Age and Gender**

This survey targets respondents in the age group of 15-64 years. Table 2.1 shows that the majority of respondents are in the adolescent group aged 15-19 years consisting of 17.1% rural male respondents and 16.5% urban male respondents. Meanwhile, rural female respondents reach 12.2%, and urban female respondents reach 12.3%. Thus, the total number of male respondents in urban and rural areas is 16.8%, while the female respondents are 12.2%. The second largest respondent is the group aged 30-34 years. The rural women respondents in this group are 14.3%. This number is almost the same as the total number of female respondents in rural and urban areas of 13.9%. Meanwhile, urban female respondents aged 30-34 years is 13.4%. Thus, the total number of urban and rural female respondents is 13.9%.

The third largest group is the respondents aged 35-39 years. The urban female respondents in this group are 13.8%. This number is almost the same as the number of rural female respondents of 13.4%. Thus, the total percentage of female respondents in rural and urban areas is 13.6%. Meanwhile, the number of rural female respondents in the group of 30-34 years is 13.4%. Thus, the total number of urban and rural female respondents is 13.6%.

The fourth largest proportion is respondents aged 35-39 years with a balanced percentage between female and male respondents. The highest percentage was urban female respondents at 13.8%, followed by rural female respondents at 13.4%. Meanwhile, male respondents in rural and urban areas have the same percentage at 12.2%. This percentage is the same with the total percentage of male respondents in rural and urban areas, while female respondents in rural and urban areas are at 13.6%. The fifth largest proportion is in the age group of 20-24 years. The urban male respondents in this group are 13.7%. This number is almost the same as the number of male respondents in rural areas of 12.9%. Thus, the total percentage of male respondents in rural and urban areas is 13.2%. Meanwhile, rural female respondents are 10.9% and urban female respondents are 11.6% for in the group of 20-24 years old. It means that the total number of urban and rural female respondents is 11.2%.

The sixth largest proportion is the group aged 25-29 years with 13.5% of rural female respondents and 12.6% of urban female respondents. Thus, the total percentage of rural and urban female respondents is 13.2%. Meanwhile, the rural male respondents in group aged 25-29 years are 11.4% and urban male respondents are 12.4%. So, the total number of urban and rural male respondents is 11.8%. The seventh largest proportion is in the age of 40-44 years group. This group is interesting to be observed because the percentage is almost evenly distributed, both in terms of gender and residence. For example, the percentage of male respondents in urban areas is 10.6%, while the percentage of male respondents in rural areas is 10.7% with only 0.1% gap. Meanwhile, the number of female respondents in urban areas is 10.2% or 0.1% greater than the number of female respondents in rural areas of 10.1%. Thus, the total number of female respondents in rural and urban areas is 10.1%.

The group aged 45-49 years is included in the category of respondents with moderate percentage. The total percentage of male and female respondents in urban and rural areas is 8.4%. The percentage for male respondents is 8.0%. Female respondents, both living in urban and rural areas, is 8.4%. This number is slightly higher than the percentage of rural male respondents of 8.2% and urban male respondents of 7.8%. The next group is respondents aged 55-59 years. In this group, the percentage of male respondents in rural and urban areas is 4.9%, while female respondents are slightly higher at 5.5%. This number is the same as the percentage of rural women respondents at 5.5%. This number is slightly higher than the urban female respondents at 5.4%. Meanwhile, urban male respondents are only at 4.7%. The last or smallest proportion is the group aged 60-64 years. The highest number of respondents in this age group was urban female respondents at 5.0%, while urban male respondents only at 4.3%. The number of rural male respondents is 4.2%. This number is equal to the total number of urban and rural male respondents.

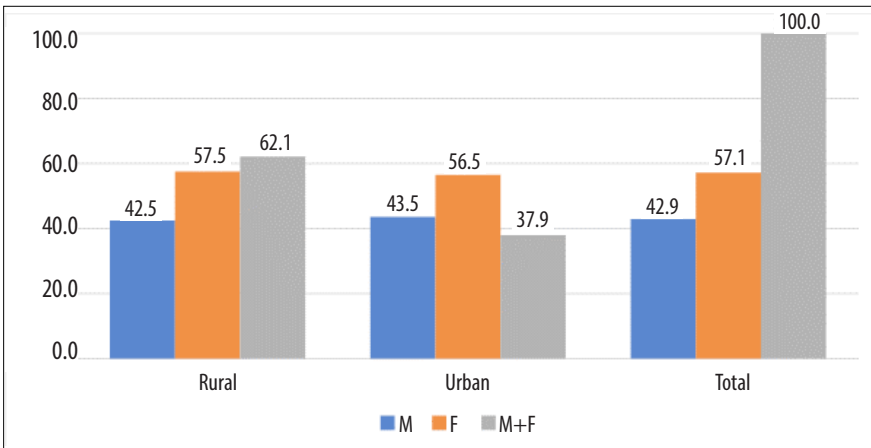
**Table 2.1. Group based on Age and Gender (%)**

Age Group	Urban		Rural		Urban + Rural	
	Male (L)	Female (P)	Male (L)	Female (P)	Male (L)	Female (P)
15-19	16.5	12.3	17.1	12.2	16.8	12.2
20-24	13.7	11.6	12.9	10.9	13.2	11.2
25-29	12.4	12.6	11.4	13.5	11.8	13.2
30-34	11.3	13.4	11.8	14.3	11.6	13.9
35-39	12.2	13.8	12.2	13.4	12.2	13.6
40-44	10.6	10.2	10.7	10.1	10.6	10.1
45-49	7.8	8.4	8.2	8.4	8.0	8.4
50-54	6.6	7.4	6.5	7.0	6.5	7.2
55-59	4.7	5.4	5.1	5.5	4.9	5.5
60-64	4.3	5.0	4.2	4.7	4.2	4.8
<b>Total</b>	100.0	100.0	100.0	100.0	100.0	100.0
<b>N</b>	10,624	13,789	16,961	22,974	27,585	36,763

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

### 2.1.2 Residence and Gender

Overall, there is a slight difference in the proportion of gender between male and female respondents, both living in rural and urban areas. The proportion of female respondents living in rural areas is 57.5%, while male respondents is 42.5%. The total number of male and female respondents living in rural areas is 62.1%. This proportion is slightly higher than the number of female respondents living in urban areas of 56.5%, while male respondents are 43.5%. Thus, the total number of male and female respondents living in urban areas is 37.9%. So, the representation of female respondents is slightly greater than male respondents. In the distribution of respondents, there are slightly more female respondents living in rural areas than female respondents living in urban areas. The total number of female respondents living in rural and urban areas is 57.1%, while the total number of male respondents living in rural and urban areas is 42.9%. Thus, the total number of respondents, both male and female living in rural and urban areas is 100%.%



**Figure 2.1. Respondents' Residence and Gender**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

### 2.1.3. Status in the Household

The number of male respondents living in both rural and urban areas with the status of the head of the household is 56.1%, while the number of female respondents with the status of the head of the household is 11.9%. This number is almost the same as the number of rural female respondents with the status of the head of the household of 11.3%. Meanwhile, male respondents in rural areas with the status of head of household are 57.4%.

This proportion is higher than the number urban male respondents with the status of the head of the household of 53.8%.

Besides the head of the household, the status of respondent that is quite prominent is child/son/daughter-in-law. In this status, there is little difference between the proportion in rural and urban areas. Male respondents with the status of child/son-in-law are 38.5% in rural areas and 40.3% in urban areas. Meanwhile, female respondents with the status of child/daughter-in-law are 27.1% in urban areas and 23.9% in rural areas. Thus, the total percentage of male respondents in rural areas with the status of a child/son-in-law is 39.2% and female respondent is 25.1%. Male and female respondents in rural and urban areas with the status of wife/husband are 34.3%. There is no significant difference between respondents in urban and rural areas in terms of the status between respondents of grandchildren with a comparison of 0.9% for rural areas and 1.1% for urban areas. In similar, the respondent's status as parents/parents-in-law is 0.4% for urban areas and 0.3% for rural areas. There is a slight difference in terms of the respondent's status as siblings for urban and rural areas, with the comparison of 1.4% for urban and 0.9% for rural areas.

**Table 2.2. Status in the Household (%)**

Relationship with the head of household	Urban			Rural			Urban+Rural		
	M	F	M+F	M	F	M+F	M	F	M+F
Head of household	53.9	12.7	30.6	57.4	11.4	31.0	56.1	11.9	30.8
Wife/Husband	0.5	55.8	31.8	0.5	62.0	35.9	0.5	59.7	34.3
Child/son/daughter-in-law	40.3	27.1	32.8	38.5	23.9	30.1	39.2	25.1	31.1
Grandchildren	1.2	1.0	1.1	1.2	0.7	0.9	1.2	0.8	1.0
Parents/Parents-in-law	0.2	0.6	0.4	0.2	0.4	0.3	0.2	0.5	0.4
Siblings	1.6	1.2	1.4	1.1	0.8	0.9	1.3	0.9	1.1
Relatives	1.8	1.2	1.5	1.0	0.7	0.8	1.3	0.9	1.1
Others	0.5	0.4	0.4	0.2	0.2	0.2	0.3	0.3	0.3
Total	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
N	10,624	13,789	24,413	16,961	22,974	39,935	27,585	36,763	64,348

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

#### 2.1.4. Marital Status and Residence

Most respondents in urban and rural areas are married with the total percentage of 54.0% for male respondents and 67.7% for female respondents. Male respondents who are married are 55.4% in rural areas and 51.8% in urban areas. This percentage is almost the same as female respondents with 69.7% in rural areas and 64.5% in urban areas. Meanwhile, respondents who are not married are dominated by male respondents with the percentage of 40.5% in rural areas and 43.6% in urban areas. Meanwhile, female respondents who are married is 22.6% in rural areas and 27.1% in urban areas. Thus, the total number of respondents in rural and urban areas who are not married is 41.7% for male and 24.3% for female.

Respondents who are divorced are dominated by women with a percentage of 3.3% in urban areas and 2.4% in rural areas. The percentage of male respondents in rural and urban areas who are divorced shows a slight difference in of 2.1% for rural areas and 2.5% for urban areas. Thus, the total number of male and female respondents in rural and urban areas with the status of divorced is 2.5%. This total percentage is lower than the total number of male and female respondents in rural and urban areas with the status of divorced at 3.7%. In rural areas, the percentage of female respondents with divorced status is 5.1%. This number is slightly higher than in urban areas with 5.0%. The encouraging thing is the small percentage of respondents who live together without being married (cohabitation) of 0.1% for rural areas and 0.1% for urban areas. Implicitly, this shows that respondents in rural and urban areas still strongly hold traditional values and religious moral values. It is hoped that they will not be easily tempted by other people's offer to abuse drugs that are in contrary to traditional and religious values

**Table 2.3. Marital Status and Residence (%)**

Marital Status	Urban			Rural			Urban + Rural		
	M	F	M+F	M	F	M+F	M	F	M+F
Married	51.8	64.5	59.0	55.4	69.7	63.6	54.0	67.7	61.9
Not Married	43.6	27.1	34.3	40.5	22.6	30.2	41.7	24.3	31.7
Divorced	2.5	3.3	3.0	2.1	2.4	2.3	2.3	2.7	2.5
Death Divorced	1.9	5.0	3.6	1.7	5.1	3.7	1.8	5.1	3.7
Cohabitation	0.1	0.2	0.1	0.2	0.1	0.1	0.1	0.1	0.1
Others	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
<b>Total</b>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>N</b>	10,624	13,789	24,413	16,961	22,974	39,935	27,585	36,763	64,348

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

### 2.1.5. Level of Education and Residence

The level of education is an indicator that can be used to measure the quality of human resources in a particular community or society. The more members of the community gaining the success in pursuing higher education, the higher the intellectual level. In other words, if the level of education is high, the quality of human resources in that area is also high. This applies to both people living in urban and rural areas. Overall, the respondents in this research who successfully completed education at the high school level shows the total percentage of 39.9%, with details of 42.6% of male respondents and 37.8% of female respondents. Meanwhile, based on the residence of the respondents, the number of male respondents in urban areas who graduated from high school is higher than male respondents living in rural areas, with the percentages of 48.4% for urban male respondents and 38.9 % for rural male respondents. Similarly, the number of female respondents who graduated from high school is 44.7% in urban areas and 33.7% in rural areas. Thus, the total number of respondents who graduated from high school is 35.9% in rural areas and 46.3% in urban areas. It is hoped that with this level of education, respondents' knowledge about drug abuse is also high. Thus, they would not be easily deceived by their peers or colleagues.

The second highest proportion of respondents' education is graduated from Junior High School with the percentage of 22.4% for the total male and female respondents, both living in rural and urban areas. The percentage of respondents who graduate from Junior High School in urban areas is 20.4% for male and 20.2% for female. So, the total percentage of urban male and female respondents who graduated from Junior High School is 20.3%. This total number is slightly lower than the total number of male and female respondents in rural areas of 23.7% with details of 24.1% for male respondents and 23.5% for female respondents.

The third highest proportion is respondents graduating from Elementary School with a percentage of 18.4% for the total male and female respondents, both living in rural and urban areas. The percentage of respondents who graduated from Elementary School is equal to 11.6% for male and 12.7% for female. It means that the total percentage of male and female respondents in urban areas who graduated from Elementary School is 12. 2%. This total is lower than the total number of male and female respondents in rural areas of 22.2% with details of 20.4% for male respondents and 23.5% for female respondents.

The fourth highest proportion is respondents with Diploma/Graduate degree with a percentage of 12.7% for the total male and female respondents, both living in rural and urban areas. The percentage of Diploma/Graduate degree respondents living in urban areas is 15.3% for male and 17.7% for female. The total percentage of urban male and female respondents with Diploma/Graduate degree is 16.6%. This total number is higher than the total number of male and female respondents in rural areas of 10.3% consisting of 9.4% for male respondents and 11.0% for female respondents. The high proportion of respondents with Diploma/Graduate degree in urban areas makes sense because it is related to educational infrastructure. In urban areas, the facilities and infrastructure are more complete than in rural areas. Generally, universities or colleges are mostly found in urban areas. Thus, urban communities have easier access to education up to the highest level.

The results also show that the proportion of respondents who graduated from Elementary School is higher in rural areas than in urban areas with 6.1% and 3.3%, respectively. For respondents who do not go

to school, the gap between those who live in urban areas and rural areas is not that striking, namely 1.5% for rural areas and 1.0% for urban areas. Thus, the total number of male and female respondents who are not graduated from primary school is 1.3% for rural and urban areas.

**Table 2.4. Level of Education and Residence**

Education	Urban			Rural			Urban + Rural		
	M	F	M+F	M	F	M+F	M	F	M+F
Not going to school	1.0	1.1	1.1	1.1	1.8	1.5	1.1	1.5	1.3
Not graduated from Elementary School	3.1	3.5	3.3	5.9	6.4	6.2	4.8	5.3	5.1
Graduated from Elementary School/equal school	11.6	12.7	12.2	20.4	23.5	22.2	17.0	19.5	18.4
Graduated from Junior High School/equal school	20.5	20.3	20.4	24.2	23.5	23.8	22.7	22.3	22.5
Graduated from Senior High School/equal school	48.5	44.7	46.4	39.0	33.8	36.0	42.6	37.9	39.9
Diploma/ Graduate	15.3	17.8	16.7	9.5	11.0	10.4	11.7	13.5	12.8
<b>Total</b>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>N</b>	10,624	13,789	24,413	16,961	22,974	39,935	27,585	36,763	64,348

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

## 2.1.6. Main Activity

The main activity status referred to in this survey is the respondent's daily activities, whether they are working, studying at school/college, and taking care of the household. The survey results show that the total number of male and female respondents living in rural and urban areas who are working is 47.0% consisting of 72.2% for male respondents and 28.1%

for female respondents. Meanwhile, the total number of respondents living in urban areas who are working is 48.3% consisting of 70.8% for male respondents and 30.9% for female respondents. The total number of respondents who are working and living in urban areas is almost the same as the total number of respondents who are working and living in rural areas at 46.3%, consisting of 73.1% for male respondents and 26.5% for female respondents.

The large proportion of respondents who are working is because most of them are heads of households. As the head of the household, of course, they are required to have a job in order to support their household members. Respondents who are working also have a high level of education. It is hoped that by having high level of education, they have broader knowledge about the danger of drugs. Meanwhile, with the status of working, it is hoped that the respondents will not be easily tempted to be involved in the drug business network.

Besides working, most of the female respondents are also taking care of the household. The percentage of female respondents who are taking care of the household, both living in rural and urban areas is 53.2%. This total number is slightly lower than the number of female respondents living in rural areas who are taking care of the household of 55.5%. Meanwhile, urban female respondents who are taking care of the household are 49.3%. The encouraging thing is the existence of respondents who are not working or unemployed, both in rural and urban areas. The proportion is only 8.6%. The total number of male and female respondents who are not working is 8.6% in rural areas and 8.5% in urban areas. This mean that only small number of respondents are not working. Despite of being unemployed, it is hoped that they will not be easily tempted by the dealers to serve as couriers

The total number of male and female respondents living in rural and urban areas whose main activity is attending school is 13.9% with the details of 16.2% for male respondents and 12.1% for female respondents. Meanwhile, in rural areas, respondents who are still at school are 15.2% for male and 11.4% for female. The total number of male and female respondents who are still at school in rural areas is 13.0%. This proportion is slightly different from the total number of male and female respondents

living in urban areas who are still at school with 15.3%, with details of 17.8% for male respondents and 13.4% for female respondents.

**Table 2.5. Respondents' Main Activity (%)**

Main Activity	Urban			Rural			Urban + Rural		
	M	F	M+F	M	F	M+F	M	F	M+F
Working	70.8	31.0	48.3	73.1	26.5	46.3	72.2	28.1	47.0
Studying at school	17.8	13.4	15.3	15.2	11.4	13.0	16.2	12.1	13.9
Taking care household	0.2	49.3	27.9	0.5	55.5	32.1	0.4	53.2	30.5
Unemployed	11.3	6.4	8.5	11.2	6.7	8.6	11.2	6.6	8.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	10,624	13,789	24,413	16,961	22,974	39,935	27,585	36,763	64,348

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

### 2.1.7. Respondents' Employment

The respondents' occupations indicate their involvement in economic activities, especially for respondents who are working. The results of the study indicate that there is a diversity in respondents' occupations, including: (1) agriculture, forestry and fisheries; (2) mining and quarrying; (3) processing industry; (4) Procurement of electricity, gas, steam/hot water and cold air; (5) Water supply, waste treatment and recycling, disposal and cleaning of waste and garbage; (6) construction; (7) Wholesale and retail, repair and maintenance of cars and motorcycles; (8) transportation and warehousing; (9) Provision of accommodation and provision of food and beverage; (10) information and communication; (11) Financial and insurance services; (12) Real estate; (13) Company Services; (14) Government administration, defense and social security; (15) Education Services; (16) Health services and social activities; and (17) other services.

From various employments mentioned above, the largest proportion of male and female respondents both living in rural and urban areas are those who work in the agriculture, forestry and fisheries sectors with the percentage of 25.0%. It is followed by the Other Services sector by 28.4%;

wholesale and retail, repair and maintenance of cars and motorcycles by 10.1%; Education Services sector by 5.8%; Provision of accommodation and provision of food and beverage by 4.2%; manufacturing industry sector by 3.9%; government administration, defense and social security by 3.8%; construction sector by 3.6%; transportation and warehousing sector by 3.7%; and the Company Services sector by 3.1%.

Meanwhile for other sectors, the percentage is below 2% such as: Mining and Quarrying sector by 1.5%; Financial Services and Insurance Sector by 1.5%; the Information and Communications Sector by 1.0%. Meanwhile, the jobs with the least number of respondents are those who work in the real estate sector with only 0.1%; followed by the procurement of electricity, gas, steam/hot water and cold air and water, waste treatment and recycling, waste and garbage disposal and cleaning sectors, each by 0.6%.

**Table 2.6. Respondents' Employment According to Urban-Rural (%)**

Employment	Urban			Rural			Urban + Rural		
	M	F	M+F	M	F	M+F	M	F	M+F
Agriculture, forestry and fisheries	10.4	3.3	7.8	41.4	25.1	36.1	29.7	16.1	25.0
Mining and quarrying	1.7	0.2	1.2	2.5	0.4	1.8	2.2	0.3	1.6
Processing industry	3.5	3.9	3.6	3.7	4.9	4.1	3.6	4.5	3.9
Procurement of electricity, gas, steam/hot water and cold air	1.1	0.2	0.8	0.7	0.2	0.5	0.8	0.2	0.6
Water supply, waste treatment and recycling, disposal and cleaning of waste and garbage	0.9	0.5	0.8	0.6	0.3	0.5	0.7	0.4	0.6
Construction	5.9	0.6	4.0	4.7	0.5	3.3	5.2	0.5	3.6

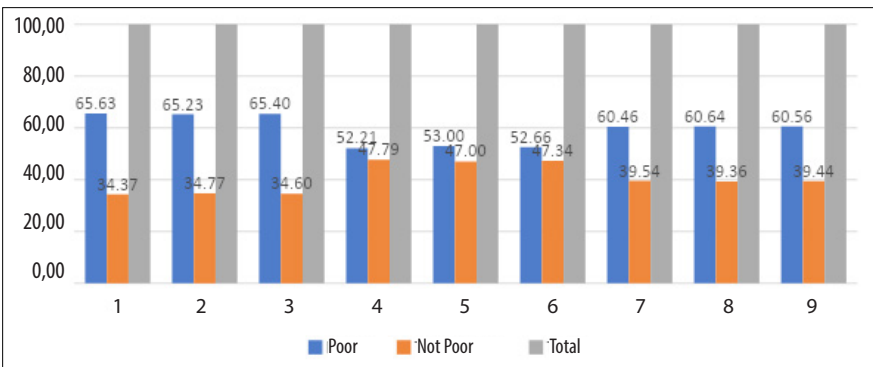
Employment	Urban			Rural			Urban + Rural		
	M	F	M+F	M	F	M+F	M	F	M+F
Wholesale and retail, repair and maintenance of cars and motorcycles	10.4	15.9	12.4	6.5	12.8	8.6	8.0	14.1	10.1
transportation and warehousing	7.4	1.3	5.2	3.7	0.6	2.7	5.1	0.9	3.7
Provision of accommodation and provision of food and beverage	4.2	8.9	5.9	2.1	5.3	3.1	2.9	6.7	4.2
information and communication	1.5	1.6	1.6	0.6	0.7	0.7	1.0	1.1	1.0
Financial and insurance services	1.7	3.3	2.3	0.8	1.7	1.1	1.1	2.4	1.6
Real Estate	0.2	0.1	0.2	0.0	0.1	0.1	0.1	0.1	0.1
Company Services	3.8	3.9	3.8	2.8	2.1	2.6	3.2	2.8	3.1
Government administration, defense and social security	4.1	5.0	4.4	3.3	3.9	3.5	3.6	4.3	3.8
Education Services	3.2	9.4	5.5	2.8	12.3	6.0	3.0	11.1	5.8
Health services and social activities	1.8	6.4	3.4	1.3	5.8	2.8	1.5	6.0	3.0
Other services	38.2	35.7	37.3	22.5	23.3	22.8	28.4	28.4	28.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	7,521	4,283	11,804	12,412	6,098	18,510	19,933	10,381	30,314

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

### 2.1.8. Social Economy of the Household

The results of this survey show that the total number of male and female respondents living in both rural and urban areas from low-income group is 60.5%, while the rest is from upper income group at 39.4%. Based on gender, the number of male respondents from low-income group is 60.4% for those who live in rural and urban areas, while the number of male respondents who are not poor is 39.5%. On the other hand, the number of poor female respondents is 60.6% for those living in rural and urban areas, while the number of female respondents from upper income group is 39.3%.

The gap in social status (poor and not poor) will be high between respondents in rural and urban areas. The total number of male and female respondents living in rural areas in the low income/poor group is 65.4%, while the number in urban areas is 52.2%. This shows that there is more poverty in rural areas than in urban areas. Compared to gender-based, the number of poor male respondents living in rural areas is higher than urban male respondents, namely 65.6% for rural areas and 52.2% for urban areas. Likewise, the number of poor women in rural areas is higher than poor women in urban areas, with a ratio of 65.2% to 53.0%. Meanwhile, the number of respondents in rural areas who are not poor is 34.3% for male and 34.7% for female. This is slightly different from the number of respondents who are not poor in urban areas, namely 47.7% for male respondents and 47.0% for female respondents.



Description :

1= Male Rural; 2= Female Rural; 3= Male Female Rural; 4= Male Urban; 5= Female Urban; 6= Male Female Urban  
7=Male Urban+Rural; 8= Female Urban+Rural; 9= Male Female Urban+Rural

**Figure 2.2. Social Economy Status of Household**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

## 2.2 Vulnerability of Respondents Neighborhood

### 2.2.1. Proximity of Residence to Public Facility

In this survey, the percentage of respondents' proximity to the public places has been successfully measured by residence and gender. The crowd centers referred to in this survey are markets/malls, entertainment places, bus terminals/airports/ports/train stations, and pharmacies/drug stores/clinics/hospitals. From these centers, urban and rural respondents, both male and female, chose pharmacies/drug shops/clinics/hospitals as the closest places with a percentage of 67.2%, followed by markets/malls at 58.2%, entertainment places at 27.1%, and bus terminals/airports/ports/train stations at 18.4%. In this case, there is a difference in the number of percentages between urban and rural respondents regarding proximity to the public place. For urban respondents, the percentage of proximity to pharmacies/drug stores/clinics/hospitals is 81.8%, while for rural respondents it is only 58.2%. Similarly, the proximity of respondents to markets/malls, for urban respondents the percentage is quite high, namely 71.2%, while for rural respondents it is only 50.2%. This is understandable considering that markets/malls are easier to find in urban areas. In some rural areas there are no malls at all. There are only traditional markets. The difference in the percentage of respondents' proximity between urban and rural areas also occurs in relation to entertainment places and bus terminals/airports/ports/train stations. For rural respondents, both male and female, the percentage of proximity to entertainment places is only 24.7%, while for urban respondents it is 31.1%. As for the proximity of rural respondents to the bus terminal/airport/port/train station, the percentage is 13.4%. This number is smaller than the proximity of urban respondents to the bus terminal/airport/port/train stations at 26.6%.

**Table 2.7. Proximity of Residence to Public Facility (%)**

Proximity to public facility/ center of crowd	Urban			Rural			Urban + Rural		
	M	F	M+F	M	F	M+F	M	F	M+F
Market/mall	70.2	71.9	71.2	49.9	50.5	50.2	57.7	58.5	58.2
Entertainment places	31.2	30.9	31.1	25.3	24.2	24.7	27.6	26.7	27.1
Bus terminal/ airport/port/ train station	27.0	26.2	26.6	13.7	13.2	13.4	18.8	18.0	18.4
Pharmacy/ drug store/ clinic/hospital	81.3	82.2	81.8	58.2	58.3	58.2	67.1	67.2	67.2
N	10,624	13,789	24,413	16,961	22,974	39,935	27,585	36,763	64,348

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

### 2.2.2. Social Problem in Neighborhood

In the survey conducted in 34 provinces, there are several social problems asked in the question to the respondents, namely: alcohol, drugs, brawls, theft, gambling, and prostitution. In this case, there is no significant difference between the answers of urban and rural respondents. Likewise with gender status, the differences of opinion that exist are not too significant between men and women. The difference is only zero point something percent. Overall, urban and rural respondents, both male and female, state that the social problem that is often faced in their environment is alcohol with a percentage of 22.9%. It is followed by the problem of prostitution by 21.4%, gambling by 11.9%, brawls by 10.1%, drugs by 4.4%, and theft by 1.6%.

The differences in views related to social problems that exist in the community between urban and rural respondents are regarding drugs and prostitution. For urban respondents, the percentage of drug problems is 5.9%. This percentage is higher than the percentage of rural respondents of only 3.5%. This shows that the drug problem is still an enemy for urban communities. Although drugs as common enemy remains the same between rural and urban respondents, the percentage of drug problems is smaller than alcohol problems by 22.8% and prostitution by 19.9% for

rural respondents. Even for rural respondents, gambling problems by 10.3% and brawls by 10.7% occupy a higher position than drug problems. The social problem that is considered the smallest percentage for rural respondents is the problem of theft by 1.2%. The trend in the percentage of social problems in rural and urban communities is basically almost the same. Both urban and rural respondents put the problem of prostitution and alcohol in the first place by 23.0% and 23.8%. It is followed by gambling by 14.4%; brawl by 9.1%; drugs by 5.9%; and theft by 2.2%.

**Table 2.8. Social Problem in Neighborhood According to Gender and Urban-Rural (%)**

Social Problem	Urban			Rural			Urban + Rural		
	M	F	M+F	M	F	M+F	M	F	M+F
Alcohol	23.4	22.7	23.0	24.6	21.5	22.8	24.1	21.9	22.9
Drugs	5.8	5.9	5.9	3.9	3.3	3.5	4.6	4.2	4.4
Brawl	9.3	8.9	9.1	11.6	10.0	10.7	10.7	9.6	10.1
Theft	2.1	2.2	2.2	1.3	1.1	1.2	1.6	1.5	1.6
Gambling	13.9	14.7	14.4	10.6	10.1	10.3	11.9	11.9	11.9
Prostitution	23.9	23.7	23.8	20.0	19.7	19.9	21.5	21.2	21.4
N	10,624	13,789	24,413	16,961	22,974	39,935	27,585	36,763	64,348

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

### 2.2.3. Vulnerability of Neighborhood from Drug Abuse

The environmental conditions measured in this survey are related to sensitive matters and not all respondents are aware of these conditions, including the existence of kingpin/drug dealers in their neighborhood, seeing people using drugs, and seeing friends/neighbors who died from drugs. These questions are not easy for the respondents to answer. In addition to having extensive relationships, respondents must also have high social awareness to be able to answer these questions. However, urban and rural respondents are able to answer these questions with honesty. Based on the survey results, it can be concluded that the rural and urban respondents assess that the most concerning social environmental conditions are having friends/neighbors/relatives who had used or been involved in drugs with a percentage of 6.3%. There is a slight difference in the percentage of these environmental conditions between rural and urban respondents. For rural respondents, the presence of friends/

neighbors/relatives who have used or been involved in drugs is 4.8%. For rural respondents, it is 8.9%. Indirectly, it indicates that urban communities face more complicated drug problems than rural communities.

The next environmental condition as the second most alarming environmental condition is the existence of dealers/drug dealers in the neighborhood. In this case, there is a slight difference in percentage between the answers of rural and urban respondents. The interesting thing is that the percentage of rural respondents' answers is higher than the urban respondents' answer, namely 7.3% for rural respondents and 6.1% for urban respondents. The honest answers from respondents need to be further studied and followed up through preventive measures to prevent rural areas to be created as center of kingpin/drug dealers.

The next environmental condition as third most alarming social environmental condition is related to seeing people using drugs in the neighborhood. In this case, there is a slight difference in percentage between the answers of rural and urban respondents. The percentage of urban respondents' answers is higher than rural respondents' answer, namely 5.2% for urban respondents and 3.1% for rural respondents. Finally, the environmental condition that occupies the fourth position as the most alarming social environment is having friends/neighbors/family members who died due to overdose during the past year. In this case, the respondent's answer is not too alarming because the percentage of respondents' answers in urban and rural areas is the same at 1.0%.

The respondents' answers related to the question of having been offered to use drugs is not too high. However, it is interesting since there is a difference in percentage between the answers of male respondents and female respondents. Regarding this question, the percentage of answer is 4.6% for male respondents and 0.7% for female respondents in rural and urban areas. From the urban and rural classification, the answers of male respondents in urban areas are higher than those of female respondents, namely 5.9% for male respondents and 1.0% for female respondents. Similar thing occurs to rural respondents. The percentage of male respondents' answers is higher than female respondents' answers, namely 3.9% for male respondents and 0.5% for female respondents.

**Table 2.9. Vulnerability of Neighborhood from Drug Abuse According To Gender and Urban-Rural (%)**

Vulnerability of neighborhood	Urban			Rural			Urban + Rural		
	M	F	M+F	M	F	M+F	M	F	M+F
Existence of kingpin/ drug dealer in neighborhood	7.3	6.3	6.7	5.4	4.3	4.8	6.1	5.0	5.5
Seeing other people taking drugs in neighborhood	6.3	4.4	5.2	4.1	2.4	3.1	3.9	2.3	3.0
Having friend/ neighbor/ relative who have used or involved in drugs?	10.6	7.6	8.9	6.2	3.7	4.8	7.9	5.2	6.3
Having friend/ neighbor/ relative who died from overdose	1.1	1.0	1.0	0.7	0.4	1.0	0.8	0.6	0.7
Have been offered to take drugs	5.9	1.0	3.1	3.9	0.5	1.9	4.6	0.7	2.4

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

## 2.2.4. Feeling Secure from the Threat of Drugs in Neighborhood

In general, respondents still feel secure from the threat of drugs. This survey captures respondents' answers to statements that they feel safe from the threat of drugs. In this case, there is no difference between the answers of male and female respondents. Overall, the percentage of male and female respondents who have the feeling of secure from the threat of drugs both in rural and urban areas is 54.0%. This number is almost the same as the percentage of male and female respondents who live in urban areas at 56.9%. The percentage of urban respondents' answers is slightly higher than rural respondents' answer at 52.1%. However, this does not mean that the threat of drugs in rural areas is lower than in urban areas. The low percentage gap (4.8%) requires rural and urban communities to always be aware of the dangers of drugs coming from kingpin or drug dealers who initially offer them drugs for free

**Table 2.10. Feeling Secure from the Threat of Drugs According to Gender and Urban-Rural (%)**

Environmental Vulnerability	Urban			Rural			Urban + Rural		
	M	F	M+F	M	F	M+F	M	F	M+F
Feeling secure from the threat of drugs	56.7	57.1	56.9	51.4	52.7	52.1	53.4	54.3	54.0
Total	10,624	13,788	24,412	16,961	22,973	39,934	27,585	36,761	64,346

Source: Processed data from Survey on Drug Abuse Prevalence in 2021



3

# DRUG ABUSE PREVALENCE



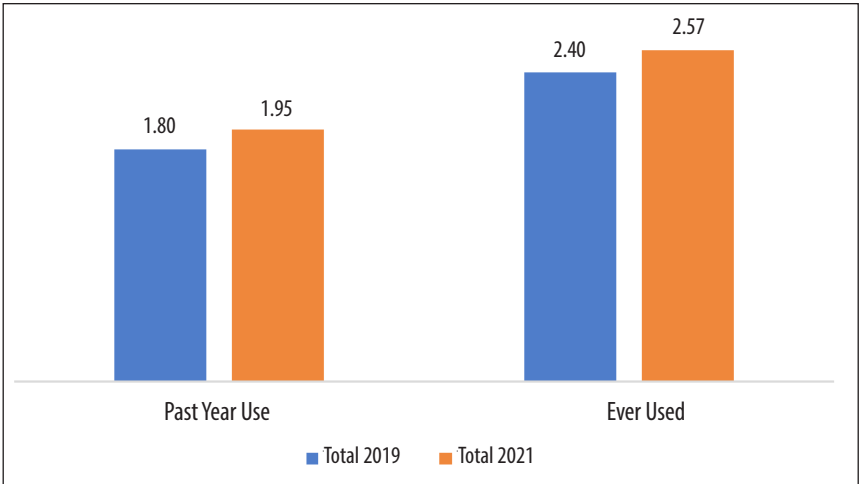
# DRUG ABUSE PREVALENCE

This chapter describes the prevalence of drug abuse at the national level. The discussion is divided into three parts. First is the prevalence rate of drug abuse in 2021 as the result of the survey in 2021. The prevalence rate of drug abuse in 2021 will be compared to the prevalence rate in 2019. Second is the characteristics of drug abusers seen from various aspects, namely individual characteristics, family background, social environment and risky behavior. Third are cases that have been experienced by drug abusers, medical treatment or rehabilitation. The third part also explains the social sanctions received by drug users.

## 3.1 Drug Abuse Prevalence in 2021 and its Comparison to Drug Abuse Prevalence in 2019

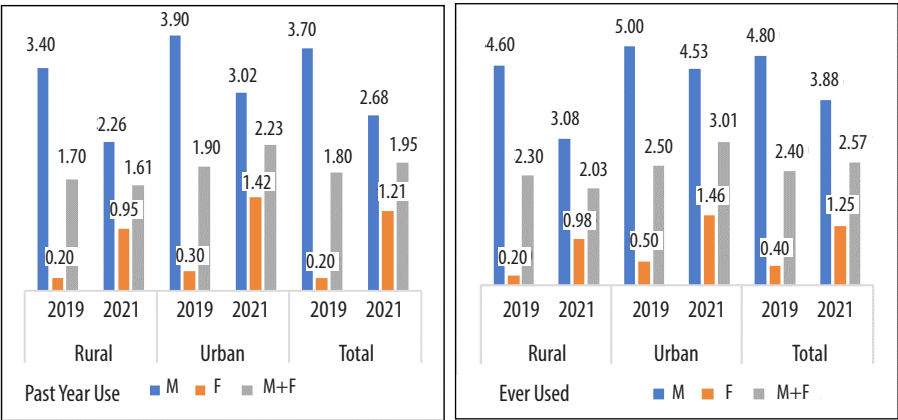
The prevalence rate of drug abuse is a number that shows the percentage of people who use drugs divided by the total population. This number is important to see the risk of a person's exposure to drugs. In addition, this number is also important for the government to take action in dealing with drug trafficking in Indonesia.

The survey results show that the prevalence rate of drug abuse in past year use in 2021 is 1.95%. It means that 195 out of 10,000 people aged 15-64 years use drugs in the past year. Meanwhile, the prevalence rate for ever used is 2.57% or 257 out of 10,000 people aged 15-64 years have used drugs. The prevalence rate for past year use is smaller than the prevalence rate for ever used. It indicates the possibility that some of the population aged 15-64 years who have ever used drugs has stop using drugs in the past year.



**Figure 3.1. Drug Abuse Prevalence 2019 and 2021 (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021



**Figure 3.2. Drug Abuse Prevalence Rate of Past Year Use and Ever Used According to Gender and Urban-Rural in 2019 and 2021 (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Drug abuse continues to increase from year to year. It can be seen from the increasing prevalence rate of drug abuse (Figure 3.1.). During 2019-2021 period, the prevalence rate of drug abuse per year increases by 0.15% from 1.80% in 2019 to 1.95% in 2021. This is a quite significant increase compared to the absolute number of populations.

It is estimated that 3,662,646 people aged 15-64 years abused drugs in the past year. It increased 243,458 people compared to in 2019 (3,419,188 people). Meanwhile, the prevalence rate of drug abuse for ever used increases 0.17% from 2.4% in 2019 to 2.57%. If we look at the absolute value, it is estimated that 4,827,616 people aged 15-64 years have used drugs in 2021. This number is 292,872 more than in 2019 (4,534,744 people). The increase in prevalence rate also reflects an increase in drug trafficking in the community which has caused the increasing number of drug users in just two years.

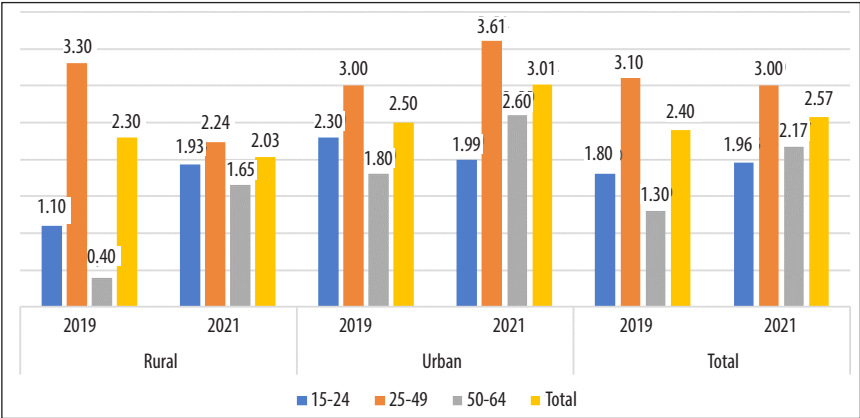
Based on residence, namely urban and rural areas, the data shows that the prevalence rate of drug abuse in urban areas is greater than in rural areas both for the past year use and ever used. The prevalence rate of drug abuse for the past year use in urban area is 2.23%, while the prevalence rate for ever used in urban area is 3.01%. The prevalence rate of drug abuse in rural areas is 1.61% for past year use and 2.03% for ever used. If we look further, it can be seen that during 2019-2021, there is a significant increase in the prevalence rate of drug abuse in urban areas from 1.90% (2019) to 2.23% (2021). This condition is caused by the existence of drug dealer network and supporting facilities in urban areas such as nightclubs, karaoke, malls, and so on, compared to rural areas.

Based on gender, the prevalence rate of drug abuse in male is higher than in female both for past year use and ever used in 2021. From Figure 3.2, it can be seen that the prevalence rate of past year use is 2.68% for male and 1.21% for female. Meanwhile, the prevalence rate for ever used is 3.88% for male and 1.25% for female. The tendency for male to be exposed to drugs more than female occurs in both urban and rural areas. Environmental and social factors are very influential on drug abuse. Male's social interaction is wider than female. Thus, male is more likely to be exposed to drugs than female. This condition can be seen from men's habit to hang out with their peers than women.

Although the prevalence rate for female is lower than male, the prevalence rate for drug abuse by female both for ever used and past year use has increased significantly. In 2019-2021, the prevalence rate

of female increases from 0.40% to 1.25% for ever used and from 0.20% to 1.21% for the past year use. There is a sharp increase of past year use in urban areas, from 0.30% to 1.42%. In urban areas, drug prone-workplaces are very open to women, such as nightclubs/karaoke, beauty salons and so on. On the other hand, the prevalence rate for male decreases from 4.80% to 3.88% for ever used and from 3.7% to 2.68% for the past year use. This decline occurs both in urban and rural areas, but the sharp decline occurs in rural areas. This is likely due to the conditions during the Covid19 pandemic. The restricted social activity and suggestion to stay at home more during the pandemic has an effect on the declining circulation and use of drugs during the Covid19 pandemic

Meanwhile, based on age group, it can be seen that the largest contribution to the prevalence rate of ever used in 2021 (2.57%) is derived from the group aged 25-49 years (productive) with a percentage of 3.00%; followed by the group aged 50-64 years by 2.17% and the group aged 15-24 years by 1.96% (Figure 3.3). If the prevalence rate of drug abuse for ever used in 2019 is compared to in 2021, it can be seen that the largest increase in prevalence rate occurs in the age between 50-64 years. This is quite alarming since this age group has a high risk of complications with other diseases.

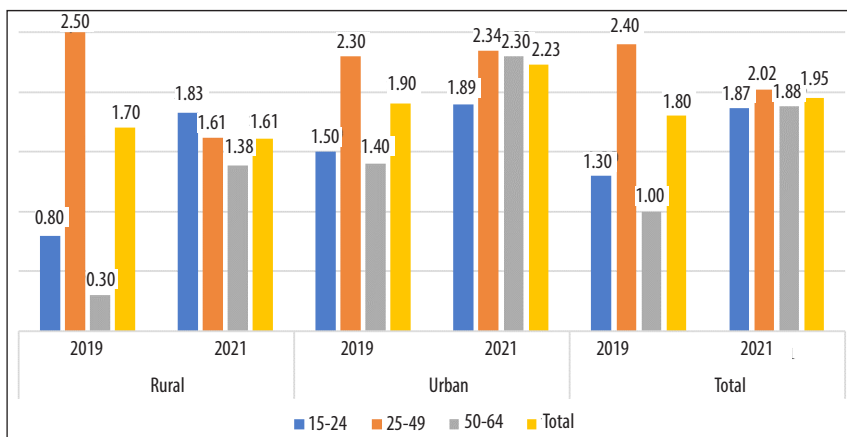


**Figure 3.3. Drug Abuse Prevalence Rate of Ever Used According to Age and Urban-Rural in 2019 and 2021 (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

In details, it can be seen that the increase of prevalence rate in the group aged 50-64 years in 2019 to 2021 comes from rural areas. The percentage of prevalence rate in this age group in rural areas increases 312.5%, from 0.40% (2019) to 1.65% (2021). The high contribution to the increase in the prevalence of drug abuse in rural areas shows that rural areas in Indonesia are no longer safe from drug abuse (Situmorang, 2018; Miftalifin, 2020; Rizki, 2020). Referring to Situmorang's research (2018), it is stated that in 2017 and earlier, the village as his research location is a red zone category. It is further said that the entry of drugs into the villages is originally from the presence of outsiders, either those who are just visiting or staying in the village.

The prevalence rate of past year use in 2021 is 1.95%. It shows an increase of around 8.3% compared to in 2019 at 1.80% with varied contributions from all age groups (Figure 3.4). The largest contribution in rural areas is from drug abuser aged 15-24 years and 50-64 years. Meanwhile, the productive age group (25-49 years) shows a declining trend. In urban areas, the group of 50-64 years contributes an increase from 1.40% to 2.30% or increases around 64.29%. Therefore, education regarding the negative impact of drug abuse to the 50-64 year age group needs more attention to encourage them not to spend the old age for negative things such as drug abuse. A relatively large contribution is also made by the 15-24 year age group, from 1.50% to 1.89% or an increase of about 26%. The contribution of a relatively small increase was given by the urban productive age group from 2.30% in 2019 to 2.34% in 2021 or an increase of only about 1.74%.

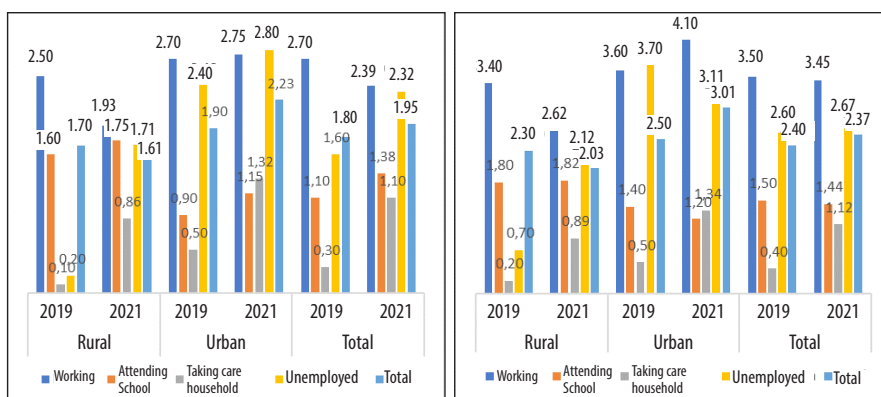


**Figure 3.4. Drug Abuse Prevalence Rate of Past Year Use According to Age and Urban-Rural in 2019 and 2021 (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Figure 3.4. shows the trend of prevalence rate for the past year use in 2019 and 2021 by age group. The figure shows that there is a significant increase in the prevalence rate for the past year use in the 15-29 year age group and the 50-64 year age group. The increase is 128.75% in 15-15 years age group and 343.33% in 50-64 years age group. On the other hand, the 25-49 years age group actually shows a declining trend. The increase in the oldest and youngest age groups needs attention regarding the education on drug abuse

Based on residence, there is a very significant decrease in the prevalence of drug abuse in rural areas in the 25-49 year age group from 2.50% (2019) to 1.61% (2021) with a percentage decrease of 55.29%. The decline in the prevalence rate in rural areas must be followed up through various approaches to maintain the decline.



**Figure 3.5. Drug Abuse Prevalence Rate According to Main Activity and Urban-Rural 2019 and 2021 (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Figure 3.5. shows a comparison of prevalence rates in 2019 and 2021 based on the main activities of drug abusers and residence. In general, the main activities of drug users are divided into four, namely: working, attending school, taking care of the household, and not working/unemployed. If the prevalence rate for the past year use is divided in details based on main activity, it can be seen that there is a significant increase in group of taking care of household from 0.3% to 1.10% or increases by 266%. It is followed by the unemployed group from 1.60% to 2.32% or increases by 45%. As for working and studying at school group, there is a decline though not significant. The same trend also occurs in the prevalence rate of ever used. The increase occurs in users whose main activity is taking care of the household and not working. On the other hand, the working group shows a declining rate. This decline is understandable because several companies in Indonesia are actively conducting urine tests for their employees. Employees who are detected consuming drugs on the urine test will receive a warning or even dismissal because employees who take drugs at work significantly result in work accidents. This in the end will reduce production and damage company assets.

In the ever used according to residence, the unemployed group in rural areas contributes a significant increase from 0.70% (2019) to 2.12% (2021), or increases by 202.86%. The increase is definitely very

alarming, especially in rural areas. Sabiq and Apsari (2021) confirm the results of this survey which states that unemployment is a stimulus to commit criminal acts to fulfill the necessities of life, such as trafficking drugs and other crimes. Those who trade drugs (dealers) also tend to consume drugs. The same thing is stated by Storti *et al.* (2011) who states that unemployment has an important influence on drug use. Furthermore, Storti *et al.* explains that the relation between unemployment and drug abuse is causality. The unemployment causes individuals to take drugs more seriously, while involvement in more serious drug activities harms a stable and/or better paid job.

Meanwhile, in urban areas for ever used cases, the increase in prevalence rates from 2019 to 2021 occurs in the main activity group of working and taking care of the household, while for attending school and unemployed group it decreases. The working prevalence rate increases by 13.89% from 3.60% (2019) to 4.10% (2021) and 0.50% (2019) to 1.34% (2021) or an increase of around 168% among those who taking care of household. Meanwhile, the decrease in prevalence rates is significant in the main activity group of not working, while the prevalence in the working group only decreases slightly. The decline in the prevalence rate for the unemployed group, which is 3.70% (2019) to 3.11% (2021), or decreases by around 15.95%; while for the school group it declines from 1.40% (2019) to 1.20% or decreases by around 14.29% for 2 years.

In general, the prevalence rate of drug abuse for past year use varies if grouped by main activity. The prevalence rate experiences a very significant increase in the group of not working/unemployed and taking care of the household. These two groups must be a serious concern from the government to anticipate the number of unemployed people who become drug abusers in the past year. The Covid-19 pandemic in two years (2020-2021) had a significant effect on economic activity and caused many people to lose their jobs and become unemployed. According to Natalia and Humaedi (2020) this condition is very vulnerable and triggers stress for some people that it can influence someone to use drugs. Kholik *et al.* (2014) based on his research related to the factors that influence drug abuse, one of the influencing factors is the influence of stress psychologically.

According to the category of urban and rural areas, there is an increase in the prevalence of drug abuse in urban areas for all main activities, especially for those taking care of the household because it has the most significant increase. Meanwhile, in rural areas, there are variations in the trend of prevalence rate in 2019-2021. The prevalence rate in rural areas in the group not working and taking care of the household has increased significantly compared to those attending school. This condition occurs as people move back to rural areas when they lost their jobs due to the Covid-19 pandemic. Meanwhile, the prevalence of drug abuse in rural areas among those who are working is decreasing.

### **3.2. Characteristics of Drug Abusers**

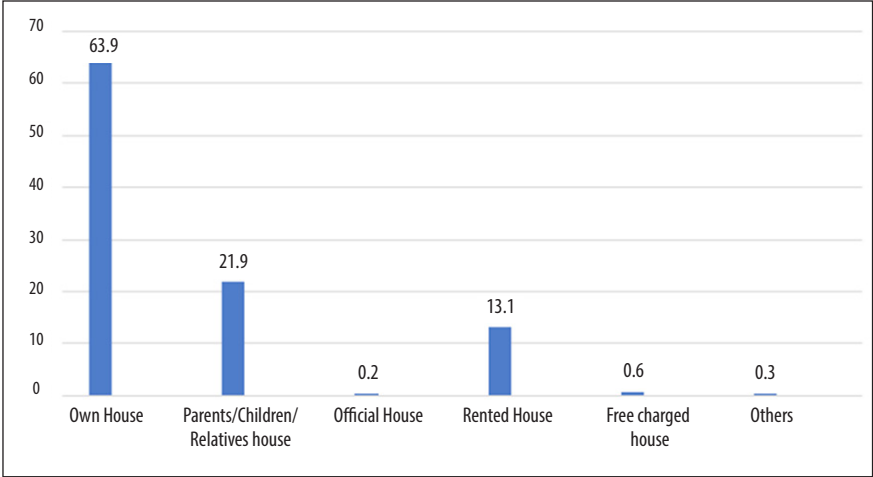
The rise of drug abuse, which is indicated by the increasing prevalence of drug abuse, shows the need for vigilance to increase public awareness of the importance of knowledge about the dangers of drugs. Drug abuse can be done by anyone without exception, but the survey results show that there are specific characteristics of drug abusers. This section will discuss the characteristics of drug abusers which consist of 1) individual characteristics: age group, residence and gender; main activities; and drug abusers' employment; 2) family background: intensity of communication with spouse/parents/siblings; emotional closeness to parents/spouse/siblings/friends; family economic status; and marital status. 3) social environment: neighborhood and the vulnerability of neighborhood; and 4) risky behavior: social problems and risky behavior. The discussion in all the sections above will be based on gender and residence (rural/urban).

#### **3.2.1. Individual Characteristics**

##### ***Residence Status***

Figure 3.6 shows the characteristics of drug abusers according to their residence. In the figure, it can be seen that most drug abusers (63.9%) live in their own house. It is followed by those living in the parents'/children/relatives' house by 21.9% and living in rented houses by 13.1%. The number of drug abusers living in their own house is because they are free as there is no control from other people. Meanwhile, the number

of drug abusers living in the parents/children/relatives' house must be understood carefully. The risk of being exposed to drugs will occur if the parents/children/siblings who own the house do not provide supervision. A former drug abuser stated that he always used drugs in his room in the house he shared with his parents. His parents did not know that his son in the room was abusing drugs since their son is a religious person. His parents assumed that their son was reading Quran or doing other activities. Excessive trust from parents to their children living in the same house results in a lack of control so that children feel free to abuse drugs.



**Figure 3.6. Drug Abuse According to the Status of Residence (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Table 3.1 shows that in urban areas, most drug users live in their own house by 58.3%, followed by those who live in parents/children/siblings' house by 25.4%. Meanwhile, the number of drug users who live in rented houses is 15.2%. Similarly, in rural areas, drug users mostly live in their own houses by 74.4%. It is followed by 15.4% of those who live in their parents' house and 9.1% of those who live in rented houses.

**Table 3.1. Status of Drug Abuser's Residence According to Urban-Rural (%)**

Status of Residence	Urban	Rural
	Abuser	Abuser
Own house	58.3	74.4
Parents/children/relatives' house	25.4	15.4
Official house	0.2	0.0
Rented house	15.2	9.1
Free-charged house	0.4	1.0
Others	0.5	0.0

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Based on gender and residence in rural and urban areas, Table 3.2 shoes that in urban areas, most male drug abusers live in their own house by 60.0%. It is followed by male drug abusers who live in parents/children/relatives' house by 23.5% and in rented house by 15.3%. Meanwhile, female drug abusers mostly live in their own house by 52.7% followed by in parents/children/relatives' house by 31.2% and rented house by 14.8%

In rural areas, most male drug abusers live in their own house by 75.3% followed by those who live in parents/children/relatives' house by 16.1% and rented house by 7.5%. Meanwhile, female drug abuser in rural areas mostly live in their own house by 71.3% followed by in rented house by 14.5% and parents/children/relatives' house by 13.3%. Most male and female drug abusers both in urban and rural areas live in their own house.

**Table 3.2. Status of Residence of Drug Abuser According to Gender and Urban-Rural (%)**

Status of Residence	Urban		Rural	
	Male	Female	Male	Female
	Abuser	Abuser	Abuser	Abuser
Own house	60.0	52.7	75.3	71.3
Parents/children/relatives' house	23.5	31.2	16.1	13.3
Official house	0.1	0.6	0.0	0.0
Rented house	15.3	14.8	7.5	14.5
Free-charged house	0.6	0.1	1.0	0.9
Others	0.4	0.5	0.0	0.0

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

## Age Group

Table 3.3 shows the distribution of drug abusers in the past year by age group according to residence and gender. In general, the table shows that drug abusers are those aged 25-49 years. More than half of drug abusers are in this age group. This occurs not only in men but also in women. This age group is a very productive age group. This condition is very alarming because this age group should be in their best condition and has high productivity to support the development of the nation. Therefore, it needs a serious effort from the government to pay attention to the population in this age group to prevent them of abusing drugs. The Covid-19 pandemic which has caused many people losing their jobs and become stressed may also be one of the triggers for this age group to abuse drugs

**Table. 3.3. Drug Abuser (Past Year) According to Gender and Urban-Rural (%)**

Age Group	Urban			Rural			Total		
	M	F	M+F	M	F	M+F	M	F	M+F
15-24	20.5	20.2	20.4	27.3	22.8	26.0	23.1	21.1	22.5
25-49	56.5	59.7	57.5	54.4	54.4	54.4	55.8	57.9	56.4
50-64	22.9	20.2	22.1	18.2	22.8	19.6	21.2	21.1	21.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	1,585,322	737,139	2,322,461	947,161	393,024	1,340,185	2,532,483	1,130,162	3,662,646

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

According to residence, there is no significant difference. The percentage of drug users in the past year in rural and urban areas is almost the same. The similar condition is also shown when drug users in urban and rural areas are differentiated by gender. There is no significant difference despite that the percentage of male drug users in rural areas is higher than female in the group aged 15-24 years. Meanwhile, in rural areas, there is an interesting phenomenon in the 50-64 year age group. In this age group, the percentage of women who use drugs in rural areas is higher than that of men. This condition shows a surprising phenomenon that requires further analysis.

## Main activity in the past week

Drug users in the past year can also be grouped based on the main activities according to residence and gender. Table 3.4 shows that in general, the majority of drug users have the main activity of working. The percentage of drug users in this group reaches 66 percent. The second group is those who take care of the household (13.8 percent) and the unemployed (11.0 percent). The least is the group who are attending the school. This condition shows that those who work have a very large risk of being exposed to drugs. This is actually also related to the characteristics of drug users by age group in the previous section which shows that the highest drug users come from the productive age group (working age). This condition may be caused by the stress caused by work or friendships in the work place.

**Table 3.4. Main Activity of Drug Abuser According to Gender and Urban-Rural (%)**

Main Activity	Urban			Rural			Total		
	M	F	M+F	M	F	M+F	M	F	M+F
Working	77.6	47.2	68.0	78.0	32.2	64.6	77.8	39.5	66.1
Studying at school	7.9	4.3	6.8	10.4	13.1	11.2	9.3	8.9	9.2
Taking care household	0.0	41.7	13.3	0.0	48.5	14.2	0.0	45.2	13.8
Unemployment	14.5	6.7	12.0	11.6	6.3	10.0	12.9	6.5	11.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	1,585,322	737,139	2,322,461	1,894,322	786,047	2,680,370	3,479,644	1,523,186	5,002,831

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

A similar pattern is also shown when drug users are grouped by residence (urban-rural). Table 3.4 shows that in both areas, drug users are dominated by the working group. However, by gender, it can be seen that most of drug users with working as the main activity are male, while the majority of female are taking care of the household. This is in accordance with the activities inherent in male and female according to gender functions. An interesting condition is shown when drug users according to their main activities are grouped by residence and gender. The data shows that women who use drugs in rural areas have the main activity of

taking care of the household, while women who use drugs in urban areas are working women. This is consistent with the participation of women in the labor force which is usually higher in urban areas than in rural areas.

## Occupation

To understand further the characteristics of drug users in the past year, it can also be seen from the field of work. Table 3.5 shows the distribution of drug users in the past year by occupation according to residence and gender. From the table, it can be seen that in general, drug users in the past year in the group of working generally work in five main employments, namely other services (24.9 percent), agriculture (24.3 percent), trade (12.1 percent), transportation and warehousing (8.8 percent) and construction (7.9 percent). Based on gender, it can be seen that men generally work in four occupations (in order starting with the largest percentage) namely agriculture, other services, trade, transportation and construction. Meanwhile women work mostly in other services, food and accommodation, trade and agriculture.

**Table. 3.5. Drug Abuser Occupation According to Gender and Urban-Rural (%)**

Employment	Urban			Rural			Total		
	M	F	M+F	M	F	M+F	M	F	M+F
agriculture, forestry and fisheries	3.6	3.7	3.6	46.9	22.3	43.2	27.2	11.6	24.3
mining and quarrying	0.2	-	0.2	0.7	0.0	0.6	0.5	0.0	0.4
processing industry	2.7	4.4	3.1	1.3	2.1	1.4	1.9	3.4	2.2
Procurement of electricity, gas, steam/ hot water and cold air	1.0	0.1	0.8	0.2	-	0.2	0.6	0.0	0.5
Water supply, waste treatment and recycling, disposal and cleaning of waste and garbage	0.3	0.4	0.3	0.1	0.7	0.2	0.2	0.5	0.3
construction	16.3	-	12.7	4.1	-	3.5	9.6	-	7.9

Employment	Urban			Rural			Total		
	M	F	M+F	M	F	M+F	M	F	M+F
Wholesale and retail, repair and maintenance of cars and motorcycles	19.4	13.0	18.0	4.7	19.2	6.8	11.4	15.7	12.1
transportation and warehousing	14.2	0.2	11.1	6.8	6.6	6.8	10.2	2.9	8.8
Provision of accommodation and provision of food and beverage	2.8	24.4	7.5	3.5	8.5	4.2	3.2	17.6	5.8
information and	1.6	-	1.3	0.5	-	0.4	1.0	-	0.8
Financial and insurance services	0.1	0.2	0.1	1.6	2.1	1.7	0.9	1.0	0.9
Real Estate	0.2	-	0.2	-	-	-	0.1	-	0.1
Company Services	2.3	6.3	3.2	2.5	0.0	2.1	2.4	3.6	2.6
Government administration, defense and social security	1.0	3.7	1.6	1.6	2.4	1.8	1.4	3.2	1.7
Education Services	1.4	11.4	3.6	0.4	4.5	1.0	0.8	8.4	2.2
Health services and social activities	4.1	10.4	5.5	0.8	18.8	3.5	2.3	14.0	4.4
Other services	28.9	21.9	27.4	24.4	12.7	22.6	26.5	18.0	24.9
<b>Total</b>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>N</b>	1,230,493	348,245	1,578,738	1,477,103	259,367	1,736,470	2,707,595	607,612	3,315,207

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Different conditions are found when the characteristics of drug users in the past year are distinguished by residence. In rural areas, drug users generally work in agriculture, other services, trade and transportation. Meanwhile in urban areas, drug users generally work in other service sectors, trade, construction and transportation. This condition is also greatly influenced by the available job opportunities in the two areas.

There is an interesting thing when drug users by occupation are divided by residence and gender. The highest number of female drug users in rural areas works in agriculture, trade, health workers and other services. Meanwhile in urban areas, female drug users generally work in other services, accommodation and food, educational services, and trade. These facts show that there are different jobs in rural and urban areas that are at risk for drug abuse. It is interesting that the percentage of female drug users in rural areas from health workers is quite high (18.8 percent). It is surprising also is that there is a quite large percentage of female drug users in urban areas who work in the education sector (11.4 percent).

Different conditions are shown if male drug users are distinguished by residence. Table 3.5 shows that the majority of male drug users in the past year in urban areas works in other services, trade, construction and transportation. While in rural areas, they generally work in agriculture and other services.

### **3.2.2. Family Background**

#### ***Communication Intensity***

Family is a place for individuals to grow and develop. The physical and psychological needs meet in the family as the closest environment (Mulya Sari, D. et al, 2021). The characteristics of drug users can be seen from the family background particularly from the intensity of communication within the family. Communication between family members, whether with spouse, parents or siblings reflects the close relationship between family members and household. Intense communication between family members needs to be built so that if there are problems faced, parents or spouse can find out the solution together. Intense communication is hoped to prevent family members from falling into drug abuse.

Table 3.6 shows the distribution of drug abusers in the past year according to the intensity of communication with their spouse/parents/siblings. The data in the table shows that in general, the majority of drug users in the past year communicate with family members, either parents, spouse or siblings frequently (90.6%), occasionally (9.2%) and never (almost none). This happens to both male and female, but the percentage

of female drug users who frequently communicate with their families is higher than that of male. While the intensity of communication is sometimes higher in men.

Based on residence (urban-rural), this tendency does not show any significant difference. The results of this survey indicate that the intensity of communication between family members has less effect on drug abuse. Although communication between children and their parents, siblings or spouse goes well and smoothly, this has not been able to prevent family members from being involved in drug abuse. Drugs are a sensitive issue and tend to be confidential to be communicated with the family. Communication between family members is more general in nature and not related to drug problems

**Table 3.6. Drug Abuser’s Communication Intensity with Spouse/Parents/ Siblings According to Gender and Urban-Rural (%)**

Communi- cation Intensity	Urban			Rural			Total		
	M	F	M+F	M	F	M+F	M	F	M+F
Often	87.0	93.8	89.2	91.2	93.4	91.8	89.3	93.6	90.6
Sometimes	12.8	6.2	10.7	8.5	6.6	8.0	10.5	6.4	9.2
Never	0.2	0.0	0.1	0.3	0.0	0.2	0.2	0.0	0.2
<b>Total</b>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>N</b>	1,585,322	737,139	2,322,461	1,894,322	786,047	2,680,370	3,479,644	1,523,186	5,002,831

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

### *Emotional Closeness*

In addition to communication intensity, the family background of drug users can also be seen from the emotional closeness of drug users with their parents, spouse, relatives and friends and others. Families with harmonious relationships can reduce the risk of drug abuse (Sari et.al, 2021). In a family, emotional closeness and parental attention to children are important because children are very vulnerable to negative influences from outside, such as brawls, drinking and even drug abuse. The emotional closeness with family members and friends is expected to have a positive impact in fostering family members because each family member cares for each other (BNN, 2019).

Table 3.7 shows the distribution of drug use in the past year by closeness to family. The results show that in general, more than half of drug users in the past year has emotional closeness to their spouse (53.7%), followed by emotional closeness to parents (24.6%). Emotional closeness to relatives, friends and others is relatively small below 10%. This trend occurs in both urban and rural areas. This data shows that emotional closeness with family (spouse and parents) does not guarantee a person to be safe from drugs. The emotional closeness to spouse can be understood considering that in the household, husband and wife are responsible in the household. Thus, communication and personal closeness are very much needed, including in solving household problems and personal problems. Parents who stay at home have enough time to build emotional closeness with their children. However, the presence of parents at home is not always existed for various reasons such as living separately after being married, parents living in the village, or parents have passed away.

Based on gender and residence, male drug users are more prominent in having emotional closeness to their partners, both in urban and rural areas with the percentage of 58.6% for men and 48.7% for female urban area and 53.0% for men and 50.1% for female in rural areas. In urban areas, women tend to be closer to their parents, while in rural areas, men are closer to their parents. It is interesting that women who use drugs have more emotional closeness to others by 17.5% in urban areas and 11.2% in rural areas. Allegedly Others are close friends (lovers) or someone who has an influence on the woman. Close friends or lovers can have a negative impact on influencing someone to be involved in drug abuse, either as a user or a dealer.

**Table 3.7. Drug Abuser's Emotional Closeness to Parents/Spouse/Sibling/Friends According to Gender and Urban-Rural %)**

Emotional Closeness to	Urban			Rural			Total		
	M	F	M+F	M	F	M+F	M	F	M+F
Parents	21.4	27.3	23.2	29.0	18.0	25.8	25.5	22.5	24.6
Spouse	58.6	48.7	55.5	53.0	50.1	52.1	55.6	49.4	53.7
Sibling	9.5	4.4	7.9	5.7	15.5	8.6	7.4	10.1	8.3
Friend	6.4	2.1	5.1	7.4	5.2	6.8	7.0	3.7	6.0
Others	4.0	17.5	8.3	4.9	11.2	6.8	4.5	14.3	7.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	1,585,322	737,139	2,322,461	1,894,322	786,047	2,680,370	3,479,644	1,523,186	5,002,831

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

### *Financial status of household*

Drug abuse is very close to poverty because poverty make people tempted to get money in easy ways, such as distributing drugs and then using drugs. BPS poverty indicator refers to people living below the poverty level in 2021 with an income limit of Rp. 472,525 per capita per month. Each household in Indonesia consists of an average of 4.49 household members. Thus, the household poverty level is IDR 2,121,637 per month (rounded up to IDR 2,122,000 per month). Based on the amount of household income per month, it can be seen their economic status to be classified as poor or not poor. If the household income is a maximum of Rp2,122,000 per month then it is classified as poor. If the income is over Rp2,122,000 per month, it is not classified as poor. The data in table 3.8 shows that most of drug abusers by 54.8% are classified as not poor. However, 45.2% of drug users are classified as poor. It is quite a large number. This shows that drug users are not only limited to those who are economically capable, considering that buying drugs requires a large amount of money. Those who are classified as poor also use drugs. They do anything to get money to buy drugs such as stealing, selling family property, and even involved in murder to get drugs.

Non-poor drug users are prominent in urban areas by 59.7%, while those classified as poor are slightly larger in rural areas. There are many formal sector employment opportunities with higher incomes in urban areas, while in rural areas there are many informal agricultural jobs with low wages. If it is seen from poverty status, the percentage of drug users in urban areas is mostly in the group of not poor. On the contrary, many drug users in rural areas are poor. The study by Bar (2007) shows that the greater the income of the respondent, the greater the risk for abusing drugs. Those with the income over 3 million rupiah per month are at greater risk for abusing drugs. Based on gender and residence, in urban areas, drug users who are classified as non-poor are more prominent in males (63.7%), while females who are classified as poor are 49.0%. Then in rural areas, there are more female drug users classified as non-poor (52.7%) than female and there are more drug users classified as poor than female (50.3%).

**Table 3.8. Drug Abuser's Household Economic Status According to Gender and Urban-Rural (%)**

Status of Poverty	Urban			Rural			Total		
	M	F	M+F	M	F	M+F	M	F	M+F
Poor	36.3	49.0	40.3	50.3	47.3	49.4	43.9	48.1	45.2
Not poor	63.7	51.0	59.7	49.7	52.7	50.6	56.1	51.9	54.8
<b>Total</b>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>N</b>	1,585,322	737,139	2,322,461	1,894,322	786,047	2,680,370	3,479,644	1,523,186	5,002,831

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

### **Marital Status**

Table 3.9 shows the distribution of drug use by marital status. Based on marital status, the majority of drug users are married 64.5%, while 27.6% are not married. A study by Bar, A (2007) shows that marital status has no direct impact on drug abuse, but studies on marital status can affect the relation between interpersonal relationship in the family and drug abuse. Inharmonious family can be a co-factor that increases the risk of drug abuse. Men with not married status have a greater percentage of using drugs. It occurs both in urban and rural areas. Men are classified as young people who have a lot of friends, both friends from school and around the neighborhood. The results

show that environmental factors and friendships had an effect on drug use among young people. Meanwhile in rural areas, the percentage of married women who use drugs (69.6%) is higher than that of men (59.6%).

**Table 3.9. Drug Abuser’s Marital Status According to Gender and Urban-Rural (%)**

Marital Status	Urban			Rural			Total		
	M	F	M+F	M	F	M+F	M	F	M+F
Married	66.6	66.8	66.7	59.6	69.6	62.6	62.8	68.3	64.5
Not married	25.5	17.8	23.0	34.0	25.5	31.5	30.1	21.8	27.6
Divorced	6.4	3.5	5.5	4.9	1.0	3.8	5.6	2.2	4.5
Death divorced	1.2	11.9	4.6	0.7	3.8	1.6	0.9	7.7	3.0
Cohabitation	0.0	0.0	0.0	0.8	0.1	0.6	0.4	0.1	0.3
Others	0.3	-	0.2	-	0.0	0.0	0.1	0.0	0.1
<b>Total</b>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>N</b>	1,585,322	737,139	2,322,461	1,894,322	786,047	2,680,370	3,479,644	1,523,186	5,002,831

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

### 3.2.3 Social Environment

#### *Neighborhood*

The characteristics of drug users can be seen from the social environment of their neighborhood, namely the proximity to public facilities that can support drug abuse such as markets/malls, entertainment places, bus terminals/airports/ports/train stations as well as pharmacies/drug store/clinics/hospitals. If many drug users live close to these facilities, it is assumed that those who live around these public facilities are vulnerable to being exposed to drugs.

Table 3.10 presents data on the distribution of drug users in the past year according to neighborhood. From these data, it can be seen that in general, drug users live close to markets/malls (75.1%) and pharmacies/drug stores (69.7%). The same pattern also exists for urban and rural areas. By gender, there is no significant difference in the pattern

of the neighborhood where drug users live. The large percentage of drug users living near markets/malls and pharmacies and drug stores can be assumed that their access to drugs is quite easy. As we known, pharmacies and drug stores sell drugs that can be abused.

**Table 3.10. Drug Abuser's Neighborhood According to Gender and Urban - Rural (%)**

Neighborhood	Urban			Rural			Total		
	M	F	M+F	M	F	M+F	M	F	M+F
Market/mall	83.1	71.8	79.5	71.1	71.7	71.3	76.6	71.8	75.1
Entertainment places	41.1	30.0	37.6	30.2	38.8	32.7	35.2	34.5	35.0
Bus Terminal/airport/port/train station	32.3	16.2	27.2	13.1	14.2	13.4	21.9	15.2	19.8
Pharmacy/drug store/clinic/hospital	81.4	66.3	76.6	62.6	66.2	63.7	71.2	66.3	69.7
N	1,585,322	737,139	2,322,461	1,894,322	786,047	2,680,370	3,479,644	1,523,186	5,002,831

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

### ***Vulnerability of Neighborhood***

The characteristics of drug users can also be seen from the vulnerability of the neighborhood. The vulnerability of the neighborhood can be identified from the presence of kingpin/dealers, the presence of drug users, friends/neighbors/relatives who have used drugs or have been involved in drugs and friends/neighbors/household members who died due to drug overdose during the past year. Table 3.11 shows that almost all drug users have friends/neighbors/relatives who have used or been involved in drugs (99.1) and have seen people using drugs in their neighborhood (97.3%). This condition shows that in general drug users come from a drug prone neighborhood. In this case, environmental factors affect a person's exposure to drugs. A person has the potential to be exposed to drugs if they are in a drug-prone neighborhood. One of them is through association with friends around the neighborhood. Meanwhile, the presence of kingpin/drug dealers in the neighborhood

is only known by 43.5% of drug users. Only 6% drug users know about friends/neighbors/family members who died due to overdose. To find out the existence of kingpin/drug dealers in the neighborhood is not easy because drug trafficking is a prohibited activity carried out by well-closed networks and syndicates. Their activities in drug trafficking are carried out secretly and only relate to limited people. Usually, transactions are carried out using mobile phones and the goods are placed in a secret location by the dealer (the buyer does not meet directly the drug dealer).

Similar pattern is shown on the classification by gender and residence (rural-urban). The interesting thing is the presence of kingpin/drug dealers in the neighborhood is more known by female drug users both in rural and urban areas. Its percentage is prominent in urban areas with 55.6% by women and 35.8% by men. Table 3.11 shows that almost all drug users, both male and female, in both rural-urban areas have seen people using drugs in their neighborhood and have friends/neighbors/family members who have used/involved in drugs.

**Table 3.11. Vulnerability of Drug Abuser Neighborhood from the Threat of Drugs According to Gender and Urban-Rural (%)**

Neighborhood Condition	Urban			Rural			Total		
	M	F	M+F	M	F	M+F	M	F	M+F
Existence of kingpin/drug dealer in neighborhood	35.8	55.6	42.1	44.1	46.1	44.7	40.3	50.7	43.5
Seeing other people taking drugs in neighborhood	92.2	100.0	94.7	99.7	99.6	99.6	96.3	99.8	97.3
Having friend/neighbor/relative who have used or involved in drugs?	97.8	100.0	98.5	99.7	99.6	99.6	98.8	99.8	99.1
Having friend/neighbor/relative who died from overdose	6.2	3.9	5.4	5.8	10.1	7.0	5.9	7.1	6.3
<b>N</b>	1,585,322	737,139	2,322,461	1,894,322	786,047	2,680,370	3,479,644	1,523,186	5,002,831

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

### 3.2.4. Risky Behavior

#### *Social Problem*

The risky behavior of drug users can be influenced by social problems, such as alcohol, drugs, brawls, theft, gambling, prostitution and so on that lead to drug abuse. Table 3.12 shows that gambling, prostitution and alcohol are social problems that often occur in the neighborhoods where drug users live with the percentage of 46.8% of gambling, 56.5% of prostitution and 51.7% of alcohol. Meanwhile, brawls contribute 37.1% and drug use contribute 10%.

In urban areas, social problems that often occur in the neighborhoods where drug users live are prostitution (57.5%) and gambling (52.1%). As we know, urban areas have certain locations for prostitution and gambling where these activities are carried out secretly. These places are very prone to drug abuse. Several cases of drug raids by the authorities occurred in these locations. Gambling and prostitution in urban areas are more common in the neighborhoods where female drug users live with 65.1% and 62.2% respectively. It is possible that the female has great access to both places that it has an impact on drug use. The same trend occurs in men but with a smaller percentage. In rural areas, gambling is more prominent in the neighborhoods where drug users live (60.2%), as well as alcohol (50.3%) and prostitution (46.6%).

**Table 3.12. Social Problem in Drug Abuser Neighborhood According to Gender and Urban-Rural (%)**

Social Problems	Urban			Rural			Total		
	M	F	M+F	M	F	M+F	M	F	M+F
Alcohol	36.9	55.3	42.8	48.7	54.0	50.3	43.3	54.7	46.8
Drugs	13.1	17.2	14.4	4.0	15.5	7.4	8.2	16.3	10.6
Brawl	25.2	34.5	28.1	43.5	48.3	44.9	35.2	41.6	37.1
Theft	4.6	7.3	5.5	5.9	7.3	6.3	5.3	7.3	5.9
Gambling	46.1	65.1	52.1	53.3	76.7	60.2	50.0	71.1	56.5
Prostitution	55.3	62.2	57.5	43.4	54.5	46.6	48.8	58.3	51.7
Others	0.4	0.6	0.5	0.1	-	0.1	0.3	0.3	0.3
N	1,585,322	737,139	2,322,461	1,894,322	786,047	2,680,370	3,479,644	1,523,186	5,002,831

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

### ***Drug Abuser's Risky Behavior***

Drug abuse can be influenced by risky behavior of drug users such as visiting nightclubs, visiting prostitution place and hang out at night. The data in Table 3.13 shows that in general, night hang out is carried out by 37.6% of drug users in the past year. Meanwhile, 11.2% drug users visit entertainment places and 1.7% drug users visit prostitution place. Hang out at night is mostly done by men (46.6%), as well as visiting entertainment places (14.4%). Hang out at night is mostly done by men. Usually, they hang out at the security post or in the alley while chatting and singing. Hang out at night is also carried out by women (17.0%). Hang out is often used to distribute and use drugs together.

Furthermore, according to urban-rural area and gender, the habit of visiting nightclubs is mostly done by drug users in urban areas by male (19.2%) and female (6.2%). In rural areas, it is done by male (10.3%) and women (1.9%). This cannot be separated from the number of nightclubs such as discotheques/karaokes and so on that are available in urban areas and are open for the public.

**Table 3.13. Drug Abuser's Risky Behavior According to Gender and Urban-Rural (%)**

Risky Behavior	Urban			Rural			Total		
	M	F	M+F	M	F	M+F	M	F	M+F
Visiting entertainment places	19.2	6.2	15.1	10.3	1.9	7.9	14.4	4.0	11.2
Visiting prostitution place	1.0	1.7	1.2	2.4	1.4	2.1	1.8	1.6	1.7
Hang out	42.2	14.4	33.4	50.4	19.4	41.3	46.6	17.0	37.6
N	1,585,322	737,139	2,322,461	1,894,322	786,047	2,680,370	3,479,644	1,523,186	5,002,831

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

### 3.3. Cases Experienced by Drug Abuser, Medication or Drug Rehabilitation, and Social Sanction

This section discusses three things, namely cases experienced by drug abusers: based on residence (rural and urban); the type of medication or rehabilitation carried out by drug abusers; and social sanctions received by drug abusers. The types of cases experienced by drug abusers while still using drugs, among others are experiencing an overdose, having been involved in legal cases, and willing to stop from drug abuse because they have been involved in a legal case. Meanwhile, medication or rehabilitation that has been carried out by drug abusers is described as experience for joining a rehabilitation program and reasons for not taking medication or rehabilitation due to drug abuse. The social sanctions received by drug abusers include being shunned and ostracized. The explanation of these three things is as follows:

#### 3.3.1 Cases Experienced by Drug Abuser

##### *Overdose*

Azmiyati *et al* (2014) defines overdose as an excess dose of drug use that causes a person to lose consciousness. In other words, the body's ability to take a dose of drugs is already at the threshold. Similarly, Wheeler *et al* (2012 cited by Macano *et al.*, 2018) states that overdose occurs when a number of toxic drugs, or a combination of drugs, overwhelms the body

of a drug abuser. Table 3.14. shows the results of a survey of drug abusers who have ever used and have experienced an overdose by residence and gender in the past year.

**Table 3.14. Overdose According to Neighborhood and Gender (%)**

Case	Urban			Rural			Total		
	M	F	M+F	M	F	M+F	M	F	M+F
Overdose due to drug abuse in the past year	0.8	0.0	0.8	1.1	100.0	1.6	0.9	4.6	1.0

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Table 3.14. above shows that in general there are about 1% of drug abusers who have experienced an overdose. It means that one out of 100 people experiences an overdose. Based on gender, the tendency of women to experience overdose is higher than that of men. If analyzed more deeply by distinguishing drug abusers based on residence and gender, the high tendency of women to overdose occurs in rural areas. The survey results show that all female drug abusers in rural areas have experienced an overdose. On the contrary, there are no female drug abusers in urban areas who have experienced an overdose.

Similar to the percentage of female drug abusers in rural areas who have experienced high overdoses, male drug abusers who have experienced overdose are also higher in rural areas than in urban areas though the percentage is not much different from drug abusers in rural areas. The percentage of male drug abusers who have experience overdose is around 1.1% in rural areas and 0.8% in urban areas.

### Legal Cases

Hartanto (2017) and Muhamad (2015a) state that Indonesia has become one of the main markets for international drug trafficking syndicates for commercial purposes. An indicator of Indonesia’s position as a ‘destination country’ is the number of foreigners caught and legally processed in Indonesia for trying to smuggle drugs into Indonesian territory (Muhamad, 2015b). This can also be seen from catches in drug cases originating from abroad to be marketed in Indonesia. In April 2021, for example, the Indonesian Police managed to secure 1,278 kilograms

of methamphetamine in Aceh waters originating from Afghanistan (Habibie, 2021). This condition cannot be separated from the relatively large population of Indonesia (more than half of the total population of ASEAN of ± 500 million), which is considered a potential market for drugs (Muhamad, 2015a). In addition, the price of drugs in Indonesia is much higher than in other countries. For example, the price of methamphetamine in China is only Rp. 20,000/gram. In Iran, it is Rp. 50,000/gram. However, the price of the same type of drug in Indonesia has soared about 30 times to Rp. 1,500,000/gram (Imron, 2020). Meanwhile, the price of ecstasy pills in the Netherlands is only around Rp. 3,000 per pill. In Malaysia, it is Rp. 30,000 per pill. In Indonesia, it is Rp. 300,000 per pill (Ma'rufah, 2019).

Although the price of drugs in Indonesia is relatively expensive compared to other countries, the prevalence of drug abuse in Indonesia continues to increase as described above. Many drug abusers have ever been involved in legal cases as shown in Table 3.15. below.

**Table 3.15. Drug Abuser (Ever used) involved in Legal Case According to Neighborhood and Gender (%)**

Case	Urban			Rural			Total		
	M	F	M+F	M	F	M+F	M	F	M+F
Involved in legal case due to drug abuse	4.5	2.3	4.4	6.2	0.0	5.9	5.0	1.6	4.8

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Table 3.15 above shows that in general the percentage of drug abusers who have ever been involved in legal cases is 4.8%. By gender, it appears that male drug abusers are more likely to have been involved in legal cases than female drug abusers. According to residence, there is a higher tendency for male drug abusers in rural areas to have been involved in legal cases due to drug abuse than those in urban areas. Meanwhile, women who abuse drugs in rural areas have never been involved in drug cases.

*The desire to stop from drug abuse after being involved in legal case*

Referring to the Circular Letter of the Supreme Court (SEMA) Number 4 of 2010 concerning Placement of Drug Abuse, Victims of Drug Abuse

and Drug Addicts into Medical Rehabilitation and Social Rehabilitation Center, Hartanto (2017) states that people who use or abuse drugs in a state of dependence, both physically and psychological, are placed in medical and social rehabilitation center. Hartanto further explains that the existence of this SEMA means that the government places drug abusers as victims of narcotics crimes. Nevertheless, the placement of drug addicts to medical and social rehabilitation center is carried out if the person concerned does not violate Article 103 letters a and b of the Law of the Republic of Indonesia Number 35 of 2009 on Narcotics, which says: a) decides to order the person concerned to carry out medication and/or treatment through rehabilitation if the Drug Addict is proven guilty of committing a drug crime; or, b) stipulates to order the person concerned to carry out medication and/or treatment through rehabilitation if the Drug Addict is not proven guilty of committing a drug crime.

Referring to SEMA No. 4/2010, a drug abuser will be imposed on the classification of criminal acts as referred to in Article 103 letters a and b of Law no. 35/2009, if: 1) the accused is caught red-handed at the time of his arrest by the Indonesian Police and BNN investigators; 2) when the accused is caught red-handed, evidence of the use of 1 (one) day is found with details of the volume/weight of the drugs used in accordance with the types contained in SEMA No. 4/ 2010; <sup>7</sup> 3) a positive laboratory test letter using Narcotics based on the investigator's request; 4) requires a certificate from a psychiatrist/ government psychiatrist appointed by the judge; and 5) there is no evidence that the person concerned is involved in the illicit drug trafficking.

When someone is caught due to drug abuse, it does not affect all drug abusers to stop using drugs. The percentage of men and women who stop using drugs after being been involved in legal case both in rural and urban areas is shown in Table 3.16.

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<sup>7</sup> The volume of evidence found when someone is caught abusing drugs to be subject to a criminal act according to Article 103 letters a and b of Law no. 35/2009 are as follows: 1. Methamphetamine (shabu) group (1 gram); 2. MDMA (ecstasy) group (2.4 grams=8 pills); 3. Heroin group (1.8 grams); 4. Cocaine group (1.8 grams); 5. Cannabis group (5 grams); 6. Coca leaves (5 grams); 7. Mescaline (5 grams); 8. Psilocybin group (3 grams); 9. LSD (d-lysergic acid diethylamide) group (2 grams); 10. PCP (phencyclidine) group (3 grams); 11. Fentanyl group (1 gram); 12. Methadone group (0.5 grams); 13. Morphine group (1.8 grams); 14. Pethidine group (0.96 grams); 15. Codeine Group (72 grams); 16. Bufrenorphine group (32 mg).

**Table 3.16. The Desire to Stop Abusing Drugs After being Involved in Legal Case According to Neighborhood and Gender (%)**

Case	Urban			Rural			Total		
	M	F	M+F	M	F	M+F	M	F	M+F
The desire to stop abusing drugs after being involved in legal case	65.8	100.0	66.4	36.8	0.0	19.1	56.3	4.2	43.7

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Table 3.16 explains that being involved in legal cases does not necessarily make drug abusers to stop using drugs. Many factors make it difficult for drug abusers to stop abusing drugs even though they have been involved in legal cases due to drug abuse. These factors include the social environment of the drug abusers, family support, and the strong will of the abusers themselves to stop using drugs. From all drug abusers who have been involved in legal cases due to drugs, both in rural and urban areas, only 43.7% stops abusing drugs consisting of 56% male and 4.2% female. This means that those who do not stop abusing drugs after being involved in legal cases are much larger by 56.3%.

Further analysis on drug abusers involved in legal cases according to residence shows that 66.4% of those who live in urban areas stops abusing drugs after being involved in legal cases. Female drug abusers with 100% percentage stop abusing drugs after being involved in a drug case. Only 65.8% male abusers stop abusing drugs after being involved in a drug case, while others continue to abuse drugs. In rural areas, none of female drug abuser have ever been involved in a legal case due to using drugs. Thus, the percentage of those who stop using drugs due to being caught in a legal case is also zero.

On the other hand, male drug abusers are far less likely to stop abusing drugs after being caught than those who live in urban areas because only 36.8% stops abusing drugs and 63.2% continues to abuse drugs after being involved in legal cases.

### 3.3.2 Medication or Drug Rehabilitation

Drug abusers can be included as victims of drug abuse because they will experience dependence on drugs (Diputra, 2012). Drug addicts

need to get intensive treatment to be free from addiction to be able to return to the society and have a healthy and productive life. Treatment is needed because the psychoactive substances in drugs are special which can suppress brain function (depressant) to stimulate brain function activity (stimulants) and bring about hallucinations (hallucinogenic) (Aryani, 2018). Aryani added that this happens because the brain is the center of human behavior. Thus, the interaction between drugs (which enter the human body) and the brain's nerve cells can cause changes in human behavior. Diputra (2012) stated that rehabilitation is a method that is considered appropriate currently to cure drug abusers from addiction because through rehabilitation a person can release his addiction on drugs until he can enjoy a drug-free life.

### ***Rehabilitation***

According to Yuli and Winanti (2019), rehabilitation is referred to drug abusers who are victims of drug abuse. It is intended to restore or develop the physical, mental, and social abilities of drug abusers as well as a form of medication or treatment for drug addicts to recover from drug addiction. Law No. 35 of 2009 on Narcotics, Article 54 states that drug addicts and victims of drug abuse are required to take medical rehabilitation and social rehabilitation. Medical rehabilitation is a process of integrated treatment to free from drug addiction. Regulation of the Minister of Health of the Republic of Indonesia No. 2415/Menkes/Per/XII/2011 on Medical Rehabilitation of Addicts, Abusers and Victims of Drug Abuse, Article 10 explains that medical rehabilitation can be carried out through outpatient and/or inpatient treatment in accordance with the rehabilitation plan by taking into account the results of the assessment

Meanwhile, social rehabilitation based on Law no. 35/2009 is a process of integrated recovery both physically, mentally and socially so that former drug addicts can return to their social functions in the society. Referring to Gani et al (2015), social rehabilitation is the process to restore the habits of drug addicts to the society to prevent them from repeating their actions to abuse drugs, including also to integrate the lives of former drug addicts in the society by restoring their thought, emotions, and behavior to be able to interact in their social environment (in the rehabilitation environment). Survey in 2021 on the efforts by drug abusers to carry out treatment or rehabilitation is shown in Table 3.17 below.

**Table 3.17. Drug Abuse Taking Medication or Rehabilitation According to Neighborhood and Gender (%)**

Ever taking medication/rehabilitation	Urban			Rural			Total		
	M	F	M+F	M	F	M+F	M	F	M+F
Yes	11.5	18.2	11.8	8.4	0.00	8.0	10.7	11.9	10.8
No	88.5	81.8	88.2	91.5	100.0	92.0	89.3	88.1	89.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Table 3.17 shows that in total drug abusers who have taken medication or rehabilitation, both in urban and rural areas for all genders are only 10.8%. This percentage is too small when compared to high percentage of drug abusers who have never attempted medication or rehabilitation by 89.2%. That small percentage is spread out both in rural and urban areas. In urban areas, drug abusers who have tried to do medication or rehabilitation are only 11.8%, while the rest 88.2% have never taken medication or rehabilitation.

Female drug abusers in rural areas are more likely to seek medication or rehabilitation compared to male though the difference is not too large, namely 18.2% for female and 11.5% for male. In rural areas, medication or rehabilitation carried out by men is only 8.5% while 91.5% has never attempted medication or rehabilitation. On the other hand, none of female drug abusers in rural areas have ever taken medication or rehabilitation. In other words, 100% of female drug abusers in rural areas have never taken medication or rehabilitation.

**Table 3.18. Mean, Median, and Mode of Rehabilitation by Drug Abuser Medically and Non-Medically**

Rehabilitation	Urban			Rural			Total		
	M	F	M+F	M	F	M+F	M	F	M+F
How many times do you take medical treatment?									
Mean	2	0	2	3	n.a	3	2	0	2
Median	0	0	0	1	n.a	1	1	0	1
Modus	0	0	0	1	n.a	1	0	0	0
How many times do you take nonmedical treatment?									
Mean	3	3	3	2	n.a	2	3	3	3
Median	5	3	4	1	n.a	1	3	3	3
Modus	5	3	5	1	n.a	1	5	3	5
How many times do you take medical and nonmedical treatment?									
Mean	5	4	5	5	n.a	5	5	4	5
Median	5	3	5	3	n.a	3	5	3	5
Modus	5	3	5	2	n.a	2	5	3	5

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Table 3.18 above shows the central value measures, including: the mean, median, and mode related to rehabilitation, both medical and non-medical, for drug abusers based on the drug abuse prevalence survey in 2021. It can be seen from the table that the mean value is 2, which is defined as the sum of all data values divided by the number of data (Wirawan, 2016) in total for drug abusers, both in rural and urban areas. It means that drug abusers only take rehabilitation twice. Furthermore, based on residence, medical rehabilitation by drug abusers in rural areas is taken 3 times in average, but all these medical treatments are taken by men because data on medical treatment carried out by women are not available (n.a). Meanwhile, the mean value of medical rehabilitation in urban areas is 2 which is all taken by men because medical treatment taken by women is zero (0).

Compared to medical treatment, drug abusers seek also non-medical rehabilitation. In total, its mean value is slightly higher by 3. Non-medical

rehabilitation carried out by drug abusers for all genders (male and female) both in urban and rural areas has the same mean value, which is 3. In contrast to the medical efforts by drug abusers in rural areas which are higher than in urban areas, the non-medical rehabilitation by drug abusers in urban areas has a higher mean value than in rural areas, namely 3 for urban areas and 2 for rural areas. This means that more non-medical rehabilitation is carried out by drug abusers in urban areas than in rural areas. Drug abusers in urban areas, both male and female, take 3 times non-medical rehabilitations in average. In rural areas, only male drug abusers take non-medical rehabilitation with the average of 2 times, while data on non-medical rehabilitation by female drug abusers are not available.

Then, the two rehabilitations both medically and non-medically are carried out 5 times in average by drug abusers in rural and urban areas. On average, the rehabilitations are carried out more by male drug abusers rather than women, namely 5 times for men compared to 4 times for women. The mean when compared to drug abusers in urban and rural areas shows that the rehabilitations both medical and non-medical are an average of 5 times. However, the rehabilitations in rural area are entirely carried out by male drug abusers because the data on rehabilitations by female drug abusers are not available. Meanwhile, the rehabilitations carried out by drug abusers in rural areas both male and female have the same average score namely 5 times. This means that both female and male drug abusers in urban areas carry out the same rehabilitation with the average of 5 times.

Table 3.18 also shows the median of rehabilitation carried out by drug abusers, both medically and non-medically. The median of a group/set of data is the value that is right in the middle if the number of data is odd, or the average of the two values in the middle if the number of data is even, after the data is sorted from the smallest to the largest or vice versa (Wirawan, 2016). In other words, Wirawan added that the median divides a series of data (observations) or a distribution into two equal parts, i.e. 50% of the total data (observations) is below the median, and 50% is greater than the median. With this median definition, from the total drug abusers both male and female in both urban dan rural areas, 50% of them takes medical rehabilitation less than 1 time (or not taking medical rehabilitation) and 50% more takes medical rehabilitation more than 3

times. The medical rehabilitation is carried out by male drug abusers, while women drug abusers do not take medical rehabilitation.

The median in non-medical rehabilitation by male and female drug abusers who live in both rural and urban areas is 3. This means that drug abusers in rural and urban areas take non-medical rehabilitation, namely which 50% of them takes less than 3 times and another 50% takes more than 3 times. Seen from medical rehabilitation based on residence, drug abusers in urban areas take more rehabilitations with a median value of 4, while those in rural areas have the median of only 1. This means that 50% of drug abusers in urban areas takes non-medical rehabilitation less than 4 times and the other 50% takes more than 4 times. In rural areas, non-medical rehabilitation is taken less than once or never by 50% abusers and more than once by the rest 50% abusers. As for the rehabilitation by women in rural areas does not have the median because the data is not available (n.a). Meanwhile, the median of drug abusers in urban areas by gender shows higher value for men by 5 than women by 3. It means that 50% of male drug abusers takes non-medical rehabilitation less than 5 times and another 50% takes more than 5 times, while 50% of female drug abusers takes non-medical rehabilitation less than 3 times and another 50% takes more than 3 times.

From the efforts of abusers to rehabilitate, both medically and non-medically, both in urban and rural areas, it appears that the median is 5. This means that 50% drug abusers take rehabilitation less than 5 times and the remaining 50% takes rehabilitation more than 5 times. From the overall median, the median for male is 5, meaning that 50% of male takes rehabilitation less than 5 times and another 50% takes rehabilitation more than 5 times. Meanwhile, female drug abusers have a median of 3 meaning that 50% of them takes rehabilitation less than 3 times and the remaining 50% takes rehabilitation more than 3 times. By residence, rehabilitation, both medical and non-medical in urban areas has a median of 5. It is higher than in rural areas with the median of 3. This means that 50% of drug abusers in urban areas takes rehabilitation less than 5 times and 50% of them takes rehabilitation more than 5 times. Male drug abusers more often take rehabilitation with a median of 5. It means that 50% have attempted to carry out rehabilitation less than 5 times and the rest have attempted rehabilitation more than 5 times. Women have a median of 3, meaning 50%

abusers take rehabilitation less than 3 times while the other 50% takes rehabilitation more than 3 times. Meanwhile, in rural areas, rehabilitation is only carried out by male drug abusers with a median of 3 or 50% takes rehabilitation less than 3 times, while the remaining 50% takes rehabilitation more than 3 times. Meanwhile, since the data on rehabilitation by female drug abuser are not available, the median cannot be determined.

Analysis on drug abuse survey in 2021 from the mode is also shown in Table 3.16. The mode of a data set is defined as the value that occurs the most (for qualitative data), or the condition with the greatest frequency or shows the value that occurs the most (for quantitative data) (Wirawan, 2016). The mode of rehabilitation by all sexes of drug abusers, both in urban and rural areas is 0 (zero). This means that the number of rehabilitations carried out by all drug abusers medically, both male and female, is the same. The same condition occurs in drug abusers who live in urban areas with 0 (zero) mode for both men and women. It means that the rehabilitations carried out by drug abusers are the same (frequency). In contrast to the medical rehabilitation carried out by drug abusers in rural areas with mode 1 originating from male drug abusers, while data for women are not available. It means that the rehabilitation is mostly carried out only once.

Furthermore, if the mode is seen based on the non-medical rehabilitation carried out by drug abusers in urban and rural areas, Table 3.16 shows a value of 5. This means that the majority of non-medical rehabilitation is carried out by drug abusers by five times. When viewed by gender, Men has a mode of 5 and women has a mode of 3. It indicates that the majority of male takes non-medical rehabilitation for 5 times while female mostly takes it 3 times. If the mode value of non-medical rehabilitation is seen based on residence, the mode is 5 in urban areas and 1 in rural areas. The mode means that drug abusers in urban areas takes the rehabilitation 5 times at the most and it is carried out more by men than women. The non-medical rehabilitation in urban areas is done 5 times by men and 3 times by women in accordance to the mode namely 5 for men and 3 for women. Meanwhile, in rural areas, the mode is 1 as the contribution from male drug abusers. Meanwhile, there is no mode for female because the data are unavailable. With only mode 1 in rural areas, men only take non-medical rehabilitation once.

The last thing from the mode seen from the rehabilitation by medical and non-medical means for drug abusers in rural and urban areas is 5. This means that drug abusers in the two locations, both male and female, most often carry out medical and non-medical rehabilitation by 5 times. Based on gender, male with a mode value of 5 and female 3 mean that men take rehabilitation by 5 times and women by 3 times at most. As for the mode value based on residence, the mode value in urban areas is 5 and in rural areas is 2. This explains that drug abusers in urban areas carry out rehabilitation, both medical and non-medical, most often 5 times, while in rural areas only 2 times. By gender, the mode for drug abusers in urban areas is 5 for male and 3 for female. Therefore, in urban areas the rehabilitations are carried out at most 5 times by men and 3 times by women. In rural areas the value of mode is 2. It means that rehabilitations are carried out 2 times at the most by male drug abusers because the mode value for women in the village does not exist because the data is not available.

### ***Reasons of drug abuser for not taking medication or rehabilitation***

Aryani (2018) states that the government together with all levels of society have taken various steps and efforts to save drug abusers from drug abuse and no longer place them as criminals. Effort to save drug abusers from drug dependence is through treatment or rehabilitation.

Referring to the Regulation of the Minister of Health (Permenkes) No. 4 of 2020 on the Organization of Compulsory Report Institution, the group (IPWL) is a public health centers, hospitals, and/or rehabilitation center appointed by the government. The rehabilitation centers that become the Compulsory Report Institution include: primary clinics, main clinics, or other institutions that carry out medical rehabilitation for addicts, abusers, and victims of drug abuse. Meanwhile, the meaning of Compulsory Report in the Permenkes is intended for drug abusers to get medication and/or treatment through medical rehabilitation.

Not all drug abusers take advantage of the opportunity to carry out medication or rehabilitation for various reasons. This 2021 survey underlines four factors that dominate the reasons why drug abusers are reluctant or not taking medication or rehabilitation as shown in Table 3.19. below.

**Table 3.19. Reason of Drug Abuser for Not Taking Medication According to Gender and Urban - Rural (Ever used) (%)**

Reason for not taking medication	Urban			Rural			Total		
	M	F	M+F	M	F	M+F	M	F	M+F
Difficulty in reaching the location	15.9	20.7	16.1	19.4	2.0	18.7	18.5	8.5	18.0
Expensive	14.1	9.8	13.9	18.1	0.1	17.4	17.0	3.4	16.5
Inadequate facility and infrastructure	10.3	11.4	10.4	77.4	0.0	66.0	36.1	4.0	33.2
Ineffective program	14.4	11.4	14.2	46.1	0.0	32.7	20.9	4.0	19.0
Others	40.2	40.1	40.2	24.6	62.7	26.0	28.7	54.9	29.8

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

The location for medication or rehabilitation that is not easily accessible is the second reason presented by drug abusers so that they are reluctant to carry out medication and rehabilitation after the inadequate facilities and infrastructure as shown in Table 3.17. The table also shows that the location of medication or rehabilitation that is not easily accessible at the rural level is 20.7% based on the answer by female abusers. Meanwhile, in urban areas only 2% of women choose this answer. Drug abusers, both women and men, who answer that the location is not easily accessible could be understood because not all regency capitals in Indonesia have Compulsory Report Institution with inpatient facilities

Referring to Jainah et al (2019), there are only 98 drug rehabilitation centers in Indonesia that have inpatient facilities, such as correctional institutions (Lapas), State Police Schools (SPN), Regional Military Main Regiment (Rindam), local governments (Papua), education and training center (Pusdiklat), health education center (pusdikes), military police education center (Pusdikpom), and land transportation education center (Pusdikhubad). Meanwhile, Jainah et al added that in addition to hospitalization, patients who abuse drugs through rehabilitation can also become outpatients if it is possible to return to their families. The presence is in regional public hospitals (RSUD) and several community health centers (Puskesmas). Meanwhile, the total number of Compulsory

Report Institutions in Indonesia, both managed by the private sector and the government is around 918 units (BNNK Cimahi, 2021). The number of Compulsory Report Institutions is still far from adequate to rehabilitate all drug abusers with a drug abuse prevalence rate in 2021 of 1.95% or equivalent to 3,662,646 people aged 15 to 64 years.

Regarding the cost, drug abusers in rural areas, both male and female, answer 14.1% and 9.13% that the cost of treatment and rehabilitation is expensive. On the contrary, in urban areas, drug abusers state that they are not taking medication or rehabilitation because of the high costs of 18.1% for men, but only 0.1% for women. In other words, high costs are not a reason for urban women to undertake medication or rehabilitation. In order to overcome the high costs for drug addicts in taking medication or rehabilitation, BNN has provided free of charge rehabilitation centers, namely one Drug Rehabilitation Center in Lido, West Java, five Balai and House consisting of 1) Baddoka Drug Rehabilitation House, Makassar, South Sulawesi; 2) Tanah Merah Drug Rehabilitation House, Samarinda, East Kalimantan; 3) Drug Rehabilitation House Deli Serdang, North Sumatra; 4) Drug Rehabilitation House Batam, Riau Islands; and 5) Kalianda Drug Rehabilitation House, Lampung. However, the number of centers and rehabilitation house managed by BNN is very limited and is only located in 6 (six) provinces. With only 6 rehabilitation centers and houses, these conditions are not adequate to accommodate all drug abusers who wish to seek medication or rehabilitation for free.

Related to drug abusers who are reluctant to take medication or rehabilitation by considering the existing infrastructure in the rehabilitation center, 77.4% of male abusers in urban areas say that the infrastructure for medication or rehabilitation is inadequate. As for female drug abusers in urban areas, they do not question the infrastructure because the percentage who states that the infrastructure is inadequate is zero or 0%.

Referring to Rahmawati (2010), the infrastructure or facilities in a rehabilitation center is divided into two; first, building facilities, including: offices, dormitories, classrooms, counseling rooms, skills rooms, halls, and kitchens; and second is infrastructure, such as: roads, electricity, drinking water, fences, drainage, office equipment, and service equipment. Rahmawati added that in order to carry out the tasks and functions

of rehabilitation effectively and efficiently, adequate facilities and infrastructure are needed, both in number and type, including the location of the rehabilitation center which is adjusted to the needs. Therefore, according to Rahmawati, a service and rehabilitation center for drug abuse victims is better to be located on a large area as needed to support services; a quiet, safe, and comfortable area; healthy environment; available clean water facilities, electricity network and telephone communication; all is adjusted to the number of existing clients (residents).

The Sub-Directorate of Infectious Diseases and Dependence on Psychotropic Narcotics and Other Addictive Substances (PMK Drugs) (2014), states that the facilities needed to support the implementation of rehabilitation in correctional institutions include: 1. Doctor's examination room. 2. Counseling/psychological examination room; 3. Group therapy room; 4. Treatment room; 5. Residential rooms/blocks/special rooms for program participants; 6. Operational vehicles; 7. Supporting facilities such as; interest and talent development facilities, office space, classrooms, skills facilities, halls, sports facilities and places of worship. If these facilities are not available in a drug abuser's rehabilitation center, it can be concluded that the existing rehabilitation facilities and infrastructure in a correctional institution are inadequate.

Another thing that causes drug abusers to be reluctant to take medication or rehabilitation is related to the programs offered which are considered less effective. In total, drug abusers who use this reason both those who live in urban and rural areas reach 19%. Drug abusers who are reluctant to take medication or rehabilitation are 20.9% for the male and only 4.0% for the female. However, based on residence, drug abusers who are reluctant to carry out medication or rehabilitation are much higher in urban areas than in rural areas with a ratio of 32.7% in urban areas and 14.2% in rural areas. The number of men who are reluctant is 14.4% and the number of women who are reluctant is 11.4%. This means that more men see the programs offered during medication or rehabilitation compared to women though the difference is small. Meanwhile in urban areas, the percentage of female drug abusers who are reluctant to carry out medication or rehabilitation since the programs offered by medication and rehabilitation providers are ineffective is 0%. Meanwhile, male drug abusers who are reluctant to take medication or rehabilitation are 46.1%.

Based on Table 3.19, it can be seen that the reasons outside of these four parameters that are given as the main reason for drug abusers for not taking medication or rehabilitation are actually very large, both for drug abusers in rural and urban areas. In total, the respondents who choose other answers are 29.8% consisting of 28.7% male and 54.9% female. In other words, more female drug abusers choose other answers as a reason for not taking medication or rehabilitation than male drug abusers. By residence, the other respondents who choose other answers for not taking medication or rehabilitation are 40.2% in rural areas and 26.0% in urban areas. However, based on gender, female drug abusers who are reluctant to take medication or rehabilitation in urban areas are higher at 62.7% compared to in rural areas at only 40.1%. As for male drug abusers who are reluctant to carry out medication or treatment with other answers, the number in rural areas is not much different from female drug abusers whose percentage is 40.2%, while in urban areas it is only 24.6%. Thus, the reasons for drug abusers not to carry out medication or rehabilitation still exist outside these four parameters.

### 3.3.3 Social Sanction for Drug Abuser

In addition to rehabilitation for victims of drug abuse and addicts at the Medical Rehabilitation and Social Rehabilitation Institution from the state as referred to in SEMA Number 4 of 2010, the community is also involved in providing social sanctions for drug abusers in the neighborhood or community where drug abusers carried out social interactions. The drug abuse prevalence survey in 2021 also raises questions regarding the social sanctions. It is intended to find out the attitude felt by the abuser from friends/community in the neighborhood where the drug abuser lives, and also the response given by the spouse/lover/family due to drug abuse.

**Table 3.20. Social Sanction from Friend/Society in the Neighborhood for Drug Abuser According to Gender and Urban-Rural (%)**

Form of Social Sanction	Urban			Rural			Total		
	M	F	M+F	M	F	M+F	M	F	M+F
Shunned	27.1	25.9	27.0	19.9	8.6	19.3	25.2	19.9	25.0
Hostile	3.4	3.3	3.4	7.7	8.9	7.7	4.6	5.3	4.6
Ostracized	24.7	21.4	24.6	16.8	18.8	16.9	22.6	20.5	22.5

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Based on Table 3.20 above, it can be seen that drug abusers in urban and rural areas receive social sanctions in the form of being shunned, hostile, ostracized by friends or the community in their neighborhood. Social sanctions received by drug abusers can be interpreted that friends or the community of drug abusers do not agree or reject the actions of drug abusers. For drug abusers in rural and urban areas, it can be seen that the most social sanctions received by drug abusers are being shunned with a percentage of up to 25%, while sanctions in the form of being hostile are smaller by 4.6%. By gender, men who are most shunned reach 25.2%. As for the social sanctions against men, which were less targeted at men, namely 4.6%. Meanwhile, the social sanction in the form of being ostracized is 22.5%, which is slightly lower than the social sanction of being shunned. The social sanctions in the form of being shunned and ostracized were more experienced by men than women, while the social sanctions in the form of being shunned are more experienced by women than men.

Based on the social sanctions given by friends and the community to drug abusers according to residence and gender, the sanction of being shunned is higher in urban areas by 27.1% compared to 19.3% in rural areas. In both urban and rural areas, the social sanction of being shunned is more experienced by male drug abusers than female drug abusers.

The social sanctions received by drug abusers, which are also relatively high, are being ostracized. This relatively high percentage occurs in urban and rural areas. In urban areas, drug abusers who received social sanctions of being ostracized are 21.4%, while in rural areas it is 16.9%. By gender, the sanction of being ostracized is experienced more by male drug abusers (24.7%) than female drug abusers (21.45%). On the other hand, in rural areas, the sanction of being ostracized is accepted more by women (18.85%) than men (16.8%) though the difference is not too big.

The social sanction in the form of being hostile shows relatively small the percentage both in urban areas (3.4%) and in rural areas (7.7%). However, the social sanction of being hostile is higher in rural areas than in urban areas. This is possible because social cohesion in rural areas where people are more homogeneous is much higher than in urban areas with more heterogeneous community. Meanwhile, by gender, the form of

social sanctions both in urban and rural areas is similar between men and women.

The social sanctions received by drug abusers, either in the form of being shunned, hostile, or ostracized, come not only from friends or the community, but also from the closest persons to the drug abusers. The closest persons to drug abusers include their spouse (husband or wife), lover or other family members as shown in Table 3.21.

**Table 3.21. Social Sanction from Spouse/Lover/Family due to Drug Abuse According to Gender and Urban-Rural (%)**

Form of Sanction	Urban			Rural			Total		
	M	F	M+F	M	F	M+F	M	F	M+F
Shunned	34.8	7.8	33.8	17.0	8.6	16.6	30.1	8.1	29.2
Hostile	25.7	3.9	24.9	14.6	8.9	14.3	22.8	5.7	22.1
Ostracized	10.1	5.5	10.0	13.4	8.6	13.1	11.0	6.6	10.8

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Based on Table 3.21, it can be seen that the social sanctions received by drug abusers from their closest persons, both in urban and rural areas based on gender are more in the form of being shunned, namely 29.2%. Another form of social sanction that is relatively high is being hostile, by 22.1%. It is in contrary with the social sanction of being hostile in Table 3.20 which is relatively low. Meanwhile, the relatively low social sanctions are in the form of ostracized. However, if all social sanctions are seen based on gender, the social sanctions are received more by male drug abusers, such as being shunned (30.1%) and being hostile (22.8% and 11.0%). As for the social sanctions received by women, none of the percentages are in double digits, namely being shunned (8.1%), being hostile (5.7%), and being ostracized (6.6%).

If the form of social sanctions is seen based on residence, then drug abusers in urban areas receive social sanctions in the form of being shunned (33.8%) and hostile (24.9%) which is higher than in rural areas with the percentage of 16.6% and 14.3%. Meanwhile, the form of social sanctions for being ostracized is higher in rural areas (13.4%) than in urban areas (10.0%). This means that social sanctions in the form of being ostracized are greater for drug abusers in rural areas than in urban

areas. If the social sanctions are seen according to gender, then overall, social sanctions are accepted more by men and women, both living in urban and rural areas. In general, the percentage of women, both in rural and urban areas, does not reach double digits for all social sanctions in the survey. However, when compared to female drug abusers who receive social sanctions in urban and rural areas, the number of drug abusers who receive social sanctions is more in rural areas than in urban areas.

Despite that many drug abusers have received social sanction both from friend, neighborhood or closest person as shown in Table 3.20 and 3.21, not all of them are willing to stop abusing drugs, participate in rehabilitation programs or take medication. In fact, many drug abusers who receive social sanctions continue to abuse drugs. Actions taken by drug abusers after receiving social sanctions are shown in Table 3.22 below.

**Table 3.22. Action taken by Drug Abuser when Receiving Social Sanction from Abusing Drugs According to Residence and Gender(%)**

Action taken by drug abuser when receiving social sanction from abusing drugs	Urban			Rural			Total		
	M	F	M+F	M	F	M+F	M	F	M+F
Quit abusing drugs	95.9	99.8	96.0	93.6	100.0	93.9	95.4	99.8	95.6
Joining rehabilitation	37.8	9.7	37.1	33.1	53.3	33.8	36.9	21.2	36.5
Taking medication	40.8	65.7	41.5	60.3	53.3	60.0	44.6	62.5	45.1
Keep abusing drugs	26.6	0.0	26.6	12.3	53.3	13.9	23.8	14.0	23.6

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Table 3.22 explains that in general the action taken by drug abusers after receiving social sanctions due to their actions in abusing drugs both those living in urban and rural areas is quit abusing drugs with a relatively large percentage (95.6%). This means that the condition after receiving social sanctions can awaken drug abusers to stop abusing drugs. The largest percentage of drug abusers who will quit abusing drugs are female drug abusers (99.8%) while male abusers are slightly lower by 95.4%. This high percentage also occurs in drug abusers by residence and gender. In addition, 100% or all female drug abusers in rural areas stop abusing drugs after receiving the social sanctions.

Meanwhile, the actions taken in the form of participating in a rehabilitation program are much lower than quit abusing drugs after receiving social sanctions. Table 3.22 shows that among drug abusers who receive social sanctions in general, both those in urban and rural areas, both male and female, only 36.5% participate in the rehabilitation program. Based on the gender of drug abusers, 36.9% of men and 21.2% women participate in the rehabilitation program. However, based on residence, the actions for participating in the rehabilitation program are not too much different, namely 37.1% in urban areas and 33.8% in rural areas. Based on gender, both in urban and rural areas, it can be seen that the number of actions taken to participate in the rehabilitation program for male drug abusers in urban areas is 37.8% higher than that of women, which is only 3.7%. On the other hand, in rural areas, the number of action taken to participate in the rehabilitation program is higher for female drug abusers with the percentage of 53.3%, while the percentage for men is around 33.1%.

Medication is also an alternative that is relatively widely chosen by drug abusers who have received social sanctions. Table 3.22 shows that around 45.1% of drug abusers in both urban and rural areas, both male and female, choose to seek medication. By gender, it appears that women (62.5%) prefer to seek medication after receiving social sanctions compared to men whose percentage is only around 44.6%. Furthermore, based on residence, the action for medication by drug abusers after receiving social sanctions is mostly carried out by drug abusers in rural areas by 60% and in urban areas by 41.5%. Meanwhile, based on gender, female drug abusers in urban areas are more likely to go for medication by 65.7% and in rural areas by 53.3%. Unlike the case with male drug abusers, medication after receiving social sanctions is mostly carried out by male drug abusers in rural areas with 60.3% than those in urban areas with only 40.8%.

The extreme thing on the action chosen by drug abusers after receiving social sanctions from friends or the community or even from those closest persons is to continue abusing drugs. It means that the social sanctions do not affect them to be free from the influence of drugs. The percentage of drug abusers in general who continue to abuse drugs after receiving social sanctions, both in rural and urban areas, both

male and female is around 23.6%. However, more men (23.8%) continue to abuse drugs than women (14.0%).

Meanwhile, when viewed by residence, drug abusers who continue to abuse drugs are higher in urban areas with 26.6% compared to in rural areas with 13.9%. Drug abusers in urban areas, according to gender, are dominated by 26.6% men who will continue to abuse drugs after receiving social sanctions, while no women choose to continue abusing drugs. Then drug abusers in rural areas who continue to abuse drugs after receiving social sanctions are actually more committed by women with a percentage of 53.3% compared to men by only 12.3%. Thus, drug abusers who continue to abuse drugs after receiving social sanctions due to drug abuse are higher in urban areas for male drug abusers. On the contrary, drug abusers in rural areas who continue to abuse drugs after receiving social sanctions are actually women.



4

# DRUG ABUSE PATTERN



# DRUG ABUSE PATTERN

This chapter describes the pattern of drug abuse in Indonesia which includes the types of drugs first consumed, age at first time use, types of drugs ever consumed, sources of obtaining drugs, reasons for drug abuse, ways of obtaining drugs and places of drug abuse. Cross tabs are then carried out with rural-urban areas as well as gender (male and female) to see patterns of drug abuse based on gender and demographic background (urban-rural) of drug abusers to see the differences and comparisons. The description of drug abuse patterns and drug abuse trends can help formulate and intervene in more specific drug abuse prevention programs, for example toward male and female abusers or abusers in urban and rural areas.

## 4.1. Types of Consumed Drugs, Age of First Time Use and Types of Drugs in First Use

### 4.1.1 Types of Consumed Drugs

The types of drugs consumed are more diverse than the types of drugs that are first consumed. The survey results show that there are at least 5 (five) types of drugs that are prominently consumed. The first type of drug consumed the most is marijuana, hasish (cannabis sap) by 41.4%. This is similar to first-time use drug abusers with smaller percentage (41.4% : 56.7%). The second most prominent type of drug consumed is also not much different from the type of drug consumed by abusers when they first abused drugs, namely Shabu, ecstasy, amphetamine, dexamphetamine/dex, Adderall (25,7%). In the first and second types of drugs, female abusers (93.3% and 80.7%) are quite dominant compared to male abusers (56.9% and 34.9%). This interesting fact shows that female abusers prefer both types of drugs.

The third type of drug that is prominently consumed is nipam, lexotan, rohypnol, mogadon, valium, xanax, camlet/'D6'd""c cv:gccc calmlet (alprazolam), Rclona, Koplo pill, BK, Mbiat, mboti, Roda, luminal, phenobarbital (barbiturate), dumolid, rivotri (11.8%). This is quite similar to the third most prominent type of drug consumed for the first time by drug abuse respondents. However, the percentage of male abusers is greater than the percentage of female abusers (16.5% : 8.0%) and the comparison of urban and rural backgrounds of drug abusers of the third most prominent type is 12.7% : 7.3% .

The fourth and fifth types of drugs that are prominently consumed by drug abuse respondents are Dextro (Dextromethorpan) (6.4%) and gorilla tobacco, cathinone, methylkatone, methylone (4.1%) though the percentage is small. Dextro seems to only be consumed by male abusers (9.1%) while female abusers do not consume it. For Dextro (Dextromethorpan), there are differences in abusers in rural areas (5.9%) and urban areas (6.6%). Meanwhile, gorilla tobacco, cathinone, methylkaton and methylone are consumed more by abusers in urban areas (4.8%) than in rural areas (1.0%). However, based on gender, male (5.7%) and female (4.1%) abusers consumed gorilla tobacco, cathinone, methylkatone, and methylone. A complete picture of the percentage of the types of drugs consumed by respondents is shown in table 4.1.

**Table 4.1. Types of Drugs Consumed by Drug Abuser (%)**

Types of Consumed Drugs	Urban	Rural	M	F	Total
Cannabis, hasish (marijuana sap)	38.7	53.3	56.9	93.3	41.4
Shabu, ecstasy, amphetamine, dexamphetamine/dex, Adderall	27.0	19.7	34.9	80.7	25.7
Gorilla tobacco, cathinone, methylkatone, methylone	4.8	1.0	5.7	4.1	4.1
Nipam, lexotan, rohypnol, mogadon, valium, xanax, camlet/ calmlet (alprazolam), Rclona, Koplo pills, BK, Mbiat, mboti, Roda, luminal, phenobarbital (barbiturates), dumolid, rivotri	12.7	7.3	16.5	8.0	11.8
Heroin (putau, etop)	1.6	0.9	2.1	0.0	1.5

Types of Consumed Drugs	Urban	Rural	M	F	Total
Amethyst, LSD, mushroom/ mushroom in cow dung/ psilocybin, substances that are intentionally smoked to get drunk/fly (eg aibon glue, gasoline, markers, etc.)	2.6	1.3	3.2	5.3	2.4
Others	0.3	3.8	1.3	0.0	1.0
Pethindin, morphine, opium/ opium, codeine	1.0	1.2	1.4	0.0	1.0
Cocaine	0.5	0.0	0.5	0.0	0.4
Zenith/ Carnophen/ Carisoprodol/ PCC/ Jin Pills/ Soma/ Somad (Somadryl)	0.3	4.1	1.4	0.5	1.0
Dextro (Dextromethorpan)	6.6	5.9	9.1	0.0	6.4
Trihexyphenidyl/Trihex/THP/Pil	1.8	0.1	2.1	0.9	1.5
Ketamine	0.3	0.3	0.4	0.0	0.3
Headache medicine taken mixed with soft drinks to get drunk/fly	0.1	0.6	0.3	0.0	0.2
Headache medicine taken excessively to get drunk / fly	1.7	0.4	2.1	0.2	1.5

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

#### 4.1.2 Age of First Time Use

Table 4.2. below shows that there is no difference in age for the first time taking drugs. It is generally between the ages of 30-40 years, which is a productive age. If it is associated with the friendship as a source of obtaining drugs, the friendship in this age is very different from the friendships among teenagers. The friendship of people aged 30-40 years is deliberately used to attract friends to take drugs for the first time. There is no significant difference in the age at first time use of drugs between men (36.6 years) and women (33.4 years) in rural (34.6 years) and urban (37.6 years) areas. Similarly, there is no significant difference in age gap between male and female drug abusers as well as the residence of the abusers from rural and urban areas, which is only about 4 years. This tendency also occurs in abusers who come from rural areas, both men and women, but this age difference is slightly

different in the age of male and female abusers in urban areas, which is about 5 years when they first time taking drugs.

**Table 4.2. Statistics of Age of First Time Use According to Gender and Urban - Rural (%)**

Statistics of Age of First Time Taking Drugs	Urban			Rural			Total		
	M	F	M+F	M	F	M+F	M	F	M+F
Average	38.1	33.9	37.6	34.8	32.7	34.6	36.6	33.4	36.2
Median	37.5	32.5	36.5	36.0	32.0	36.0	36.0	32.0	36.0

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

### 4.1.3 Types of Drugs in the First Use

**Table 4.3. Types of Drugs in the First Use According to Gender and Urban - Rural (%)**

Types of Drugs in the First Time Use	Urban	Rural	M	F	Total
Cannabis, hashis (marijuana sap)	53.9	64.4	56.7	56.6	56.7
Shabu, ecstasy, amphetamine, dexamphetamine/dex, Adderall	36.0	19.0	31.1	40.4	31.5
Gorilla tobacco, cathinone, methylkatone, methylone	0.2	0.4	0.3	0.0	0.3
Nipam, lexotan, rohypnol, mogadon, valium, xanax, camlet/ calmlet (alprazolam), Rclona, Koplo pills, BK, Mbiat, mboti, Roda, luminal, phenobarbital (barbiturates), dumolid, rivotri	7.7	2.5	6.5	2.1	6.3
Heroin (putau, etop)	0.1	0.9	0.3	0.0	0.3
Amethyst, LSD, mushroom/ mushroom in cow dung/ psilocybin, substances that are intentionally smoked to get drunk/fly (eg aibon glue, gasoline, markers, etc.)	0.4	0.4	0.4	0.6	0.4
Others	0.7	1.9	1.1	0.0	1.0
Pethindin, morphine, opium/ opium, codeine	0.2	0.0	0.2	0.0	0.2

Types of Drugs in the First Time Use	Urban	Rural	M	F	Total
Cocaine	0.0	0.0	0.0	0.0	0.0
Zenith/ Carnophen/ Carisoprodol/ PCC/ Jin Pills/ Soma/ Somad (Somadryl)	0.0	1.6	0.4	0.0	0.4
Dextro (Dextromethorpan)	0.6	8.1	2.7	0.0	2.6
Trihexyphenidyl/Trihex/THP/Pil	0.0	0.0	0.0	0.1	0.0
Ketamine	0.0	0.0	0.0	0.0	0.0
Headache medicine taken mixed with soft drinks to get drunk/fly	0.0	0.3	0.1	0.0	0.1
Headache medicine taken excessively to get drunk / fly	0.0	0.5	0.1	0.2	0.1

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

There are three prominent types of drugs out of thirteen that are first consumed by the respondent of abuser in the national survey. First, the most consumed types are marijuana and hashish (56,7%). Cannabis and marijuana sap are also the most widely consumed among respondents namely women (56.6%) and men (56.7%) from rural areas (64.4%) and urban areas (53.9%). There is no significant difference in terms of the use of this type of drug based on gender and residence of drug abusers.

The second most prominent type of drug is methamphetamine, ecstasy, amphetamines, dexamphetamine/dex, and Adderall amounting to (31.5%). This type of drug is also the second most consumed type of drug both by female (40.4%) and male (31.1%) abuser respondents from rural areas (19.0%) and urban areas (36.0%). From this description, it can be seen that the percentage of drug abusers of methamphetamine, ecstasy, amphetamine, dexamphetamine/dex, and Adderall originating from urban areas is 2 (two) times higher than the percentage of abusers from rural areas. On the other hand, female abusers also consume more of this type of drug (shabu, ecstasy, amphetamines, dexamphetamine/dex, and Adderall) compared to men.

The third most common type of drug consumed by respondents who abuse drugs is nipam, lexotan, rohypnol, mogadon, valium, xanax,

camlet/calmlet (alprazolam), Rclona, Koplo pills, BK, Mbiat, mboti, Roda, luminal, phenobarbital (barbiturates), dumolid and rivotri with a percentage of 6.3%. By gender, there is a significant difference in the use of this type of drug. The percentage of male abusers for this type of drug is 3 (three) times that of women (6.5% : 2.1%). Meanwhile, there is the same tendency if based on the residence. Drug abuser who consume this type of drugs in urban areas shows the percentage of 3 (three) times higher than the percentage of abusers in rural areas (7.7% : 2.5%). Meanwhile, the abuse of other types of drugs other than the three types of drugs mentioned above has a very small percentage of below 2%.

## 4.2. Source of Obtaining Drugs

**Table 4.4. Source of Obtaining Drugs for the First Time Use According to Gender and Urban - Rural (%)**

Source in Obtaining Drugs	Urban	Rural	M	F	Total
Friend	94.0	86.3	88.8	79.6	88.4
Lover	0.5	0.0	0.0	3.0	0.1
Sibling (brother/sister)	0.5	-	0.1	-	0.1
Parents	-	0.3	0.2	0.0	0.2
Spouse	0.1	0.7	-	13.2	0.5
Kingpin/dealer/courier	3.3	1.2	1.8	1.5	1.7
Pharmacy	1.6	10.2	8.2	-	7.9
Officer	-	0.0	-	0.5	0.0
Others	0.1	1.2	0.8	2.2	0.9
Total	100.0	100.0	100.0	100.0	100.0

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

The survey results in Table 4.4 above shows that friendship is the first source of drug abusers in Indonesia to get drugs, which is equal to (88.4%). The next source is pharmacies (7.9%), while the other sources are very small in percentage. If the respondents are differentiated by gender, friendship remains the most prominent source in obtaining drugs both for men (88.8%) and women (79.6%). The same thing happens when viewed from the residence of the abuser respondents. Friendship is the

first source of respondents in abusing drugs, both from rural areas (86.3%) and urban areas (94.0%). This means that friendship is needed to be able to obtain and abuse drugs. Within the friendship, there is an invitation and temptation to abuse drugs for free or without paying. Because drugs are addictive, they cause addiction and dependence to abuse again and reach the stage of addiction. When people are addicted to drugs, they will try to obtain drugs by jointly buying drugs because the drugs are no longer given for free.

Based on residence, friendship is the first source to obtain drugs for drug abusers in rural areas (86.3%) and urban areas (94.0%). This is an understandable phenomenon because friendship is a group of social phenomena that occurs in society, especially in rural communities where the level of mutual cooperation is still strong or often called *patembayan* community (*gemeinschaft*) which is characterized by the intimate relationship between its members. This intimacy seems to be very effective in the transmission of drug abuse. There is a reluctance if one of the members who joins a social group for drug abusers does not participate in abusing drugs.

As for female abusers, spouse is the source of obtaining drugs for the first time (13.2%). This does not happen to male drug abusers who prefer to use pharmacies (8.2%) as a source of obtaining drugs. Pharmacies are the second most prominent source in obtaining drugs after friendship. Thus, there is a difference in the second prominent source of obtaining drugs for the first time between men and women. The spouse/husband actually plays a role in inviting the wife to abuse drugs. The husband-wife relationship in the context of drug abuse tends not to remind each other but to support and invite each other to abuse drugs together. There is no control of each partner against the dangers of drug abuse. This is especially true for types of drugs such as shabu, which is considered a source of stimulants in working in certain professions, such as inter-provincial drivers, laborers in the plantation sector, and so on. They assume that without stimulants, people who are already dependent on methamphetamine cannot work optimally. Several household cases in the field show that husbands ask their wives for shabu so that they can work optimally to provide financial support for their wives and families. Indeed, this is a dilemma because on the one hand, consuming shabu is

against the law, but on the other hand the husband needs energy to be able to work to fulfill the household needs. This is a problem that occurs due to drug abuse in the household in the lower classes of society that needs our attention.

Meanwhile, pharmacies are also a source of obtaining drugs for male abusers, especially psychotropic types. The survey results do not reveal the reasons why someone can use a pharmacy to obtain drugs. However, from various interviews with several informants in the field, it can be seen that the pharmacy cannot control the purpose of purchasing psychotropic drugs. However, pharmacies as a source of drugs are quite prominent in rural areas (10.2%). Pharmacies are quite familiar to drug abusers in rural areas compared to urban areas, where access to drugs does not always depend on friendship. Friendship is not enough. They then visit the pharmacy to obtain drugs. Thus, the source of obtaining drugs is no longer only from friends but also from direct purchase to the pharmacy. This also shows that they do not always jointly buy drugs.

**Table 4.5. Source of Obtaining Drugs According to Gender and Urban - Rural (%)**

Source of Obtaining Drugs	Urban	Rural	M	F	Total
Friend	96.2	96.6	96.7	93.2	96.5
Sibling (brother/sister)	100.0	100.0	8.5	0.1	8.1
Parents	-	0.4	0.3	0.0	0.3
Spouse	0.9	1.6	0.6	19.7	1.4
Kingpin/dealer/courier	15.1	25.8	23.5	12.3	23.0
Pharmacy	0.9	24.5	19.0	0.1	18.2
Officer	6.9	5.1	5.8	0.5	5.6
Others	0.6	0.6	0.6	0.5	0.6

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

During drug abuse, friendship remains the most prominent source in obtaining drugs (96.5%) as similar to the first use of drugs. This trend also occurs in the background of drug abusers according to gender, namely male (96.7%), female (93.2%) from rural areas (96.6%) and urban areas (96.2%). Meanwhile, drug abusers during the abuse in obtaining drugs by obtaining from siblings (brother/sister) are very large, both in rural areas (100.0%) and urban areas (100.0%). This means that siblings do not remind each other of the dangers of drugs, but on the contrary, there is cooperation to obtain drugs. Meanwhile, kingpin/dealers/couriers are not very prominent as a source of obtaining drugs for drug abusers, both male (23.5%), female (12.3%) and in rural (25.8%) and urban areas (15.1%) during drug abuse.

The lack of prominence of kingpin/dealers/couriers as a source of obtaining drugs during drug abuse is understandable because this pattern of drug abuse has a character to make group that it affects the pattern of obtaining drugs to not be always done individually. Consumers buy drugs in friends/groups. The pattern of joint purchase or contributions to buy drugs that are consumed in groups has reduced the role of kingpin/dealers/couriers. One of the abusers may deal with kingpin/dealers/couriers to obtain drugs during abuse. Meanwhile, the pharmacy as a source of obtaining drugs is also not much different from the role of kingpin/dealers/couriers. In fact, pharmacies are only prominent among male abusers (19.0%). It is interesting that drug abusers from rural areas use pharmacies as a source to obtaining drugs during abuse by 24.5%. Psychotropic drugs are familiar to rural communities as previously mentioned and are easy to obtain at pharmacies due to the lack of supervision. This phenomenon can be seen that the way to obtain drugs does not always depend on the friendship, but they also buy drugs directly from the pharmacy. The phenomenon of obtaining drugs from pharmacies that has spread in rural areas needs attention in order to fight against drugs in the community. It needs strict control and supervision to pharmacies that sell G-list drugs to prevent it to be abused.

### 4.3. Reason in Abusing Drugs

**Table 4.6. Reason in Abusing Drugs According to Gender and Urban - Rural (%)**

Reason in abusing drugs	Urban	Rural	M	F	Total
Family member abuses drugs	14.7	3.3	11.5	14.6	11.6
Family conflict	7.1	4.1	5.6	21.3	6.3
Offered by friend	89.3	68.0	84.5	63.6	83.6
Forced	2.5	5.4	2.8	12.3	3.2
Experiment	87.9	61.6	81.6	65.9	80.9
Having fun	46.8	32.9	43.1	44.9	43.1
Stressed due to school task/job	22.8	13.4	20.9	7.4	20.3
Availability/Ease	27.6	27.4	27.0	42.1	27.6
Many abusers in neighborhood	23.1	26.2	22.9	46.6	23.9
Others	2.5	12.8	5.3	4.3	5.2

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Table 4.6 above shows that the reasons for drug abuse are varied. From 9 (nine) reasons for drug abuse, there are 3 (three) most prominent reasons, namely the invitation or persuasion from friends (83.6%), experiment/desire to try (80.9%), and having fun (43.1%). The second group of are reasons with small percentage (10-40%), namely availability/ease to be given (27.6%), stress due to work/school (20.3%), and family members abusing drugs (11.6%). Meanwhile, the reasons for drug abuse with the very small percentage are family conflict/unharmonious relationships in the family (6.3%) and being forced to abuse drugs (3.2%). Thus, the invitation or persuasion of friends and the desire to have fun are the main reasons of drug abuse. Drug abusers who admit abusing drugs because of an invitation or persuasion from friends are those from rural areas (68.0%) and urban areas (89.3%). Similarly, drug abusers who have the desire to try drugs show a fairly prominent percentage, both in rural areas (61.6%) and in urban areas (87.9%).

Based on gender, it also shows the same tendency. Drug abusers who have reasons to be persuaded by friends are prominent among male drug abusers (84.5%) and women (63.6%). Also, the reasons for trial are widely acknowledged by drug abusers, both men (81.6%) and women (65.9%). There are other interesting phenomena that can be concluded from Table

4.6. above. Female drug abusers who have reasons of seeing drug abuser in the neighborhood are greater in number (46.6%) when compared to male abusers (22.9%). It can be understood that it is possible for women to spend more time at home than men. Thus, the reason of seeing people abuse drugs in their neighborhood is a trigger for women to also abuse drugs.

Another interesting finding is that disharmony in the family as the reason for drug abuse among female abusers (21.3%) is greater than that of men (5.6%). The disharmony in the family, such as divorce or domestic violence can be a driving factor for drug abuse among women. Another interesting reason is being forced. This factor is phenomenal to be the reason for female abusers (12.3%) which are greater than male abusers (2.8%). The differences in the three reasons for drug abuse based on gender need attention and need to be explored with qualitative research (in depth interviews) for the purpose of protecting marginalized women and the war against drugs.

#### 4.4. Ways in Obtaining Drugs

**Table 4.7. Ways in Obtaining Drugs According to Gender and Urban-Rural (%)**

Ways in Obtaining Drugs	Urban	Rural	M	F	Total
Given for free	76.9	81.1	77.3	93.9	78.0
Directly buying (face to face)	36.1	28.4	33.8	40.7	34.1
Directly buying (online)	3.4	0.7	2.7	2.1	2.7
Sharing purchase with friends	49.5	25.5	43.3	37.6	43.1
Indirectly buying through friend/relatives/others	29.5	17.6	26.6	19.9	26.4

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Drug abusers in various ways always try to obtain drugs to meet their needs. Based on the survey, there is a pattern of how to obtain drugs based on the answers from drug abuse respondents. The most common way to obtain drugs is by given for free with the percentage of 78.0%. Giving drugs for free is done within friends to new abusers for the first time. This is intended to attract drug abusers who are trying it for the first time so that they become addicted. Based on gender, the ways of obtaining drugs

by being given drugs for free to both men and women show a fairly large number, namely men (77.3%) and women (93.9%). In percentage, more women get drugs for free, both from their partners and friends. Thus, there is a tendency of the increasing female drug abusers. The same pattern is also shown in both urban and rural drug abusers who get drugs for free, namely in urban (76.9%) and in rural areas (81.1%). This finding is quite interesting because the pattern of many drug abusers for the first-time use is mostly by obtaining drugs for free.

Meanwhile, as the solution to the price of drugs which is quite expensive, the abusers share or jointly buy drugs to be used together. Table 4.7 above shows that buying with friends (sharing) is the second most common pattern for drug abusers by 43.1%. In urban areas, there are more drug abusers who buy drugs by sharing (joint purchase) by 49.5% compared to abusers in rural areas by 25.5%. This certainly shows the trend in the pattern of joint purchase by many drug abusers in urban areas. Based on gender, men (43.3%) buy drugs with their friends more than women (37.6%). It makes sense that women get more drugs by given for free as described in the previous sub-chapter.

Direct buying is the third way of obtaining drugs. This conventional way of buying occurs when abusers buy directly or face to face from kingpin and dealers. The percentage is 34.1%. It should become a concern that more women are obtaining drugs directly by face to face (40.7%) than men (33.8%). When the desire to abuse drugs come, women tend to be more daring to buy face-to-face from kingpin and dealers. On the other hand, based on residence, urban abusers tend to be more likely to buy themselves directly face to face by 36.1% when compared to abusers in rural areas by only 28.4%.

In addition to conventional ways of obtaining drugs, drug abusers have also now begun to explore digital technology. The digital era marked by the development and the use of information technology is also used by abusers and dealers for drug transactions. Although the percentage of buying drugs through online media is still small by 2.7%, it is possible that there is opportunity for drug abusers and dealers to use this media. Both men and women show almost the same percentage of obtaining drugs through online media with 2.7% for men and 2.1% for women. Due to the

unequal distribution of digital infrastructure in Indonesia, internet is used more in urban areas. Likewise, the way to obtain drugs by buying through online media in urban areas is 3.4% or higher than in rural areas by only 0.7%. This pattern of buying and obtaining drugs using digital technology through online media needs supervision from law enforcement officers. Supervision is needed through digital patrols to prevent possible ways that can be exploited by abusers and dealers in carrying out drug transactions in the digital world.

## 4.5. Location to Abuse Drugs

**Table 4.8. Location to Abuse Drugs According to Gender and Urban-Rural (%)**

Location to Abuse Drugs	Urban	Rural	M	F	Total
House/room/apartment/ boarding house/dormitory	61.5	56.9	59.9	69.3	60.3
Empty house/building	37.4	26.5	35.3	16.3	34.5
Public Toilet	12.5	0.3	9.6	0.0	9.2
Work place	25.7	5.4	21.1	2.5	20.3
School/campus	8.2	8.7	8.2	12.6	8.3
Market/food stall	2.3	4.8	3.0	1.2	2.9
Bus terminal/port/station/ airport	0.5	1.7	0.9	0.0	0.8
Hotel	15.8	7.4	13.8	8.6	13.6
Nightclubs (café/karaoke/ discotheque)	33.0	20.2	29.5	31.4	29.6
Street/alley	28.9	13.5	24.7	26.6	24.8
Park/forest/cemetery/field/ beach	25.4	14.1	22.8	13.2	22.4
Prostitution place	1.6	2.3	1.7	3.5	1.8
Online game cafe	0.4	0.0	0.3	0.0	0.3
In the car	12.6	4.9	10.4	14.3	10.5
Others	11.0	9.1	10.3	16.5	10.5

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Table 4.8 above shows the locations used by abusers to abuse drugs. The survey results show that house/room/apartment/boarding house/dormitory are the places most frequently used by abusers to abuse drugs by 60.3%. These locations are considered quite safe for abusers because they are private spaces that do not get much supervision from law enforcement officials and the community. Based on demographic characteristics, abusers in both rural and urban areas also use house/room/apartment/boarding house/dormitory to abuse drugs with the percentage of 61.5% in urban areas and 56.9% in rural areas. Meanwhile, based on gender, women (69.3%) are more likely to abuse drugs in their home/room/apartment/boarding house/dormitory compared to men (59.9%).

The second location that is widely used for drug abuse is empty houses or empty buildings by 34.5%. Empty buildings are used by drug abusers to abuse drugs by 37.4% in urban areas and 26.5% in rural areas. Meanwhile, based on gender, more men use empty houses (empty buildings) by 35.3% when compared to women by only 16.3%. Looking at the percentages of the two locations above (house/room/apartment/boarding house/dormitory and empty house), maximum supervision is needed both by law enforcement officers and the community from using these places for drug abuse.

In addition to the two locations above, nightclubs (café/karaoke/discotheque) are still the locations used by abusers to abuse drugs by 29.6% and become the third most common location. It turns out that in nightclubs women abuse drugs more (31.4%) compared to men (29.5%). Meanwhile in urban areas, 33.0% more drug abusers abuse drugs in nightclubs compared to only 20.2% in rural areas. This is reasonable because nightclubs are located more in urban areas. Looking at the trend that abusing drugs in nightclubs still occupies the top three positions, supervision from law enforcement officers is needed in the form of increasing drug abuse raids at nightclubs.

Unexpectedly, another place that is considered safe and is also used by drug abusers is workplace. The survey results show the percentage of drug abuse in the workplace is 20.3%. Men are also more likely to abuse drugs in the workplace by 21.1% when compared to women by only 2.5%

for various reasons of abuse, such as for doping or stimulants for work. The percentage of abuse in the workplace in urban areas is also higher, at 25.7% compared to only 5.4% in rural areas. Stress levels and high workloads in urban areas may contribute to the prevalence of drug abuse in the workplace. Therefore, the authorities at workplace together with law enforcement officers need to carry out routine test and strict supervision of their workers to prevent drug abuse in the workplace.

The locations used by drug abusers to consume drugs are slightly different from those perceived by the abusers themselves. Table 4.9 shows that several locations are perceived by abusers as locations to abuse drugs.

**Table 4.9. Perception on Location to Abuse Drugs  
According to Gender and Urban-Rural (%)**

Perception on Location to Abuse Drugs	Urban	Rural	M	F	Total
Nightclubs (discotheque, bar, pub, karaoke, billiard and cafe)	95.1	89.1	93.6	91.4	93.5
Beauty salon, sauna/spa, parlor	44.8	35.6	42.3	44.0	42.4
Herbal drink stall/Javanese food stall/green bean porridge stall	55.8	28.6	48.2	56.1	48.6
Internet/online game cafe	56.5	45.5	53.3	61.0	53.6
Hotel/inn/apartment/low cost apartment	88.4	64.6	82.1	80.9	82.0
Boarding house/dormitory	89.1	59.2	81.1	80.5	81.1
School	43.7	45.4	43.9	50.1	44.1
Work place	41.6	40.8	41.2	45.9	41.4
Street/Alleys	82.0	64.0	77.5	71.2	77.2
Others	7.6	3.7	5.9	23.7	6.6

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Table 4.9 above shows that the perception of abusers towards locations that are considered prone to drug abuse is very diverse, from public places to private places. Based on the survey results, there are three major perceptions of drug abusers towards locations that are considered prone to drug abuse, namely 1) nightclubs (discotheque, bars, pubs, karaoke, billiards, and cafes), 2) hotels/inns/apartments/flats (low-cost apartment), 3) boarding house/dormitory.

Perception of drug abusers towards nightclubs (discotheque, bars, pubs, karaoke, billiards, and cafes) still occupy the first place as drug-prone locations by 93.5%. Based on gender, both male and female drug abusers also have a high perception that nightclubs are drug-prone locations with the percentage of 93.6% for men and 91.4% for women. Meanwhile, based on residence, drug abusers in urban areas have a higher perception that nightclubs are prone to drug abuse by 95.1% compared to 89.1% in rural areas.

Meanwhile, the second vulnerable location according to the perception of drug abusers is hotel/inn/apartment/low-cost apartment by 82.0%. Both male and female drug abusers also have a high perception that hotels/inns/apartments/low-cost apartment are the second position as drug-prone locations with the percentage of 82.1% men and 80.9% women. Meanwhile, respondents who use drugs in urban areas have a higher perception of hotels/inns/apartments/low-cost apartment as places prone to drug abuse, which is 88.4% compared to respondents in rural areas who use drugs which are only 64.6%.

The third most drug-prone locations to drug abuse based on the perception of drug abusers is a boarding house/dormitory by 81.1%. Both male and female drug abusers also have a fairly high perception that boarding house/dormitory is the third place of drug-prone location with the percentage of 81.1% for male and 80.5% for female. Meanwhile, respondents who use drugs in urban areas have a perception (89.1%) that boarding house/dormitory is a place that is prone to drug abuse. This percentage is higher when compared to the perception of respondents who abuse drugs in rural areas by only 59.2% who perceive boarding house/dormitory as a drug-prone location. This perception is motivated by the fact that there are certainly more boarding houses/dormitories in urban areas than in rural areas.

Another interesting finding also shows the respondent's perception of drug abusers that streets/alleys can be prone to drug abuse, which is 77.2%. Both male and female drug abusers also have an almost balanced perception that deserted streets/alleys are places that are considered prone to drug abuse, namely men (77.5%) and women (71.2%). Meanwhile, based on residence, abusers in urban areas have a perception of 82.0% that deserted streets/alleys are places that are prone to drug abuse. This percentage is higher when compared to the perception of abuse in rural areas of which only 64.0% sees that deserted streets/alleys are drug-prone areas.

Based on Table 4.9 and some of the explanations above, it can be concluded that the perception of abusers towards drug-prone areas can be categorized into two, namely public places and private places. Public places, such as nightclubs and deserted streets/alleys, are still considered to be drug-prone areas according to the perception of drug abusers. Meanwhile, private places such as hotels/inns/apartments/low-cost apartment and boarding houses/dormitories are also drug-prone areas according to the abuser's perception because they are considered safe enough from the monitoring and supervision of law enforcement officials. This is also in line with the reality and the result of the survey of abusers which show that nightclubs, deserted streets/alleys, hotels/inns, and boarding house/dormitory are still places for drug abuse as shown in Table 4.9.

If we pay close attention, as shown in Table 4.10, there are several similarities between the location to abuse drugs with those perceived by respondents in general, namely:

- a) House/room/apartment/boarding house (rented house)/dormitory
- b) Workplace
- c) School/campus
- d) Market/food stall
- e) Hotels/inns
- f) Nightclubs (café/ karaoke/ discotheque)
- g) Deserted street/alley
- h) Game online café

**Table 4.10. Comparison of Location to Abuse Drugs According to Drug Abuser and Being Perceived by Respondent in General**

No	Location to Abuse Drugs	
	According to Abuser	According to Respondent's Perception in general
1	House/room/apartment/boarding house/dormitory	Boarding house/dormitory
2	Empty house/building	-
3	-	Beauty salon, sauna/spa, parlor
4	Public toilet	-
5	Work place	Work place
6	School/campus	School
7	Market/food stall	Herbal drink stall/Javanese food stall/ green bean porridge stall
8	Bus terminal/port/train station/airport	-
9	Hotel/inn	Hotel/inn/apartment/low-cost apartment
10	Nightclubs (café/ karaoke/discotheque)	Nightclubs (discotheque, bar, pub, karaoke, billyard and café)
11	Street/alley	Street/Alley
12	Park/garden/cemetery/field (empty land)/beach	-
13	Prostitution place	-
14	Online game cafe	Internet/online game cafe
15	In the car	-
16	Others	Others

Source: Processed data from Survey on Drug Abuse Prevalence in 2021



5

# FACTORS INFLUENCING DRUG ABUSE



# FACTORS INFLUENCING DRUG ABUSE

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There are several factors that influence drug abuse. These factors can be grouped into 3 (three), namely individual factors, family factors and social environmental factors. Individual factors that are considered as having influence to drug abuse are knowledge about the negative effects of drugs, attitudes if offered to abuse drugs, and attitudes if closest persons abuse drugs. Family factors that are presumed to have an influence on drug abuse are emotional closeness and the intensity of communication within the family. The social environmental factors that are estimated to have an influence on drug abuse are the social environment, the vulnerability of residence, and social problems in the neighborhood. In addition, risky behaviors such as smoking, drinking and others are also estimated to have a strong influence on drug abuse. These three factors are described in this section concerning their influence on drug abuse.

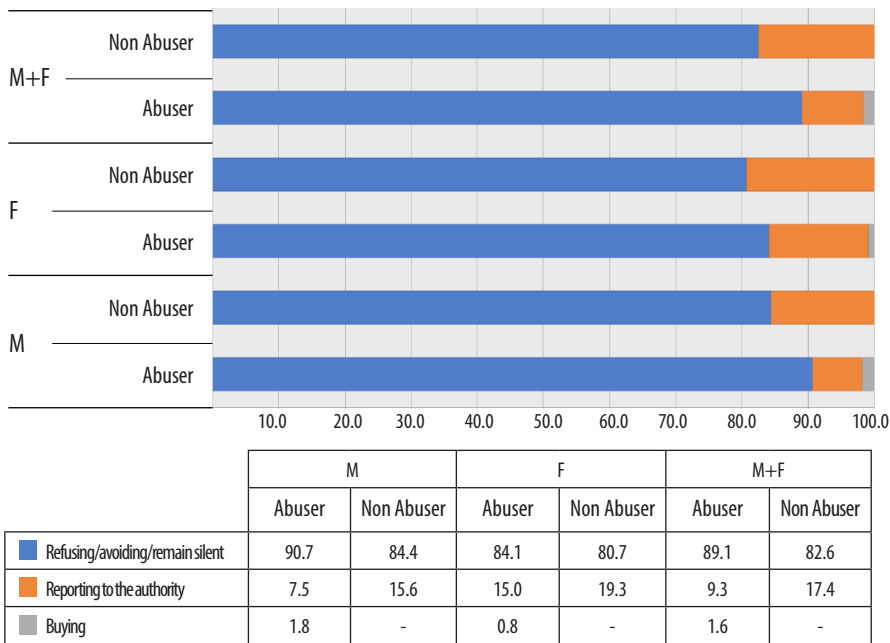
## 5.1. Individual Factor

Individual factors can influence drug abuse behavior. Individual factors include knowledge about the impact of drug abuse, perceptions of vulnerable places and work professions to drug abuse, as well as attitudes when offered to use drugs both to themselves, friends and family members. In addition, the individual level of knowledge is also very important because it tends to affect their attitudes and behavior in consuming drugs.

### 5.1.1. Attitude When Being Offered Drugs and Abusing Drugs

Attitude is one of the individual elements attached to social control theory which has an influence on the deviation of drug abuse behavior. Attitude is an individual manifestation of a social bond in society. Hirschi

(2001) states that deviation will occur when an individual bond with society is weak. Abandinsky (2011) adds that drug abuse will be more massive and intense, indicating the weak social ties in the community. Attitude when offered drugs is one of the indicators used to measure the deviation of drug abuse in Indonesia

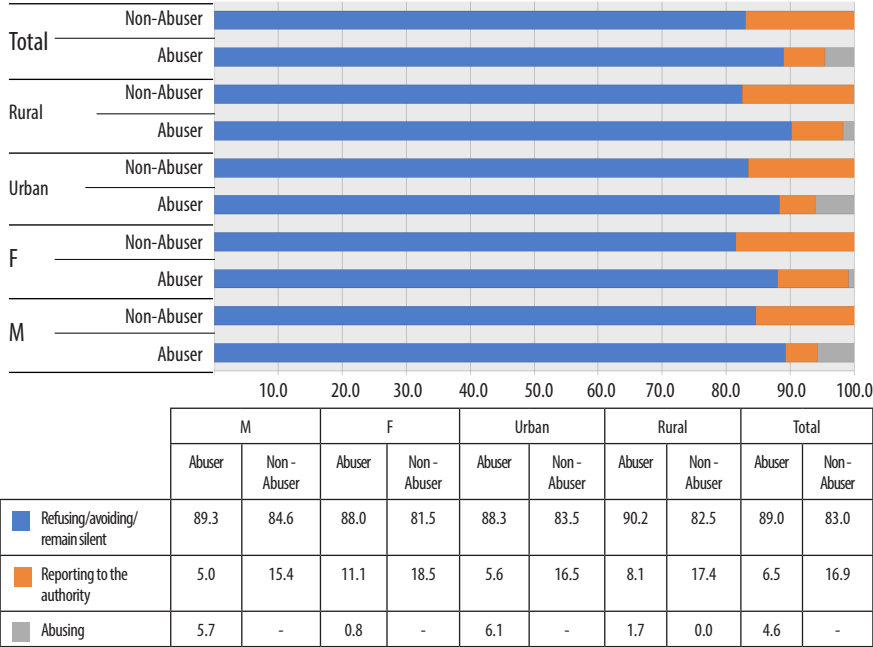


**Figure 5.1. Respondent’s Attitude When Being Offered to Abuse Drug According to Gender and Drug Abuse**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Based on the results of the 2021 Indonesian Community Lifestyle Survey, it shows that the attitude of non-abusers is more assertive than those of abusers. The attitude by drug abusers when offered to buy drugs or abuse drugs or to distribute or sell drugs shows a permissive tendency. This of course can make them more likely to become drug abusers. This can be seen from the larger percentage of reporting attitudes to the authorities when offered drugs (17.45%) to non-abusers, while abusers reach 9.31%. In fact, only 1.59% of abusers have the attitude to abuse drugs if they are offered drugs. This trend also occurs in urban and rural areas with relatively no different proportions. However, when compared by gender, it can be seen that women who are not drug abusers tend

to be more assertive in reporting to the authorities by 19.3% compared to men in the same group. Male drug abusers tend to be more passive, namely by keeping silent, avoiding or refusing with the percentage of 90.7% (See Figure 5.1).

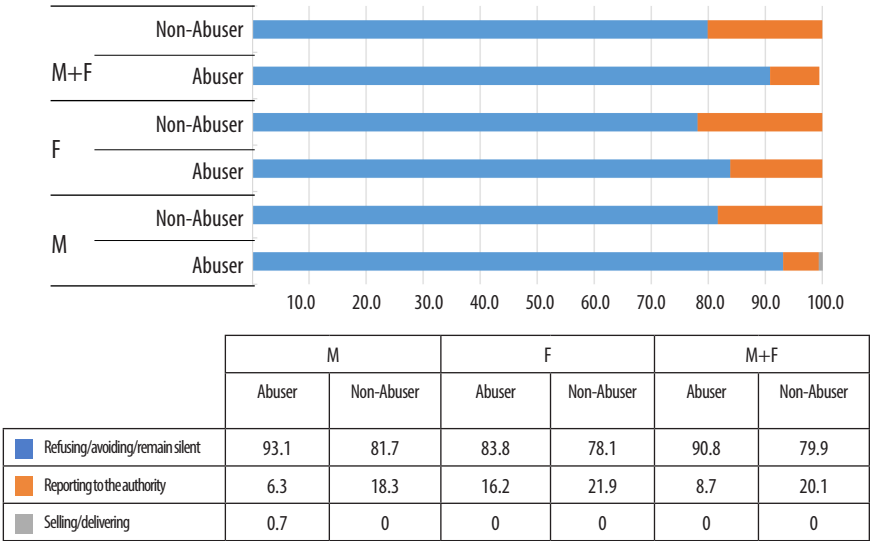


**Figure 5.2. Respondent’s Attitude When Being Offered to Take Drugs for Free According to Gender and Drug Abuse (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Meanwhile, abusers and non-abusers when being offered to abuse drugs for free show the attitude of refusing, avoiding, or remain silent respectively by 89.1% and 82.6%. The attitude of abusing when being offered drugs (4.6%) is in contrast to non-abusers who do not want to abuse it when being offered. However, the attitude of non-abusers (16.9%) seems tend to report when being offered, while the attitude of abusers seems not to report (6.5%) when being offered. According to gender, men, both drug abusers and non-abusers, tend to be more permissive, namely by staying silent or avoiding or refusing by 89.3% and 84.6% compared to women. Women who are not drug abusers are relatively more assertive by reporting to the authorities by 18.5% compared to men (15.4%). However, men who behaved defiantly towards drugs are more aggressive in abusing drugs (5.7%) than women (See Figure 5.2.). The same tendency occurs when distinguished by residence. This fact

shows that men who live in vulnerable environments in urban areas and being offered drugs for free have a relatively greater risk of being exposed to drugs than women in rural areas.



**Figure 5.3. Respondent’s Attitude When Being Offered to Sell/Deliver Drugs to Other People According to Gender and Drug Abuse (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

The survey results show that the attitudes of both abusers and non-abusers when asked to sell or just deliver drugs are very different (Figure 5.3). Around 90.8% drug abuser respondents and 82.6% non-abuser respondents tend to refuse, avoid, or just remain silent. The attitude of respondents who are not abusers tends to report (20.1%). It is much different from those of abusers (8.7%). By gender, women who are not abusers tend to be more aggressive, namely by reporting to the authorities by 21.9%, while men in the same group reach 18.3%. Men with deviant behavior towards drugs are relatively more permissive, namely by remaining silent, avoiding or refusing by 93.1% compared to women (83.8%). The facts show that male drug abusers who have the courage to sell or deliver drugs are less than 1 percent.

In general, both male and female non-abusers tend to be more assertive than non-drug abusers. Drug abusers tend to refuse, avoid, or remain silent when offered to buy, use, or sell drugs. Meanwhile, non-

abusers are more aggressive by immediately reporting when offered to buy, use, or sell drugs. Men sometimes tend to be extreme compared to women for drug abusers. Meanwhile, non-drug abuse women tend to be more assertive than men. In general, there is no difference in attitudes between abusers in rural and urban areas. The prominent difference only occurs in the attitude of being offered drugs for free and having the risk of abusing them.

Table 5.1 is the result of testing the relationship between the three indicators of the attitude of being offered drugs, the attitude of being offered drugs for free and the attitude of being offered selling/delivering with drug abuse behavior. These three indicators have a significant relationship with drug abuse behavior with an error rate of 1 %. The association also occurs when residence and gender are distinguished. From the three attitude indicators, the attitude of being offered to sell/deliver drugs has the weakest association, while the attitude of being offered to use drugs for free has a relatively visible association with a higher Carmer's V value. For the three indicators, men tend to have a greater association influence than women. Similarly, living in urban areas has a greater association effect than in rural areas. Thus, the three indicators of individual attitudes have a significant influence on deviations in drug abuse behavior in Indonesia.

**Table 5.1. Coefficient Rate of Carmer's V on Relation between Individual Attitude and Drug Abuse**

Indicator of Individual Attitude	Total	M	F	Urban	Rural
Attitude when being offered to take drugs	0.127**	0.137**	0.087**	0.136**	0.107**
Attitude when being offered to take drugs for free	0.206**	0.230**	0.093**	0.246**	0.107**
Attitude when being offered to sell/deliver drugs to other people	0.074**	0.092**	0.016**	0.079**	0.073**

Note: The symbol \*\* significant to alpha = 1%

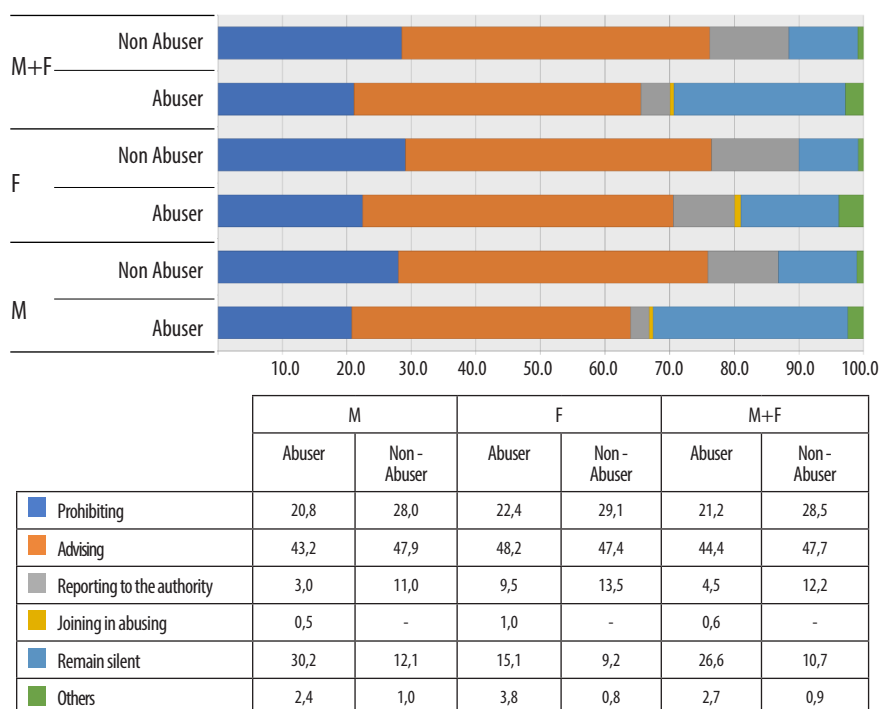
Source: Processed data from Survey on Drug Abuse Prevalence in 2021

### 5.1.2. Attitude Toward Friend or Family and Drug Abuse

Attitudes towards friends or family and deviant behavior of drug abuse are indicators to measure the extent to which social ties affect individual behavior. The attitude of individuals who are more likely to accept drug abuse behavior shows the influence of social ties in society. In addition to the respondent's attitude when offered to abuse drugs, the respondent's attitude towards friends or family who abuse drugs is also very important to be able to see the potential for drug abuse which usually starts from the closest persons (Verkooijen, 2006: 8; Espelage et al., 2003).

#### *Attitude toward friends*

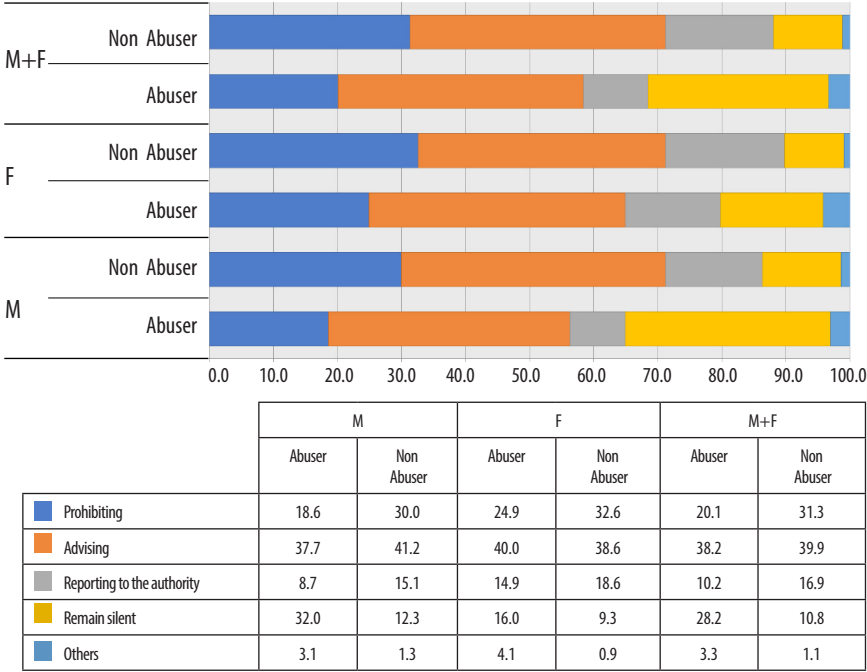
In general, abusers and non-abusers are still trying to prohibit or even advise their friends if they abuse drugs (Figure 5.4.). The majority of abusers and non-abusers are advising their friends who abuse drugs with a percentage of 44.4% for abusers and 47.7% for non-abusers. More than 20% of both abusers and non-abusers prohibit their friends from abusing drugs. The interesting thing is that male abusers tend to be permissive by remaining silent (30.2%) compared to female drug abusers (15.1%). Both men and women who are not drug abusers tend to be more aggressive in determining attitudes towards friends who abuse drugs by reporting it to the authorities (F = 13.5% and M = 11.0%). Less than 1% abusers participate in abusing drugs if their friends abuse drugs with a greater proportion of women than men. The difference in gender is only seen in attitudes related to reporting to the authorities if a friend abuses drugs which tends to be small in male non abusers.



**Figure 5.4. Respondent's Attitude When Friends Abusing Drug According to Gender and Drug Abuse (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Similar to attitude when a friend abuses drugs, the majority of drug abusers will tend to advise (38.2%) if their friends sell or deliver drugs. In addition, 28.2% of abusers also tend to be silent if their friends sell or deliver drugs to other people. Meanwhile, the majority of non-drug abusers admit that they would tend to prohibit (31.3%) and advise (40.0%). Despite threatening his safety, there are still non-drug abusers who are more aggressive by reporting to the authorities if their friends sell or deliver drugs to other people by 16.9%



**Figure 5.5. Respondent’s Attitude When Friends Becoming Drug Dealer/ Courier According to Gender and Drug Abuse**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

In terms of gender, there is no significant difference between men and women who are not drug abusers. Two out of five people who are not drug abusers will tend to advise if their friend becomes a drug dealer or a courier. In addition, one out of three non-drug abusers will also prohibit their friends from doing these activities. The difference is in the attitude of a woman who is not a drug abuser who tends to be more aggressive than a man who is not a drug abuser. This can be seen by a fairly large percentage by 18.6% of women who are not drug abusers who are willing to report to the authorities, and 15.1% of men who are not drug abusers. Meanwhile, men who have abused drugs tend to be more permissive and silent (32.0%) than women in the same category (16.1%). Although in general the majority of both male and female drug abusers tend to advise if they have friends who sell or deliver drugs, there are still drug abusers who prohibit their friends or report to the authorities with a low proportion of less than 10 percent for male abusers.

The results of testing the association between drug abuse and attitudes towards friends show that there is a weak but significant relationship between the two variables. The influence of attitudes towards friends who abuse drugs is relatively greater than the attitude of friends being drug dealers/couriers. This condition occurs when it is distinguished by gender and residence. The effect of attitudes towards friends who abuse drugs does not show a different effect between gender and residence. This can be seen from the similar value of Carmer's V. The same tendency also occurs in attitudes towards friends who are drug dealers/couriers with relatively same values when they are distinguished by residence. The difference in Carmer's V coefficient is only seen in gender.

**Table 5.2. Coefficient Rate of Carmer's V on the Relation between Friends Who are Abusing Drugs and Drug Abuse**

Indicator of Attitude Toward Friends	Total	M	F	Urban	Rural
Attitude When Friends Abusing Drugs	0.079**	0.080**	0.087**	0.079**	0.081**
Attitude when Friends Becoming Drug Dealer/Courier	0.027**	0.034**	0.009**	0.027**	0.030**

Note: Mark \*\* significant with alpha = 1%

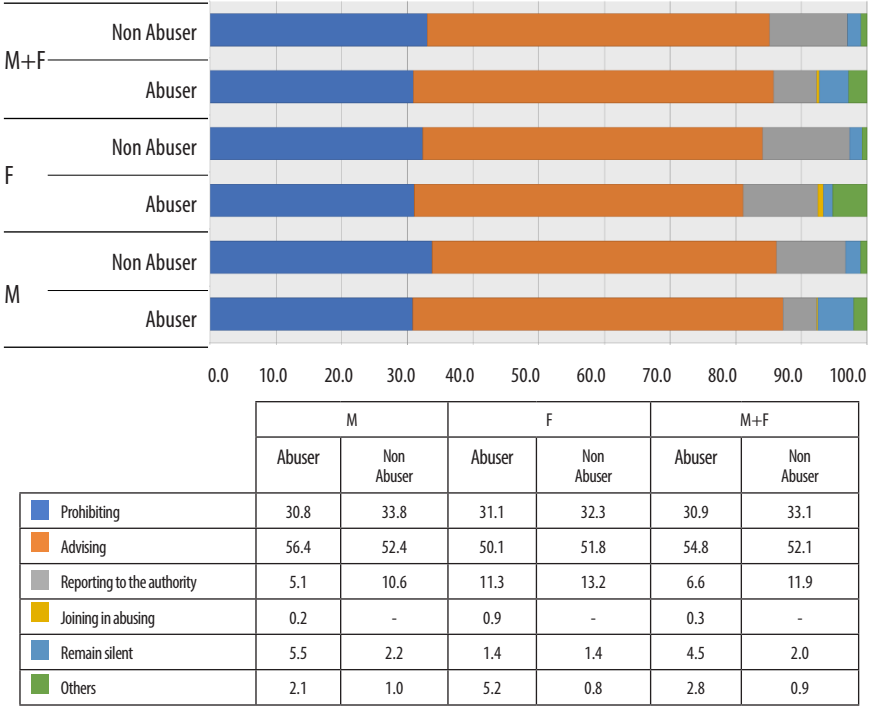
Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Based on the description above, friendship has a significant influence on drug abusers. The biggest influence is seen in the attitude if a friend abuses drugs compared to the attitude if a friend becomes a drug dealer/courier. There is no difference in influence between urban and rural abusers. The difference in the impact of gender is only seen in the attitude if a friend becomes a drug dealer/courier. An unhealthy friendship environment with drugs will have an influence on individuals. A person who is not a drug abuser and is in a drug-prone neighborhood will tend to build a shield by advising and forbidding his friends not to fall into drug abuse. Thus, social control through individual factors related to attitudes towards friends is one indicator that can influence drug abuse behavior.

### *Attitude Toward Family*

In addition to attitudes towards friends, this study also measures the attitudes of respondents towards the closest persons such as

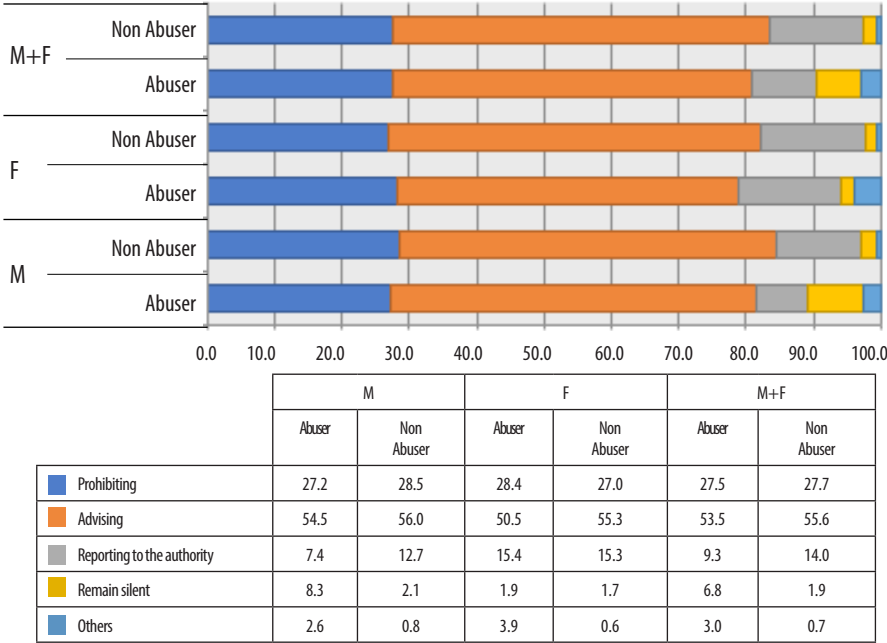
family, spouse/partner, or lover when they become drug dealers/courier. The survey results as shown in Figure 5.6 and Figure 5.7 show that generally respondents both prohibit and advise their closest persons as the attitude if a family member abuses drugs or the attitude of a family member being a drug dealer/courier. It has the same tendency both for abusers and non-abusers, men and women. Non-drug abusers show a more assertive attitude by reporting to the authorities if there is a family member who abuses drugs by 10.6% of men and 13.2% of women. However, the attitude of abusers (6.8%) tends to be more permissive by remaining silent than non-drug abusers. Women show a relatively prominent attitude than men. This can be seen by deciding to report to the authorities if there is a family who abuses drugs. This is an effort to protect their family from the dangers of drugs.



**Figure 5.6. Respondent's Attitude When Family Members Abusing Drugs According to Gender and Drug Abuse (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Similar to the attitude towards family if they became drug dealers/ courier, the majority of both drug abusers and non-drug abusers tend to advise and prohibit family members from engaging in drug abuse behavior. However, male abusers relatively remain silent (5.5%) compared to female non-drug abusers (See Figure 5.7). These facts show that the attitude of drug abusers tends to be more prominent if there is a family member, spouse or lover who abuses drugs and is involved in being a drug dealer/courier. This is an effort to protect their family or close persons from drug abuse behavior.



**Figure 5.7. Respondent's Attitude When Family Members Becoming Drug Dealer/Courier According to Gender and Drug Abuse (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Based on Table 5.3, it can be seen that from the two indicators of attitude towards family, drug abuse has a significant influence between the two. Attitudes if a family member abuses drugs has a greater influence on the attitude if a family member becomes a drug dealer/courier. Women have a fairly large association influence if there is a family member who abuses drugs than men. Urban area gives a relatively greater influence than rural are with the same vulnerability conditions.

**Table 5.3. Coefficient Rate of Carmer’s V on the Relation Between Attitude Toward Family and Drug Abuse**

Indicator of Attitude Toward Family	Total	M	F	Urban	Rural
Attitude When Family Members Abusing Drugs	0.055**	0.045**	0.091**	0.062**	0.040**
Attitude When Family Members Becoming Drug Dealer/Courier	0.020**	0.030**	-0.002**	0.025**	0.014**

Note: Mark \*\* significant to alpha = 1%

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

From the various findings above, in general it can be concluded that the attitude of drug abusers tends to be more permissive if friends and family are influenced to abuse drugs. Efforts to protect families from the threat of drugs appear to be greater for both drug abusers and non-drug abusers. For non-drug abusers, an unhealthy friendship environment for drugs will tend to be avoided or there is an effort to protect by advising friends if abusing drugs. Male and female have different attitudes towards friends and family members. The attitude of women is relatively more assertive than men in an effort to protect their friends and family. Thus, social control through attitudes towards friends and family becomes an important individual factor that influence drug abuse behavior. A healthy family and friendship will be able to prevent drug abuse behavior.

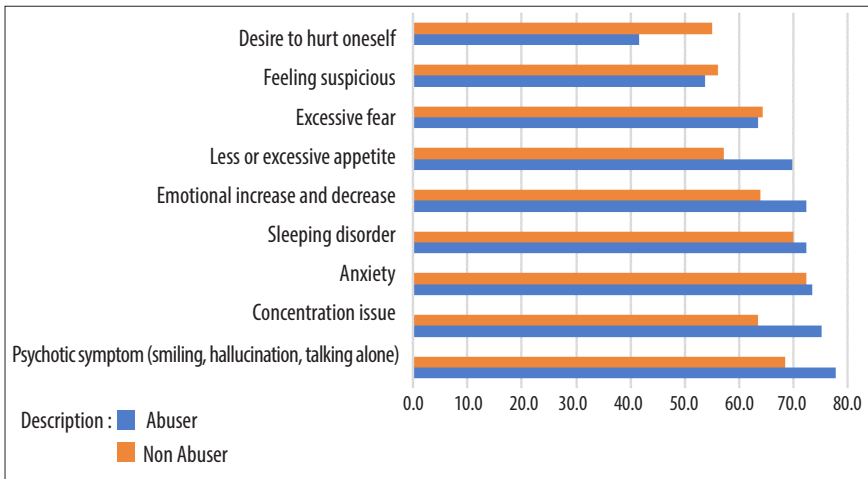
### 5.1.3. Knowledge on Drug Abuse and its Impact

Drug abuse on the one hand can provide health benefits but on the other hand can also damage health. A proper drug abuse in medical field can provide several benefits such as anesthesia, treatment for patients with mental disorders, and others. On the other hand, drug abuse can have hallucinatory effects, decrease levels of consciousness and can

make addiction or dependence and as death the most fatal effect. Drug abuse will also interfere the quality of life, including the difficulty to concentrate and disruption in sleep patterns. Regarding knowledge about the impact of drug abuse, Romer (2003, quoted from Savi-Çakar, Tagay, & Ikiz, 2015) states that someone who engages in risky behavior (such as drug abuse) actually knows the negative consequences of the behavior, but they take the risk because they want greater positive outcomes, such as building self-identity and group identity.

In general, from the survey results, it is known that the level of understanding and knowledge of drug abusers and non-users about the impact of drug abuse is quite good. However, drug abusers tend to have better knowledge than non-abusers (Figure 5.8.). They understand that drug abuse can cause hallucinations, anxiety, excessive fear, suspicion, unstable emotions, disrupt sleep and eating patterns, and affect concentration.

The results of this study shows that knowledge of abusers is better than non-abusers, for example knowledge of the impact of psychotic symptoms such as hallucinations. There are about 77.8% of abusers with better knowledge compared to non-abusers by only 68.4%. Furthermore, knowledge about the impact on concentration is greater in abusers by 75.1% than in non-abusers by 63.4%. Similarly, for abusers, the percentage is 72.3% for knowledge about the impact on sleep patterns, 72.3% for emotional decline, and 69.7% for eating patterns. Meanwhile similar knowledge of non-abusers is 70.0%, 64.0% and 57.2% respectively. However, the knowledge of non-abusers about the impact on suspicion is 56.2%. For the impact of excessive power is 64.4% and the desire to injure themselves is 55.00%. It is slightly greater than those of abusers with 53.7%, 63.5% and 41.6% respectively.

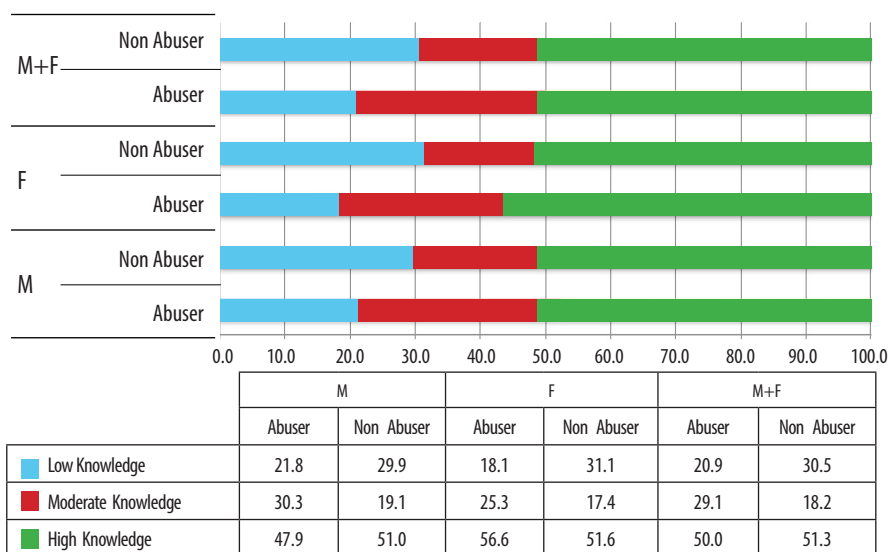


Description	Abuser	Non Abuser
Psychotic symptom (smiling, hallucination, talking alone)	77.8	68.4
Concentration issue	75.1	63.4
Anxiety	73.5	72.3
Sleeping disorder	72.3	70.0
Emotional increase and decrease	72.3	64.0
Less or excessive appetite	69.7	57.2
Excessive fear	63.5	64.4
Feeling suspicious	53.7	56.2
Desire to hurt oneself	41.6	55.0

**Figure 5.8. Respondent's Knowledge on Drug Abuse and its Impact (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

The knowledge of the impact of drug abuse can be divided into three categories, namely high, moderate, and low knowledge. High knowledge means the respondent knows more than six types of impacts caused by drug abuse. Moderate knowledge means the knowledge to know six or four types of impacts caused by drug abuse. Low knowledge means the knowledge of at least three types of impacts due to drug abuse. Referring to the category, Figure 5.8 and Figure 5.9 are the distribution of respondents according to the level of knowledge of the impact of drug abuse.



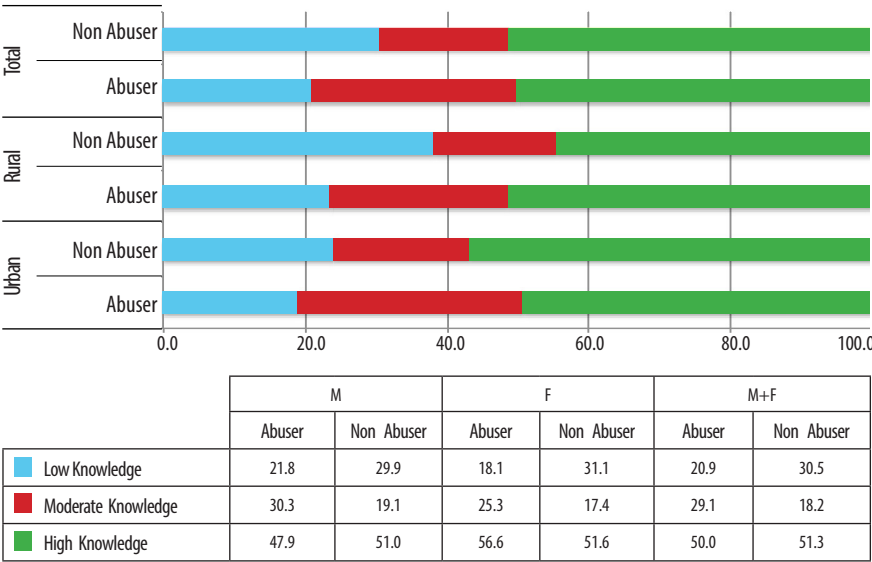
**Figure 5.9. Respondent's Level of Knowledge on the Impact of Drug Abuse According to Gender and Drug Abuse (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

In general, the respondent's level of knowledge about drug abuse is included in the high category by 50% for abusers and 51.3% for non-abusers. About 20.9% respondents of drug abusers have low knowledge and 30.5% respondents of non-drug abuser have low knowledge. Women have a relatively higher level of knowledge than men, both drug abusers and non-drug abusers. Women who abuse drugs tend to have a high level of knowledge than women who are not drug abusers. Meanwhile, male drug abusers tend to have lower knowledge than non-drug abusers. Thus, there is a pattern of different tendencies between gender and drug abuse status.

Based on residence, both drug abusers and non-drug abusers in urban areas tend to have a high level of knowledge by 49.2% for drug abusers and 56.8% for non-drug abusers. Abusers in urban areas tend to have lower level of knowledge than non-abusers. On the other hand, in rural areas, abusers tend to have a fairly high level of knowledge compared to non-abusers. The knowledge level of non-drug abusers in rural areas is the lowest with a percentage of 38.3% for low level of knowledge and 17.4% for moderate level of knowledge. In general, non-drug abusers in

both urban and rural areas have lower level of knowledge. Differences in residence have different effects on drug abuse status and knowledge on the impact of drug abuse.



**Figure 5.10. Respondent Distribution According to the Level of Knowledge on the Impact of Drugs, Gender, Residence and Drug Abuse (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

The association between drug abuse and the level of knowledge on the impact drugs is shown in Table 5.4. From the results of the bivariate test between the two variables, there is a significant relation. When distinguished by gender and residence, there is a difference. The level of knowledge on drugs in men has a greater influence than in women. This can be seen from the larger coefficient value. Men with a fairly good level of knowledge on drugs can protect them from drug. And when distinguished by residence, the level of knowledge on drugs in rural areas has a significant influence on drug abuse behavior compared to in urban areas. A good level of knowledge on drugs for rural communities can have a positive influence on preventing the risk of drug abuse. Referring to the coefficient value, it can be concluded that the level of knowledge on drugs will have a significant influence on the risk of drug abuse. Information on knowledge about drugs must consider residence and gender in order to have a positive impact on reducing drug abuse behavior in Indonesia.

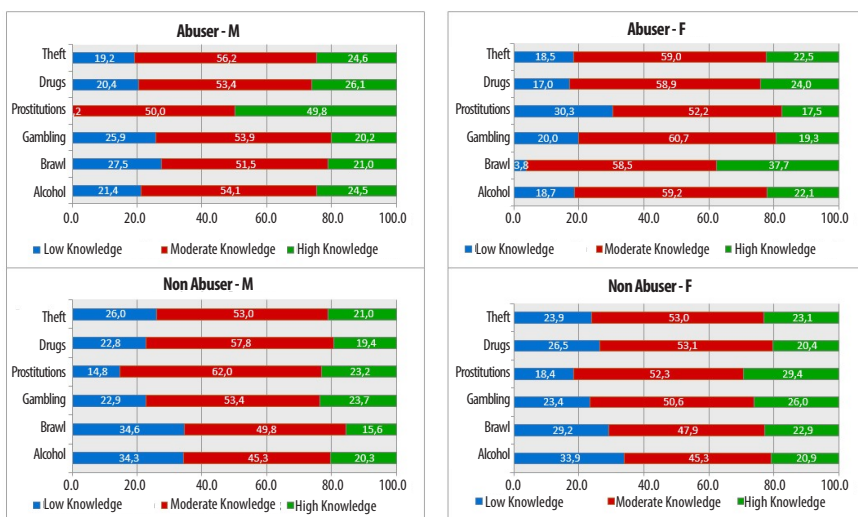
**Table 5.4. Coefficient Rate of Carmer's V on the Relation between the Level of Knowledge on Drug Abuse and its Impact**

Indicator	Total	M	F	Urban	Rural
Level of knowledge	0.044**	0.050**	0.034**	0.030**	0.059**

Note :Symbol \*\* significant to alpha = 1%

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

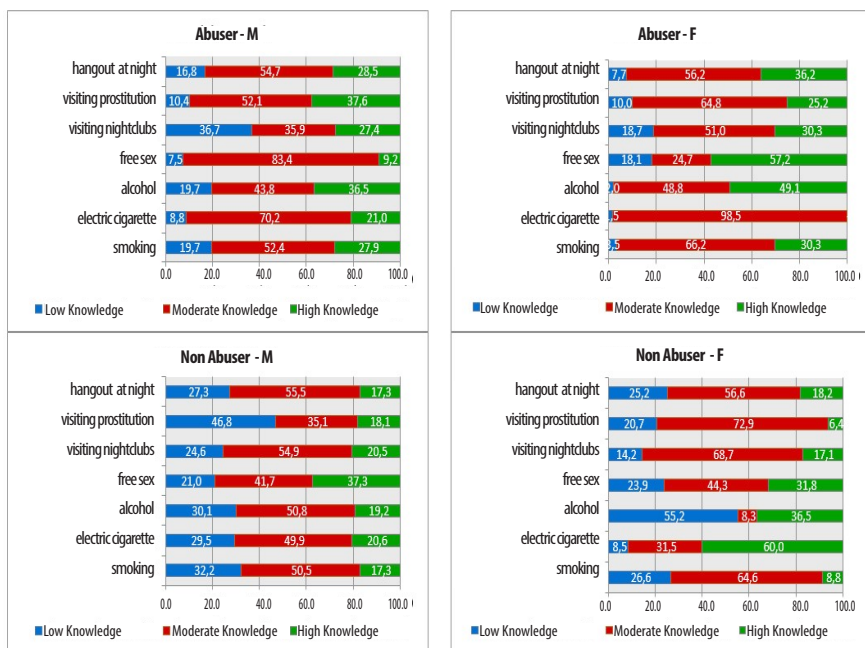
It is interesting to see if the respondents are differentiated according to the problems in their neighborhood. Drug abusers, both male and female, tend to have lower levels of knowledge on various environmental problems. Abusers with the highest knowledge are men with prostitution problems in their neighborhood. Female abusers with highest knowledge are those which neighborhood face the problem of brawls. In general, the level of knowledge of abusers and non-abusers does not show differences in trends between environmental problems. The majority of the knowledge level of both drug abusers and non-drug abusers is low or moderate, reaching more than 60%, except for male drug abusers with a high level of knowledge reaching more than 50%. Thus, the level of knowledge when it is distinguished between problems in the neighborhood does not show a different effect on drug abuse. This fact is in contrary to macro conditions when it is only seen by gender. It explains that abusers in the neighborhood with social problems still have low or moderate levels of knowledge regarding the effects of drug abuse. (Figures 5.10. and 5.11.)



**Figure 5.11. Respondent's level of Knowledge on the Impact of Drugs According to Problems in Neighborhood, Gender and Drug Abuse (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

The study also asks questions to respondents about their risky behavior which theoretically increases their chances of engaging in drug abuse behavior. The risk behaviors asked include: smoking, drinking, free sex, visiting drug-prone areas (nightclubs, prostitution place), and the habit of hang out at night. The survey results also consistently show a higher proportion of abuser respondents with risky behaviors compared to those non-abusers. The survey results show that the proportion of abuser respondents who have free sex, visit nightclub and visit prostitution place is consistently higher than non-abuser group. Thus, it can be concluded that abusers tend to have risky behavior compared to those who are not abusers. This is important to note, so that efforts to prevent people from abusing drug behavior also need to be supported through education to prevent them from engaging in other related risky behaviors. (See Figure 5.12.)



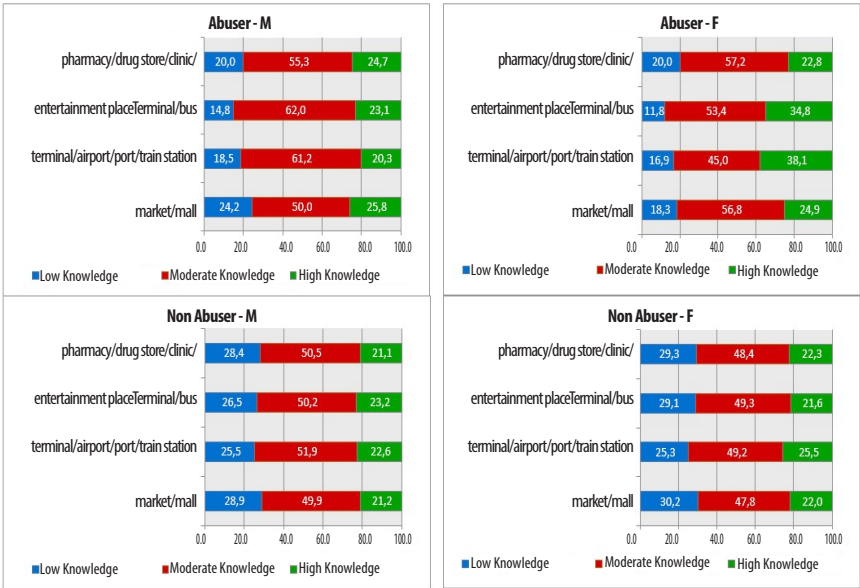
**Figure 5.12. Respondent's Level of Knowledge on the Impact of Drugs According to Risky Behavior, Gender and Drug Abuse (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

The level of knowledge of abusers and non-abusers towards proximity to public facilities tends to be almost the same. There are 60.5% of abusers and 49.8% non-abusers who have moderate knowledge live close to entertainment places. Abusers with moderate knowledge and who live near bus terminals airports/ports/train stations are 57.6%, while non-abusers in the same category are 50.6%. Meanwhile, there are 55.7% abusers and 49.4% non-abusers with moderate knowledge living near a drug store/clinic/hospital. Furthermore, only 25.6% of abusers who have high knowledge live near markets/malls and 21.6% of non-abusers in the same category. Meanwhile, abusers with high knowledge who live close to entertainment venues are 25.2% larger than non-abusers by 22.4%. Likewise, abusers who live near clinics/ drug shops/hospitals are 24.3% while non-abusers are 21.7%.

The knowledge of male and female abusers and non-abusers seen from the proximity of their residence to public places is slightly different. Female abusers who live close to markets/malls and clinics/drug stores/hospitals tend to be slightly more knowledgeable than men. The level of knowledge of female abusers who live near the market/mall is 56.8% while that of male is around 50%. Women who live close to clinics/drug stores/hospitals are 57.2% while men are 55.3%. Similarly, with a high level of knowledge, female abusers living near bus terminals/airports/ports/train stations (38.1%) are higher than men (20.3%). Meanwhile, female abusers who live near entertainment places have higher knowledge than male abusers (34.8% compared to 23.1%).

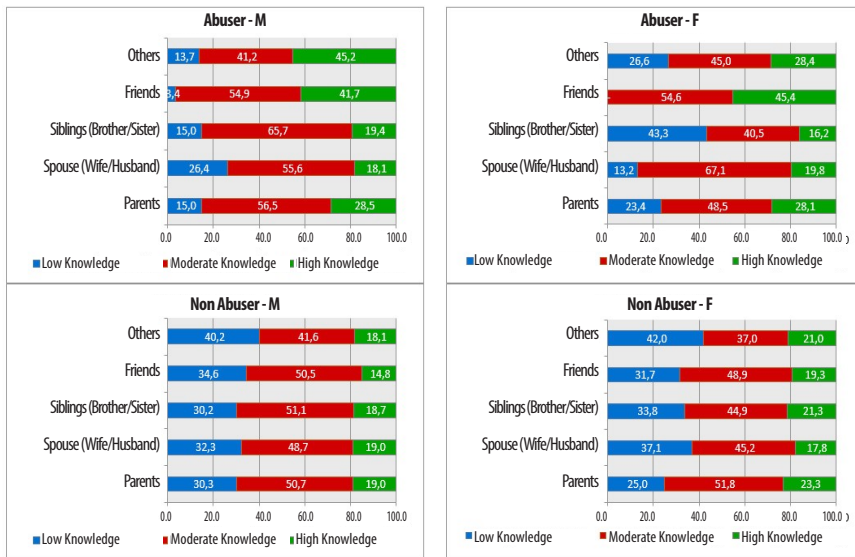
Thus, the level of knowledge of female abusers at both the moderate and high levels tend to be quite good compared to the knowledge of male abusers according the proximity of their residences to public places (See Figure 5.13). The survey results show a higher proportion of respondents who use drugs who live in drug-prone neighborhoods than respondents who do not use drugs. The consistency of the survey results can also be seen from other social problems in the respondents' neighborhoods, namely theft, drinking, gambling and prostitution. Thus, it can be concluded that people aged 15-64 years tend to have a higher risk of being exposed to drugs if their neighborhood has social problems.



**Figure 5.13. Respondent's level of Knowledge on the Impact of Drugs According to Proximity to Public Facility, Gender, and Drug Abuse (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

This study also examines the respondents' level of knowledge as well as family closeness and interaction. The survey results show that respondents, both drug abusers and non-drug abusers, tend to maintain the intensity of communicating with their families or spouse/partners. The survey results also show that the intensity of communicating with drug abusers and non-abusers is included frequently. They often have good communication with family members, parents, siblings or spouse. Similarly, emotional closeness with family is quite good, such as emotional closeness with husband/wife and parents.



**Figure 5.14. Respondent's Level of Knowledge on the Impact of Drugs According to Emotional Closeness, Gender and Drug Abuse (%).**

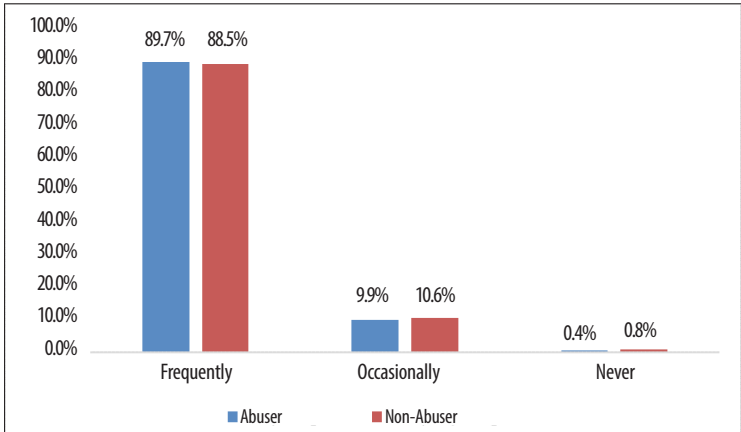
Source: Processed data from Survey on Drug Abuse Prevalence in 2021

For abusers with low and moderate knowledge, the intensity of relationships with parents tends to be higher than non-abusers, but abusers with low knowledge tend to have lower relationships with parents (16.8%) compared to non-abusers (27.9%). Likewise, the relationship between abusers with low knowledge with their spouse (husband/wife) tends to be lower (23.4%) compared to non-abusers (34.7%). In addition to relationships with siblings and friends, abusers with low knowledge have a lower relationship intensity than non-abusers. Thus, drug abusers with low knowledge tend to have lower family ties than non-abusers. In terms of emotional closeness with a partner, husband or wife, abusers show lower knowledge than non-abusers. Meanwhile, abusers with moderate and high knowledge tend to have a higher relationship intensity than non-abusers, especially the relationship between abusers with high knowledge and friends is very high in percentage (41.7%) compared to non-abusers (14.8%). Relationships with friends are very important for abusers, especially their fellow abusers so that it is easy to get drugs and to feel secure in using drugs with fellow abusers (Figure 5.14.).

The survey results show that drug abusers tend to have lower emotional closeness to their families, including spouses, husbands or wives and parents than non-drug abusers. This is in line with the theory which states that family is a factor that can explain the existence of drug abuse (Espelage, D. et al., 2003). Study Johnson, et al. (2014), for example, describes the proximity of adolescents to their parents related to drug abuse. Adolescents who maintain their strong attachment and commitment to their parents (family) are less likely to engage in deviant behavior (Abadinsky, 2011:198). Parental supervision also has a positive effect on preventing drug abuse and protecting children from the negative influence of peers and the environment (Tornay, et al., 2013: 1229).

## 5.2. Family Factor

Family factors can also influence the occurrence of drug abuse behavior. The family factors include the attitude towards friends or family who abuse drugs and the emotional closeness and intensity of communication within the family. Regarding the intensity of communication, the survey results show that respondents, both drug abusers and non-drug abusers, tend to maintain the intensity of communicating with their families or spouse (Figure 5.15.). The survey results also show that there is a frequent communication intensity of drug abusers (89.7%) as well as non-abusers (85.5%). They often have good communication with family members, parents, siblings, or spouse.



**Figure 5.15. Respondent's Communication Intensity with spouse/parents/siblings According to Drug Abuse (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Deductively, it is presumed that there is a relation between the intensity of communication with family and drug abuse. Low intensity of communication or rare meeting between family members can cause a person to experience loneliness or stress that leads to drug exposure. On the other hand, drug abuse can affect the intensity of the abusers' communication with their family. However, the data in Table 5.5. shows that 89.7% of drug abusers and non-drug abusers state that they often communicate with their families and only about 9.9% state that they sometimes communicate. This means that both abusers and non-abusers maintain intensive communication with their families.

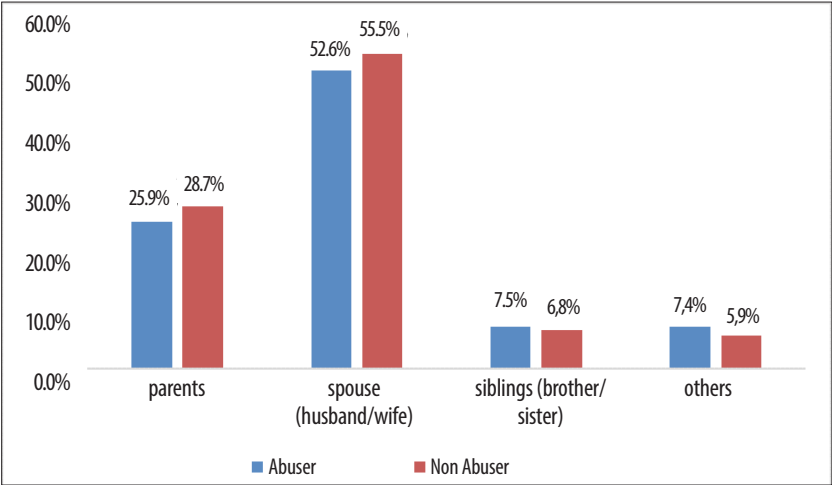
**Table 5.5. Respondent's Communication Intensity with Family According to Residence, Gender and Drug Abuse (%)**

Communication Intensity with Family	Urban		Rural		Total	
	Abuser	Non-abuser	Abuser	Non-abuser	Abuser	Non-abuser
Male						
Often	86.0	86.7	93.2	87.9	88.5	87.2
Occasionally	13.3	12.6	6.6	11.3	11.0	12.0
Never	0.7	0.8	0.2	0.8	0.5	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
Female						
Often	94.0	89.2	92.9	90.6	93.6	89.8
Occasionally	6.0	9.8	7.1	8.6	6.4	9.3
Never	0.0	1.0	0.0	0.8	0.0	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Male +female						
Often	87.9	87.9	93.1	89.3	89.7	88.5
Occasionally	11.6	11.2	6.7	9.9	9.9	10.6
Never	0.5	0.9	0.2	0.8	0.4	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

The same condition can also be seen from the fair emotional closeness with the family, such as emotional closeness with husband/wife and parents. However, drug abusers actually tend to have lower family ties than non-abusers. As shown in Figure 5.16, both abusers and non-abusers have more intense relationships with their partner, husband or wife. Regarding the close emotional relationship with a partner, husband or wife, the percentage of abusers is lower (52.6%) compared to non-abusers (55.9%). Meanwhile, the emotional closeness of abusers to their parents is around 25.9% or lower than that of non-abusers (28.7%).

Thus, the survey results show that drug abusers tend to have lower emotional closeness to their families, namely partners, husbands or wives and parents compared to those who are not drug abusers. This is in line with the theory which states that family is a factor that can explain the existence of drug abuse (Espelage et al., 2003). Study Johnson, et al. (2014), for example, describes the closeness of adolescents to their parents related to drug abuse. Adolescents who maintain their strong attachment and commitment to their parents (family) are less likely to engage in deviant behavior (Abadinsky, 2011:198). Parental supervision also has a positive effect on preventing drug abuse and protecting children from the negative influence of peers and the environment (Tornay, et al., 2013: 1229).



**Figure 5.16. Respondent's Emotional Closeness to Family According to Drug Abuse (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Emotional closeness in the family is considered as one of the causative factors in drug abuse behavior. Hypothetically, less intimate emotional relationship in the family is one of the factors that cause someone to seek a fake calm life by consuming drugs. Empirical data in Table 5.6 shows that both abusers and non-abusers have a stronger emotional attachment to their parents or partner than their siblings or friends. However, the percentage of abusers' emotional closeness to their parents and husband or wife is lower than that of non-abusers. In contrast, the emotional closeness of the abuser with siblings and especially friends are stronger than that of non-abusers. The same pattern of relationships also applies to male and female abusers, both in rural and urban areas.

**Table 5.6. Respondent's Emotional Closeness to Family According to Residence, Gender and Drug Abuse (%)**

Emotional Closeness to Family	Urban		Rural		Total	
	Abuser	Non-abuser	Abuser	Non-abuser	Abuser	Non-abuser
Male						
Parents	27.4	32.6	25.3	30.9	32.4	32.4
Spouse (husband/wife)	53.6	52.2	53.3	56.3	52.3	52.3
Sibling (brother/sister)	7.8	6.8	6.2	5.5	6.9	6.8
Friend	7.5	4.1	8.6	4.1	4.2	4.2
Others	3.8	4.2	6.6	3.3	4.2	4.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Female						
Parents	26.6	27.6	17.5	23.3	27.5	27.5
Spouse (husband/wife)	49.1	53.5	51.0	61.0	53.5	53.5
Sibling (brother/sister)	4.4	8.5	15.0	6.1	8.4	8.5
Friend	2.0	2.0	5.1	2.3	2.0	2.0
Others	17.8	8.5	11.4	7.3	8.6	8.5
Total	100.0	100.0	100.0	100.0	100.0	100.0

Emotional Closeness to Family	Urban		Rural		Total	
	Abuser	Non-abuser	Abuser	Non-abuser	Abuser	Non-abuser
Male + Female						
Parents	27.2	30.1	23.4	27.1	25.9	28.7
Spouse (husband/wife)	52.5	52.9	52.7	58.6	52.6	55.5
Sibling (brother/sister)	7.0	7.7	8.3	5.8	7.5	6.8
Friend	6.1	3.0	7.7	3.2	6.7	3.1
Others	7.2	6.4	7.8	5.3	7.4	5.9
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

As shown in Table 5.7, this study also tests the relationship between family factors (communication intensity and emotional closeness) and drug abuse behavior. The test results show that both communication intensity and emotional closeness have a significant relationship with drug abuse behavior, with an error rate of 1%. From the value of the Carmer's V coefficient, emotional closeness has a stronger influence than communication intensity.

The effect of a significant relationship between the two indicators related to family factors and drug abuse behavior also occurs if they are distinguished by gender (male and female) and residence (rural and urban). By gender, the results of the relationship test show the consistency of Carmer's V coefficient value which is higher in males than in females, both related to indicators of communication intensity and emotional closeness. Meanwhile, in terms of residence, the results of the relationship test also show the consistency of Carmer's V coefficient value which is higher for respondents in rural areas than in urban areas.

**Table 5.7. Coefficient Value of Carmer's V on the Relation between Family Factor**

Indicator of Family Factor	Total	Male	Female	Urban	Rural
Emotional closeness	0.035**	0.041**	0.033**	0.032**	0.043**
Communication intensity	0.009**	0.015**	0.009**	0.007**	0.019**

Note : Symbol \*\* significant to alpha = 1%

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

### 5.3. Socio-Environmental Factor

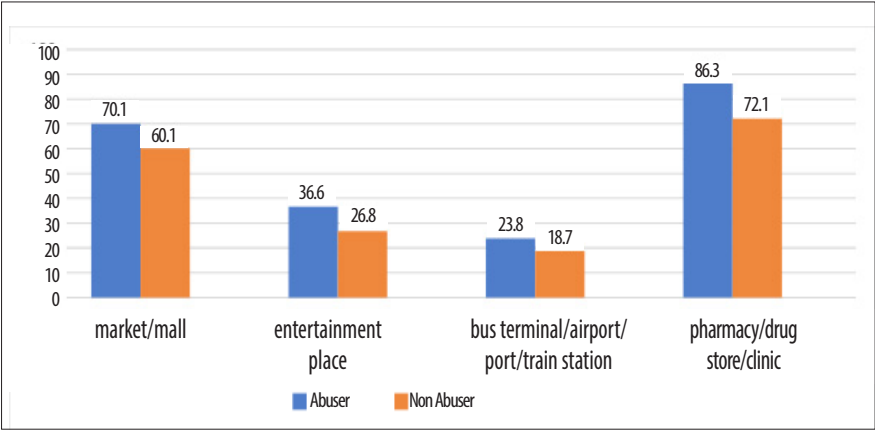
The social environment is a factor that influences individual behavior. A good environment tends to form good behavior of its community members. On the other hand, a bad social environment provides opportunities for its members to behave badly as well. This is because in a bad social environment, social control over the occurrence of deviant behavior is also weak. In accordance with Hirschi (2001:16), deviant behavior occurs when the bond between the individual and the community is weak.

There are three environmental factors described in this study, namely the proximity of the residence to public facilities, social problems in the neighborhood, and the vulnerability of the neighborhood. Each of these factors is seen to have an effect on drug abuse.

Public facilities such as bus terminals, airports, train stations, ports, markets, malls, entertainment places are estimated as drug-prone areas, either as a place for drug trafficking or a place to abuse drugs. This is because in such public places, people will feel free to do whatever they want if there is no strict supervision. Therefore, it is assumed that the proximity of residence to public facilities has an effect on drug abuse.

Proximity of residence to public facilities in this study is proximity to markets or malls, entertainment places, bus terminals/airports/ports/train stations, and pharmacies/drug stores/clinics. Proximity in this case is when the distance between residence and public facilities is less than 1 (one) kilometer. Proximity to pharmacies/drug shops/clinics is estimated to have an effect on drug abuse. Although it is not considered a crowded place but people who are close to these places have easier access to buy and abuse drugs.

Figure 5.17 shows that those who live near markets or malls abuse drugs more (70.1%) than those who do not abuse drugs (60.1%). Similarly, those who live close to entertainment places are more likely to abuse drugs (36.6%) than those who do not abuse drugs (26.8%). In addition, based on proximity to bus terminals/airports/ports/train stations and pharmacies/drug stores/clinics, there are more drug abusers (23.8% and 86.3%) than those who do not abuse drugs (18.7% and 73%). This means that those who live close to markets/malls, entertainment places, bus terminals/airports/ports/train stations and pharmacies/drug stores/clinics have a greater risk of being exposed to drugs. In other words, the proximity of residence to public facilities affects drug abuse



**Figure 5.17. Proximity of Respondent's Residence to Public Facilities and Drug Abuse (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

In particular, the proximity of residence to pharmacies/drug stores/clinics which have an effect on drug abuse does not mean that these places provide drugs that can be easily purchased by the public. According to the confession of a drug abuser who bought from a pharmacy, purchases are made using an official prescription from a doctor. Drugs purchased with an official prescription are the ones that are abused. The doctor's prescription cannot be considered wrong because it is given based on the complaints expressed by the patient.

Based on respondent's residence, table 5.8 shows that in urban areas, both male and female, there is no difference in the number of

drug abusers and non-abusers whose residence is close to the market/mall, namely 70.0% male and 69.9% non-abusing. Meanwhile, those who live close to entertainment places, bus terminals/airports/ports/train stations, or pharmacies/drug stores/clinics, the number of men in urban areas who abuse drugs is higher than that of non-abusers.

In urban areas in neighborhood close to entertainment places, the number of men who abuse drugs is 40.6% compared to those who do not abuse by 34.0%. In neighborhood close to bus terminal/airport/port/train station, the number of men who abuse drugs is more than those who do not abuse, namely 30.8% men abuse drugs and 26.3% do not abuse drugs. The same thing also happens to those who live near pharmacies/drug stores/clinics in which the number of men who abuse drugs (95.7%) are also more than those who do not abuse (88.8%). As for women in urban areas who live close to entertainment places, the number who abuse drugs (30.9%) is actually smaller than those who do not abuse (34.0%). Meanwhile, for women who live near bus terminals/airports/ports/train stations, the number of those who abuse drugs (19.3%) is also smaller than those who do not abuse (27.0%). Women in urban areas who live near pharmacies/drug stores/clinics show lower number of abusers (85.8%) than those non-abusers (87.5%).

In rural areas in neighborhood close to markets/malls, the number of men who abuse drugs is 68.6% or higher than those who do not abuse drugs by 46.3%. In neighborhood close to entertainment places, the number of men who abuse drugs is 32.0% or higher than those who do not abuse by 17.7%. Similarly, there more men who abuse drugs (16.7%) than those who do not abuse (9.1%) who live close to bus terminal/airport/port/train station. The same thing also happens to those who live near pharmacies/drug stores/clinics of which the number of men who abuse drugs is higher than those who do not abuse, namely 70.7% for abusers and 53.9% for non-abusers.

As for women in urban areas who live close to markets/malls, the number who abuse drugs is also more than those who do not abuse, namely 71.7% for abusers and 47.4% for non-abusers. Women in rural areas who live close to entertainment places are higher in number for abusers by 38.1% and non-abusers by 18.1%. Meanwhile, for women

who live near bus terminals/airports/ports/train stations, the number of those who abuse drugs is also higher than those who do not abuse, namely 14.4% of drug abusers and 8.6% of non-abusers. Women in rural areas who live near pharmacies/drug stores/clinics are also higher in number in abusers by 81.6% and non-abusers by 54.3%.

**Table 5.8. Proximity of Respondent’s Residence to Public Facilities According to Neighborhood, Gender and Drug Abuse (%)**

Proximity of residence to public facilities	Urban				Rural			
	Male		Female		Male		Female	
	Abuser	Non Abuser	Abuser	Non Abuser	Abuser	Non Abuser	Abuser	Non Abuser
Market/Mall	70.0	69.9	71.8	71.5	68.6	46.3	71.7	47.4
Nightclub	40.6	34.0	30.9	34.0	32.0	17.7	38.1	18.1
Bus terminal/ airport/port/ train station	30.8	26.3	19.3	27.0	16.7	9.1	14.4	8.6
Pharmacy/ drug store/ clinic	95.7	88.8	85.8	87.5	70.7	53.9	81.6	54.3
N	2377,715	50,159,151	757,634	50,998,162	1,288,339	40,540,174	403,927	40,988,353

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

These figures show that men in urban areas who live close to markets/malls have a lower risk of being exposed to drugs. Meanwhile, those who live close to entertainment places, bus terminals/airports/ports/train stations, or pharmacies/drug stores/clinics, have a greater risk of being exposed to drugs. This is different from women in urban areas, the risk of being exposed to drugs is quite small even though they live close to public facilities. The opposite happens in rural areas. Both men and women who live close to public facilities have a greater risk of being exposed to drugs, including those who live close to markets/ malls.

Table 5.9 shows the results of testing the relationship between the proximity of residence to markets/malls, bus terminals/airports/ train stations, entertainment places, and drugstores/pharmacies in relation to drug abuse behavior. Both proximity to markets/malls,

bus terminals/airports/train stations, entertainment places, and drug stores/pharmacies has a significant effect on drug abuse behavior with an error rate of 1%. A significant relationship also occurs if it is distinguished by residence (rural-urban) and by gender. From these four indicators, the proximity of residence to drug stores/pharmacies has the strongest association effect while proximity to markets/malls has the weakest association which can be seen from the lowest Carmer's V value. From the four indicators, men have a greater association influence than women. Based on residence, proximity to markets/malls in urban areas has a greater association effect than rural areas. While proximity to bus terminals/train stations, entertainment places, and drug stores/pharmacies has a greater associational effect in rural areas than in urban areas.

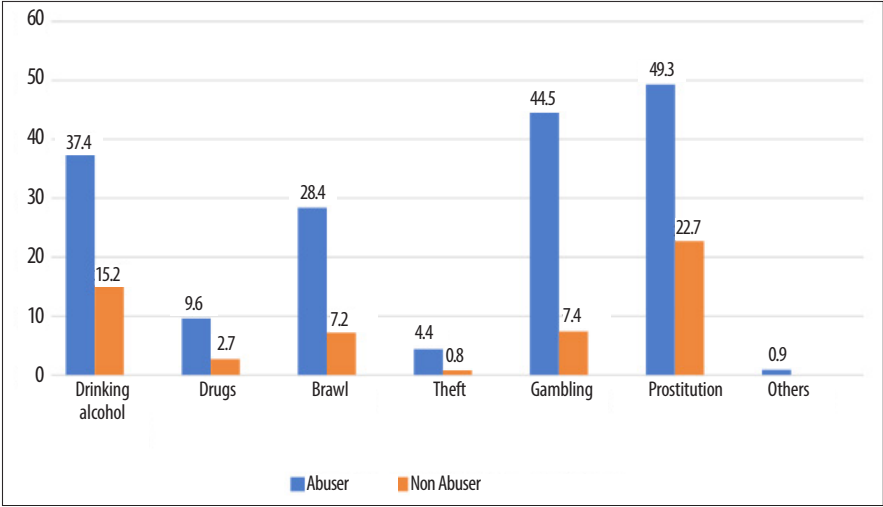
**Table 5.9. Coefficient Value of Carmer's V on the Relation between proximity of Residence to Public Facilities and Drug Abuse**

Proximity of residence to	Drug abuse behavior				
	Total	M	F	Urban	Rural
Market/Mall	-0.001**	0.040**	0.025**	0.063**	0.032**
Bus Terminal/airport/train station	0.035**	0.047**	0.016**	0.015**	0.057**
Nightclub	0.021**	0.036**	-0.003**	0.005**	0.036**
Drug store/pharmacy	0.048**	0.060**	0.029**	0.028**	0.054**

Note : Symbol \*\* significant to alpha = 1%  
Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Social problems in the neighborhood are also assumed to have an effect on drug abuse. As stated by Ford, et al (2017: 50), people who live in a bad social environment with low social capital tend to be vulnerable to drug abuse. This happens because of the weak social control from the community. Some of the social problems in the neighborhood that are described in this study include drinking, drug abuse, brawl, theft, gambling, prostitution, and so on. The results show that those whose neighborhood has social problems are more likely to abuse drugs than those who do not. Figure 5.19 shows that the number of drug abusers with the highest percentage is those whose neighborhoods have problems with prostitution (49.3%), gambling (44.5%) and drinking (37.4%). In addition, the number of drug abusers in the neighborhood

having the social problem of brawls is also quite large by 28.4%. Although it is not as big as those in the neighborhood with the problems of prostitution, gambling, drinking and brawls, the percentage of drug abusers whose living environment has social problems in the form of drugs (9.6%) and theft (4.4%) is also higher than those who do not abuse drugs by 2.7% and 0.8% respectively. This shows that social problems in the neighborhood have an effect on drug abuse and those whose neighborhoods have social problems are more at risk of being exposed to drugs.



**Figure 5.18. Social Problem in Respondent’s Neighborhood and Drug Abuse (%)**  
 Source: Processed data from Survey on Drug Abuse Prevalence in 2021

In terms of residence, there is no difference between urban and rural areas. Table 5.10 shows that in urban areas with social problem of drinking beverages, the number of drug abusers is 34.1%. It is higher than those who do not abuse by 14.4%. In the environment having social problems in the form of drug abuse, the number of drug abusers is 10.9%. It is also higher than those who do not abuse by 3.1%. In the environment with social problem in the form of brawls, the number of drug abusers is 22.8% or higher than those who do not abuse by 5.5%. The same thing also happens in residences with social problems in the form of theft, gambling, prostitution and other social problems. The number of drug abusers also tends to be more than those who do not abuse drugs.

The same thing happens in rural areas. The neighborhood with social problems in the form of drinking shows the percentage of drug abusers by 43.5% and non-abusers by 16.2%. In the environment with social problem in the form of drug abuse, the number of drug abusers is 6.9%. It is higher than those who do not abuse drugs by 2.3%. The environment with the social problems of brawls has the percentage of drug abusers by 38.6% and non-drug abusers by 9.3%. The same thing also happens in residences where there are social problems in the form of theft, gambling, prostitution and other social problems. The number of drug abusers also tends to be higher than non-abusers. These figures show that both in rural and urban areas, those who live with social problems have a greater risk of being exposed to drugs.

**Table 5.10. Social Problems in Respondent's Neighborhood According to Residence and Drug Abuse (%)**

No	Social problems in neighborhood	Urban		Rural	
		Abuser	Non-abuser	Abuser	Non-abuser
1	Drinking alcoholics beverage	34.1	14.4	43.5	16.2
2	Drugs	10.9	3.1	6.9	2.3
3	Brawl	22.8	5.5	38.6	9.3
4	Theft	4.1	0.7	4.9	0.9
5	Gambling	40.4	6.8	52.1	8.1
6	Prostitution	52.2	26.4	43.9	18.1
7	Others	0.6	0.4	1.5	0.5

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

In terms of the gender of the respondents, there is also no difference between men and women. This can be seen in table 5.11 that men whose environment has social problems in the form of drinking alcoholic beverages have the percentage of 32.1% drug abusers and 15.7% of non-abusers. Residences where there are social problems in the form of drugs have 7.4% drug abusers and 2.7% non-drug abusers. Among men whose living environment has social problems in the form of theft, 3.5% is drug abusers and 0.9% is non abusers. Residence with social problems in the form of gambling has 36.9% drug abusers and 7.1% non-abusers. Similarly, in neighborhoods with prostitution problems,

the number of men who become abusers is also higher than those who do not, namely 46.1% of drug abusers and 22.9% of non-abusers.

The same thing also happens to women who live in environments with social problems in the form of drinking of which the number of abusers is 54.4%, while the number of non-abusers is 14.4%. In residences with social problems in the form of drug abuse, the number of abusers is 16.2% or higher than those who do not abuse drugs by 2.8%. Women who live in neighborhoods with social problems in the form of theft show the percentage of 7.1% abusers and 0.7% non-abusers. Residence with social problems in the form of gambling has the number of drug abusers by 68.39% and non-abusers by 7.6%. Similarly, neighborhoods with prostitution problems have 59.3% female drug abusers and 22.5% female non-abusers. All of this shows that both men and women who live in places with social problems have a greater risk of being exposed to drugs.

**Table 5.11. Social Problems in Respondent’s Neighborhood According to Gender and Drug Abuse (%)**

No	Social problems in neighborhood	Male		Female	
		Abuser	Non-abuser	Abuser	Non-abuser
1	Drinking alcoholics beverage	32.1	15.7	54.4	14.4
2	Drugs	7.4	2.7	16.2	2.8
3	Brawl	24.9	7.5	39.0	6.8
4	Theft	3.5	0.9	7.1	0.7
5	Gambling	36.9	7.1	68.3	7.6
6	Prostitution	46.1	22.9	59.3	22.5
7	Others	1.0	0.4	0.3	0.5

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Table 5.12 shows the results of test on the relationship between social problems in the neighborhood with drug abuse behavior. Of the seven indicators of social problems, each has a significant relationship with drug abuse, with an error rate of 1%. From the seven indicators, drug problems have the strongest influence compared to other indicators, followed by indicators of gambling problems, theft, drinking, brawls and prostitution problems.

A significant relation between problems in the neighborhood and drug abuse also occurs if it is distinguished by residence (rural-urban) and by gender. From the seven indicators, both in rural and urban areas, each indicator has a significant influence. In both urban and rural areas, the strongest influences on drug abuse are drug problems and gambling. The least influence in urban areas besides other problems is also the problem of prostitution. Meanwhile in rural areas, apart from other unidentified problems, the least influencing factor on drug abuse is the problem of brawls.

A significant relation between problems in the neighborhood with drug abuse also occurs if it is distinguished by gender. From the seven indicators, both male and female, each indicator has a significant influence. For both men and women, the strongest influence on drug abuse is drug problems. The smallest influence for both men and women apart from other problems is the problem of prostitution. However, in other indicators, there are differences in the strength of the influence between men and women. In men, the strongest to the weakest influence on drug abuse is gambling, theft, alcohol and brawl. As for women, the order of the strongest to the weakest influence on drug abuse is gambling, alcohol, theft, and brawls.

**Table 5.12. Coefficient Value of Carmer's V on the Relation between Social Problems in the Neighborhood and Drug Abuse**

Social problems in neighborhood	Drug abuse behavior				
	Total	M	F	Urban	Rural
Drinking alcoholics beverage	0.097**	0.084**	0.124**	0.095**	0.103**
Drugs	0.064**	0.055**	0.088**	0.074**	0.043**
Brawl	0.126**	0.123**	0.138**	0.125**	0.139**
Theft	0.060**	0.051**	0.080**	0.066**	0.056**
Gambling	0.213**	0.210**	0.242**	0.214**	0.217**
Prostitution	0.099**	0.105**	0.097**	0.099**	0.094**
Others	0.009**	0.017**	-0.002**	0.004**	0.017**

Note : symbol \*\* significant to  $\alpha = 1\%$

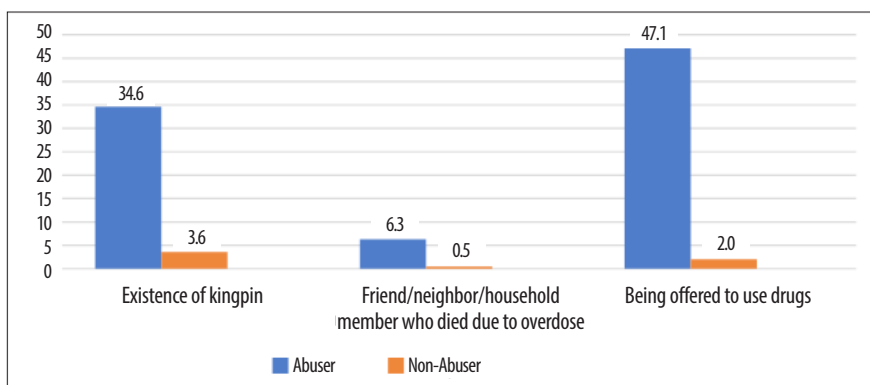
Source: Processed data from Survey on Drug Abuse Prevalence in 2021

If the problems that exist in the neighborhood affect drug abuse, the social environment that is prone to drug abuse, such as the presence of drug dealers, the presence of friends/neighbors/household members who died due to drug overdose, and the person has been offered drugs, is suspected to also have a strong effect on drug abuse. This is because the environment that is prone to drug abuse shows the permissive attitude of the people, so that social control becomes weak. Weak social control leads to weak control from the community to deviant.

Figure 5.19 shows that in neighborhood with the presence of drug dealers, then number of drug abusers is quite large, namely 34.6%. While the number of those who do not abuse drugs is only 3.6%. This is understandable because kingpin/drug dealers will always try various ways to persuade people around them to abuse drugs for their economic benefit. The more people who become abusers, the more money goes into the pockets of the kingpin or drug dealers.

In addition to the presence of kingpin or drug dealers, the number of respondents who have friends/neighbors/household members who died due to drug overdose is also higher in the group of drug abuser (6.3%) than in the group on non-abuser (0.5%). This is because the presence of close persons who experience overdose indicates that the drug problem in the surrounding environment is already acute. So, the potential for someone to be exposed to drugs is quite large.

The same thing happens to respondents who claim to have been offered drugs. The number of those who abuse drugs is quite large, namely 47.1%. While those who do not abuse are small in number of only 2.0%. This is understandable because people who have been offered drugs are generally people who have friends who are abusers, or at least have friends who know dealers. In general, abusers will find friends and persuade them to use drugs together. Likewise, if a friend knows a drug dealer, the dealer is usually being introduced so that he can offer drugs, either for free or selling them at a low price. Free purchase is usually done in the early stages as an experiment so that the person is tempted to abuse drugs until finally they will automatically buy and look for it because they have become drug addicts.



**Figure 5.19. Vulnerability of Neighborhood and Drug Abuse (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

The high number of abusers in neighborhoods with the existence of drug dealers, whose friends/neighbors/household members who died from drug overdose, and who have been offered drugs shows that the vulnerability of the residence affects the level of drug abuse. In other words, people who live in drug-prone areas are more at risk of being exposed to drugs.

In relation to gender and residence of respondents, table 5.13 shows that in urban areas men whose neighborhoods have the existence of drug dealers reach 26.2% for abusers and 3.9% for non-abusers. In the category of men who have friends/neighbors/household member died from drug overdose, the number of abusers is also higher than those of non-abuser, namely 5.1% for abusers and 0.6% for non-abusers. Likewise, among men who have been offered drugs, the number of abusers is greater than that of non-abusers, namely 63.7% for abusers and 3.4% for non-abusers. As for women in urban areas where there are drug dealers in their neighborhood, the number of abusers is 54.2% or higher than non-abusers by 2.8%. Women who have friends/neighbors/household member died from drug overdose, the number of drug abusers is also higher than those who do not, namely 3.8% for abusers and 0.7% for non-abusers. In the category of women who have been offered drugs, the number of drug abusers is more than non-abusers, namely 13.7% for abuser and 1.1% for non-abuser.

Similar thing happens in rural areas. For men who live in the neighborhood with the existence of drug dealers, the number of drug abusers is 34.9%

while the number of non-abusers is 4.3%. For men with friends/neighbors/household members who died from drug overdose, the number of drug abusers is also higher than non-abusers, namely 8.8% and 0.4% respectively. For men who have been offered drugs, the number of abusers is higher than non-abusers, namely 46.6% and 3.0% respectively. For women in urban areas whose neighborhoods have the existence of drug dealers, the number of abusers is 45.4%. It is higher than for non-abusers, which is 3.3%. For women with friends/neighbors/household members who died due to overdose, the number of abusers is also higher than those who do not abuse drugs, namely 9.8% for abusers and 0.4% for non-abusers. For women who have been offered drugs, the number of abusers is more than those who do not abuse, namely 13.5% abusers and 0.3% non-abusers. This shows that both in rural and urban areas, both men and women who live in neighborhoods with the existence of drug dealers, have friends/neighbors/household members who died of drug overdose, or have been offered drugs have a greater risk of being exposed to drugs.

**Table 5.13. Vulnerability of Respondent’s Neighborhood According to Urban-Rural, Gender and Drug Abuse (%)**

Vulnerability of neighborhood	Urban				Rural			
	Male		Female		Male		Female	
	Abuser	Non-Abuser	Abuser	Non-Abuser	Abuser	Non-Abuser	Abuser	Non-Abuser
The existence of kingpin	26.2	3.9	54.2	2.8	34.9	4.3	45.4	3.3
Having friend/neighbor/household assistant due to overdose	5.1	0.6	3.8	0.7	8.8	0.4	9.8	0.4
Being offered to take drugs	63.7	3.4	13.7	1.1	46.6	3.0	13.5	0.3

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

Table 5.14 shows the results of test on the relationship between the vulnerability of the environment with drug abuse behavior. From the three indicators of vulnerability to the environment, namely the existence of kingpin in residence, having a friend who died of overdose and having been offered/invited to use drugs, each indicator has a significant relation with

drug abuse, with an error rate of 1%. From the three indicators, having been offered/invited to use drugs is the indicator that has the strongest influence on drug abuse, followed by indicators of the presence of drug dealers in the residence and having a friend who died due to overdose.

A significant relation between the vulnerability of the environment and drug abuse also occurs if it is distinguished by residence (rural-urban) and by gender. From these three indicators, both in rural and urban areas, each indicator has a significant influence on drug abuse with the same order of strength of influence, namely having been offered/invited to use drugs as the indicator with the strongest influence, followed by the presence of a drug dealer in residence and having friend who died from an overdose.

A significant relation between the vulnerability of neighborhood and drug abuse also occurs if it is distinguished by gender. From the three indicators, both male and female, each indicator has a significant influence on drug abuse. However, there are differences in the order of the strength of the influence of these indicators. For men, the strongest influence on drug abuse is being offered/invited to use drugs, followed by an indicator of the existence of kingpin in the neighborhood. As for women, the strongest influence on drug abuse is the indicator of the existence of kingpin in the neighborhood, followed by the indicator of being offered/invited to use drugs. Both for men and women, the indicator with the smallest influence on drug abuse is having friends who died due to overdose.

**Table 5.14. Coefficient value of Carmer’s V on the Relation between Vulnerability of Neighborhood and Drug Abuse**

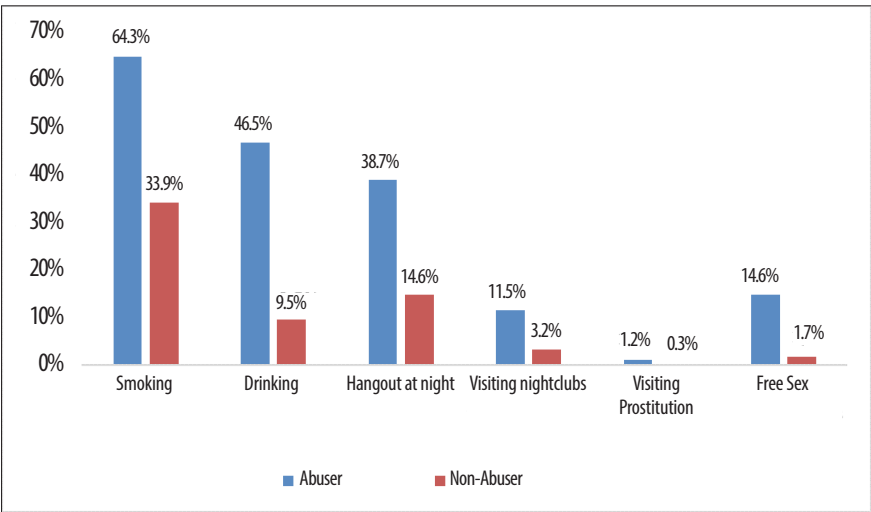
Vulnerability of neighborhood	Drug abuse behavior				
	Total	M	F	Urban	Rural
The existence of kingpin	0.240**	0.222**	0.286**	0.250**	0.232**
Having friend/neighbor/household assistant due to overdose	0.111**	0.133**	0.076**	0.082**	0.160**
Being offered to take drugs	0,408**	0,466**	0,152**	0,443**	0,341**

Note: symbol\*\* significant to alpha = 1%

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

## 5.4. Risky Behavior Factor

The study also asked respondents about their risky behavior which theoretically increases their chances of engaging in drug abuse behavior. The risk behaviors that are asked include: smoking, drinking (alcohol), hang out at night, regularly visiting nightclubs, regularly visiting prostitution place, and having free sex. The survey results (Figure 5.21) also consistently show a higher proportion of respondents who abuse drugs with risky behaviors compared to those who do not abuse drugs. A total of 64.3% respondents who abuse drugs are smokers. It is higher than non-abuser respondents who are smokers (33.9%). The proportion of abuser respondents who drink alcohol (46.5%) is also higher than those who are not abusers (9.5%). Similarly, the proportion of drug abuser respondents (38.7%) who routinely hang out at night shows a higher number than those who are not abusers (14.6%).



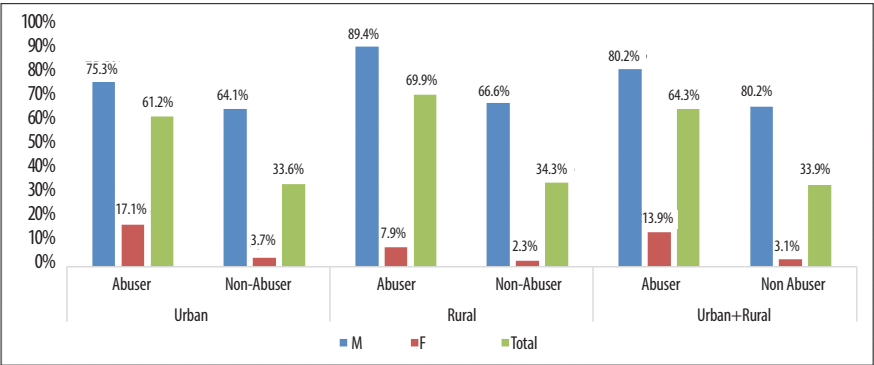
**Figure 5.20. Risky Behavior and Drug Abuse (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

In a smaller percentage, the survey results also show that the proportion of abuser respondents who regularly visit nightclubs, regularly visit prostitution place, and have free sex is consistently higher than in the non-abusing group. Thus, it can be concluded from the results of this survey that drug users tend to have risky behavior compared to those who are not abusers. It is important to note that

efforts to prevent people from using drugs also need to be supported by education to prevent them from engaging in other risk-related behaviors. The study of Legeye et al. (2016), for example, classifies smoking and drinking behavior as an intermediary (control) factor for drug abuse behavior.

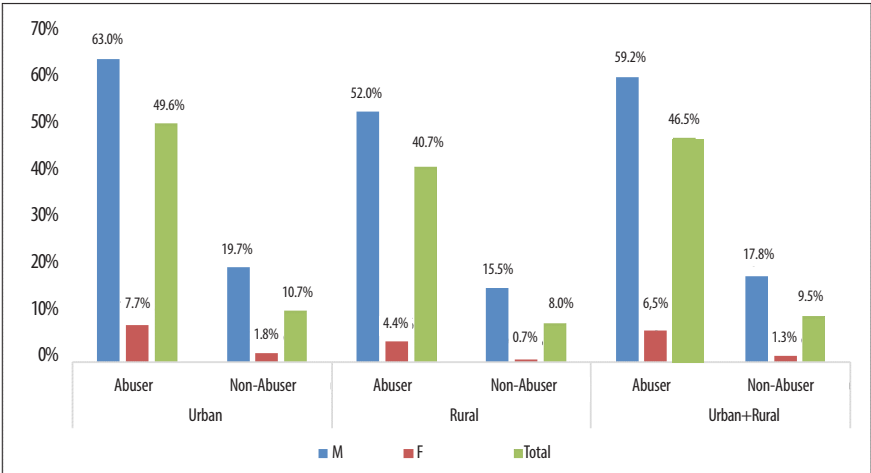
The survey results in Figure 5.21 show the smoking behavior of respondents who abuse and not abuse drugs seen by gender and residence. By gender, it can be seen that the percentage of male respondents in the group of drug abuser who smoke (80.2%) is higher than male respondents in non-abuser group (65.2%). Likewise for women, although small, the percentage of female abusers who smoke is higher (13,9%) than female non-abuser respondents (3.1%). Meanwhile, there is no difference in the behavior of ever smoking among respondents by residence (rural-urban). In urban areas, the percentage of respondents who used to smoke (61.2%) is higher than that of non-abusers (33.6%). In rural areas, the percentage of respondents who used to smoke (69.9%) is higher than that of non-abusers (34.3%). However, when compared by gender, it is seen that the percentage of respondents in the group of abuser and non-abuser who have ever smoked is higher for males in rural areas than in urban areas. On the other hand, in urban areas, the percentage of respondents who used to smoke and never smoke is higher for women in urban areas than in rural areas. This shows that women in urban areas have more risky behaviors of smoking which can make them vulnerable to being tempted to abuse drugs (Legleye et al., 2016).



**Figure 5.21. Respondent’s Habit of Smoking According to Gender, Urban-Rural and Drug Abuse (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

The description of drinking alcohol behavior of abuser and non-abuser respondents by gender and residence is shown in Figure 5.22. By gender, it can be seen that the percentage of male drug abusers who have ever drunk alcohol (59.2%) is higher than that of non-abuser male respondents (17.8%). Likewise for women, although relatively small, the percentage of female abusers who drink alcohol (6.5%) is higher than female non-abuser respondents (1.3%). Meanwhile, there is no difference in the behavior of ever drinking alcohol among respondents by residence (rural-urban). In urban areas, the percentage of respondents who used to smoke (49.6%) is higher than that of non-abusers (10.7%). In rural areas, the percentage of respondents who have used alcohol (40.7%) is higher than that of non-abusers (8.0%). By gender, it can be seen that the percentage of respondents who use alcohol and non-abusers who have ever drunk alcohol both in urban and rural areas is generally higher in males than in females.



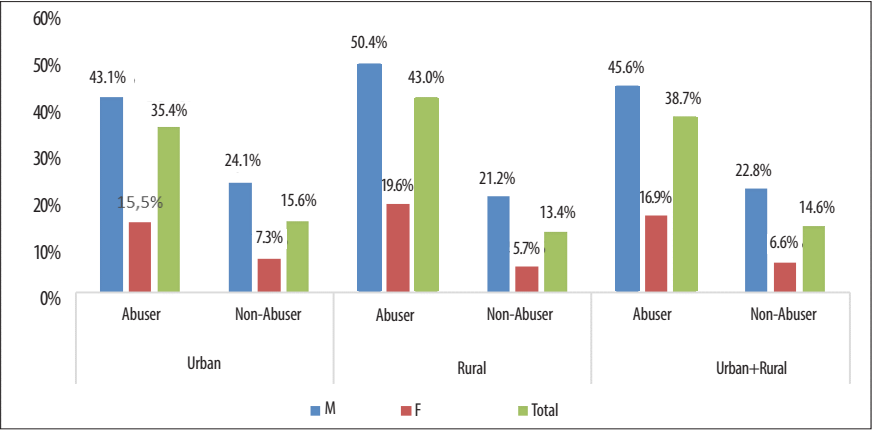
**Figure 5.22. Respondent’s Habit of Drinking Alcohol According to Gender, Urban-Rural and Drug Abuse (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

The survey results are as shown in Figure 5.23. shows the routine behavior of hang out at night on respondents who are drug abusers and non-drug abusers according to their gender and residence. By gender, it can be seen that the percentage of male respondents who are drug abusers who routinely hang out at night (45.6%) is higher than male respondents who are not abusers (22.8%). Likewise for women,

although smaller, the percentage of female respondents who are drug abusers who routinely hang out at night (16.9%) is higher than female respondents who are not abusers (6.6%).

Meanwhile, there is no difference in the behavior of hanging out at night for respondents by residence (rural-urban). In urban areas, the percentage of respondents who regularly hang out at night (36.4%) is higher than that of non-abusers (15.6%). Similarly, in rural areas, the percentage of respondents who routinely hang out at night (43.0%) is higher than respondents who are not abusers (13.4%). However, Figure 5.23 shows that the percentage of respondents who abuse (both male and female) who regularly hang out at night is slightly higher in rural areas than in urban areas. On the other hand, the percentage of non-abusing respondents (both male and female) who regularly hang out at night is slightly higher in urban areas than in rural areas. This description is important to encourage a stricter monitoring on the activity of night hangout both in rural and urban areas.



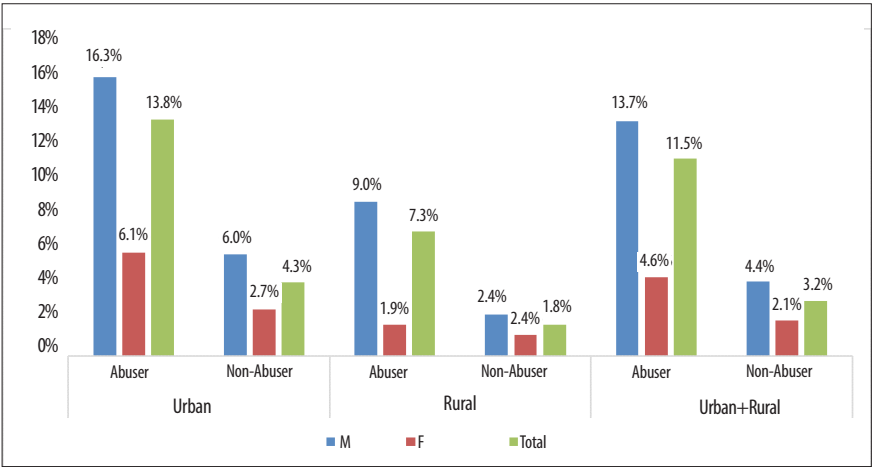
**Figure 5.23. Respondent's Habit of Hangout at Night According to Gender, Urban-Rural and Drug Abuse (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

The description of the behavior of routinely visiting nightclubs for both drug abuse and non-drug abuse respondents is seen by gender and residence as shown in Figure 5.24. In general, it can be seen that only a small number of respondents admitted to regularly visiting nightclubs

over the past year. This is probably due to the Covid-19 pandemic which has an impact on limiting social activities, as many night entertainment places are closed or have limited operating hours. Based on gender, it can be seen that the percentage of male respondents who regularly visit nightclubs (13.7%) is higher than that of non-abusers (4.4%). Likewise for women, although relatively small, the percentage of female respondents who regularly visit nightclubs (4.6%) is higher than female respondents who are not abusers (2.1%).

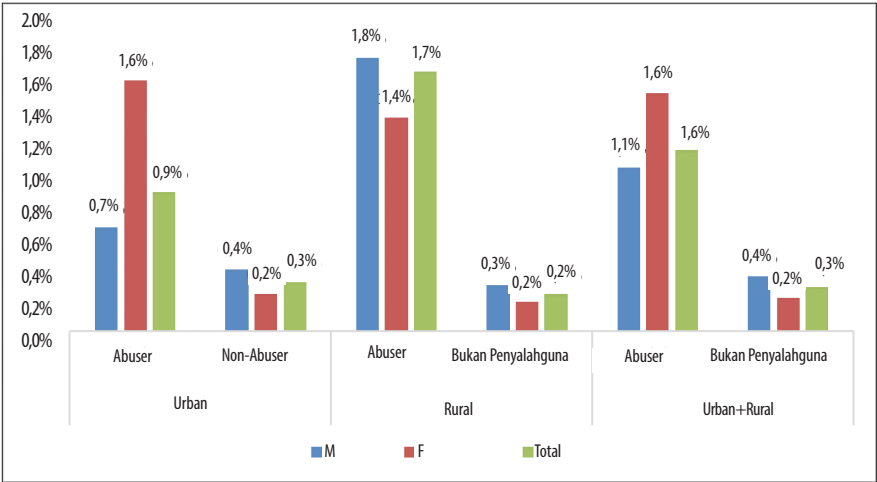
Meanwhile, there is no difference in the behavior of routinely visiting nightclubs for respondents by residence (rural-urban). In urban areas, the percentage of respondents who routinely visit nightclubs (16.3%) is higher than that of non-abusers (6.0%). Similarly, in rural areas, the percentage of respondents who regularly visit nightclubs (9.0%) is higher than that of non-abusers (2.4%). Furthermore, from Figure 5.24., it is generally seen that the percentage of respondents who are abusers and non-abusers (both male and female) who regularly visit nightclubs is higher in urban areas than in rural areas, although again the percentages of both are relatively small.



**Figure 5.24. Respondent's Habit of Regularly Visiting Night Clubs According to Gender, Urban-Rural and Drug Abuse (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

The survey results are as presented in Figure 5.25 shows the behavior of routinely visiting the prostitution place of respondents in the group of abuser and non-abuser in terms of gender and residence. Only a small number of respondents claimed to have visited the prostitution place regularly for the past year. This is likely due to the impact of the Covid-19 pandemic as previously explained. Although the percentage is very small, it can be seen from Figure 5.25 that respondent who abuses drugs tend to have more risky behavior of regularly visiting prostitution place than those who are not abusers. The percentage of female drug abusers who regularly visit the prostitution place is slightly higher than that of men, especially in urban areas. However, the very small percentage makes it difficult to explain in more detail.

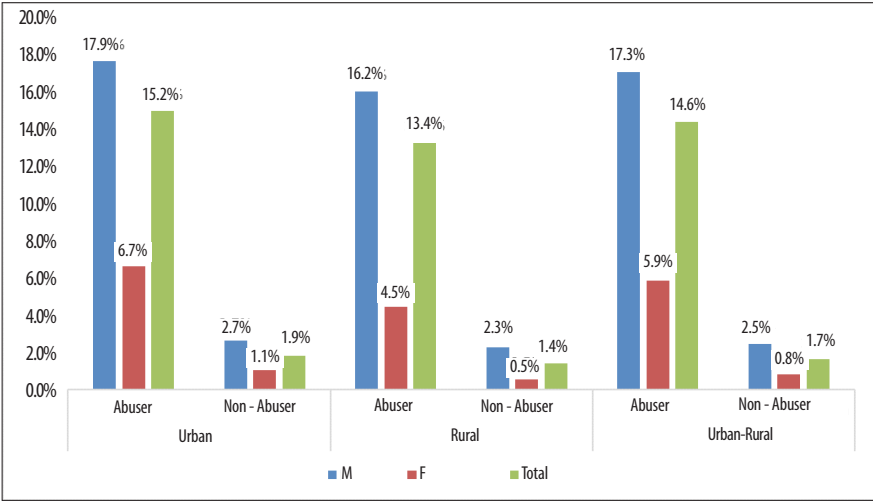


**Figure 5.25. Respondent’s Habit of Regularly Visiting Prostitution Place According to Gender, Urban-Rural and Drug Abuse (%)**

Sumber : Hasil Olah Data Survei Prevalensi Penyalahgunaan Narkoba di Indonesia Tahun 2021

Finally, the description of the behavior of having free sex for both respondents who are drug abusers and non-drug abusers is seen by gender and residence as shown in Figure 5.26. Based on gender, it can be seen that the percentage of male respondents who abuse drugs who have free sex (17.3%) is much higher than male respondents who are not abusers (2.5%). Similarly, for women, although relatively small, the percentage of female respondents who have free sex (5.9%) is higher than female respondents who are not abusers (0.8%).

Meanwhile, there is no difference in having free sex in respondents by residence (rural-urban). In urban areas, the percentage of respondents in the group of drug abuser who have free sex (17.9%) is higher than respondents in the group of non-abusers (2.7%). Likewise in rural areas, the percentage of respondents in the group of abusers who have free sex (16.2%) is higher than respondents in the group of non-abusers. (2.3%). Thus, based on Figure 5.26, in general it can be concluded that although the percentage is small, the behavior of having free sex is higher in male respondents in the group of drug abuser than female respondents in the group of non-abusers. There is relatively no difference in this trend seen from the residence (rural-urban).



**Figure 5.26. Free Sex According to Gender, Urban-Rural and Drug Abuse (%)**

Source: Processed data from Survey on Drug Abuse Prevalence in 2021

The results of testing the relation between risky behavior factors and drug abuse behavior can be seen in Table 5.15. From the six risky behavior indicators measured in this study (smoking, drinking, hang out at night, regularly visiting nightclubs, regularly visiting prostitution place and having free sex), the test results prove all these six risk behavior indicators have a significant relation with drug abuse behavior, with an error rate of 1%. The indicator of ever drinking alcohol has the strongest influence on drug abuse behavior. On the other hand, the indicator of routinely visiting nightclubs has the weakest influence on drug abuse behavior.

The effect of a significant relation between the six indicators of risky behavior and drug abuse behavior also occurs if it is distinguished by gender. Almost all (five indicators: smoking, hang out at night, regularly visiting nightclubs, regularly visiting prostitution place, and having free sex) show a consistent pattern in which the Carmer's V coefficient value for men abusers is higher than female abusers. This shows that the five indicators have a much stronger influence on male abusers than on female abusers. Only one indicator (smoking) shows the opposite pattern in which a slightly stronger effect is found in female abusers than in male abusers.

The effect of a significant relation between the six indicators of risky behavior and drug abuse behavior also occurs if it is distinguished according to residence of the abuser (urban-rural). Four indicators of risky behavior (ever drinking alcohol, hanging out at night, regularly visiting nightclubs, and having free sex) show a stronger influence on abusers who live in urban areas than in rural areas. In contrast, two other risky behavior indicators (smoking and regular visit to prostitution place) show a slightly stronger effect on abusers living in rural areas than in urban areas.

**Table 5.15. Coefficient value of Carmer's V on the Relation between Risky behavior and Drug Abuse**

Risky behavior indicator	Total	M	F	Urban	Rural
Smoking	0.101**	0.061**	0.068**	0.099**	0.106**
Drinking	0.191**	0.202**	0.050**	0.206**	0.163**
Hangout at night	0.079**	0.092**	0.021**	0.080**	0.074**
Regularly visiting nightclubs	0.070**	0.081**	0.035**	0.072**	0.070**
Regularly visiting prostitution place	0.112**	0.111**	0.049**	0.102**	0.126**
Having sex outside marriage	0.146**	0.165**	0.060**	0.153**	0.133**

Note : symbol \*\* significant to alpha = 1%

Source: Processed data from Survey on Drug Abuse Prevalence in 2021



# 6

## CONCLUSION AND RECOMMENDATION



# CONCLUSION AND RECOMMENDATION

## 6.1. Conclusion

The conclusions of this research are:

1. The prevalence rate of drug abuse increases in 2021, from 1.80 in 2019 to 1.95% in 2021 for past year use. The increase also occurs in ever used from 2.40 to 2.57.
2. The increase in prevalence rates mainly occurs: a) in urban areas; b) female in urban and rural areas; c) age group 15-24 years and 50-64 years in rural and urban areas; d) having the main activity of not working/unemployed in urban and rural areas; e) having the main activity of taking care of the household in urban and rural areas
3. The general decline in prevalence rates occurs: a) in rural areas; b) male in rural and urban areas; c) age group of 25-49 years in rural and urban areas; d) having the main activity of working in rural areas. There is an increase in working urban drug abusers, but the number is small.
4. Marijuana and methamphetamine are the most widely consumed types of drugs. Three other types that are widely consumed: dextro, koplo pills and ecstasy. The first types of drugs consumed are: Cannabis, Shabu and Dextro. The average age at first using drugs is 19 years in rural areas and 20 years in urban areas
5. Friendship is the main source in obtaining drugs for the first time and for free. Jointly purchasing drugs is often done to be able to buy drugs that are relatively expensive.
6. House, room, apartment, empty building, garden located far from residents and receives less supervision are the locations mostly used to abuse drugs.
7. Drug abusers tend to be permissive in dealing with friends and family who abuse drugs. They have more risky behavior than non-abusers,

especially the behavior of smoking, drinking alcohol and hang out at night.

8. Drug abusers tend to have slightly lower emotional closeness to parents or spouse than non-abusers. Frequency of communication with family does not guarantee to avoid drug abuse if it is not accompanied by quality of communication.
9. Drug abusers generally live in neighborhoods with social problems and have the ease to access public facilities.

## 6.2. Recommendation

Based on the conclusion, the recommendations of the research are:

1. 1. The establishment of a Family Resilience Communication Forum through interactive groups, such as WA (WhatsApp) Group for parents/ teachers/BNN in the region needs to be intensified so that information on drug abuse awareness is conveyed properly and at the same time serves as a medium for public consultation on drug issues faced by parents and students.
2. BNN synergy in the region with community elements (such as youth organizations, neighborhood/rural village/urban village) through the “Joint Patrol” to collect data and monitor empty houses, boarding house residents, apartment residents and other vulnerable places from drug trafficking and abuse by involving local leaders, communities, and citizens (including the younger generation).
3. Establishment of an anti-drug task force in the community, schools, and workplaces to optimize and effectively disseminate the dangers of drugs and monitor peer-groups from the threat of drug abuse.
4. BNN or related parties (Ministry of Health, Regional Government, Office of Health, Office of Social Affairs) need to create special programs targeting women and people who work at home (or groups that are indicated to have an increase in the number of drug abusers) for example by providing free mental health counseling or a hotline for stress counseling at home and advice/tips to avoid drug abuse.
5. The joint supervision also needs to be carried out periodically to prevent the neighborhood from the potential for social problems (criminality, brawls, alcohol) to become an entry point for drug abuse.

6. Public education about the dangers of drug abuse also needs to be accompanied by efforts to build a persuasive and responsive (not permissive) attitude when seeing indications of drug abuse in the neighborhood. The reward system also needs to be encouraged against the persuasive and responsive attitude of these community elements.
7. Family-based education needs to emphasize not only on the importance of the frequency (intensity) of communication and emotional closeness, but also the quality of interactions that are built within the family, including in protecting the family from the dangers of drugs.

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# NATIONAL SURVEY ON DRUG ABUSE 2021

This book is a result of a survey on drug abuse prevalence conducted in 34 provinces with the sampling of 64,348 respondents aged 15-64 years in 102 regencies/cities in Indonesia. The survey shows that the prevalence rate of drug abuse of Indonesian population aged 15-64 years in the past year use in 2021 is 1.95% or equivalent to 3,662,646 people. It means that 195 out of 10,000 population aged 15-64 years uses drugs. This prevalence rate increases 0.15% compared to the rate in 2019. The prevalence rate increase mainly occurs in urban areas. The rise of prevalence rate also occurs in the group of females in urban and rural areas; aged 15-24 years and aged 50-64 years in urban and rural areas; unemployed group in urban and rural areas; and respondent in urban and rural areas whose main activity is taking care the household.

There are three factors that influence drug abuse namely individual, family and social environment. The individual factors include attitude when being offered to buy, use and/or sell drugs; attitude toward friends, spouse/lover, and family who use or sell drugs; and knowledge on the impact of drug abuse. The family factor includes interaction and communication in the family. Meanwhile, social environment factor includes proximity of residence to public facilities (market/mall, entertainment place, train station/airport/port, drug store/pharmacy); social problem in neighborhood (drinking, drugs, brawl, gambling, theft, prostitution, others); and vulnerability of social environment to drug abuse (the existence of kingpin, the existence of friend/neighbor/family members who dies due to overdose, and have been offered to take drugs). In addition, risky behavior (drinking, smoking, hang out, visiting nightclubs, free sex, and visiting prostitution place) also influence the drug abuse

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