



**NATIONAL NARCOTICS BOARD  
INDONESIA**

# **DRUG PREVENTION STRATEGIES AND PROGRAM IN INDONESIA**

AN BNN

**NATIONAL NARCOTICS BOARD  
INDONESIA  
2006**







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# **DRUG PREVENTION STRATEGIES AND PROGRAM IN INDONESIA**

Compiled and written by

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Perpustakaan BNN

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**BNN**  
BADAN NARKOTIKA NASIONAL

# **ANAK BANGSA TERANCAM MATI SIA-SIA**

**Cegah  
Dari Sekarang  
Sebelum Malapetaka  
Berkembang**



**Substance Abuse and Hiv/Aids**  
[www.bknn.or.id](http://www.bknn.or.id) [www.narkoba-metro.org](http://www.narkoba-metro.org)



## FOREWORD

Drug abuse and drug trafficking have become a serious problem, leaving no country untouched. Indonesia is currently faced a much more serious illicit drug problem than ever before. It was traditionally been a transit country, but in recent years, Indonesia has increasingly become a point of destination for illicit drug trafficking and a producer of synthetic drugs as evidently shown by the number of seizures of clandestine laboratories for ecstasy and methamphetamine hydrochloride (Shabu), some of which are known to be the world's largest drug laboratories. We are also faced with the challenge to fight against transnational crime and drug syndicates, who use the benefits of globalization to traffic in illegal drugs, launder money, engage in terrorism and human trafficking.

Since 1971, the Government of Indonesia has addressed the drug problem seriously through a Coordinating Agency known as BAKOLAK Inpres 6/1971. But in view of the increasing problem of drug abuse and illicit trafficking which caused a threat to the social, economic, political and cultural fabric of our nation, the National Narcotics Coordinating Board (NNCB) was established and later renamed National Narcotics Board (NNB) in 2002, this time with both coordinating and operational mandate, to meet the urgent need to intensify drug prevention and control efforts. One of its tasks is to coordinate and manage drug control programs including prevention of drug abuse. Extensive efforts will continue to be made by our Government at all levels to suppress the illicit production, trafficking and use of drugs through enhanced unified response of all related government and non-government organizations together with the community to ensure that the drug problem is effectively tackled.

It is hoped that the book would contribute to the understanding of the work the National Narcotics Board is committed to.

Drs. Made M. Pastika  
Executive Director  
NNB



**"CEGAH ANAK ANDA  
DARI PENYALAHGUNAAN  
NARKOBA"**



**DRUGS ARE NOT CHILD'S PLAY**

*Peringatan Hari Anti Narkoba Internasional (HANI)*

*Jakarta 26 Juni 2006*



## **FOREWORD**

The primary goal of the National Narcotics Board, Center for Drug Prevention, is to prevent illicit drug use among Indonesian youth. The National Narcotics Board, formerly known as National Narcotics Coordinating Board (NNCB) was established by Presidential Decree Number 113 of 1999. In 2002, it was renamed National Narcotics Board (NNB) based on Presidential Decree No. 17, 2002, this time with coordinating and operational mandate. The youth are the major target of prevention because illicit drug use is most common among the ages 15 to 30 above. Alcohol, tobacco, ganja are the drugs that young people usually try first and are known as gateway drugs leading to the use of other illicit drugs.

The challenge is to have the community people unite against drugs. To meet this challenge, a variety of prevention strategies, approaches and programs are of utmost importance to mobilize all related sectors to join the fight against drugs. Parents, families, media, schools, religious institutions, workplaces and the youth themselves must be brought together to develop an effective systems approach to fight the war against illicit drugs among youth in their communities.

This book is written to document and put together a large number of relevant drug abuse prevention programmes of the National Narcotics Board, Drug Prevention Center and to share information on drug prevention practices in a more organized and practical manner.

Drs. Mudji Waluyo, SH, MM  
Chief, Drug Abuse Prevention Center  
National Narcotics Board, Indonesia



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# Dunia Indah Tanpa Narkoba



**Substance Abuse and Hiv/Aids**  
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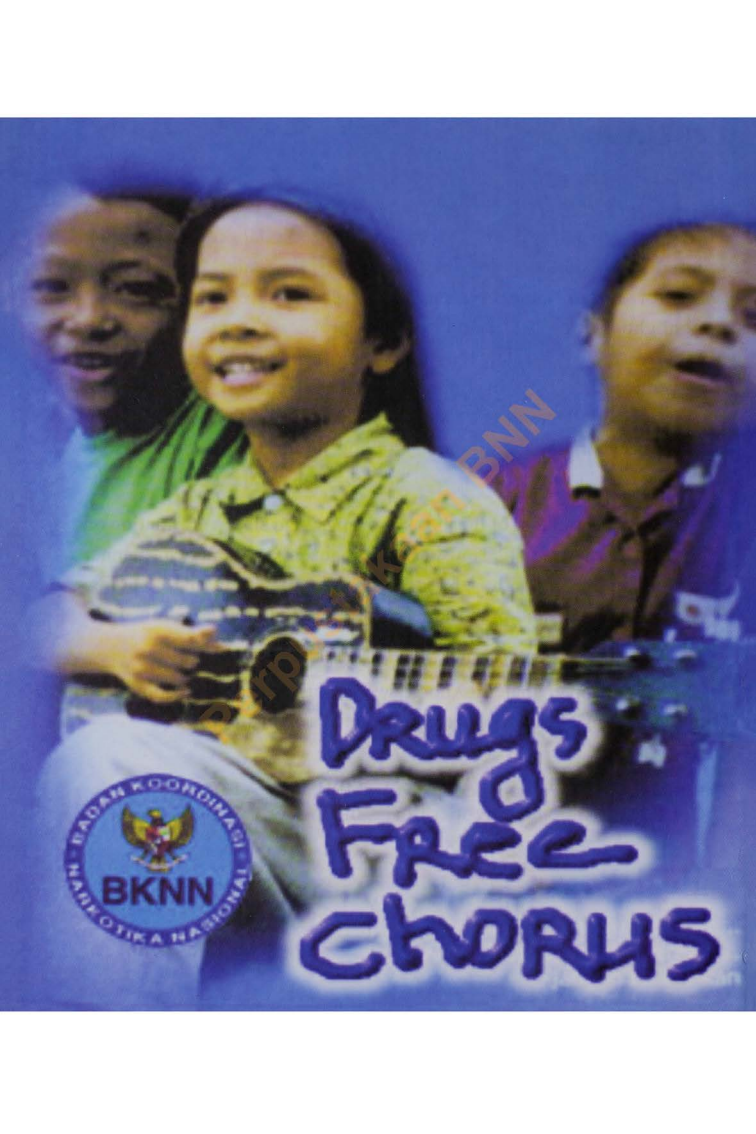
## PREFACE

This book on the National Narcotics Board Prevention Programmes and Strategies is basically a compilation of prevention initiatives undertaken by the Indonesian National Narcotics Drug Control Board and its members since its inception in 2000, highlighting significant and relevant prevention programmes and initiatives. Recognizing the rapid development and progress of drug prevention initiatives in Indonesia over the years, BNN decided to review, document and put together a large number of relevant drug abuse prevention programmes including highlights of some lessons learned from the initiatives.

The overall aim of this book is primarily to share information on drug prevention practices in a more organized and practical manner and to serve as a handy reference and resource materials for policy makers, planners and practitioners working in the field of drug abuse prevention.

It is hoped that this book will be useful in developing and implementing effective prevention practices in the future.

Prof. Paulina G. Padmohoedjo, MA., MPH  
Consultant, National Narcotics Board, Indonesia



Drugs  
Free  
Chorus



## **Indonesia Drug Abuse Profile 2004**

**Estimated number of drug users: (Ever used): 6.08% of total student population or 12,999,588**

Male..... : 10,288,809

Female..... : 2,710,779

**Experimental drug users\*..... : 4.54 % (among ever used) or 9,710,692**

**Regular Users\*\*..... : 1.06 % (among ever used) or 2,266,049**

**Hardcore addicts\*\*\*..... : 0.48% (among ever used) or 1,022,847**

### **Estimated Number of drug users**

**(Regular user/hardcore addicts)..... : 3.2 million**

Male..... 79%

Female..... 21%

### **Level of Education**

University level..... 15.5%

Senior High..... 6.8%

Junior High..... 2.2%

**Estimated number of IDUs..... : 56% of the total drug users or 572,794**

Males..... : 453,350 (79%)

Females..... : 119,444 (21%)

**Estimated number of HIV infections among IDUs : 40% or 229,118**

Males..... : 181,340

Females..... : 47,777

**Drugs used..... : Ganja, heroin, methamphetamine, ecstasy, cocaine, benzodiazepines, volatile substances such as glue.**

**Drug used among hardcore addicts .... : Heroin (putau), ganja, ecstasy & Methamphetamine, benzodiazepines (sedatives). Polydrug use was common.**

**Drugs injected..... : Heroin**

**Illicit Drug Related Mortality..... : 15,000 deaths in 2004**

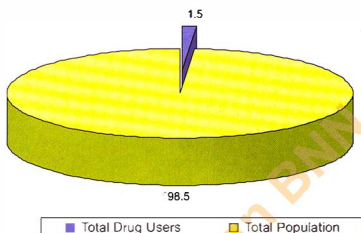
\* used drugs once in a lifetime

\*\* never used heroin and had not experienced being treated in treatment institutions

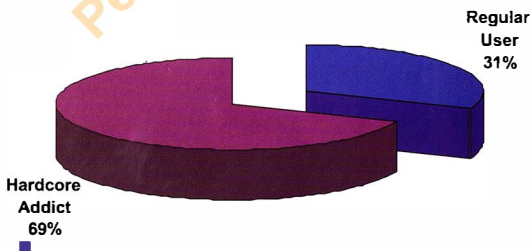
\*\*\* used heroin and had experienced being treated in treatment institutions

## DRUG ABUSE IN INDONESIA

About 6% of the total population or about 13 million people had used drugs at some time in their lives. Estimate of drug abusers in Indonesia in 2004 was 3.2 million or 1.5% of the total population.



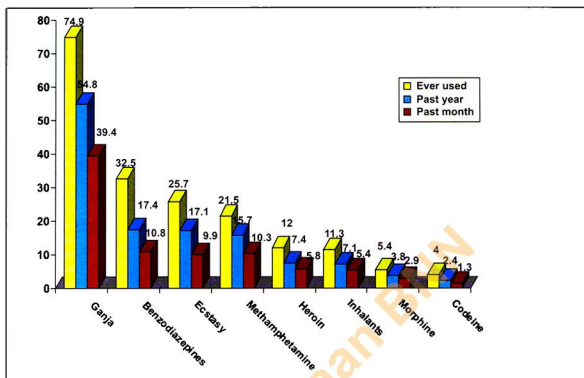
From the total drug users, 69% were regular drug users (who used all types of illicit drugs except heroin in the past year) and 31% hardcore addicts (who used all types of illicit drugs including heroin in the past year)



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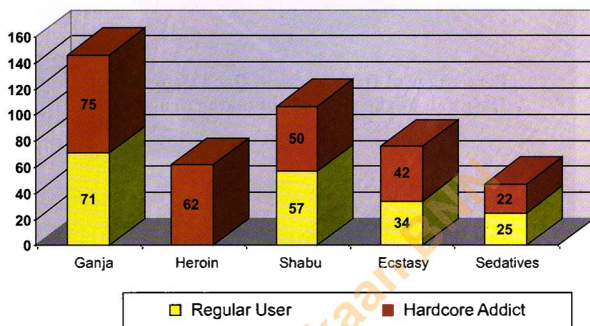
**Lifetime, Past Year, and Past Month Prevalence, by Types of Drugs, 2003**



Source: BNN & Pusat Penelitian Pranata, UI. 2003

Another survey also showed that Ganja was also the most widely used illicit drugs among experimental users and regular users (71% respectively), as well as for the hardcore addicts (75%). For regular users (those who have not used heroin and have not been treated to any treatment centers), Methamphetamine (shabu) ranked second with 50%; followed by ecstasy (42%); and benzodiazepines (sedatives) with 22%. For hardcore addicts (those who used heroin and have been to treatment centers), heroin (putau) ranked second as the most commonly used illicit drug with 62%, followed by shabu (57%), ecstasy (34%) and benzodiazepines (sedatives) (25%).

### Types of Illicit Drugs Used by Regular Users and Hardcore Addicts, 2004



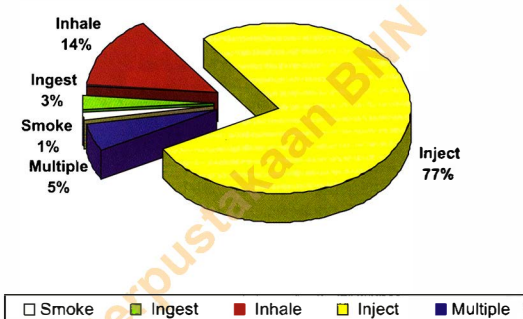
Source: BNN & Health Research Center (PUSLITKES -UI), 2004

The survey also indicated that the higher the level of addiction, the more tendency to use more than one type of illicit drugs. Polydrug users among experimental users was 40%, 62% for regular users and 86% for hardcore addicts.

Ecstasy and crystal methamphetamine locally known as shabu are mostly used by young population between the ages of 13-25 years, majority are high school and university students, although an upward trend is noted among young executives and employees, artist and entertainers in the late 1990s. It is also in this period that heroin commonly referred to as Putauw has emerged as popular drug of choice while ganja and alcohol continued to increase.

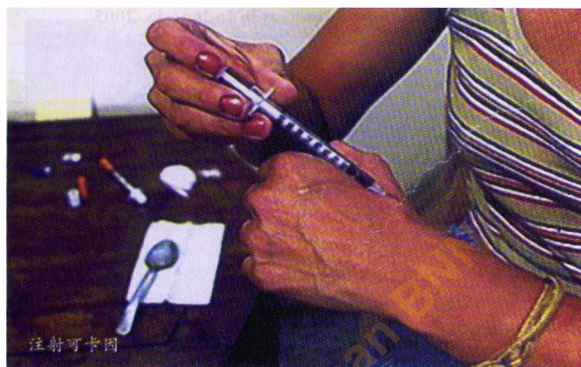
**Methods of Taking Illicit Drugs.** Out of 4,420 drug cases at the drug dependency hospital, majority (77%) used injection to take drugs, 14% inhale drugs, 3% ingest, 1% smoke and 5% used multiple methods .

**Percentage of Drug Users in Drug Dependency Hospital, by the methods of taking drugs, 2003**



Source: Pusdatin, Ministry of Health, 2003

## IDU / HIV Situation in Indonesia



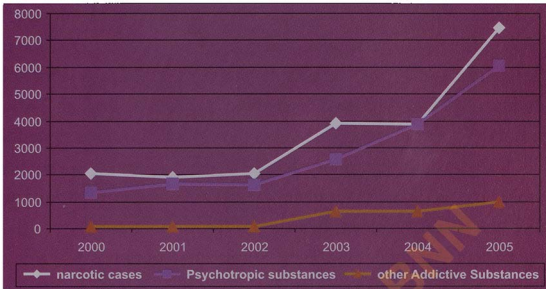
Injecting drug use is fast becoming the main mode for the spread of HIV/AIDS in Indonesia in recent years next to sexual transmission. Global Illicit Drug Trends 2002 reports more than 83% of all drug abusers in Indonesia are injecting while the Ministry of Health estimates the number of Injecting Drug Users between 148,000 to 167,000 . The 2004 national survey revealed that half of the drug users (56%) or about 574,000 are injecting drug users and about 229,000 are HIV positive. UNAIDS revealed a total of IDUs in Indonesia ranging from 124,000-196,000 with HIV prevalence of 16% in 1999, 48% in 2003, and 50-60% in 2004.

## ILLICIT DRUG TRAFFICKING AND PRODUCTION

### Profile of Drug Arrestees in Indonesia, 2005

<b>Gender</b>	Male (93%)
<b>Age</b>	20-30 years above (92%)
<b>Nationality</b>	Indonesian (99%)
<b>Educational Attainment</b>	Senior High School (55%)
<b>Occupation</b>	Employed (64%) -Private co. employees (47%) -Manual/skilled laborer (25%) -Self-employed (22%) -Farmers (3%) -Armed Forces/Police (2%) -Civil Servant (1%) Unemployed (31%) Students (5%)
<b>Drug Offenses</b>	Personal drug abuse (52%), Drug dealing & Drug trafficking (47%) Cultivation and production (1%)
<b>Illicit drug related arrests, by type of drugs, 2004</b>	Ganja (29%); Methamphetamine (shabu) (27%), Heroin (17%), Ecstasy (13%), Other psychotropic drugs (Daftar G-List drugs) with 8%, Other addictive substances such as alcohol (6%).

*Figure 4. Number of Illicit Drug Related Arrest in Indonesia, by Type of Drug Seized, 2000-2005*



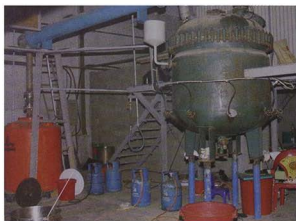
## DRUG PRODUCTION

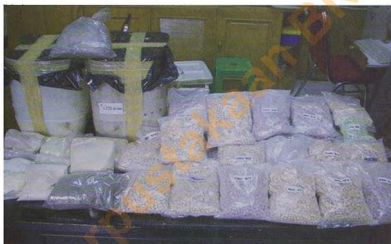
Traditionally, Indonesia has not been a major producer of illicit drugs, except for cannabis (marijuana) known as ganja, which has been illegally cultivated in on the Island of Java and Sumatra particularly in remote areas of Aceh, mainly for domestic consumption.



*Domestic Illicit Ganja Traffic King Route*

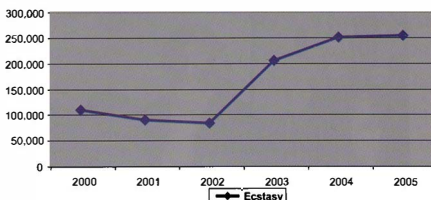
Illicit Production of ATS in Indonesia. Of increasing concern is the production of synthetic drugs, specifically ecstasy and methamphetamine (shabu) in the late 1990s with three laboratories for psychotropic substances were seized in 1998 and two in 1999 (one for ecstasy and the other for methamphetamine). In 2000, a laboratory producing ecstasy pills was discovered in Batam, and in 2001 a laboratory producing chemicals for ecstasy production was raided. In April 2002, a large laboratory producing ecstasy through chemical processes based on precursor chemicals was seized in West Java and dubbed as "one of the world's largest drug laboratories.". Illicit production of Amphetamine-Type Stimulants continues to grow in Indonesia as evidently shown by several seizures of large, modern, laboratories located in or near large cities within the year (2005) . In April 8, 2005, a large laboratory was seized in Jasinga Village, Bogor regency with a total production of 3.780.000 ecstasy tablet per month. A month later on May 16, 2005, a large laboratory was seized in Tanjung Duren District, West Jakarta, with a capacity to produce 2 ecstasy tablet per second. On Nov. 11, 2005, a laboratory was seized in Serang, Banten, West Java with a capacity to produce ecstasy of 100 kg. per week.





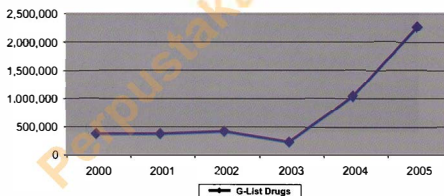
*Seized Laboratories for ATS Production in Indonesia*

Seizures of Ecstasy in Indonesia, 2000-2005

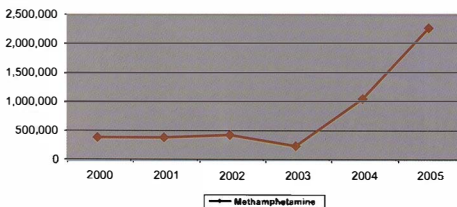


Increased seizures of ecstasy and other psychotropic drugs (G-List Drugs) can be noted since 2002. Significant increased of methamphetamine Seizures from 2004 to 2005 is also notes

Seizures of G-List Drugs in Indonesia, 2000-2005



Seizures of Methamphetamine in Indonesia, 2000-2005



The presence of heroin in Indonesia seems stable from 2000 to 2003 with a significant decreased in seizures in 2004 while Cocaine seizures have a fluctuating trend since 2000 indicating a large increase in seizures in 2001, a very dramatic decreased in 2002, a significant increased in 2003 and significant decreased in 2004.

Seizures of Heroin and Cocaine in Indonesia, 2000-2005

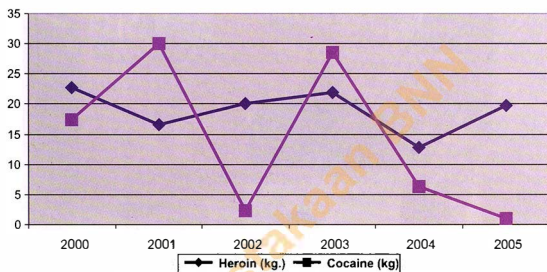
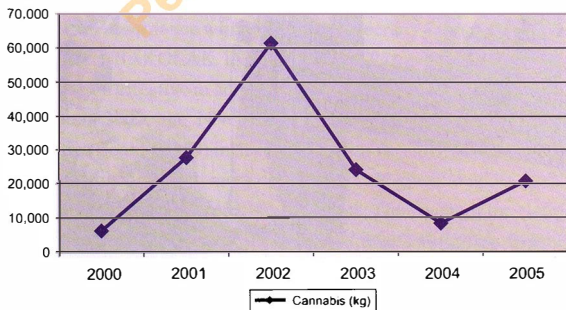


Figure 18. Seizures of Ganja, 2000-2005







## GOVERNMENT RESPONSES TO DRUG PROBLEMS

The problem of illicit drugs in Indonesia has been acknowledged by the Government of Indonesia for years and has always been accorded high priority. Aware of the complexity of the drug problem and the wide range of adverse health and social consequences, the Government of Indonesia maintains its "balanced approach" to drug control, incorporating all aspects of drug control in supply and demand reduction, with prevention of drug abuse together with treatment and rehabilitation having the same importance of policy and strategic action as reduction of supply and illicit trafficking. It also recognizes that drug problem is not just a government problem but a community problem as well which therefore needs joint community and government response.

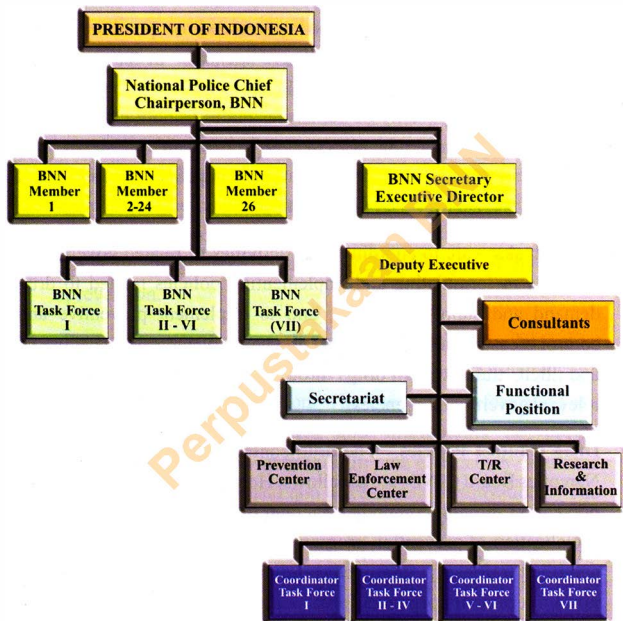
### **The National Narcotics Board, Indonesia.**

Recognizing the rising trend of the drug problem and its serious threat to national stability and economic development, the National Narcotics Coordinating Board (NNCB) of Indonesia was established in 1999, in accordance with Presidential Decree Number 113 of 1999, replacing a BAKOLAK INPRES No. 6/1971 which was no longer relevant and effective in addressing the current national drug problem. In March 2002, the NNCB was reshaped and renamed National Narcotics Board (NNB) in accordance with Presidential Decision No. 17/2002, this time with more operational role given in addition to the already established coordinating functions. The vision of the National Narcotics Board of Indonesia is to achieve a drug-free Indonesia through demand and supply reduction supported by human resource development, research, and regional and international cooperation.

BNN, which is directly under the President of the Republic of Indonesia, is chaired by the national police chief, supported by 25 ministries and agencies as its members, with BNN's executive director as the secretary-general. BNN's impressive executive management is composed of four main centers: Prevention, Law Enforcement, Treatment and Rehabilitation and Research Development and Information, supported by about eight (8) task forces and the recently established Provincial Narcotics Boards. District and Municipal Narcotics Board headed by the Provincial Governor and City Mayor/Municipal Chief, respectively.

Perpustakaan BNN

## STRUCTURAL ORGANIZATION BNN EXECUTIVE MANAGEMENT



The National Narcotics Board (BNN) aims to prevent and control drug abuse in order to achieve a drug free society. The BNN has the following objectives :

- Strengthen and intensify drug demand and supply reduction efforts.
- Enhance intersectoral coordination and cooperation among government and non-government agencies in the prevention and control of drug abuse and illicit drug trafficking.
- Improve the quality of human resources in both drug demand and supply reduction.
- Strengthen regional and international cooperation in the areas of drug demand and supply reduction.

**BNN tasks** are to coordinate the activities of related government agencies in formulating and implementing policies related to drug demand and supply reduction; and to implement preventive and control measures and activities to prevent and eradicate the abuse of and illicit trafficking in drugs through its task forces composed of relevant government agencies.

**Drug Control Policies.** The drug control policies of the National Narcotics Board (NNB) are as follows: Human resource development; prevention through comprehensive and multidimensional programs; socialization of prevention programs and suppression of drug abuse and illicit trafficking; improved coordination among government and non-government organizations; enhancement of international cooperation; increased community participation; firm and consistent enforcement of the drug laws; improved therapy and rehabilitation services; enhancement of prevention efforts through communication, information and education strategies; and strict supervision and control of illicit drugs and legal precursors.

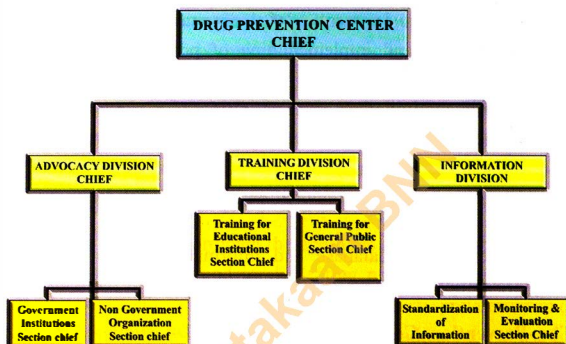
## Drug Abuse Prevention Center

The Drug Abuse Prevention Center is one of the four Centers of the National Narcotics Board whose functions are as follows:

- Coordinate government related agencies in the preparation, formulation and implementation of policies in the field of prevention;
- Coordinate initiatives and activities of government related agencies in the areas of prevention and implements national drug prevention initiatives;
- Implement national, regional and international cooperation in drug prevention;
- Develop drug database and information system related to prevention.

**The Prevention Center has three main Divisions** - Preventive Information and Education Division; Training Division and Community Development Division. The Preventive Information and Education Division coordinates and implements preventive information and education activities in the community with the cooperation of government and non-government organizations. The Training Division coordinates and implements training programs for prevention workers, practitioners, volunteers, while the Community Development Division coordinates and implements activities primarily to enhance the potentials of community based organizations and groups.

## Organizational Structure Drug Prevention Center, National Narcotics Board



## NNB Drug Prevention Members:

The Prevention Center of the National Narcotics Board has about 10 related ministerial/department members with their respective functions as follows:

No	FUNCTIONS AND ACTIVITIES	BNN	EDUCATION	SOCIAL AFFAIRS	HOME AFFAIRS	RELIGIOUS AFFAIRS	HEALTH	MANPOWER	YOUTH & SPORTS	WOMEN EMPOWERMENT	INFORMATION	NGO
I.	<b>Drug Prevention through Formal / informal Education</b>											
1.	Integrate drug prevention education in the school curriculum	+	*			+	+	+	+	+	+	+
2.	Integrate drug prevention education within the extra curricular activities	+	*			+	+					+
	- School Health Activities (UKS)	+	*			+	+			+		
	- Leadership Training	+	*			+	+			+		
II.	<b>Drug Prevention through Religious Education Programme</b>	+	+	+	+	*	+	+	+	+		+
III.	<b>Drug Prevention through Community Empowerment</b>	+	+		*	+	+	+	+	+		+
	- Community based Drug Prevention	+	+	+	*	+	+	+	+	+	+	+
	- Drug information in the community	+	+	+	*	+	+	+	+	+	+	+
IV.	<b>Drug Prevention education for Families/parents</b>	+	+	+	+	+	+	+	*	+	+	+
V.	<b>Drug Prevention through healthy lifestyles</b>	+	+	+	+	+	*	+	+	+	+	+
VI.	<b>Drug information through mass media</b>	+	+	+	+	+	+	*	+	+	+	+

No	FUNCTIONS AND ACTIVITIES	B N N	E D U C A T I O N	S O S I A L  A F F A I R S	H O M E  A F F A I R S	R E L I G I O U S  A F F A I R S	H E A L T H	M A N P O W E R	Y O U T H & S P O R T S	W O M E N  E M P O W E R M E N T	I N F O R M A T I O N	N C O
VII	<b>Drug Prevention Information and Database</b>											
	- Prevention Information & Database	★	+	+	+	+	+	+	+	+	+	+
	- Planning, monitoring, and evaluation of prevention activities	★	+	+	+	+	+	+	+	+	+	+
VII I.	<b>Formulation/ Development of prevention materials</b>											
	- Prevention Education in Schools	+	★									
	- Prevention Information for the general public	+						★				
	- Community-based prevention program	+	+	+	★	+	+	+	+	+	+	+
	- Training modules and materials for prevention	★	+	+	+	+	+	+	+	+	+	+
IX.	<b>Manpower Development for Prevention Workers/ volunteers</b>	★	+	+	+	+	+	+	+	+	+	+
X.	<b>International /regional cooperation in the area of drug prevention</b>	★	+	+	+	+	+	+	+	+	+	+
XI.	<b>Increased coordination in the area of drug prevention</b>	★	+	+	+	+	+	+	+	+	+	+

★ Leading sector

+ Supporting sector

## **DRUG PREVENTION POLICIES AND PRINCIPLES**

The primary goal of the National Narcotics Board, Drug Prevention Center, is to prevent drug use among Indonesia's young people. The youths have been targeted because drug abuse in Indonesia is predominantly a youth problem. Majority of the drug users in Indonesia are between the ages of 15-30.

Effective prevention strategies begin with an understanding of the many reasons why young people start to use drugs. Without an understanding of the reasons why young people use drugs, prevention programs become a "hit and miss" activity. One approach considered is the psycho-social model which indicates three basic elements in the use of any drug : (1) the substance or drug, (2) the individual who uses it and (3) the socio-cultural context in which drug use takes place. This is based on the premise that drug abuse problem emerges from pressures on the individual due to deviancy in social structures such as the family, the neighborhood or community, the peer group, the school, and the workplace.

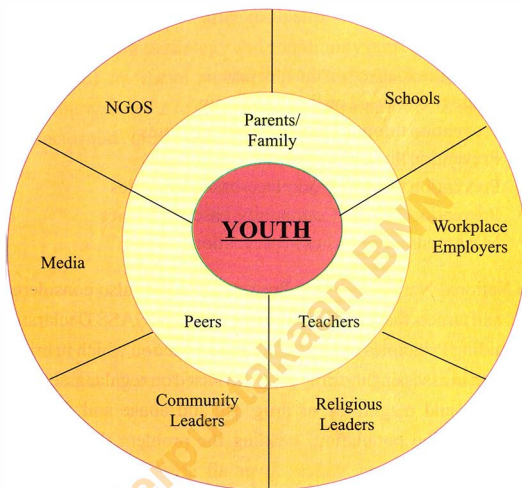
An understanding of the underlying reasons on drug abuse has guided the NNB Prevention Center to a targeted prevention approaches and strategies including prevention policies :

### **Prevention Policies in Indonesia**

- Since drug abuse is caused by multiple factors, a comprehensive systems approach to prevention should be adopted, with schools, workplaces, media, religious institutions, public and private sectors, legal and judicial systems and families, working together.

- Prevention activities should be integrated into existing organizations and institutions such as families, schools, and communities to ensure that interventions begin early and continue through the life cycle.
- Prevention is a shared responsibility among national, provincial and local levels and that specific programs are best done at community levels. Grassroots ownership and responsibility are the key elements in the planning, implementation and evaluation of prevention programmes
- Prevention program should use a variety of prevention activities and approaches to accomplish its goals and objectives, to include information, education, skills development for youth, alternatives, community participation and training. Appropriate emphasis should be placed on human resource development aimed at increasing professional competence through training and education of policy makers, programme planners and practitioners in all aspects of the design, execution and evaluation of prevention programmes and strategies.

## NNB TARGETS OF PREVENTION EFFORTS



Prior to the establishment of the National Narcotics Board in 2002, drug prevention programmes were generally isolated and sporadic with information dissemination on the dangers of drugs as the most dominant strategy. Since 2002, increased attention has been given to the issue of drug prevention as the key component of demand reduction in Indonesia and adopted the motto: "Prevention is Better than Cure".

In 2002, the National Narcotics Board formulated its drug prevention

plan in which this time to include a wide variety of programs with more diverse and comprehensive prevention strategies focusing on varied factors that contribute to drug use by youth. Prevention strategies are as follows:

- Strategies focused on the Individual
- Strategies focused on the Peer Group
- Prevention through Family-based strategies
- Prevention through School-based strategies
- Prevention through Workplace-based strategies
- Prevention through Community-based strategies
- Mass media approaches to prevention

The National Narcotics Board Prevention Center also considered the goals and targets that emerged from the 1998 UNGASS Declaration on the Guiding Principles of Drug Demand Reduction which in brief calls for action in assessing the drug problem based on regular assessment of the nature and magnitude of drug use and abuse and drug-related problems in the population; tackling the problem through demand reduction programmes which cover all areas of prevention, from discouraging initial use to reducing the negative health and social consequences of drug abuse and should embrace information, education, public awareness, early intervention, counseling, treatment, rehabilitation, relapse prevention, aftercare and social reintegration; forging partnerships among governments, non-government organizations, parents, teachers, health professionals, youth and community organizations, employers' and workers' organizations and the private sector.



The national drug prevention plan likewise integrates the actions urged by the ACCORD Plan of Action Task Force I, which encourage participating countries to urgently enhance national public awareness and understanding of the drug problems through the designing of public communication strategy and community outreach programmes; prioritize areas for social partnership in response to the dangers of drugs; encourage media to share burden in awareness building; to raise private sector and corporate advocacy.

Perpustakaan BNN



**NATIONAL NARCOTICS BOARD INDONESIA**

# **NNB PREVENTION STRATEGIES & PROGRAMMES**

Perpustakaan BNN



## **Strategies Focused on Young People**

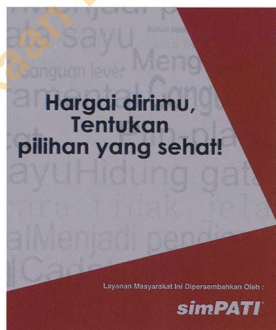
The Indonesian youths are the main target of NNB drug prevention programs primarily because drug abuse in Indonesia is predominantly a youth problem.

Survey of 13,710 student respondents indicate that 6.08% of total student population had tried drugs at least once in their lifetime with age group 30 above having the highest percentage (30%) followed by ages 21-25 (19.4%), then ages 16-20 (8.7%) and 11-15 years old (2.45 %).

Several prevention strategies have been undertaken to address the rising trend of drug abuse among Indonesian youth such as information dissemination for young people, enhancement of Life skills Program, and drug prevention education in schools.

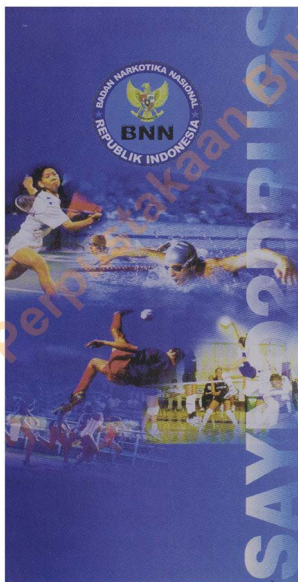


**Information Dissemination for Young People.** Factual information program is considered one component of NNB's comprehensive prevention program. This strategy focuses on changing individual's knowledge, attitudes and behavior primarily to discourage young people to take drugs. The recent program of NNB designed to influence the individual is providing factual information highlighting risks and associated consequences of drug use. This program assumes that individuals use drugs because they lack factual information regarding harmful effects.



*Drug Information for Youth*

**Enhancement of Life skills Program.** This program is generally implemented in the schools primarily to improve the social skills of young people. Decision-making, communication skills, assertiveness skills training and training to resist peer pressure (Say No to Drugs) are parts of this program. The "Say No to Drugs" strategy is a peer resistance strategy that teaches students, through practice, various ways of getting out of situations involving peer pressure. This strategy is now being taught in schools by trained teachers



*SAY NO TO DRUGS STICKER*

## Strategies Focused On Peer Group

Peer influences play an important role in young people's decision to use illicit drugs. Research findings in Indonesia indicate that peer pressure is known to be the main reason for initiation into the use of drugs like alcohol, cigarette, and marijuana. Accordingly, a number of strategies have been developed that attempt to counter the influence of peer pressure.



### Peer Groups Against Drugs

BNN in cooperation with the schools and universities initiated drug prevention programs such as "peer education" whereby peers can be used to talk to students on the dangers of illicit drug use primarily to encourage students to support abstinence from drugs. Schools and universities organized, encouraged and support student groups, clubs and/or organizations, that support non-use of drugs.

## Peer Role Models

Providing opportunities for the youth to observe peer role models who do not use drugs, generally through the NNB monthly magazine or in person.

**Celebrities, including actors and actresses as effective advocates of prevention efforts.** Many celebrities who have not experienced drug problems are encouraged by BNN to get involved in drug prevention as good role models and as spokespersons.

### Tak Perlu Narkoba untuk Berkarya

**V**ideo Jockey (VJ) Music Television (MTV) Indonesia, Daniel, mengatakan, generasi muda itu perlu ditunjukkan secara nyata akibat buruk dari penyalahgunaan narkoba agar mereka tidak tergoda untuk mencobanya. "Jika ada tulisan cat basah, pasti hampir semua anak muda akan cenderung untuk membuktikan apakah benar benar basah atau tidak, tetapi apabila ada tulisan jangan dicat, cat basah mengandeng racun, jangan loak erian ada yang berani bilang menyuntiknya," katanya.

Berikut juga dengan Narkoba, jangan hanya mengatakan bahwa Narkoba itu berbahaya tetapi hendaknya ditunjukkan akibatnya secara langsung. Kalau ada yang kemudian menjadi pemakai narkoba maka itu adalah pilihan mereka, dan mereka tidak berhak untuk menyalahkan siapa dan apa pun juga akan akibat yang terjadi. "Sudah waktunya bagi kaum muda untuk bertanggungjawab terhadap kehidupan pribadi mereka," kata cowok yang lebih dikenal dengan sebutan VJ Daniel itu.

"Saya tahu akan bahaya narkoba sewaktu SMP di Australia. Kemudian orang tua saya menyilahkan komputernya untuk mencari narkoba. Dengan menggunakan itu semua tidak pernah sekalipun saya ingin mencobanya," katanya.

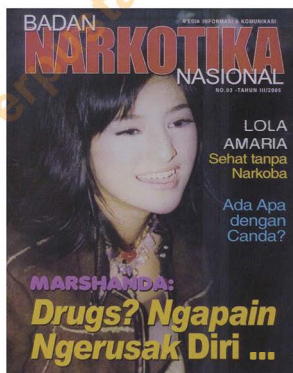
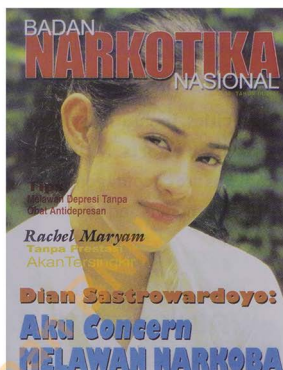
Daniel mengatakan bahwa dia pernah merasakan teman yang menggunakan Narkoba, tetapi tidak mudah untuk menarik



hasinya. "Melakukannya jangan pernah mencoba mengahumai narkoba," ujar pemenang MTV VJ Hunt 2003 itu.

Melihat Daniel masalah Narkoba memang membutuhkan penanganan yang serius. "Jadi perlu dukungan semua pihak untuk menangkalnya, dan sebagai generasi muda kita wajib membuktikan bahwa kita tidak perlu Narkoba untuk berkarya," ujarnya. ■ (BNN)

**Video Jockey Music Television (MTV) Indonesia, Daniel says "No need for drugs to be productive".**



## Family Based Prevention Strategies

The family is considered the basic social institution and the primary group in a society. One of the functions of a family is to protect and ensure the child's well being. It is the task of the parents to provide the young's physical and psychological needs. The parents play the roles of protector, provider and guardian of the young. From the family, the child gets security, affection, guidance, and learns the values of sympathy, love, cooperation, respect and many other virtues. The family is also the chief agency for socializing the child. It transmits the culture of the group, family values and the patterned ways of life. However an unfavorable and unhappy home environment may push the child to resort to negative behaviors which may eventually lead to drug abuse.



*Mothers in the neighborhood attending parenting education during their monthly lottery savings clubs (arisan)*

**Parenting Education.** One of the major prevention programs of the National Narcotics Board Prevention Center initiated recently is Parenting Education. The primary reason for this program is that the family is the first line of defense against drugs. But the family can either influence or prevent children to use drugs depending upon the family situation. As the first socializing agent, the child learns good values and examples of good behavior that can help prevent the child from resorting to drugs. It can be said that a healthy and happy family has actually started drug prevention. However, an unfavorable and unhappy home environment may push the child to take drugs. It is therefore essential for parents to have the necessary knowledge and skills on parenting and prevention. Parenting education experience indicates that if parents are informed, motivated and given support, they have a better-than-average head start in ensuring their children's physical and emotional well-being. Parents need knowledge about drugs so that they are armed to have discussions with their children in practical and useful way.

Parenting education program aims to drug proof children and youth through enhancement of parents' knowledge and skills on good parenting and drug prevention and to make a drug free lifestyle a major childrearing goal. To attain this goal, several strategies are initiated as follows:

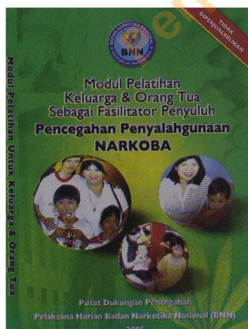
**Strategy 1. Drug information to parents.** Informing parents on the magnitude of the drug problem and to know the basic facts about illicit drugs, including the effects of drugs, their street names, how they look like, how they are consumed and the common warning signs of illicit drug use.

**Strategy 2. Educate parents on developing skills for establishing a strong family relation** through effective communication, enhancing children's self-esteem, and developing strong values.

**Strategy 3. Educate and encourage parents to apply prevention strategies at home** such as establishing clear family rules, being a good role model, providing healthy and creative activities for children, and helping children resist peer pressure.

**Learning packages** were developed to facilitate teaching-learning process and as a ready reference for trainers in their future training and education of parents at the village level. These learning packages are as follows :

- Nature and extent of drug abuse problem
- Specific parents' roles in drug prevention
  - Parents as good role models
  - Parents as drug educators
  - Parents as rule setters
  - Parents as monitors and supervisors
- Effective Parenting Skills



*Training Module For Family and Parent on Drug Prevention and Parenting Skills.*

Parent education program has been piloted at the grassroots level in recent years primarily to mobilize parents to participate in drug prevention and strengthen families to enable them to have healthy and nurturing families. Just like any other parenting programs in most countries, this program emphasizes important aspects of family life as positive role modeling, problem solving, and discipline.



*Advocacy on Drug Prevention and Parenting Skills in Riau, Pekanbaru, 2004*

## Advocacy on Parenting Skills

Advocacy on Good Parenting as a prevention strategy has been launched in 2004 by the National Narcotics Board covering parent groups, teachers and community/religious leaders in several provinces primarily to increase awareness of parents and leaders on the importance of good parenting as a strategy to drug abuse prevention.

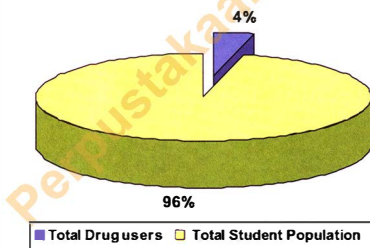
Activities	Target Groups	Target Province	Total Number	Date
Advocacy on Drug Prevention and Socialization of Parenting Skills Program, 2004-2005	<b>INSTITUTIONS:</b> Provincial Narcotics Board (PNB) and Municipal/City Narcotics Board (BNK) Local Government Related agencies	Yogyakarta		6-8 June 2004
		Denpasar		8-10 Sept.2004
		Riau, Pekanbaru		8-10 Oct. 2004
		North Sumatra (Medan)		10-12 Oct. 2004
	<b>ORGANISATIONS</b> Business groups, Wives of Armed Forces/Police officers Wives of Civil Servants Organization ( <i>Dharma Wanita</i> ) KNPI youth organization <i>Karang Taruna</i> youth organization	South Sulawesi (Makassar)	150	17-19 Jan. 2005
		West Nusa Tenggara (NTB)	150	18-20 May 2005
		Lampung		25-27 May 2005
		Jambi		June, 2005
	<b>COMMUNITY</b> Religious leaders Teachers Heads of Religious schools	South Kalimantan (Samarinda)	200	June, 2005
		North Sulawesi (Meno)	150	25-27 July, 2005
		West Sumatra		Aug. 2005
		Central Kalimantan (Palang Karaya)		16-18 Sept.2005
		West Kalimantan (Pontianak)	175	18-20 Oct. 2005
		Palu	150	Nov. 2005
		Pkl.Pinang	150	28-30 Dec. 2005

## School Based Drug Prevention Strategies

The national survey in 2003 on the Prevalence of Drug Use Among Indonesian High School Juniors and Seniors and University students from 30 provinces revealed the following results:

- 5.8% of the total 13,710 respondents had used drugs at some time in their lives;
- 4% or 4 out of 100 respondents reported illicit drug use in past year,
- 2.8% reported illicit drugs use in the past month.

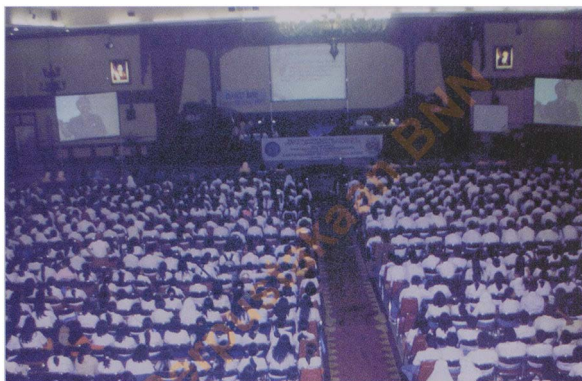
### Estimated Prevalence of Drug Users among Students in Indonesia, 2003



Source: BNN & Pusat Penelitian Pranata, UI. 2003

The national survey 2004 with 2979 senior high school students on the other hand showed that 15.5% reported some use in their lifetime while 3.5% reported illicit drug use in the past year. Reports further indicate that there are no Senior High Schools and universities that are drug free.

It is well recognized that the most valuable asset to the country is its school youth. However, they are also the most vulnerable group to various types of social problems. Several factors in the school system can influence school youth to take drugs to escape from problems such as the peer group, ineffective teaching, inadequate school facilities, and lack of positive alternative activities.



Schools can provide an important setting for prevention. Some prevention programs and initiatives that have been initiated by the schools are:

- Drug information and education through integration of drug prevention in the school curriculum and co-curricular activities;
- Clear policies regarding use and possession of drugs on and off school property.
- Positive peer programs to help students as role models, facilitators and leaders for their peers

- Peer resistance programs to offer young people a way to resist the peer pressure to use drugs.
- Comprehensive health education programs to increase students' knowledge about their own health.
- Training of teachers in drug prevention

**The Ministry of Education and Drug education.** The Ministry of Education, an NNB member, is the leading sector in drug prevention education in schools and universities. Drug education is integrated in the school curriculum and co-curricular activities. Drug education is described as lessons, programmes, activities and practices that lead to the achievement of learning outcomes that relate to drug abuse prevention and control among individuals and in communities.

Many of the elementary and junior high schools have now integrated drug prevention education in health and physical education (Penjaskes) curriculum, focusing primarily on good health and healthy lifestyle such as proper nutrition, balance living, protection against diseases, and the proper use of drugs. In the Junior and Senior High School, in addition to good health and healthy lifestyle, information about the various types of drugs, their effects and their health consequences together with Life Skills such as communication, decision-making, and life Skills programs are added to offer school children and youth a way to resist peer pressure to use drugs



**Clear policies regarding use and possession of drugs on and off school property** The Ministry of Education has formulated a drug-free school policy and eventually all elementary, junior and senior high schools and universities, both government and private, established specific rules regarding drug use in recent years, to include prevention, treatment and disciplinary measures. School policies specifically state that drug use, possession, and/or sale in schools are prohibited with the consequences for violating the school policy such as suspension, notification of police, and expulsion from school.

**Positive peer programs in schools.** Several high school and university students as well as youth groups in the community have established and trained student groups as peer educators or peer leaders to promote and endorse drug-free programs. Training modules have been developed for this purpose.



*Meeting of Drug prevention experts to formulate training modules on drug prevention for teachers*

Prevention experts from various universities and organization throughout Indonesia met with national prevention experts to formulate training modules on drug prevention for teachers at the secondary level and universities.

**Life Skills programs to offer young people a way to resist the peer pressure to use drugs.** Beginning of 2002, the Ministry of Education in cooperation with the National Narcotics Board embarked on social competence skills in drug prevention in addition to the on-going cognitive based approaches in public schools. It started by training trainers composed of senior high school teachers on the skills and knowledge in enhancing personal and social competence related to preventing drug abuse, and are expected to train other teachers in their respective provinces.



**Provision of training for teachers about drugs, prevention strategies and teaching appropriate techniques on drug prevention.**

Teachers of drug prevention must be well-informed and must possess a level of basic knowledge and skills to be an effective facilitator of learning and to be able to establish credibility as sources of drug

information. Hence the need for training. BNN and the Ministry of Education have been training teachers and trainers on practical skills and knowledge in the area of drug prevention, methods of teaching, and the acquisition of knowledge and skills to teach social skills which includes skills for building self esteem, resisting pressures, communicating effectively, making decisions and dealing assertively with social situations.

Training for elementary, junior and senior high school teachers has been launched since 2003 and so far three training programmes have been conducted by BNN Drug Prevention Center from 2003-2005 with a total of 262 trained teachers' trainers throughout Indonesia. It is expected that these trained trainers will train trainers' in their respective provinces.

*Training of University Instructor and Profesional Drug Prevention*



## BNN Partnership with Forum of Rectors and University Rectors



*Signing of Memorandum of Understanding between the National Narcotics Board, Forum of Rectors and University Majelis Rectors, June, 2005.*

**BNN and University Rectors' Forum.** In the fight against drug abuse and illicit drug trafficking and to save Indonesian youth particularly university students who have the highest proportion of drug abuse, from the threat of drug menace, a joint agreement and working relation on drug abuse prevention in university campus throughout Indonesia between BNN and Forum Rektor Indonesia together with Majelis Rektor Perguruan Tinggi Negeri Indonesia took over in June, 2005. The agreement includes the following: (1) Exchange of information and experiences regarding drug abuse prevention and control; (2) Partnership in training student volunteers and Task Force on Campus Community Anti Drug Movement (Gerakan Masyarakat Kampus Anti Narkoba) including the control of drug abuse and illicit drug dealing in university campus; (3) As operational base for prevention efforts in various universities. This joint cooperation is primarily to achieve a drug-free university in Indonesia.

**Anti-Drug Team in Junior and Senior High Schools.** Junior and Senior High School students leaders, majority are members of the student council (OSIS) are trained on drug prevention and are expected to plan and implement drug prevention initiatives in the schools, such as drug awareness and information, peer leadership, and positive alternative activities.

**School-Community Drug Prevention Coordinating Committee.** It is well recognized that schools alone can not solve the drug abuse problem. Schools need the support of the community to fully attain a drug-free school and community.

A number of junior and senior high schools have initiated collaborative network with the community and recently established a drug prevention coordinating committee whose members are representatives from both school and the community such as school personnel, student leaders, parents, law enforcement officers and local leaders headed by the school principal. Its function is to plan and implement drug prevention and control programs in schools.





## Workplace Based Drug Prevention Strategies

Studies have shown that majority of the drug abusers are in their productive years and gainfully employed. In Indonesia, sixty-four (64%) of drug abusers are employed and majority worked in private companies or as entrepreneurs. The economic and human costs of drug abuse are astounding, costing businesses billions of dollars annually in lost productivity and health care costs. Estimate of economic and social cost of drug abuse in Indonesia in 2004 was about Rp.23,6 trillion.

The International Labor Organization and the World Health Organization reported some of the effects of the of drug abuse on the workplace as follows:

### Accidents

- Up to 40 percent of accidents at work involve or are related to alcohol use.
- Drug-using workers are more likely to be involved in an accident at work than workers who do not use drugs.

### Absenteeism

- Drug-using or heavy-drinking workers are more likely than other workers to be absent without permission
- Drug-using or heavy drinking workers are absent from work more often than other workers
- Drug-using or heavy drinking workers are more likely than other workers to have absences of eight days or more.

### Tardiness

- Drug-using or heavy-drinking workers are more likely to arrive at workplace and leave early than other workers.

### Strains on co-workers

- Increased workload to compensate for drug-using or heavy-drinking workers
- Higher safety risks due to intoxication, negligence and impaired judgment of drug-using or heavy drinking workers.
- Disputes and grievances

- Lost time leading to decreased productivity
- Intimidation and trafficking in illicit drugs at the worksite
- Violence
- Theft
- Workers' Compensation Costs
- Drug-using or heavy drinking workers are more likely to file a workers' compensation claim than other workers.

### **Output**

- Both intoxication and post-use impairment ("hangover effect") impact the following functions, which are relevant to work performance.
- Reaction time (reactions are slower)
- Motor performance (clumsy movements and poor coordination)
- Sight (blurred vision)
- Mood (aggression or depression)
- Learning and memory (loss of concentration)
- Intellectual performance (impairment of logical thinking)

The International Labor Organization (ILO) has found that if workplace substance abuse prevention programmes are properly developed and implemented, they are good for both employees and workers. As with other programmes addressing employee's health, safety and well-being, they are a "win-win" proposition. The drug prevention programmes not only result in a healthier workforce, but also contribute to improved worker morale, a positive enterprise image in the community and increased enterprise productivity.

**The advantages of workplace substance abuse initiatives are as follows:**

- Workplace programmes have the potential to reach the entire working population, from youth to mature adults
- The workplace mirrors the substance abuse problems of the community. No workplace is immune.
- In the workplace, the target group for the prevention campaign is

a captive audience

- The workplace is an effective location for intervention and for providing support to workers who are experiencing problem of substance abuse. Continued employment is a strong incentive and reliable support for successfully overcoming problems of abuse.
- The greatest potential for reducing alcohol-and drug- related workplace injury exists outside the medical context of hospitals and clinics, because most accidents involve workers who are not yet dependent on alcohol or drugs, and would not, therefore, be in treatment.

The International Labor Organization, concerned with the damaging effects of drug abuse in workplaces, adopted a resolution in 1987 urging employers, labor organizations and governments to develop and implement constructive prevention and treatment responses to drug problems in the work setting. In 1996, ILO developed the Code of Practice "Management of alcohol-and drug-related issues in the workplace" primarily to promote the prevention, reduction and management of problems related to alcohol and other drugs in the workplace. It is within this framework that the ILO recommends to governments and employers' and workers' organizations to develop and implement workplace substance abuse programmes.

### **The Ministry of Manpower and Transmigration and BNN, Indonesia**

The welfare of workers, employees as well as employers at workplace in Indonesia is the primary concern and core activity of the Ministry of Manpower and Transmigration. Over the past two years, the National Narcotics Board has jointly undertaken a series of awareness campaign

for government and private companies on the importance of drug abuse prevention in workplace as well as training-workshops for chief executive officer, human resource managers and supervisors in large, medium and small-sized enterprises on drug abuse prevention.

To encourage private sectors to implement drug prevention programmes in workplaces, BNN in cooperation with the Ministry of manpower and Transmigration developed the following plans:

- Formulate national policy on drug prevention at workplaces.
- Raise private sector and corporate advocacy in workplace.
- Increase awareness of private sectors/corporation on the advantages of drug prevention at workplace.
- Encourage private sectors/corporations to undertake awareness campaign in their respective companies.
- Identify corporations with best practices as models for drug prevention at workplace

## **National Policy on Drug Prevention at Workplace, 2005**

### **Ministerial Decree No. 11, 2005 on Prevention and Control of Drug Use and Illicit drug Dealing/Trafficking in the workplace.**

Recognizing the need to prevent and control the negative effects of drug abuse and illicit drug dealing and trafficking on the health, peace and order, security and work productivity in workplace, the Ministry of Manpower and Transmigration, one of NNB's line Ministry members, issued Ministerial Decree No. 11, in 27 June, 2005 on the Prevention and Control of Illicit drug use and illicit drug dealing in the workplace. The Decree consists of nine (9) Articles, some of which are as follows:

**Articles 2, 3, and 4 refers to the need for company owners to formulate and implement drug prevention and control policies and its procedures.** It emphasized the involvement of workers' union and drug prevention expert in the formulation and implementation of the policies.

**Article 5 of Law No. 11, 2005 refers to drug prevention and control programmes in the workplace** which states that implementation of drug prevention and control program should include communication of prevention policies and programmes to all company employees/workers; undertake information, education and training programmes to increase workers' awareness; develop consultation assistance program for employees and to undertake periodic evaluation of the company's drug prevention policies and programmes.

**Article 6 of the Law refers to drug testing** which stipulates the right of employers to ask employees suspected of using drugs to undergo drug test at the expense of the company; drug testing to be done by authorized health units or laboratories in accordance with the Law and

**Article 7 refers to the responsibility of the employer to provide drug abuse treatment and rehabilitation** which states the need for treatment and rehabilitation to employees in need,.

**Article 8 refers to the responsibility of the company's to report employees possessing, selling or dealing illicit drugs in the workplace** to the National Police of the Republic of Indonesia.

Perpustakaan BNN

## BNN Drug Prevention Interventions In Workplaces



### Private and government sectors to implement workplace programmes

To encourage private and government sectors to implement drug prevention programmes in workplaces, BNN developed the following plans:

- Formulate national policy on drug prevention at workplaces.
- Raise private and government sectors and corporate advocacy in workplace.
- Increase awareness of private and government sectors/corporation on the advantages of drug prevention at workplace.
- Encourage private and government sectors/corporations to undertake awareness campaign in their respective companies.
- Identify corporations with best practices as models for drug prevention at workplace

## **BNN Advocacy to tackle drug abuse problem in the workplace**

**Advocacy programmes for CEOs, top management and Human Resource managers.** BNN fully recognized that the problem of drug abuse in the workplace requires employers commitment and support for a drug abuse prevention program in the workplace. It also requires a well-designed strategic plan on drug abuse prevention in the workplace focusing not only on the drug problem but also taking into consideration the conditions in the workplace that cause high risk workers to take drugs. BNN, in cooperation with the Ministry of Manpower and Transmigration, took an initial step to increase commitment and support of employers for a drug-free workplace, through an advocacy meeting with companies CEOs, top managements and Human Resource managers. The Advocacy meeting aimed primarily to provide them an overview of the current drug problem and the prevention and control strategies in the country; explain the objectives, components and benefits of the drug free workplace programme and to encourage the organizations to implement drug prevention programme in the workplace.

## **Drug Prevention Course for Managers and Supervisors in the Workplace.**

The advocacy meeting with CEOs and top management was followed by a series of courses for company managers and supervisors primarily to explain the seriousness of the drug problem and its impact on the workplace; enhance knowledge regarding the drug free workplace programme, enable the development of a drug free workplace programme; and to enable the implementation of a drug free workplace programme.



## Community-Based Drug Prevention Strategies



Drug abuse is a community problem which requires community action and support. Organizing for community action is the first step towards achieving a drug-free neighborhood. This is based on the premise that (1) people know what their problem is and its solution better than anyone else; (2) people become committed to prevention initiatives that they themselves developed; (3) action and change occur most quickly when people work together.

As the UN Secretary General Kofi Annan said during the International Day Against Drug Abuse and Illicit Trafficking on June 26, 2000: *"There are no easy solutions to the drug problems. A great deal can be done, especially in preventing drug abuse. The weapons in this fight are simple: common sense and good will, which are available in every neighborhood."*

It is well recognized that when community people work together to solve their own problem, significant change can occur in their community. It is therefore relevant to empower people with the knowledge and skills to identify their problems and harness their resources to deal with their priority problem.

### **BNN Partnership with Non-Governmental and Community Based Organizations**

The Government of the Republic of Indonesia recognizes the significant role of non-government organizations in its fight of the drug abuse problem. NGOs are recognized as vital development partners because of their accessibility and acceptability to community groups. Civil society (NGOs) can :

- Proactively advocate civic awareness on dangers of drugs and social response;
- Plan and implement prevention programs which highlight health promotion and drug-free and healthy life style as a popular form of community action, i.e. fun runs, sports fests, athletic contests;
- Provide challenging, positive experiences to help young people to develop necessary skills to become socially mature individuals with self-discipline, confidence, reliance and independence; and
- Encourage more people to become active in addressing the drug abuse problem.

Civil society (NGOs) has the potential to be innovators of change as well as initiators of new programmes. They are the vehicle or machinery for concerted social and community action particularly in the prevention of drug abuse. They have the role to play in mobilizing



community involvement against drug abuse in the spirit of voluntary service within the community.

Civil society complements and supplements government efforts in demand reduction and overall preventive efforts. They can assist the government by developing appropriate programmes for the rehabilitation and after-care of drug-dependent persons.

In 2002, the number of NGOs signed a Memorandum of Understanding (MOU) in the area of drug prevention.

### **Highlights of NGOs Drug Prevention Programmes**

NGOs are encouraged by the National Narcotics Board to participate in drug prevention. As to date, there are 274 NGOs working in the field of drug abuse prevention. The list of these NGOs is found in Annex I. A number of NGOs in prevention have implemented practical drug prevention experiences, some of which are considered one of the best practices in the world based on scientific research results and of lessons learned from these initiatives.

**The National Women's Congress (KOWANI )**, a federation of national women's organization in Indonesia is one of the NGOs that signed a Memorandum of Understanding with NNB to help prevent drug abuse among the youth. KOWANI was established in 1928 and consist of 78 women organizations with at least 30 million members, distributed throughout Indonesia. In recent years, KOWANI formed a "Network Against Drug Abuse" which implemented community level activities such as training parent groups on drug prevention and advocate family resilience against drug abuse and HIV/AIDS.



*Training of PKK members on Drug Prevention*

**The Family Welfare Movement (PKK)** is also one of the women's organizations that made an official agreement through Memorandum of Understanding with the National Narcotics Board to actively participate in the drug prevention program focusing on family. The PKK consists of the wives of government officials in all levels, whose function is to organize welfare and health programs at the national, provincial and village levels throughout Indonesia. PKK officers and members were trained by NNB Prevention Center on drug prevention and parenting skills as strategy for prevention.

**Research Consultants Indonesia (RECON-INDO)**, an NGO actively involved in drug prevention at the grassroots level with community-based drug prevention and parenting education as its major programs. Established in 1987, Recon-Indo has trained and educate women's groups such as The National Women's Congress (Kowani), The Family Welfare Movement (PKK), Catholic Women's Organization (WKRI), National Police Wives Organization (Bhayangkari), Civil servants Wives Organization (Dharma Wanita) and the five Women's Religious Organizations under the State Ministry of Women's Empowerment in the area of community based drug prevention and parenting education. The main purpose of this training program is to mobilize these organizations to plan and implement drug prevention in their respective organizations as well as to implement community-based drug prevention with parenting education as the main programme.



*Training of Trainers on Drug Prevention of Wives of National Police officers Organization (Bhayangkari). 2001*

- Research Consultants Indonesia (Recon-Indo) has pioneered the community-based drug prevention program in Indonesia linked with parenting education with UNDCP assistance in 1999. The aim of the project is to mobilize people at the grassroots to prevent drug abuse. The community was organized by establishing an Anti Drug Committee at the sub-district (Kecamatan) and village (Kelurahan) level, headed by the sub-district chief (Camat) and Lurah respectively, with key leaders from all segments of the community as members. The Anti Drug Team at the village level includes village leaders (Lurah), school administrators, teachers; sub-district police officer, parent, religious, women, and youth leaders. The coalition of concerned community people serves as a forum for sharing ideas and perceptions about issues related to drugs in the community. It also provides leadership for planning, implementing and evaluating drug prevention programs as well as to coordinate and oversee the development drug prevention activities in all the (7) villages including the schools. Grassroots communities in East Jakarta is a good example of demonstrating how a coordinated community can address the threat posed by neighborhood drug activity.
- Overall, the experience has been positive. The community has a high level of awareness of the drug problem and has been successful in formulating, implementing and monitoring community-based drug prevention efforts. Local police and neighborhood alliances show strong support of the community drug prevention efforts.

- While this project on community-based drug prevention was a small project implemented in a sub-district in Jakarta, it was nevertheless chosen by UNDCP as one of the 15 best practices in the world in 2002 and by the Colombo Plan DAP in 2003.

#### LESSONS LEARNED :

- Overall, the parenting education experience at the grassroots level has been positive. Experience indicated that parents, particularly mothers, if given assistance and support can be the most active resource and partner of the community and the government in addressing the drug problem. This because parents are the people who care most about their children, having the motivation and the courage to fight for the well-being of their children.
- Partnership between parents groups with the local government, NGOs and the community are an indispensable element in undertaking an integrated community-based drug abuse prevention. Support by local government officials have been useful in boosting the morale of parent and community volunteers.
- Parenting and prevention education, to be effective, have to be integrated in various parents' activities in the community which are found to be effective arenas to communicate and discuss parenting issues.
- The neighborhood women's group, on the other hand, are reached during their monthly neighborhood meeting to discuss their role as parents in drug prevention. Integration of

drug information and education programs in various community routine activities like women's monthly social meetings and community leaders' meetings.



*Drug prevention and parenting education integrated in women's monthly meeting*



*Religious NGOs are reached through their pengajian activity*

**Community Organization/Community Coalition at the sub-district level.**



*Mobilizing women and mothers against drugs.*

- Research Consultants Indonesia Foundation continue to share this practical experience with BNN related-line ministry members such as the Ministry of Social Affairs, the Ministry of Women's Affairs, the Ministry of Home Affairs, related NGOs and some Provincial Narcotics Board. Some positive results indicate a number of community-based prevention programs being implemented in Jakarta and other provinces.

**Yayasan Cinta Anak Bangsa (YCAB)**, is an independent, non-profit, social foundation, established in 1999 with the mission to save the lives of Indonesian youths by combating the drug abuse problems through education, awareness and primary prevention efforts. YCAB objectives are to (1) mobilize civil society to take action to prevent drug abuse and the use of illicit drugs; (2) provide sound knowledge and appropriate skills to youth and prevention volunteers; (3) build output oriented and professional human resources as campaigners and trainers.

YCAB major prevention program is its school-based anti drug campaign. Its main prevention feature is its inter-school campaign program integrated with music, audio-visual and interactive dialogue featuring the YADA (Youth Against Drug Abuse) Band with a speaker who talks about drug abuse and its harmful effects. Phase 2 of its school-based campaign program is a training-workshop of potential YADA Club members, who eventually become volunteers. Training of Trainers and youth leaders is also part of the school based campaign program. YCAB community-based campaign program is conducted in non-school environment such as community centers, malls, worship places, hospitals, army and police bases, and workplaces.

A 24-hour counseling service is offered by YCAB that can be accessed free of charge both by telephone and internet for drug dependents and their families.

Since its inception in 1999, YCAB has reached more than half a million people through YCAB's direct campaigns and many millions more through mass media campaigns. Campaigns have been made in hundreds of schools and public places throughout Indonesia and training to many private institutions.



*Religious NGOs are reached through their pengajian activity  
(Qur'an recital classes)*

YCAB produces various types of printed media for advocacy in prevention. These materials are made widely available at all YCAB campaign events.

In 2002, the National Narcotics Board in cooperation with NGO (Yayasan Cinta Anak Bangsa) supported by the Drug Advisory Program, Colombo Plan Bureau and the International Narcotics and Law Enforcement Affairs, US Department of State, organized the first Asian youth congress held in Bali, Indonesia with the theme "Facing the Challenge." The objectives of the Congress were to enhance awareness of the youth on the harmful effects of drug abuse; enhance youth skills in decision making and communication; provide forum for the youth to express their ideas and find solutions to drug abuse prevention; establish a world network between government and non-government organizations and the youth and to formulate action plan to be implemented in each participating country.

These achievements were made possible with the support of thousands of students, parents, donors, school principals and teachers, religious leaders, and journalists.

YCAB's remarkable achievements have been recognized internationally and nationally. It gained a UN-Vienna Civil Society Award in 2001 and in 2002, YCAB received a National Silver Award given by the National Narcotics Board and in 2003, it received a National Gold Award given by the National Narcotics Board.

## Drug Prevention Through Mass Media





## MASS MEDIA AGAINST DRUGS

It is well recognized that the media is a powerful agent of change. The media provides important messages to shape and reinforce societal norms, including those related to behavior resulting from drug use. But research on the effects of media campaigns has determined that at best media campaign generally does no more than increase awareness among the target population. It is unrealistic to expect media campaign alone to reduce drug use by affecting behavior. But increasing awareness about the drug problem is one of the first steps toward behavior change.

**Media Campaigns** - Media campaigns include a combination of television and radio public service announcements (PSAs), billboards, booklets, posters, specially planned events. Media campaigns are found to be useful in helping people especially the youth to stay away from drugs in various ways as follows:

- Public information campaigns influence individual values, attitudes towards drug issues. Information campaigns can contribute positively or negatively to attitudes, perceptions and knowledge about drugs. "Public information campaigns can help clarify issues about the drug problem. It enlightens people on the relationship between drugs and poverty, violence and crime.
- Public information campaigns can play a lead role in the advocacy campaign for healthy, drug-free lifestyles.
- Information campaigns can help deglamorize drug use.
- Information campaigns can send strong messages to its audiences that drug use will not be tolerated in a society that puts prime value on health, peace and order.

## **BNN Task Force on Drug Information**

In accordance with ACCORD Plan of Action on Pillar 1 (Civic Awareness), BNN established and operationalized a Task Force on Drug Information headed by BNN with nine related line ministries as follows: (1) Ministry of Education; (2) Ministry of Health; (3) Ministry of Information; (4) Ministry of Social Affairs; (5) Ministry of Women's Empowerment; (6) National Police; (7) Ministry of Home Affairs; (8) Ministry of Religious Affairs; and (9) BNN. Public awareness and public advocacy has been increasingly carried out by this Task Force and its related ministerial members.

A national public information and communication strategy and community outreach program in drug prevention has been designed since 2002 primarily to increase awareness of the general public.

## **Drug prevention Campaigns integrated in monthly national events and holidays**

In a year, there are about eight national events/holidays observed in Indonesia. On the month with a special event or holiday to observe or celebrate, BNN generally utilize these events as an opportune time to integrate drug prevention campaign. The monthly special events or holidays are as follows:

- |                  |                                   |
|------------------|-----------------------------------|
| ♦ May            | : National Education Day          |
| ♦ June           | : International Day Against Drugs |
| ♦ July           | : Children Aware of Drugs         |
| ♦ August         | : National Independence Day       |
| ♦ September      | : Karang Taruna Youth Day         |
|                  | : Family Welfare Movement Day     |
| ♦ October        | : Youth Pledge ( Sumpah Pemuda)   |
| ♦ December       | : Mothers' Day                    |
| ♦ Ramadhan Month | (No fixed month)                  |

**Some of the drug prevention campaign activities generally implemented are as follows:**

- Advocacy and drug information
- Mass rallies / March against drugs
- Sports against drugs like Marathon contest; basketball and badminton games
- Music against drugs like singing contests; musical extravaganza
- TV/Radio interactive dialogue
- Distribution of prevention materials such as leaflets, stickers
- Posting of posters, banners and billboards in strategic places
- Poster making contests / Singing contests
- National seminar for the target group
- Training on drug prevention
- Essay Writing contest Exhibits
- Civil society/media award for Best Drug Awareness Promotion

## **Code of Ethics on Broadcasting and Drug Information through Communication Media**

In 1995, the former Department of Information, Republic of Indonesia, Secretariat on Narcotic Information, Directorate General for General Information, issued a **"Code of Ethics on Broadcasting and Drug Information through Communication Media"**, as a guide for media personnel in the area of drug prevention and control. The Code of Ethics consists of Four Parts and 22 Chapters as follows:

### **PART I THE POSITION AND SPECIFICATION OF MEDIA**

#### **Chapter 1.**

The Drug Information on Media, either Mass Media (print, electronic and cinema) or Interpersonal Media (face-to-face, exhibition, traditional media, others), should emphasized the promotion of eliminating illegal drugs activities, through cultural-educative approach.

#### **Chapter 2**

Each Media management, either mass media or interpersonal media should be aware that "overdose" of information on drugs has similar danger effect as that of "underdose" of information, because both information could lead to misperception.

#### **Chapter 3**

Each Media, either mass media or interpersonal media, should anticipate toward "saturated condition" on drug information and therefore should be further studied to seek new innovation to conduct information at every phase of development.

#### **Chapter 4**

Implementation of drug preventive information campaign through interpersonal media can be carried out in a "high profile" mode, meaning it can be done more intensive, more detailed, clear and transparent subject to the condition and the audience level of knowledge and perception.

## **Chapter 5**

Implementation of drug preventive information campaign through the mass media can also be done in a "low profile" manner, meaning it can not be too detailed, but merely to give general knowledge with the purpose to promote audience awareness regarding the dangerous effects of drug abuse.

## **PART II BASIC PRINCIPLES ON DRUG INFORMATION**

### **Chapter 6**

"Freedom of information" on drugs should not be interpreted in absolute term, but rather, "Freedom with Responsibility" with the purpose to prevent illicit drug supply and to eliminate illicit drug demand.

### **Chapter 7**

The "freedom to cover" may not necessarily mean "freedom to report", because information on drugs should be considered seriously based on the sensitivity of the issue related to public order and security.

### **Chapter 8**

In launching drug information, one should emphasize the aspect of "How" to write, present or to broadcast and to describe the background of "Why" it happened. By doing so, the target audience may have the opportunity to absorb and to digest the information.

### **Chapter 9**

Information on drugs should be treated in a way that it may not lead to promotive and suggestive effects, which can motivate individuals to misuse drugs, ending to a counter-productive effect.

### **Chapter 10**

Information on drugs should directly or indirectly create an anti-drug feeling among the audience, leading the target audience to avoid or reject purchasing or consuming illicit drugs.



### **Chapter 11**

Information of illicit drug activities through the mass media should not demonstrate or show the "modus operandi" of smuggling or using drugs in detail, as it may promote imitative effect.

### **Chapter 12**

Information on drug intelligence operation, known by chance by any personnel media, should be checked before hand to the authorized officer or institution prior to dissemination.

### **Chapter 13**

Information on drugs should describe the devastating effects on the social norms on a wider perspective and therefore information on the drug laws and regulations and the heavy sanctions imposed to illicit drug activities should be encouraged.

### **Chapter 14**

Dissemination of information on profit derived from illicit drug trafficking and other related activities should be avoided.

### **Chapter 15**

In the confiscation of drugs and precursors, drug control officials should consider to disseminate the quantity of drugs (weight, volume, pieces, etc) and to compare it with the real need for pharmacies and industries, medical treatments, research, and other legal purposes.

### **Chapter 16**

It is encouraged to consider the dissemination of drug information relating to the social effects or financial losses in drug treatment and rehabilitation rather than disseminating the profit derived from illicit drug trafficking.

### **Chapter 17**

The identity of drug patients or drug cases may not be disseminated transparently, as the patient still has the chance to improve or be treated.

### **Chapter 18**

The family status and name of the drug user may not be disseminated since drug use is a personal matter which does not relate to the family status of the drug victim.

### **Chapter 19**

It is believed that mass media and interpersonal media could be utilized through an integrated system primarily to produce synergetic power in order to mould the audience's attitude to restraint from consuming illicit drugs and therefore, the write up and presentation or broadcasting should give "positive" inputs such as on ways to prevent drug abuse and their roles to play in prevention, to guide and to assist interested groups of community who will participate in the elimination of illicit drug demand.

### **Chapter 20**

Preventive drug information should motivate the audience to become a "good citizen", whose attitude is to reject drugs and to participate actively in drug prevention activities.

### **Chapter 21**

Drug information basically strengthens individual resilience in all aspects of his life. The aim is for the audience to make the right decision by rejecting drugs.

### **Chapter 22**

The end result of drug information is to promote public opinion to reject illicit drug use.

## **BNN Drug Information**

BNN drug information comes through the media in a variety of forms:

- **Mass Media** which include the following:
  - Newspapers and magazines such as news articles and reports
  - Radio and Television which include news; talk show; interview; Public Service Announcements; Television Quiz Show on Drug Prevention
  - Films and Video tapes /CDs on Drug Prevention
- **Print materials** some of which are as follows:
  - Books
  - Comic magazines
  - Leaflets/brochures
  - Posters
  - Billboards
  - Stickers
  - Calendars
- **Interpersonal Communication** is needed to reinforce mass media to ensure that the anti-drug messages are understood. BNN interpersonal communication interventions generally use existing interpersonal networks such as the schools, workplaces, religious institutions, civic and community organizations, youth groups, government and non-government organizations in the form of lecture-discussion, training courses, group discussions and meetings.

### Media Award for Best Drug Awareness Promotion.

As part of BNN's commitment to ACCORD's Plan of Action, Pillar 1 on Civic Awareness, media are encouraged to participate actively in awareness building. Selected news agency personnel are encouraged to disseminate information utilizing all forms of media technology. Media personnel who regularly produce or feature drug prevention and control issues are given award at the State Palace during the International Day Against Drugs. In 2004, one Kompas Newspaper journalist and an owner of a Television Station (Indonesiar), were one of the awardees for their exemplary work in drug prevention.



*Kompas newspaper journalist (receiving the award) and a TV station owner (Indosiar) as one of the national awardees for their exemplary work in drug reporting, awarded at the State Palace during the International Day Against Drugs, 2004.*

**Regular Radio and TV Anti Drug Interactive dialogues; talk show; interview on special drug issues with drug control experts and NNB officials. It also includes Anti Drug Running Text on Televisions by a number of government and private television stations.**



## Public Service Announcements

### BNN Public Service Announcements aired in various TV stations.



This is about the soul of a young girl who just died of drug overdoses, watching her parents lament of her passing. She watches and hears her parents talk about her happy childhood days but could not understand how and why she became a drug user.



This is a story of two male best friends starting from elementary grade up to the secondary school. One was a diligent boy, serious with his studies, the other was entirely the opposite, and eventually got hooked to drugs. At the end, the diligent boy finished his studies with honors, the other passed away due to overdoses of drugs.



This depicts two junior high school boys, one well supported by the family and made to the top, the other, from a permissive family and ended to drug abuse.



This shows the role of family particularly parents in the prevention of drug abuse.

## TV Quiz Show on Drug Awareness for Youth "Siapa Berani"





## Films and Video Clips on Drug Prevention

### FILMS:

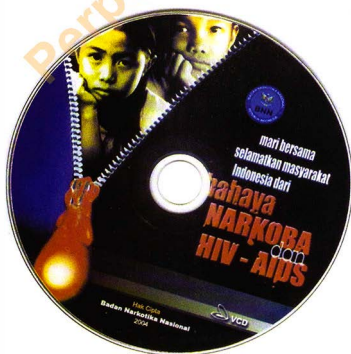
Two films have been developed on drug prevention (1) entitled "Gerbang 13" which is about 77 minutes, which shows the ill effects of drugs in society, including social and economic effects. This problem is solved by a group dedicated police officers with the help of the community to clean the community from drug problem.

Another film on drug prevention produced in 2003 is entitled "Million Stars in the Sky" ("Di Langit ada Sejuta Bintang").

Production of TV drama on drug prevention by a group of film artists and Production House also in 2003.

### VIDEO CLIP:

A video clip entitled "The Dangers of Drug Abuse and illicit Drug Trafficking."

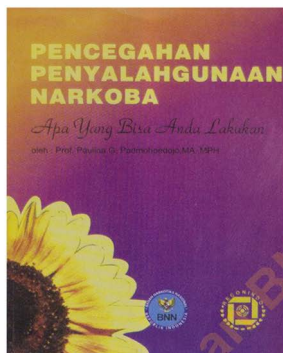


HIV/AIDS in Indonesia, is a 10-minute film, in Indonesian language, with English translation, which depicts the drug problem situation in Indonesia and its ill effects to include HIV/AIDS and hepatitis B, its treatment and rehabilitation facilities, and ways to prevent drug abuse among youth through sports, music, arts and others.

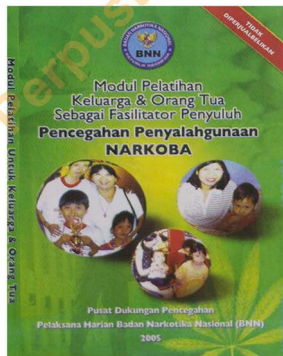
This VCD film is played in every meeting of BNN and its related agencies, as well as in training, seminar, advocacy activities, primarily to increase awareness of the general public on the drug abuse problem in Indonesia.



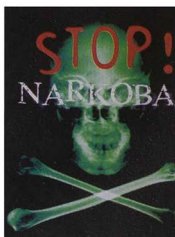
## PREVENTION BOOKS



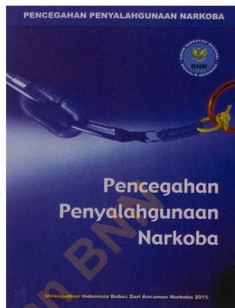
*"Drug Abuse Prevention: What Can You Do?"*



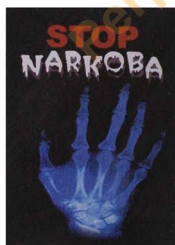
*Training module on parenting Education*



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Mewujudkan Indonesia Bebas Dari Ancaman Narkoba 2015

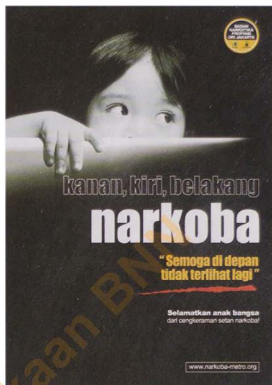
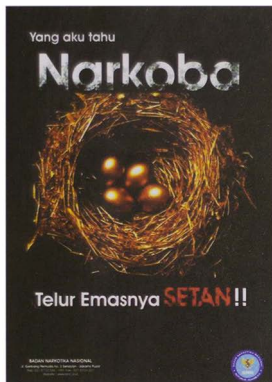


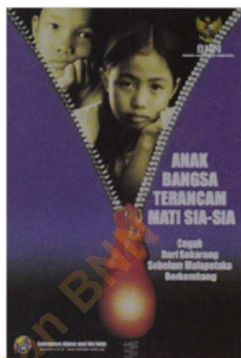
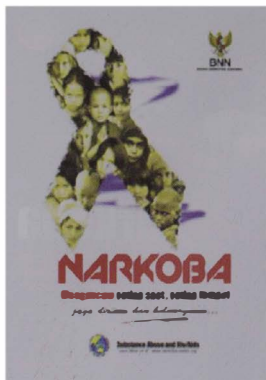
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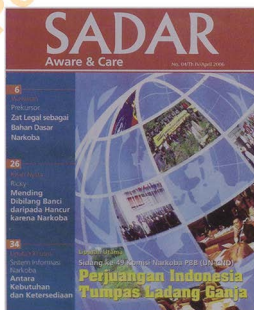
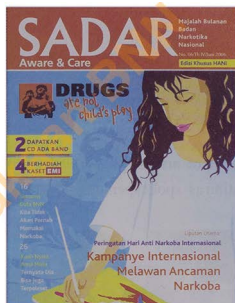
## PREVENTION POSTERS





## Publication of NNB Newsletter

Since 2002, the National Narcotics Board has been producing its Newsletters, entitled "Warta BNN" published every three months and distributed to all Provincial, City and Municipal Narcotics Board throughout Indonesia, to its ministerial board members, NGOs working in the field of drug prevention, and community leaders.



## LOCAL CELEBRITIES



A number of artists, producers, and other celebrities have been trained on drug prevention as spokespersons on drug prevention.



Artist and film producers joined the march Against Drugs as part of BNN's drug awareness campaign.

## FILMS:

Two films have been developed on drug prevention (1) entitled "Gerbang 13" which is about 77 minutes, which shows the ill effects of drugs in society, including social and economic effects. This problem is solved by a group dedicated police officers with the help of the community to clean the community from drug problem



The second film was produced in 2004 entitled "The Dangers of Drug Abuse and illicit Drug Trafficking and HIV/AIDS in Indonesia, is a 10-minute film, in Indonesian language, with English translation, which shows the drug problem situation in Indonesia, including its ill effects such HIV/AIDS and hepatitis B, its treatment and rehabilitation facilities, and ways to prevent drug abuse among youth through sports, music, arts and others.

This VCD film is played in every meeting of BNN and its related agencies, as well as in training, seminar, advocacy activities, aimed to increase awareness of the general public on the drug abuse problem in Indonesia.

## **Awareness Campaign through Interpersonal Media.**

Since 2001, the National Narcotics Board, Prevention Center, has been conducting a number of awareness campaign through public gatherings, rallies and meetings, in cooperation with the NNB members, Provincial Narcotics Board, NGOs and community leaders. A list of these activities are as follows:

**Anti Drug Musical Extravaganza** - This free show is generally performed by selected well-known music artists and bands, who are drug-free. The stage is decorated with anti-drug banners and posters and in between the show, anti-drug messages are provided. In 2003, this kind of musical show was organized and financed by a private television station (Indosiar), attended by more than 10,000 youths, on lived coverage nationwide. Other musical extravaganzas were organized by a group of actors and actresses in cooperation with the National Narcotics Board.

**Poem Reading with Anti-Drug Messages**, participated by well-known poets, nationally televised and broadcasted over radio stations.

**Prayers Against Drugs** performed by about 5000 youths, street children and orphans.

**Family Rally Against Drugs.** This is an event wherein concerned families together with their children join the march against drugs, bringing along banners and posters with anti drug messages. The first family rally was launched in 2003 jointly organized by the Ministry of Social Affairs and the National Narcotics Board, participated by more than 1,000 families.

**Mass Rally Against Drugs.** This is another form of rally whereby concerned political leaders, students leaders together with other government officials and community leaders join together with anti-drug messages and expressing their support for drug prevention and control.

### **Interpersonal Communication Through Advocacy and meetings**

<b>Activities</b>	<b>Location</b>	<b>Target Groups</b>	<b>Total Number</b>
1. Advocacy on Drug Prevention and Socialization of Parenting Skills Program.	<b>INSTITUTIONS:</b> PNB/KNB	South Sulawesi	<b>150</b>
	Local Government	West Nusa Tenggara (NTB)	<b>150</b>
	Related agencies	Jambi	<b>200</b>
	<b>ORGANISATIONS</b> Business groups,	South Kalimantan	<b>150</b>
	Wives of Armed Forces/Police officers	West Sumatra	<b>175</b>
	Dharma Wanita	Palu	<b>150</b>
	KNPI	Pkl.Pinang	<b>150</b>
2. National Meeting of NGOs	<b>COMMUNITY</b> Religious leaders		
	Teachers		
3. Coordination Meeting	Heads of Religious schools		
2. National Meeting of NGOs	Community Organizations (ORMAS) /NGOs	Jakarta	60
3. Coordination Meeting	Government Institutions/NGOs	Jakarta	60

## PROFESSIONAL TRAINING OF PREVENTION VOLUNTEERS, WORKERS AND PERSONNEL 2003-July 2005

**Training of credible, respected sources** such as community leaders, peer groups, and teachers, as providers of information and educators for the youth, together with the production of information materials and modules on these topics, are parts of the larger prevention initiatives for the youth.



*Training of elementary, secondary school teachers*



*Training of teachers from religious schools (Pesantren)*

## Training of Trainers Drug Prevention in Schools 2003-2005

Target Groups	Total No. Trained 2003	Total No. Trained 2004	Total No. Trained 2005
Prevention Volunteers (BNP)	50		
Youth Leaders	137		
Journalist	21		
Workplace	38		
Elementary Grade Teachers	24	34	30
Junior High Teachers	30	32	31
Senior High Teachers	19	33	30
Family Welfare Movement (PKK)	30	29	-
Neighborhood Leaders (RW)	29	-	-
Community Leaders	30	-	64
National Government Institutions (Pempus)	30	-	-
Provincial Government Institutions (Pemda)	30	-	-
Majelis Taklim (Religious organization)	27	-	-
Islamic Religious Schools (Pondok Pesantren)	28	-	-
KBPPP	27	-	-
Karang Taruna Youth Organization	15	-	-
Church Youth group (Pemuda Gereja)	12	26	-
Mosque Youth Group (Remaja Masjid)	10	33	-
Hindu/Buddha Youth Group (Pemuda Hindu/Buddha)	-	36	-
Youth Organization (Organisasi Kepemudaan)	108	-	-
Film Artists/ Journalist/ Public Relations Officers	-	69	-
<b>Total</b>	<b>587</b>	<b>282</b>	<b>155</b>



# ACCORD

Menuju Asean 2015 BEBAS NARKOBA



United Nations  
International Drug  
Control Programme







## **Regional and International Cooperation in Prevention**

ACCORD, which was formulated in 2000, stands for ASEAN and China.

Cooperative Operations in Response to Dangerous Drugs and represents the commitment by governments of ASEAN and China to make the region drug-free. The ACCORD Plan of Action was endorsed as the sole cooperative framework for drug control in ASEAN and China by 36 countries and 16 international organization. It meets the global drug control objectives set forth by UN General Assembly Special Session on Drugs (UNGASS), 1998, calling for significant progress towards reducing illicit drug production, trafficking and abuse worldwide within a ten-year timeframe.

The ACCORD Plan of Action meets the UNGASS themes through the ACCORD pillars while designating actions relevant to ASEAN and China. The National Narcotics Board is one of the National ACCORD Focal Points together with the National Control Bureau (NCB) Brunei Darussalam; National Authority for Combating Drugs (NACD), Cambodia; National Narcotics Control Commission (NNCC), China PRC; National Commission for Drug Control and Supervision (LCDC), Laos; National Drugs Agency (NDA), Malaysia; Central Committee for Drug Abuse Control (CCDAC), Myanmar; Dangerous Drugs Board (DDB), Philippines; Central Narcotics Bureau (CNB), Singapore; Office of the Narcotics Control Board (ONCB), Thailand; and the Standing Office on Drug Control (SODC), Vietnam.

### The ACCORD Plan of Action rests on four pillars:

	Proactively advocating civic awareness on dangers of drugs and social response
	Building consensus and sharing best practices on demand reduction
	Strengthening the rule of law by an enhanced network of control measures and improved law enforcement co-operation and legislative review
	Eliminating the supply of illicit drugs by boosting alternative development programmes and community participation in the eradication of illicit crops.

The NNB, Indonesia actively participates in executing the ACCORD Plan of Action, in pursuit of a drug free ASEAN 2015. Specifically, the Prevention Center of the National Narcotics Board, Indonesia, currently takes part in implementing the ACCORD Plan of Action, Pillar I on Civic Awareness and a part of Pillar II, Demand Reduction.

**Pillar I of the ACCORD Plan of Action is Civic Awareness** (Proactively advocating civic awareness on dangers of drugs and social response).

**The objective** is to address drug abuse through the design and executing of long-term information campaigns that target vulnerable populations across mediums. Partnerships with civil society and the media will increase coverage and augment impact.

**The actions are:**

- Enhance public awareness and understanding of the drug problem through well-designed information campaigns;
- Prioritize areas for social partnership in response to the dangers of drugs, particularly new drugs;
- Involve media in awareness building and utilize technology for education;
- Raise private sector and corporate advocacy in both the workplace and communities.

**Pillar II. Demand Reduction** (Building consensus and sharing best practices on demand reduction.

**Objective:** To build consensus and share practices to reduce the consumer demand for narcotic drugs. The emergence of amphetamine-type stimulants (ATS) as the drug of choice amongst youth and the link between the HIV/AIDS epidemic and drug abuse are some of the complex changes addressed by demand reduction efforts.

**Actions:**

- Enhance ATS abuse surveillance, monitoring and response capabilities;
- Develop primary prevention of drug abuse, particularly ATS abuse through the government and communities;
- Improved treatment, rehabilitation and social reintegration for drug abuse, especially ATS substance abuse;
- Reduce HIV vulnerability from drug abuse;
- Strengthen non-governmental and community-based organizations
- Build priority to deal with ATS demand into national policies.

BNN hosted the First Meeting of the ACCORD Plan of Action Task Forces in 2001 in Bali. and chaired two Tasks Forces - Civic Awareness and Demand Reduction.



Indonesia, through the National Narcotics Board chaired two Tasks Forces - Civic Awareness and Demand Reduction



*The 4th ACCORD Regional Task Force I Meeting "Civic Awareness" in Bangkok, Thailand, August 14-15, 2005.*



*Civic Awareness Meeting in Singapore, 2004*

**REGIONAL MEETINGS IN DRUG PREVENTION.** At the regional level, Indonesia participates annually in ASEAN Senior Official Meeting on Drug Matters (ASOD).



• *ASEAN Prevention Specialists sharing knowledge and experiences on best practices in drug prevention through the annual ASEAN Senior Officials on Drug Matters (ASOD).*

- **NNB Prevention Center and Colombo Plan, Drug Advisory Programme.** The Government of Indonesia through BNN works closely with Colombo Plan Drug Advisory Programme, in the areas of drug prevention through global conferences, Amphetamine-Type Stimulants (ATS) Abuse prevention and Training of Trainers in life skills for demand reduction, Training of Trainers in Enhancing Life/Social Competence Skills in Prevention Drug Education and seminar-workshops on Mobilizing Business/Workplaces to Prevent Drug Abuse.
- From the year 2000 to 2003, the National Narcotics Board Prevention Center and its members participated actively in the following global conferences on Drug Abuse Prevention:



- Third global conference in Drug Abuse Prevention held in September 2000 in Sicily with the theme "Global Networking: New Frontiers in Drug Prevention for Youth and Communities"
- Fourth Global Conference on Drug Prevention in Penang, Malaysia in 2002, which comprised five skills-based training and nine knowledge-based workshops.
- Fifth Global Conference on Drug Prevention in Rome in 2003.
- Amphetamine-Type Stimulants (ATS) Abuse prevention which mapped out strategies in ATS prevention particularly advocacy campaigns to educate the younger generations of ASEAN member countries.
- Training of Trainers (TOT) in Enhancing Life Skills in Demand Reduction, primarily to enhance the development of human resource in Asia-Pacific region.
- Enhancing Life/Social Competence Skills in Prevention Drug Education to educate teachers in life skills and social competence skills.
- Seminar/Workshop on Mobilizing Business/Workplaces to Prevent Drug Abuse which encourages businesses and NGOs to plan and implement drug abuse prevention programmes in their respective workplaces.
- Training of Trainers (TOT) in Enhancing Life Skills in Demand Reduction, primarily to enhance the development of human resource in Asia-Pacific region.

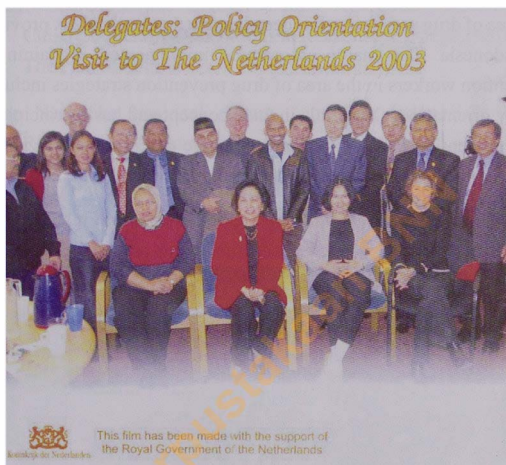
Enhancing Life/Social Competence Skills in Prevention Drug Education to educate teachers in life skills and social competence skills.

Seminar/Workshop on Mobilizing Business/Workplaces to Prevent Drug Abuse which encourages businesses and NGOs to plan and implement drug abuse prevention programmes in their respective workplaces

### **Prevention of HIV-AIDS among Injecting Drug Users.**

One of the most serious aspects of drug abuse in Indonesia is the rapidly rising incidence of HIV/AIDS among Injecting Drug Users (IDUs). Reports indicate that HIV prevalence has reached more than 20% among injecting drug users in several parts of Indonesia and about 50% in some parts of the country. The Government of Indonesia has acknowledged this serious link between injecting drug use and HIV/AIDS. Several international bodies such as UN bodies - UNAIDS, United Nations Office for Drug Control and Crime Prevention (UNODC) through its project "Reducing HIV Vulnerability from Drug Abuse," World Health Organization (WHO), The Asian Harm Reduction Network (AHRN), Family Health International (FHI), and AUSAID, are currently assisting Indonesia to address this linked problem of drug abuse and HIV/AIDS. One major programme is institutional capacity building which includes training and orientation of policy makers from the Indonesian Parliament, officials from government related organizations, like health and law enforcement, the National Narcotics Board Indonesia, the National AIDS Commission and NGOs.

**Prevention of HIV-AIDS among Injecting Drug users in cooperation with AHRN.**



### **Indonesia-Australia Specialised Training Project (IASTP) Phase III on Drug prevention Strategies - Family Orientation Training.**

Collaboration between the Government of Indonesia and Australia in the area of drug prevention has been launched recently in six provinces of Indonesia. The major programme implemented is training of prevention workers in the area of drug prevention strategies including family orientation. Materials include concept and basic principles of drug prevention programmes and effective parenting skills. Trained prevention trainers are expected to train prevention workers in their respective areas.



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