

VILLAGE POTENTIAL IN DRUG ABUSE PREVENTION 2019



VILLAGE POTENTIAL IN DRUG ABUSE PREVENTION 2019

Perpustakaan BNN



**RESEARCH, DATA, AND INFORMATION CENTER
NATIONAL NARCOTICS BOARD
REPUBLIC OF INDONESIA
2020**

ISBN : 978-623-93775-0-2

VILLAGE POTENTIAL IN DRUG ABUSE PREVENTION 2019

Copyright @2020

Editorial Board :

Supervisor	: Drs. Agus Irianto, S.H., M.Si, M.H.
Advisor	: Dwi Sulistyorini, S.Si., M.Si
Chief Editor	: Sri Haryanti, S.Sos., M.Si.
Team Members	: Drs. Muhammad Dawam, M.P.A. Drs. Titut Yuli Prihyugianto, M.Sc.PH. Mario Ekoriano, S.Si., M.Si. Mugia Bayu Rahardja, S.Si., M.Si. Desy Nuri Fajarningtyas, S.Si., MAPS Sukarno, S.Kom., MMSI. Siti Nurlela Marlani, S.P., S.H., M.Si Sri Lestari, S.Kom., M.Si Erma Antasari, S.Si Novita Sari, S.Sos, M.H. Armita Eki Indahsari, S.Si Radityo Kunto Harimurti, S.Stat.
Cover Designer	: Tri Sugiharto, S.Kom
Content Designer	: Indoyanu Muhamad

All rights reserved.

It is prohibited to quote or reproduce parts or all of the contents of this book without written permission from the Publisher.

Publisher :

Research, Data, and Information Center
National Narcotics Board of Republic of Indonesia
MT. Haryono Road 11 Cawang, East Jakarta 13630
Phone. (021) 80871566, 80871567
Fax. (021) 80885225, 80871591, 80871593
Email : puslitdatin@bnn.go.id.
Call Center : 184
SMS Center : 081221675675
Website : www.bnn.go.id



Praise be to God the Almighty for his grace and guidance that the Research on Village Potential in Supporting the Prevention and Eradication of Drug Abuse and Illicit Trafficking Program 2019 can be completed on time. This research is a collaboration between Research, Data, and Information Center National Narcotics Board and Research and Development Center for

Family Planning and Prosperous Family (National Population and Family Planning Board) as an implementation of prevention and eradication of drug abuse and illicit trafficking in Indonesia. Drug abuse and illicit trafficking does not only occur in urban areas, but it has targeted people in rural areas.

Therefore, in overcoming drug issues, National Narcotics Board as the leading sector in Prevention and Eradication of Drug Abuse and Illicit Trafficking has an important role in coordinating and synergizing ministry/ institution and other related institutions. Without synergy from the ministry/ institution and other related agencies in central and regional level, the effort will not be maximum. Considering the major threat and no areas in Indonesia that be declared as drug-free areas, it is important to explore the potential and challenge in each area, including villages.

Village as regulated in Law No 6 of 2014 on Village is a legal public unity with regional border and authority to regulate and manage governance, local public interest based on public's initiative, original rights, and/or traditional rights which are admitted and honored in the governance system of Unitary State of the Republic of Indonesia. From this definition, village is one of the potential areas to be empowered in Prevention and Eradication of Drug Abuse and Illicit Trafficking Program. This research resulted in potential and challenges in Prevention and Eradication of Drug Abuse and Illicit Trafficking Program in villages.

Finally, as the Head of National Narcotics Board, we would like to convey our gratitude to National Population and Family Planning Board

and all related agencies for the support in this research. This research is expected to give constructive inputs and becomes an alternative in decision making in implementing Prevention and Eradication of Drug Abuse and Illicit Trafficking especially Drug Free Village Program.

Jakarta, February 2020
Head of National Narcotics Board



Heru Winarko

Praise be to God the Almighty for his grace and guidance to us for completing the book **“Village Potential in Drug Abuse Prevention”** on time. This book is written based on the results of a research on “Village Potential in Supporting the Prevention and Eradication of Drug Abuse and Illicit Trafficking Program 2019” as a collaboration between Research, Data, and Information Center of National Narcotics Board and Research and Development Center for Family Planning and Prosperous Family of National Population and Family Planning Board. The research is carried out by National Narcotics Board and National Population and Family Planning Board researchers.

This book is a general overview of the research result to explore the village potential on Prevention and Eradication of Drug Abuse and Illicit Trafficking in rural areas. This research involves many parties from expert team in National Narcotics Board, Provincial Narcotics Board, Regency/City Narcotics Board, ministry/ institution, related offices, informant, field coordinator and enumerator in 5 provinces namely East Java, Central Java, West Java, Special Region of Yogyakarta and Banten. In this opportunity, we would like to convey our gratitude to Head of National Narcotics Board, Heru Winarko and Principal Secretary of National Narcotics Board, Adhi Prawoto, for the direction and guidance during the research. We would like to send our gratitude as well to Head of Research and Development Center National Population and Family Planning Board, Zahrofa Hermiwahyoeni, for the assistance and cooperation in supporting the whole stages in the research. We would like to deliver our gratitude also to all local partners as well as officials and staffs of Provincial Narcotics Board of Banten, Regency Narcotics Board of Sleman, Regency Narcotics Board of Tulungagung, Regency Narcotics Board of Kuningan, and Regency Narcotics Board of Magelang for the willingness as the research location as well as for the support in data collection.

We do hope that this book would be a positive and beneficial contribution to readers especially as an alternative in decision making and in improving Prevention and Eradication of Drug Abuse and Illicit Trafficking Program in rural areas in Indonesia.

Jakarta, February 2020

Editorial Team

The Indonesian government's efforts in countermeasuring drug abuse and illicit trafficking have been very hard, including through the imposition of sanctions in the form of penalties and fines. However in reality, the number of abusers and illicit drug trafficking is increasing. The survey results of the National Narcotics Board and the Indonesian Institute of Sciences in 2018 showed that the prevalence of drug abuse among student groups was 3.21 percent or equivalent to 2,297,492 students/ university students who had abused drugs, while the prevalence of drug abuse of workers was 2.1 percent or equivalent to 1,514,037 people who have abused drugs.

Data from the National Population and Family Planning Board survey in 2017 shows that the highest drug use is found in adolescents with the age group of 20-24 years by 12 percent and those living in rural areas by 10 percent. This shows that drug abuse increasingly occurs in rural areas. Data from the Central Bureau of Statistics on Village Potential Statistics in 2018 recorded that drug abuse distribution occurred in 12,579 regions from 83,931 village-level regions throughout Indonesia which constituted the second highest number of crime in the past year after gambling.

National Narcotics Board as a vocal point in the efforts to Prevention and Eradicate of Drug Abuse and Illicit Trafficking began to include villages as one of the targets of the program. In an effort to anticipate drug abuse in rural areas, National Narcotics Board in 2019 collaborated with Research and Development Center for Family Planning and Family Prosperous of National Population and Family Planning Board to carry out Village Potential Research to Support Prevention and Eradicate of Drug Abuse and Illicit Trafficking Program. This research was conducted to find and explore the potential of villages in supporting the prevention and eradication of drug abuse and illicit trafficking. The subjects of this research are mothers or family heads aged 18 years and over who know the complete condition of the family. The research was carried out in 5 (five) provinces, namely West Java, Central Java, Special Region of Yogyakarta, East Java and Banten.

Important findings obtained from the results of this research include the potential of the village in terms of various aspects such as the description of social problems, knowledge of people's attitudes and behaviors towards drug problems, consistency of the family control system towards family members, and Prevention and Eradicate of Drug Abuse and Illicit Trafficking efforts in rural areas. The results of this research are expected to be used as a reference in the formulation of Prevention and Eradicate of Drug Abuse and Illicit Trafficking programs/activities in rural communities, especially in terms of Communication, Information, Education (CIE) about Prevention and Eradicate of Drug Abuse and Illicit Trafficking program; use of Prevention and Eradicate of Drug Abuse and Illicit Trafficking volunteers; Prevention and Eradicate of Drug Abuse and Illicit Trafficking recovery agent utilization; and rural communities empowerment in Prevention and Eradicate of Drug Abuse and Illicit Trafficking.

FOREWORD	i
PREFACE	iii
PROLOGUE	iv
TABLE OF CONTENTS	vi
LIST OF TABLES	ix
LIST OF PICTURES	xii
CHAPTER I - INTRODUCTION	1
1.1. Background	3
1.2. Issues	6
1.3. Research Objectives	7
1.4. Research Benefits	8
1.5. Research Limitations	8
CHAPTER II - EXPLANATION AND DEFINITION	9
2.1. Village Potential	11
2.2. Drugs	11
2.3. Prevention and Eradication of Drug Abuse and Illicit Trafficking	12
2.4. Drug-Prone Areas	16
CHAPTER III - RESEARCH METHODOLOGY	19
3.1. Research Design	21
3.2. Population and Sample	22
3.3. Sampling Framework and Sample Selection	23
3.4. Data Collection	23
3.5. Research Location	24
3.6. Processing Technique and Data Analysis	25
CHAPTER IV - CHARACTERISTICS OF RESPONDENT AND INFORMANT	27
4.1. Result of Visit	29
4.2. Characteristics of Family Members	30
4.3. Characteristics of Respondent	33

CHAPTER V - VILLAGE POTENTIAL IN SUPPORTING DRUG ABUSE PREVENTION IN 5 PROVINCES	43
5.1. Human Resources Aspect (Community, Village Official, Social Institutions, and Community Institutions)	46
5.2. Natural Resources Aspect	50
5.3. Economic Resources Aspect	52
5.4. Culture/ Tradition Aspect	55
5.5. The Availability of Medical and Social Rehabilitation Facility	57
5.6. Social Integration	60
5.7. The Availability of Village Budget and Corporate Social Responsibility	62
5.8. The Availability of Regulations Related to the Prevention and Eradication of Drug Abuse and Illicit Trafficking	63
5.9. General Description of Social Issues	66
5.10. Knowledge on Attitude and Behavior Toward Drug Issue	71
5.11. Attitude Toward Drug Abuse	79
5.12. Behaviour Toward the Danger of Drugs	82
5.13. Consistency of Family Control System Toward Family Members	87
5.14. Prevention and Eradication on Drug Abuse and Illicit Trafficking	92
CHAPTER VI - GENERAL OVERVIEW OF VILLAGE POTENTIAL IN WEST JAVA PROVINCE	103
6.1. Profile and Characteristics of Research Location	105
6.2. Village Potential in the Regency and Village Level	106
6.3. General Description of Social Issue	116
6.4. Community Reaction Toward Drug Abuse	121
6.5. P4GN Effort	123
CHAPTER VII - GENERAL DESCRIPTION OF VILLAGE POTENTIAL IN CENTRAL JAVA PROVINCE	131
7.1. Profile and Characteristics of Research Location	133
7.2. Village Potential in the Regency and Village Level	137

7.3. General Description of Social Issue	143
7.4. Community Reaction Toward Drug Abuse	145
7.5. P4GN Effort	146
CHAPTER VIII - GENERAL DESCRIPTION OF VILLAGE POTENTIAL IN SPECIAL REGION OF YOGYAKARTA PROVINCE	149
8.1. Profile and Characteristics of Research Location	151
8.2. Village Potential in the Regency and Village Level	152
8.3. General Description of Social Issue	159
8.4. Community Reaction Toward Drug Abuse	161
8.5. P4GN Effort	161
CHAPTER IX - GENERAL DESCRIPTION OF VILLAGE POTENTIAL IN EAST JAVA PROVINCE	165
9.1. Profile and Characteristics of Research Location	167
9.2. Village Potential in the Regency and Village Level	170
9.3. General Description of Social Issue	177
9.4. Community Reaction Toward Drug Abuse	178
9.5. P4GN Effort	184
CHAPTER X - GENERAL DESCRIPTION OF VILLAGE POTENTIAL IN BANTEN PROVINCE	187
10.1. Profile and Characteristics of Research Location	189
10.2. Village Potential in the Regency and Village Level	191
10.3. General Description of Social Issue	194
10.4. Community Reaction Toward Drug Abuse	194
10.5. P4GN Effort	195
CHAPTER XI - CLOSING	197
11.1. Conclusion	199
11.2. Recommendation	201
GLOSSARY	206
LIST OF RESEARCHERS	209
APPENDIX	210
EPILOGUE	219
BIBLIOGRAPHY	220

Table 3.1	Research Location and Status of Village	25
Table 4.1	Sample Distribution of Visit Result per Province	30
Table 4.2	Distribution of Number and Percentage of Family Members Based on Age Group	31
Table 4.3	Distribution of Number and Percentage of Family Members Based on Gender	32
Table 4.4	Distribution of Number and Percentage of Family Members Based on Level of Education	33
Table 4.5	Percentage Distribution of Age Group Based on Province	34
Table 4.6	Percentage Distribution of Respondent Gender	34
Table 4.7	Percentage Distribution of Respondent Gender Based on Age Group	35
Table 4.8	Percentage Distribution of Respondent Level of Education	36
Table 4.9	Percentage Distribution of Average Family Expense	37
Table 4.10	Percentage Distribution of Type of Skill Respondent	37
Table 4.11	Percentage Distribution of Type of Occupation Respondent	39
Table 4.12	Distribution of Respondents Based on Residence	40
Table 4.13	Distribution of Number and Percentage Respondent Based on Social Activities of the Head of Family	41
Table 4.14	Distribution of Number and Percentage Respondent Based on Social Activities	41
Table 4.15	Distribution of Number and Percentage Respondent Based on the Ownership of Residence	42
Table 5.1	The Availability of Medical and Social Facility as Rehabilitation Center	58
Table 5.2	Distribution of Number and Percentage on the Availability of Special Regulation on Community Behavior	64
Table 5.3	Distribution of Percentage on the Availability of Regulation on Drug Use Prohibition	64
Table 5.4	Distribution of Number and Percentage of Social Issues Based on Village Classification	68
Table 5.5	Distribution of Number and Percentage of Drug Abuse Based on Village Classification	68
Table 5.6	Percentage Distribution of P4GN Program Exposure	72
Table 5.7	Percentage Distribution of Community Knowledge in Non Drug Prone Village about the Information on the Danger of Drugs	74

Table 5.8	Percentage Distribution of Community Knowledge in DP Village about the Information of the Danger of Drugs	74
Table 5.9	Percentage Distribution of Sources of Information Accessed by Community in Non Drug Prone Villages	75
Table 5.10	Percentage Distribution of Sources of Information Accessed by Community in Drug Prone Villages	75
Table 5.11	Percentage Distribution of Locations Considered as Drug-Prone Areas	76
Table 5.12	Percentage Distribution of Public Knowledge About Rehabilitation Center	78
Table 5.13	Percentage Distribution of Plants which Have the Same Effect with Drugs	79
Table 5.14	Distribution of Number and Percentage on Attitude Toward Drug Abuse	79
Table 5.15	Distribution of Number and Percentage on Respondent Attitude Toward Individual Committing Drug Abuse	80
Table 5.16	Distribution of Respondent Percentage According to Attitude When Facing Drug Issue in the Neighbourhood	80
Table 5.17	Distribution of Number of Percentage of Community Members Who Become Drug Dealer	81
Table 5.18	Distribution of Number and Percentage on Community's Attitude Toward Drug Dealers	81
Table 5.19	Percentage Distribution of Respondents' Attitude Towards Drug Dealer	84
Table 5.20	Percentage Distribution of Respondent Attitude Toward Drug Abuser	85
Table 5.21	Percentage Distribution of Respondent Attitude Toward Former Drug Abuser	86
Table 5.22	Percentage Distribution of Business Owner's Attitude Toward Former Drug Abuser	86
Table 5.23	Percentage Distribution of Officer to be Contacted in The Event of Drug Abuse	87
Table 5.24	Distribution of Respondent Number and Percentage Based on Communication When Facing Problems	89
Table 5.25	Percentage Distribution of Partners Sharing Story When Facing Problems	90
Table 5.26	Percentage Distribution of Social Interaction Intensity in the Family	90

Table 5.27	Percentage Distribution of Interaction Level in the Family Based on the Level of Education	91
Table 6.1	The Availability of Medical and Social Facility as Rehabilitation Center in West Java	111
Table 6.2	Data of Drug Abuse and Illicit Trafficking Cases in 2017 to 2019	118
Table 7.1	Magelang Regency Population Based on Gender and Dependency Ratio, Central Bureau of Statistics 2019	134
Table 7.2	Morbidity Rate of Population in Magelang Regency, Province and National Year 2017	134
Table 7.3	Number of Health Service Facilities in Magelang Regency, 2015	135
Table 7.4	Statistic of Village Potential in Mertoyudan Sub-district, 2018	136
Table 7.5	Distribution of Number and Percentage of Social Issue in the Village	144
Table 7.6	Distribution of Number and Percentage of Respondent Experience in Seeing/Hearing Information on the Danger of Drugs	147
Table 8.1	Percentage Distribution of Public Complaints Place When Drugs Abuse Happened in the Special Region of Yogyakarta Province	160
Table 9.1	Percentage Distribution of Community Knowledge on the Information of the Danger of Drug	179
Table 9.2	Percentage Distribution of Drug Abuse History Based on Village Status and Gender	180
Table 9.3	Percentage Distribution of Community Attitude Toward Drug Users Based on the Level of Education	182

Picture 2.1	Village Potential Framework in Prevention and Eradication of Drug Abuse and Illicit Trafficking	18
Picture 5.1.	Respondents' Level of Education	46
Picture 5.2.	The Percentage of Respondents' Level of Education Based on Village and Regency	47
Picture 5.3.	Percentage of Family Members with in School Status Based on Respondents' Age	48
Picture 5.4.	Percentage of Respondents' Occupation Based on Family Relationship	53
Picture 5.5	Percentage of Tradition/ Culture in the Village Based on Respondents	56
Picture 5.6	Percentage of Respondent' Statement on Serving Alcoholic Drinks at the Village Party	56
Picture 5.7.	Interaction with Family in the Village	60
Picture 5.8.	The Existence of Rules on Behaviour and Drug Use Prohibition	65
Picture 5.9.	Community Exposure on the Information of the Danger of Drugs	72
Picture 5.10.	Percentage of Respondents Who Know Community Participating in Rehabilitation	77
Picture 5.11.	Frequency Percentage of Communication in the Family	83
Picture 5.12.	Frequency Percentage of Having Meals Together in The Family	83
Picture 5.13.	Context of the Danger of Drugs Based on Respondents' Confession	95
Picture 5.14.	Percentage of Participated Drug Prevention Activity	97
Picture 6.1.	Social Issue in Kuningan Regency	117
Picture 7.1.	Administration Map of Magelang Regency	133
Picture 7.2.	Percentage of Tradition/Culture in the Village	142
Picture 8.1.	Source Media of Information on The Danger of Drugs in Special Region of Yogyakarta Province	162
Picture 9.1	Map of Tulungagung Regency	167
Picture 10.1	Map of Serang Regency	189



I

INTRODUCTION



Wong Puppet, Central Java





INTRODUCTION

1.1. BACKGROUND

The Indonesian government has done the best efforts in handling drug abuse and illicit trafficking. One of the legal efforts is through the imposition of sanctions and severe penalties. In Law Number 35 of 2009 concerning Narcotics, it is stated that everyone who is without rights or violates the law in drug abuse and illicit trafficking will get sanctions in the form of fines, imprisonment, to dead penalty. However, in reality, narcotics crime in society shows an increasing tendency, both quantitatively and qualitatively with the widespread victims, especially among children, adolescents, and young people in general.

Data disclosure of drug crime cases in 2018 showed 40,553 cases with 53,251 suspects. The confiscated evidence included 41.3 tons of marijuana; 8.2 tons of meth; and 1.55 million pills of ecstasy (Research, Data and Information Center of National Narcotics Board, 2018). The results of the National Narcotics Board and the Indonesian Institute of Sciences research shows that the prevalence of drug abuse among groups of students is 3.21 percent or equivalent to 2,297,492 students/ university students who have abused drugs, while the prevalence of drug abuse of workers is 2.1 percent or 1,514,037 people have abused drugs (Research, Data and Information Center of National Narcotics Board, 2019). It seems that a new type of drug or New Psychoactive Substance (NPS) continues to increase every year. Data from various countries shows that there are 803 types of NPS in the world.

Several disclosures of drug cases in rural areas were reported by National Narcotics Board, including: the case of 1.7 tons of marijuana valued at 6 billion rupiah in Nyangkoek Village, Sukabumi Regency in 2009; the smuggling case of 1 ton of methamphetamine from the Mandalika Hotel, Anyer Village, Anyer Sub District, Serang Regency, Banten; and the smuggling case of 2 tons of dried cannabis from Aceh using container trucks on Eastern Cross Sumatra Road 28th KM Beringin Village Intersection Beringin Village, Seikijang Sub District, Palelawan Regency, Riau, which will be brought into Jakarta. The disclosure of the three cases also shows the phenomenon that the village has become a place for drug trafficking

The results of the 2017 National Population and Family Planning Board Survey showed that the highest drug use was found in adolescents aged 20-24 years by 12 percent and those living in rural areas by 10 percent (National Population and Family Planning Board, 2017). This shows that drug abuse is increasingly being carried out in rural areas. Data from the Central Bureau of Statistics on Village Potential Statistics in 2018 noted that in 2018 drug abuse and illicit trafficking occurred in 12,579 regions from 83,931 village level regions throughout Indonesia. The drug abuse and illicit trafficking is a crime with the second highest number in the past year after gambling (Central Bureau of Statistics, 2018).

Drug abuse is inseparable from the role of parents in the family. In Law Number 52 of 2009 concerning Population Development and Family Development, it is stated that a quality family is a family formed based on a legal marriage and is characterized by being prosperous, healthy, advanced, independent, having an ideal number of children, forward-looking, responsible, harmonious and devoted to God Almighty. According to Margaret Mead in Herien Puspitasari, 2018, the family is the basis of a society that serves to deliver cultural history, instill an adopted value system, and carry out socialization to the next generation to become effective and productive human beings and citizens. According to Vosier 1996, Gelles 1995, states that the family is the smallest socio-economic unit in the society which is the basic foundation of all institutions, a primary group consisting of two or more people who have the interpersonal interaction network of blood relations, marital relations, and adoption.

According to Bronfenbrenner 1979, family is the main context in the micro system where development occurs. Relationships between families and other arrangements in development, such as schools are meso systems. The external environment in which other people participate and can influence children is called the eco system. Micro, meso, and eco systems are embedded in macro systems, broad ideological norm values and institutional patterns of certain cultures and form a blueprint. Therefore, for the interaction of individual family members with the outside environment, such as schools, communities, institutions in the village, it will affect the behavior of family members and families in drug abuse.

This concern becomes the background of the need for efforts to prevent and eradicate drugs, not only in urban areas but also in rural areas, and it is time to maintain the resilience of villages from the threat of drug abuse and illicit trafficking. National Narcotics Board as a vocal point in the efforts to Prevention and Eradication of Drug Abuse and Illicit Trafficking puts village as a part of National Narcotics Board's program target. Therefore, information related to the village potential is very much needed. The potential referred to is the social potential of the village community and the potential in all aspects of health, legal, politics, security, and several other aspects in a synergistic and coordinated manner.

According to Directorate of Advocacy of National Narcotics Board in 2018 based on the regulation, the Village Head is obliged to foster peace and order in the village community while also to empower the village community, including to prevent drug abuse and illicit trafficking. Villages, according to the perception of ordinary people, are remote, isolated, areas with minimum road infrastructure development, difficult to be reached by public transportation, colored with agricultural livelihoods, plantations, public education is relatively low and far from modern facilities and public service facilities. Article 1 Government Regulation Number 47 of 2015 concerning Amendment to Government Regulation Number 43 of 2015 concerning Regulation of the Implementation of Law Number 6 of 2014 concerning Villages explains that Village is a village and a customary village or referred to by another name here in after referred to as a village, is a legal community unit that has the authority to regulate and manage government affairs, the interests of the local community based on community initiatives, original rights, and/ or traditional rights that

are recognized and respected in the system of government of Republic Indonesia. The village legally has authority based on original rights including indigenous peoples' organizational systems, fostering community institutions, fostering institutions and customary law, managing village treasury land, and developing the role of village communities. Along with development and modernization, villages that have a very strong potential for social interaction and cohesion in development experience changes in both natural resources and human resources where these resources can be utilized for the survival and development of both physical and non-physical potential. In line with the dynamics of rural development, the threat of drugs has attacked rural areas. The concern is not only the use of village land for drug production sites, but more than that drug syndicates are able to control village officials to trafficking of drugs.

1.2. ISSUES

Drugs are a complex problem and affect all levels of the society. Drug control efforts have been carried out by both the central and regional governments and involve all components of the community, but the number of cases of drug abuse and illicit trafficking continues to increase and has spread to rural areas. The high number of cases of drug abuse and illicit trafficking in rural areas indicates that the village official is not yet optimal in fostering the peace and order of rural communities, as well as empowering rural communities in preventing drug abuse and illicit trafficking.

Cases of adolescents and family members who are exposed to drug abuse continue to increase. This shows the existence of social vulnerability in the family and lack of interaction between family members. Limited community access to health facilities and social facilities in the village has contributed to the high rates of drug abuse and illicit trafficking in rural areas. The increasing number of drug abuse and illicit trafficking in villages can be correlated with the lack or damage of the the attachment between people and communities in rural areas.

In this regard, this research seeks to explore and collect data and information about:

- What are the village potentials that can be used to support the prevention and eradication of drug abuse and illicit trafficking?
- Are there initiatives, support and use of programs/ activities and village funds to support the prevention and eradication of drug abuse and illicit trafficking?
- What is the knowledge, attitudes and behavior of the family, apparatus and institutions of the village community towards the drug problem?
- What are the dangers of drugs and drug abuse prevention efforts?
- How is the family communication related to drug abuse?

1.3. RESEARCH OBJECTIVES

1.3.1. General Objectives

In general, this research was conducted to explore the potential of villages in supporting the prevention and eradication of drug abuse and illicit trafficking.

1.3.2. Specific Objectives

- Identifying the village potential including human resources (HR), natural resources (NR), economic resources (ER), culture, medical and social facilities, social integration, village budget, and rural community institutions in supporting the prevention and eradication of drug abuse and illicit trafficking;
- Identifying initiatives, support and use of programs/ activities and village funds to support the prevention and eradication of drug abuse and illicit trafficking
- Identifying family knowledge, attitudes and behavior, village officials and village community institutions regarding drug problems;
- Identifying drug problems and drug abuse prevention; and
- Identifying family communication relationships in drug abuse.

1.4. RESEARCH BENEFITS

The results of this research are expected to be input for policy makers to develop and determine programs and activities related to Prevention and Eradication of Drug Abuse and Illicit Trafficking (P4GN)

- Communication, Information, Education (CIE) of Prevention and Eradication of Drug Abuse and Illicit Trafficking;
- Use of Prevention and Eradication of Drug Abuse and Illicit Trafficking volunteers;
- Utilization of recovery agents; and
- Empowerment of rural communities in Prevention and Eradication of Drug Abuse and Illicit Trafficking.

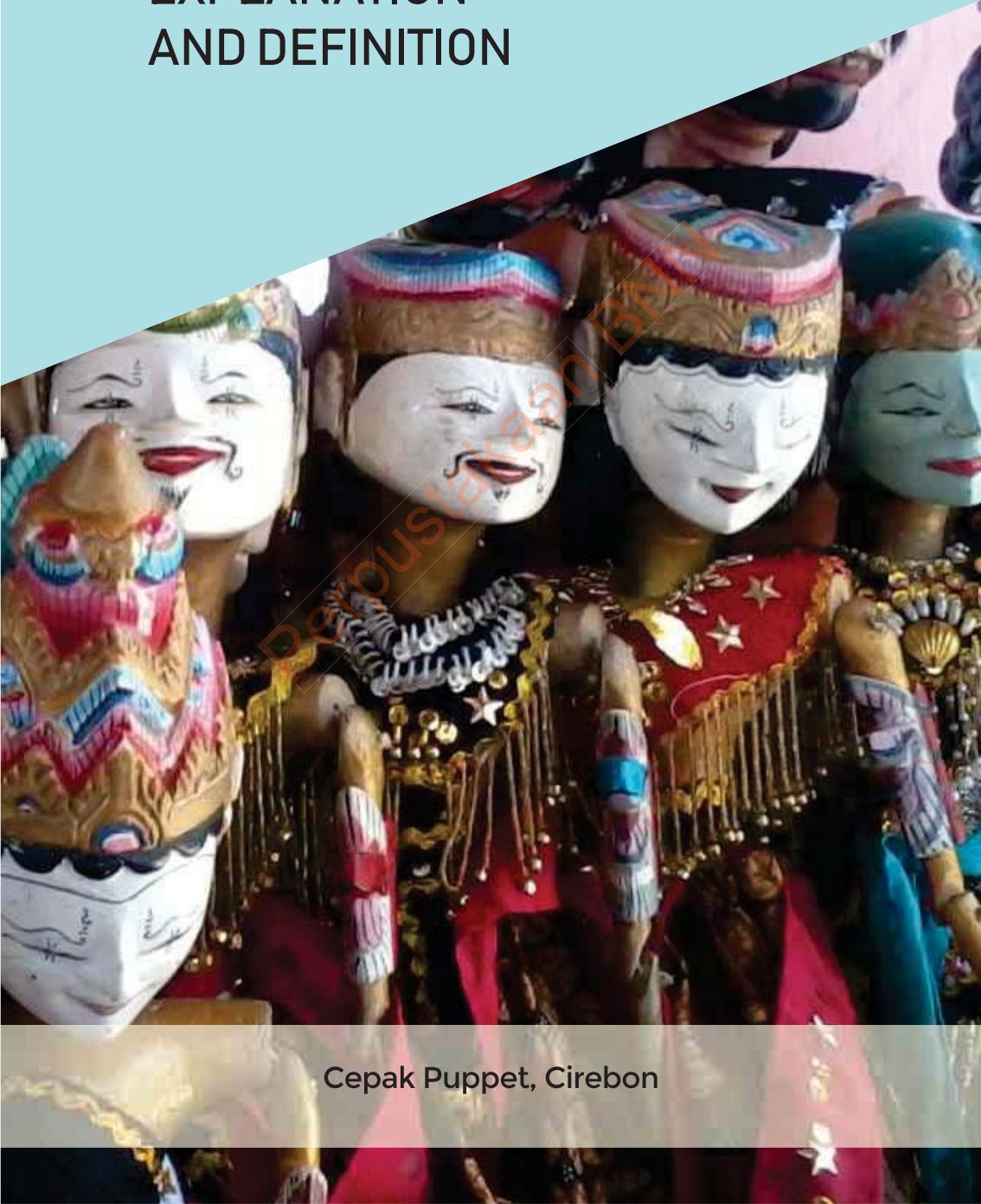
1.5. RESEARCH LIMITATIONS

In relation to the research approach, the method of selecting research locations and sample in this research, there are limitations including that the results of the research are not used to generalize the state of the region but only to see the phenomenon of the uniqueness of events in each research location. Furthermore, this research is not used to evaluate Prevention and Eradication of Drug Abuse and Illicit Trafficking programs/ activities.



II

EXPLANATION AND DEFINITION



Cepak Puppet, Cirebon





EXPLANATION AND DEFINITION

2.1. VILLAGE POTENTIAL

Based on Article 1 number 1 of Law Number 6 of 2014 concerning Villages, a village is a village and a customary village or referred to by another name, hereinafter referred to as Village, is a legal community unit with boundary authorized to regulate and administer government affairs, local communities interests based on community initiatives, original rights, and/or traditional rights that are recognized and respected in the government system of the Unitary Republic of Indonesia. Article 8 point (3) letter e further explains that in the formation of villages must meet several criteria. One of them is to have the potential including natural resources, human resources, and supporting economic resources. Referring to this definition, what is meant by village potential in this research is all human resources, natural resources and economic resources existed and stored in the village that can be utilized for the survival and development of the village.

2.2 DRUGS

Drugs/ Narcotics stands for Narcotics, Psychotropics, and Other Addictive Materials. Based on Law No. 35 of 2009 concerning Narcotics, **Narcotics** are substances or drugs derived from plants or non-plants, both synthetic and semi-synthetic, which can cause a decrease or change of consciousness, loss of taste, reduce to eliminate pain, and can cause

dependency, which are divided into groups as attached in the Law. **Psychotropics** are substances or non narcotics drugs, both natural and synthetic, which have psychoactive efficacy through selective influences on the central nervous system that cause specific changes in mental activity and behaviour. **Addictive substances** are substances that have psychoactive effects outside of narcotics and psychotropic substances and causes addiction. Narcotics are substances or drugs that are very useful and are needed for the treatment of certain diseases. If being abused or used not in accordance with treatment standards, narcotics can have very adverse effects on individuals or the public, especially the younger generation.

Illicit drug trafficking is any activity or series of activities carried out without rights or against the law that are determined as narcotics and precursor drugs crime.

2.3 PREVENTION AND ERADICATION OF DRUG ABUSE AND ILLICIT TRAFFICKING (P4GN)

Prevention is an effort to help individuals in avoiding, starting or trying to abuse drugs, by living a healthy lifestyle and changing living conditions that make it easy for individuals to be affected by drug abuse. Prevention is in the form of a building process that is arranged to improve a person's physical, mental, emotional, and social development to the maximum potential while inhibiting or reducing losses that may arise due to drug abuse, both natural and artificial (synthesis).

Drug abuse is the use of drugs and other dangerous substances with the intention other than for medical or research purposes, and to be used without following the correct dosage rules. Drug abuse is drug use outside the medical indication, without a doctor's prescription, regularly or periodically for at least one month. Continual and continued drug use will result in dependency and addiction.

Prevention of drug abuse is an important part of the overall narcotics countermeasures effort, because "to prevent is better than to cure", in the sense that prevention is cheaper and more cost-effective than other efforts (Directorate of Advocacy Deputy for Prevention of National

Narcotics Board, General Guidelines for Prevention 2015).

Prevention and Eradication of Drug Abuse and Illicit Trafficking (P4GN) is a systematic effort based on exact and accurate drug abuse data, effective and efficient planning in order to prevent, protect and save citizens from the threat of the danger of drug abuse. Based on the National Narcotics Board Regulation No. 3 of 2019 concerning the Organization and Work Procedure of National Narcotics Board, in an effort to tackle the problem of narcotics in Indonesia, in accordance with its duties and authorities, National Narcotics Board implements Prevention and Eradication of Drug Abuse and Illicit Trafficking Program with the following details:

2.3.1. Prevention

The duties and functions of prevention are:

- a. Formulation and implementation of national policies and P4GN technical policies in the field of prevention;
- b. Formulation of Prevention and Eradication of Drug Abuse and Illicit Trafficking norms, standards, criteria and procedures in the field of prevention;
- c. Coordination, integration, and synchronization with relevant government agencies and community components in the implementation of Prevention and Eradication of Drug Abuse and Illicit Trafficking in the field of prevention;
- d. Prevention and Eradication of Drug Abuse and Illicit Trafficking technical guidance in the field of prevention to vertical agencies within National Narcotics Board; and
- e. Evaluation and report on the implementation of Prevention and Eradication of Drug Abuse and Illicit Trafficking national policies in the field of prevention.

2.3.2. Community Empowerment

The tasks and functions of community empowerment are:

- a. Formulation and implementation of national policies and Prevention and Eradication of Drug Abuse and Illicit Trafficking technical policies in the field of community empowerment;
- b. Formulation of P4GN norms, standards, criteria and procedures in the field of community empowerment;

- c. Coordination, integration, and synchronization with relevant government agencies and community components in the field of community empowerment;
- d. Facilitation and coordination of community participation;
- e. Monitoring, direction, and enhancement of community activities in the field of Prevention and Eradication of Drug Abuse and Illicit Trafficking;
- f. Prevention and Eradication of Drug Abuse and Illicit Trafficking technical guidance in the field of community empowerment to vertical agencies within National Narcotics Board; and
- g. Evaluation and report on the implementation of Prevention and Eradication of Drug Abuse and Illicit Trafficking national policies in the field of community empowerment.

2.3.3. Eradication

The tasks and functions of eradication are:

- a. Formulation and implementation of national policies and technical policies of Prevention and Eradication of Drug Abuse and Illicit Trafficking in the field of eradication
- b. Formulation of norms, standards, criteria, and procedures for intelligence activities, initial investigations and investigations, interdiction, prosecution and pursuit, surveillance of detainees, storage, supervision and destruction of evidence and confiscation of assets;
- c. Coordination, integration, and synchronization with related government agencies in eradicating and terminating organized crime networks in the abuse and illicit trafficking of narcotics, psychotropic substances, precursors, and other addictive substances, except addictive substances for tobacco and alcohol;
- d. Carrying out administrative initial investigations and investigation on the abuse and illicit trafficking of narcotics, psychotropic substances, precursors and other addictive substances, except addictive substances for tobacco and alcohol;
- e. Implementation of the termination of organized crime networks in the field of narcotics, psychotropic substances, precursors and other addictive substances, except addictive substances for tobacco and alcohol;
- f. Technical guidance on intelligence activities, initial investigation

and investigation, interdiction, prosecution and pursuit, surveillance of detainees, storage, supervision and destruction of evidence and confiscation of assets to vertical agencies within the National Narcotics Board; and

- g. Evaluation and report on the implementation of Prevention and Eradication of Drug Abuse and Illicit Trafficking national policies in the field of eradication.

2.3.4. Rehabilitation

The tasks and functions of rehabilitation are:

- a. Formulation and implementation of national policies and technical policies of Prevention and Eradication of Drug Abuse and Illicit Trafficking in the field of rehabilitation;
- b. Formulation of norms, standards, criteria and procedures in the field of therapeutic community-based rehabilitation or other methods that have proven their success and reintegration into the community as well as continued treatment of narcotics and psychotropic and other addictive substances abusers and/or addicts except addictive substances for tobacco and alcohol;
- c. Coordination, integration, and synchronization with relevant government agencies and community components in the implementation of Prevention and Eradication of Drug Abuse and Illicit Trafficking in the field of rehabilitation;
- d. Implementation of therapeutic community-based rehabilitation or other methods that have proven their success and reintegration into the community and follow-up treatment for narcotics and psychotropic substances and other addictive substances abusers and/or addicts, except addictive substances for tobacco and alcohol;
- e. Implementation of capacity building for medical and social rehabilitation institutions for narcotics and psychotropic and other addictive substances abusers and/or addicts, except addictive substances for tobacco and alcohol, which are organized by the government and the public;
- f. Technical development of medical rehabilitation, social rehabilitation, and therapeutic community-based rehabilitation or other modalities that have been proven to be successful and to reintegrate into the community as well as continued treatment for narcotics and psychotropic and other addictive substances abusers and addicts,

except addictive substances for tobacco and alcohol, to vertical agencies within National Narcotics Board; and

- g. Evaluation and reporting of the implementation of P4GN national policies in the field of rehabilitation

2.4. DRUG-PRONE AREAS

Drug-prone areas are areas identified from the community by the existence of drug culture, drug markets, evidence of drug trafficking resulting from the operation of law enforcement officials such as: crime scene (TKP) or locus, mode and track of drug distribution and drug crime in the region, both in urban, rural, river, coastal and border areas (National Narcotics Board, 2016: 17). Drug-prone areas have the following criteria:

- a. Drug cases;
- b. The existence of a suspect;
- c. The existence of evidence; and
- d. Proximity to potential locations of drug trafficking prone areas (airports, ports, and bus terminals) as well as gathering locations of abusers (detainees, correctional institution, rehabilitation centers, etc.)

Drug-prone areas in rural areas are areas in rural areas or on the edge of forests and mountainous areas that should be suspected as locations prone to marijuana cultivation, drug abuse and illicit trafficking or have become crime scenes for drug cases.

Drug vulnerability is divided into 3 indicators, as follows:

- a. Vulnerability of drug origin which includes vulnerability in rural areas in marijuana cultivation, on the coast and borders in drug smuggling and transition areas (between rural and urban areas) in the production of ATS;
- b. Vulnerability of illicit drug trafficking which covers the area between drug origin and drug market. This vulnerable area has the potential in the occurrence of delivery, transit, transactions, stockpiling, shipping and smuggling of drugs, such as airports, seaports, river lines, passenger terminals, warehousing, loading and unloading of goods and entrance and national borders. In this places, there are concentrations of addicts, dealers, and narcotics evidence that is

ready to be distributed, delivered, shipped, stockpiled, and packaged. One of them is a narcotics village in urban areas.

- c. Vulnerable drug abuse includes areas used by drug addicts to domicile. This area is potential for production, transactions, drug markets and abuse, such as: drug stalls in drug villages, night club, areas located around the place where addicts live, such as: rehabilitation places, villages around night club, detention and correctional institution. In this area, people who are exposed to drugs are concentrated and it leads to drug supply and demand. (National Narcotics Board, 2016: 41)

Some of the factors that cause drug vulnerability in rural areas are:

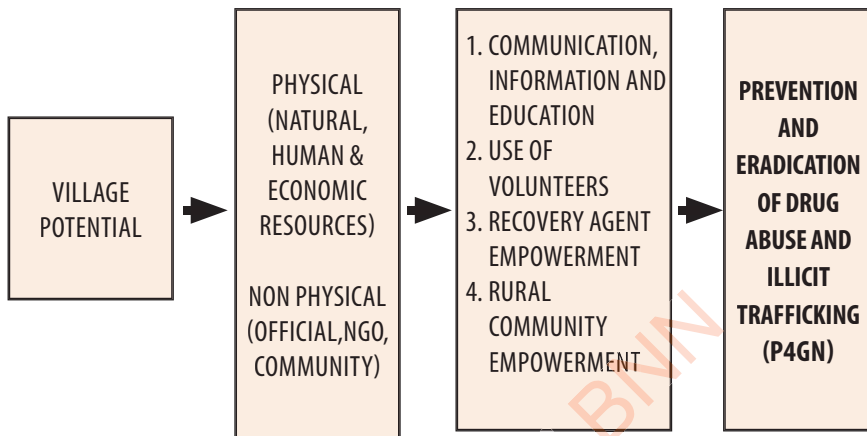
- Crop failure;
- High levels of poverty and unemployment;
- The difficulty of legal official in accessing cultivation sites and methamphetamine factories;
- Low public understanding of the danger of drugs;
- Lack of supervision on activities of foreigners in rural areas;
- Less optimal security systems in rural areas; and
- The culture of village communities which is closed to change.

The *modus operandi* of the emergence of drug-prone areas in rural areas are:

- Offering services to plant marijuana;
- Collecting marijuana which is planted outside rural areas and around the location of marijuana cultivation;
- Taking advantages of the low income of the community;
- Farmers fail in their farming business;
- Taking advantage of unemployment and dropout rates in villages;
- Utilizing village women who become migrant workers to become drug couriers to other countries; and
- Buying industrial businesses to deceive the establishment of the meth factory (National Narcotics Board, 2016: Pages 46-47).

Referring to some conceptual definitions that have been described above, it can be concluded that there are two kinds of village potential namely physical and non-physical potential. The non-physical potential is the potential in the village and is more social in nature. For this reason, this

research formed a framework about the potential of villages in supporting Prevention and Eradication of Drug Abuse and Illicit Trafficking Program as illustrated in Picture 2.1 below:



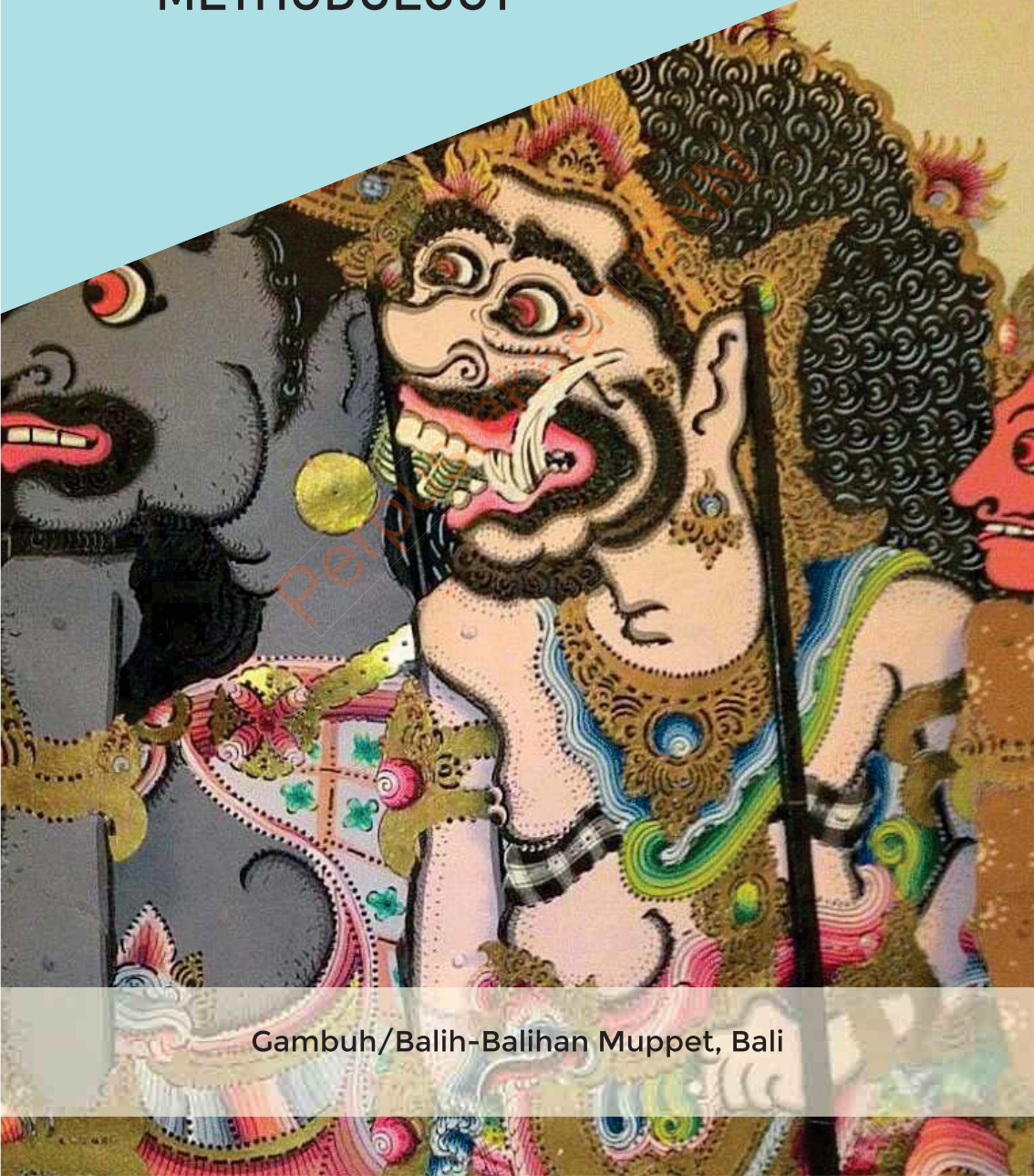
Picture 2.1. Village Potential Framework in Prevention and Eradication of Drug Abuse and Illicit Trafficking

The village potential in supporting Prevention and Eradication of Drug Abuse and Illicit Trafficking Program is closely related to the role and capabilities of villages in carrying out efforts to protect their communities from the danger of drugs. The village potential in supporting Prevention and Eradication of Drug Abuse and Illicit Trafficking Program in this research includes:

- a. Non-Governmental Organizations/ Community Organizations (NGOs/COs);
- b. Community Resources (CR) including village official;
- c. Natural Resources;
- d. Economic Resources;
- e. Village Budget;
- f. Medical and Social Facilities;
- g. Culture; and
- h. Social Integrity.



RESEARCH METHODOLOGY



Gambuh/Balih-Balihan Muppet, Bali





RESEARCH METHODOLOGY

3.1 RESEARCH DESIGN

The research on village potential is designed to obtain data and information about the characteristics of the community, village official, natural resources potential, human resources, community, culture, village economic resources, and other potential related to drugs. These data and information are expected to be used as material and input to support the implementation of Prevention and Eradication of Drug Abuse and Illicit Trafficking Program. The data collection areas of this research were not designed for national or provincial representatives because the selection of provinces was conducted purposively based on the level of regional vulnerability.

This research is a descriptive study. The data collection method is a mix-method combining qualitative and quantitative approaches. Qualitative approach is carried out through in-depth interviews and Focus Group Discussion of the informants. Interviews and FGDs are accompanied by guidelines, while data collection with quantitative approaches is done through face-to-face interviews using a series of closed questions. The interview instruments are paperless and use smart phone technology.

3.2. POPULATION AND SAMPLE

The population of this research is families from households in drug-prone villages and non drug-prone villages in selected village areas in 5 (five) selected regencies namely Kuningan Regency in West Java Province, Magelang Regency in Central Java Province, Sleman Regency in Yogyakarta Province, Tulungagung Regency in East Java Province, and Serang Regency in Banten Province. Drug-prone villages are villages that are categorized as villages already exposed to drugs while non drug-prone villages are villages that are categorized as villages not yet exposed to drugs. The selection of regencies is done purposively based on the highest rank of vulnerability according to the mapping of drug-prone areas by the Deputy for Community Empowerment of National Narcotics Board. In addition to the family population, other targets for this research population are village officials/official, religious leaders/community leaders, community institutions/non governmental organizations, and security official from selected villages.

The total sample of families targeted by quantitative data collection is 1,000 families and family members, meaning 200 families in each regency. Respondents in this research are families, namely wives (if the family is only a married couple) or a husband whose wife is away exceeding the research period or a widow/widower with children. Respondents also include other families who live in the same house with the family head of the household. Respondents are sources of information to supplement data with quantitative approaches. The total sample of informants for in-depth interviews are 12 informants including: Head of Regency/City Narcotics Board or Head of Division in Regency/City Narcotics Board, Head/manager of the PPKB and PPPA Regency Offices, Head/manager of the Health Service Office, Head/manager of the Regency Social Service Office, Resort Police Head, Head/manager of Health Services Center in sub-district/village, and anti-drug volunteers. The FGD was divided into 2, namely FGD with 7 village officials including village official/heads of community welfare affairs, Babinsa/Bhabinkamtibmas, community leaders (community/hamlet leaders), religious leaders, NGOs/CO

related to drug issues, PKK and Youth Organization representatives; and family FGD with 6 representatives from families exposed to drugs or families not exposed to drugs. The informant is a source of information to supplement data with a qualitative approach.

3.3. SAMPLING FRAMEWORK AND SAMPLE SELECTION

The sampling framework used in the Village Potential Research to Support Prevention and Eradication of Drug Abuse and Illicit Trafficking Program 2019 consists of 3 stages, namely:

- a. The first stage of the sampling framework is the list of Neighborhood (RT/RW) in selected villages (5 non drug prone villages and 5 drug prone villages) with estimated number of families in each Neighbourhood.
- b. The second stage of the sampling framework is the list of households from all selected Neighbourhood in the selected village.
- c. The third stage of the sampling framework is the list of eligible families from the listing in all selected households.

Sampling is done by stratified random sampling, selecting several Neighbourhood according to Probability Proportionate to Size (PPS) in each selected village. Then, the field coordinator selected 100 households by Systematic Random Sampling (SRS) from the list of households to be interviewed. The entire 100 selected households through the SRS can then be downloaded by the interviewer through the Open Data Kit (ODK) Collect application. Third is the selection of eligible respondents aged between 18 to 64 years who knows the condition of the family.

3.4 DATA COLLECTION

Data collection was conducted from September to October 2019. Before the data collection, interviewer and field coordinators were given training and briefing on research objectives and guidelines as well as research instruments, including the use of ODK systems with smartphones. In addition to the material of the research instrument, they were also given briefing on ethics and interview techniques.

Quantitative data collection begins with listing activities and sample selection. The interview process by enumerators is monitored by field coordinators and researchers through reinterview activities and supervised by National Narcotics Board and National Population and Family Planning Board team representatives. Interviews were conducted using a smartphone with a list of questions designed using the ODK program. The use of surveys with smartphone technology gives more advantages compared to conventional methods. The advantages include:

- The data is more qualified because it can be monitored when enumerators collect data and length of interviews. Data recording is more accurate because it is supported by recording the position of the respondent's residence location through the Global Positioning System (GPS).
- The data collection process can be done faster because editing, entry, and validation can be done simultaneously using a smart phone, so the data processing process is faster.
- The use of smart phones in this research is environmentally friendly because it is paperless when collecting data.

Qualitative data collection was carried out through in-depth interviews and FGDs accompanied by a list of issues discussed in discussions guided by researchers and assisted by notepad.

3.5. RESEARCH LOCATION

The research was carried out in 5 (five) provinces in Java Island that were selected purposively based on the level of drug vulnerability determined by the Deputy for Community Empowerment of the National Narcotics Board. The five provinces are West Java, Central Java, Special Region of Yogyakarta, East Java and Banten. In each province of the research location, 2 villages will be chosen, namely 1 village with the criteria of Drug Prone (DP) in accordance with the results of the mapping of drug-prone areas and 1 village that has not been categorized as a drug-prone village or Non Drug-Prone (NDP) located in the same regency and sub-district.

Table 3.1. Research Location and Status of Village

No	Province	Regency	Sub-district	Village*	Status of Village
1	West Java	Kuningan	Cilimus	A	DP
				B	NDP
2	Central Java	Magelang	Mertoyudan	C	DP
				D	NDP
3	Special Region of Yogyakarta	Sleman	Mlati	E	DP
				F	NDP
4	East Java	Tulungagung	Ngunut	G	DP
				H	NDP
5	Banten	Serang	Padarincang	I	DP
				J	NDP

DP: Drug prone. NDP : Non Drug-Prone

3.6. PROCESSING TECHNIQUE AND DATA ANALYSIS

Data from the interview after being examined by field coordinators and researchers is then sent to the server and received by data management. The next step is data cleaning. Data processing was carried out by National Narcotics Board and National Population and Family Planning Board Researchers. Data processing and analysis is done by describing the variable of respondents characteristics and family characteristics, variable cross tabulation to explain the potential of the village and the situation of the village, as well as test of significance of several variables.

This research uses 3 (three) data analysis methods, namely:

- Descriptive analysis is used to provide an overview of the findings in each DP and NDP village research components.
- Inferential analysis is used to test the significance (intensity of joint family activities) between DP and NDP villages.

- c. Matrix analysis is used to describe the conditions of village potential in the research location

Perpustakaan BNN

IV



CHARACTERISTICS OF RESPONDENT AND INFORMANT



Timplong Wood Puppet, Nganjuk, East Java



IV

CHARACTERISTICS OF RESPONDENT AND INFORMANT

4.1 RESULT OF VISIT

This section was written to explain the description of the result of the visits made by the research team during the data collection process. The explanation includes samples that were successfully interviewed, samples in the village and provincial areas, reasons for the non-response samples, and interview results by province.

a. Scope of Samples that Were Successfully Interviewed

Samples of families in 5 provinces in this study were 1,000 respondents. From the sample plan that was going to be interviewed amounting to 1,000 people, 1,064 respondents (106.4 percent) were successfully interviewed. Respondents who were successfully interviewed exceeded the planned sample target because eligible households consist of more than 1 family then all family representatives were interviewed.

b. Scope of Samples in Village and Province

From the results of the visit, it was found that there were 1,071 prospective respondents eligible to be interviewed, but from that number only 1,064 respondents were met while 7 other potential respondents could not be met up to 3 visits because the respondents were not at home. The highest distribution of respondents who were interviewed was in East

Java with 242 respondents, followed by Special Region of Yogyakarta with 220 respondents, West Java and Central Java with 201 respondents and 200 respondents in Banten as the least number. An overview of the results of the visit can be seen in more detail in Table 4.1. below

Table 4.1. Sample Distribution of Visit Result per Province

Province	Result of Visit					Total
	Done	Not Done	Postponed	Rejected	Not at home	
West Java	201	0	0	0	0	201
Central Java	201	0	0	0	3	204
Yogyakarta	220	0	0	0	0	220
East Java	242	0	0	0	4	246
Banten	200	0	0	0	0	200
Total	1,064	0	0	0	7	1,071

c. Scope of Interview Result by Province

The percentage of the scope of respondents’ interview result per province shows that West Java, Special Region of Yogyakarta and Banten have high scope (100 percent) and followed by Central Java (98.5 percent), while East Java has the smallest response rate (98.4 percent). Overall, the scope of interview results is very high (99.3 percent). The scope of the results of this interview was quite good and there was no rejection at all as only 7 respondents (0.7 percent) were not at home until the end of the data collection.

From the interview results of 1,064 respondents, the data was taken from respondents aged 18 to 65 years by considering the accuracy of the data and the possibility of inconsistent answers due to age. Thus, the data processed is data from 1,036 respondents who are in the age group of 18 to 64 years.

4.2. CHARACTERISTICS OF FAMILY MEMBERS

The characteristics of family members are used to determine the diversity of family members based on age groups, gender, and education

level. This is expected to provide a clear picture of the condition of family members and their relation to the research problem and objectives.

a. Age Group

Based on data from respondents, there is data about the diversity of family members by age group. The total number of family members in the research is 3,559. The total number of age group 35 to 39 years is more dominant than the other age groups, amounting to 337 people. The lowest age group is in the age group of 60 or older with 218 people. Yogyakarta is a province with the highest number of family members compared to 4 other provinces with 847 people (23.8 percent). In detail, data on family members based on age groups can be shown in Table 4.2:

Table 4.2. Distribution of Number and Percentage of Family Members Based on Age Group (n = 3,559)

Age Group	Province										Total	
	West Java		Central Java		Special Region of Yogyakarta		East Java		Banten			
	n	%	n	%	n	%	n	%	n	%	n	%
0-4	52	7.1	44	6.3	52	6.1	48	6.9	33	5.6	229	6.4
5-9	63	8.7	61	8.8	77	9.1	60	8.6	53	8.9	314	8.8
10-14	71	9.8	63	9.0	78	9.2	52	7.5	40	6.7	304	8.5
15-19	76	10.4	44	6.3	78	9.2	53	7.6	47	7.9	298	8.4
20-24	57	7.8	47	6.7	58	6.8	45	6.5	49	8.3	256	7.2
25-29	47	6.5	54	7.7	57	6.7	48	6.9	44	7.4	250	7.0
30-34	37	5.1	46	6.6	51	6.0	57	8,2	55	9.3	246	6.9
35-39	57	7.8	70	10.0	68	8.0	72	10.4	70	11.8	337	9.5
40-44	59	8.1	51	7.3	68	8.0	53	7.6	62	10.5	293	8.2
45-49	65	8.9	62	8.9	64	7.6	67	9.7	45	7.6	303	8.5
50-54	68	9.3	54	7.7	62	7.3	45	6.5	46	7.8	275	7.7
55-59	52	7.1	40	5.7	67	7.9	48	6.9	29	4.9	236	6.6
60>=	24	3.3	61	8.8	67	7.9	46	6.6	20	3.4	218	6.1
Total	728	100.0	697	100.0	847	100.0	694	100.0	593	100.0	3,559	100.0

b. Gender

One of the characteristics examined in this research is the gender of family members. From the results of the study, the male family members are 1,769 people (49.7 percent). This number is fewer than the number of female family members with 1,790 people (50.3 percent). However, this condition was found to be different in D.I. Yogyakarta and Banten Province where the number of male family members is greater than the number of female family members. Data on family members based on gender can be shown in Table 4.3.

Table 4.3. Distribution of Number and Percentage of Family Members Based on Gender (n = 3,559)

Province	Gender				Total	
	Male		Female			
	n	%	n	%	n	%
West Java	354	48.6	374	51.4	728	100.0
Central Java	335	48.1	362	51.9	697	100.0
DI Yogyakarta	431	50.9	416	49.1	847	100.0
East Java	344	49.6	350	50.4	694	100.0
Banten	305	51.4	288	48.6	593	100.0
Total	1,769	49.7	1,790	50.3	3,559	100.0

c. Level of Education

The education level of family members in 5 (five) provinces is dominated by Elementary/MI education equivalent to 1,099 people (30.9 percent). Banten Province has the highest number of Elementary/MI equivalent, which is 314 people (53 percent). For family members who are not in school, only 10 percent of the total number of family members. This shows that in 5 (five) provinces concerned with education, this condition was strengthened by data on the number of educated family members at the academy / tertiary level having more than school. The distribution of family members based on their level of education can be shown in Table 4.4.

Table 4.4. Distribution of Number and Percentage of Family Members Based on Level of Education (n = 3,559)

Province	Last Education										Total	
	Not going to school		Elementary/ MI graduate		Junior High School/MTs graduate		Senior High School/MA graduate		Academy/ University			
	n	%	n	%	n	%	n	%	n	%	n	%
West Java	69	9.5	190	26.1	131	18.0	259	35.6	79	10.9	728	100.0
Central Java	69	9.9	188	27.0	123	17.6	214	30.7	103	14.8	697	100.0
DI Yogyakarta	93	11.0	185	21.8	146	17.2	280	33.1	143	16.9	847	100.0
East Java	68	9.8	222	32.0	182	26.2	168	24.2	54	7.8	694	100.0
Banten	57	9.6	314	53.0	154	26.0	59	9.9	9	1.5	593	100.0
Total	356	10.0	1,099	30.9	736	20.7	980	27.5	388	10.9	3,559	100.0

4.3. CHARACTERISTICS OF RESPONDENT

Respondent characteristics are used to determine the diversity of respondents based on age group, gender, level of education, total family expenses, types of skills, type of work, residence, and social activities of the head of the family. Respondent characteristics are expected to provide an overview of the condition of the respondent and its relation to the research problems and objectives.

a. Age Group

The total number of respondents in this research is 1,036 people spread in 5 provinces as the research locations. In general, respondents are in the age group of 46 to 50 years (17.3 percent) with the proportion of 23.4 percent in West Java Province or the highest compared to other provinces. While in Banten province, it is only 13.1 percent from the total age group of respondents in 46 to 50 years. In details, the distribution of respondents' age groups can be seen in Table 4.5. the following:

Table 4.5. Percentage Distribution of Age Group Based on Province (n = 1,036)

Province	Age Group										Total	Total Respondent
	≤ 19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	≥ 60		
West Java	0.0	5.0	8.0	8.5	15.4	13.9	19.4	17.4	12.4	0.0	201	201
Central Java	0.5	2.5	9.5	14.0	15.0	13.0	19.0	14.5	10.5	1.5	204	200
DI Yogyakarta	0.5	3.6	10.5	9.1	19.5	14.1	15.5	12.3	15.0	0.0	220	220
East Java	0.9	4.9	8.0	14.3	16.1	11.6	17.9	10.3	8.5	7.6	246	224
Banten	1.0	4.2	9.4	15.7	18.3	18.8	10.5	12.0	6.8	3.1	200	191
Total	0.6	4.1	9.1	12.3	16.9	14.2	16.5	13.2	10.7	2.5	1,071	1,036

More than sixty percent respondents are in the age group between 31 to 55 years. This is related to the criteria of respondents which is targeting adults because the problem of drug abuse and illicit trafficking becomes a serious problem and needs parental attention.

b. Gender

Most respondents were female with a percentage of 77.5 percent, while men were at 22.5 percent. Most female respondents were in West Java with 93 percent and only 7 percent were male respondents. Many male respondents are scattered in Central Java (41 percent) and Banten (37.2 percent).

Table 4.6. Percentage Distribution of Respondents' Gender (n = 1,036)

Province	Gender		Total	Total
	Male	Female		
West Java	7.0	93.0	100	201
Central Java	41.0	59.0	100	200
DI Yogyakarta	21.8	78.2	100	220
East Java	8.0	92.0	100	224
Banten	37.2	62.8	100	191
Total	22.5	77.5	100	1,036

In West Java Province, 93 percent more respondents were dominated by female followed by East Java province by 92 percent. Meanwhile, there were more male in Central Java Province with more than 40 percent followed by Banten Province. Based on age groups, it is known that most female respondents are in the 35-39 years group, while most male respondents are in the 45-49 years group.

Table 4.7. Percentage Distribution of Respondents' Gender Based on Age Group (n = 1,036)

Age Group	Gender			
	Male		Female	
	n	%	n	%
15-19	1	0.4	5	0.6
20-24	4	1.7	38	4.7
25-29	18	7.7	76	9.5
30-34	30	12.9	97	12.1
35-39	38	16.3	137	17.1
40-44	36	15.5	111	13.8
45-49	39	16.7	132	16.4
50-54	34	14.6	103	12.8
55-59	29	12.4	82	10.2
≥60	4	1.7	22	2.7

c. Level of Education

Most respondents are Senior High School/MA graduates (32.5 percent), and only a few are under graduates/university graduates (13.6 percent). Respondents with Senior High School/MA graduate were mostly found in the Special Region of Yogyakarta Province (43 percent). The Elementary/MI graduates are also quite dominating the research respondents with 31.6 percent. The province of Banten has the highest number of Elementary/MI graduate respondents with 65.4 percent.

Table 4.8. Percentage Distribution of Respondents' Level of Education (n=1,036)

Province	Level of Education						Number of Respondents
	Not going to school	Elementary/MI graduate	Junior High School/MTs graduate	Senior High School/MA graduate	Academy/University	Percentage	
West Java	0.0	27.9	21.9	38.3	11.9	100	201
Central Java	1.0	23.0	15.5	38.5	22.0	100	200
DI Yogyakarta	0.5	14.1	19.5	43.2	22.7	100	220
East Java	0.4	30.8	29.5	30.8	8.5	100	224
Banten	0.0	65.4	22.5	9.9	2.1	100	191
Total	0.4	31.6	21.9	32.5	13.6	100	1,036

d. Family Expense

The results of research in 5 selected provinces show that the category of monthly family expense is Rp. 1,000,000 to Rp 2,000,000 as the highest with 37.9 percent, followed by Rp 500,000 to Rp. 1,000,000 with 31.4 percent; Rp. 2,000,000 to Rp. 3,500,000 with 26.8 percent; and Rp 0, to Rp. 500,000 with 3.9 percent.

The average monthly family expense in the provinces of West Java, Central Java, and Special Region of Yogyakarta is the highest in the category of Rp 1,000,000 to Rp 2,000,000. The percentage of respondents with the category of average monthly family expense of Rp. 1,000,000 to Rp. 2,000,000 in the three provinces is 42.8 percent in West Java Province, 40.5 percent in Central Java Province, and 41.4 percent in Special Region of Yogyakarta. Meanwhile, the average monthly family expense in the provinces of East Java and Banten is highest in the category of Rp. 500,000 to Rp 1,000,000 with 56.7 percent in East Java Province and 46.6 percent in Banten Province.

Table 4.9. Percentage Distribution of Average Family Expense (n=1,036)

Provinsi	Average Monthly Family Expense					Total Re-spondent
	0 - 500.000	> 500.000 - 1.000.000	1.000.000- 2.000.000	2.000.000 - 3.500.000	Percent-age	
West Java	3.0	15.4	42.8	38.8	100	201
Central Java	5.0	22.0	40.5	32.5	100	200
DI Yogyakarta	2.7	15.5	41.4	40.5	100	220
East Java	5.8	56.7	35.7	1.8	100	224
Banten	2.6	46.6	28.8	22.0	100	191
Total	3.9	31.4	37.9	26.8	100	1,036

e. Types of Skill

The results showed that 349 respondents had the skills to make money. The type of skill mostly possessed by respondents is cooking/processing food. The number of respondents with cooking/processing food skills is 131 person. Meanwhile, the least type of skills possessed by respondents are health care as well as computer and cell phones repair. The number of respondents with these two types of skills are 2 people each.

Table 4.10. Percentage Distribution of Type of Skill Respondent (n = 349)

Respondents' Skills	Province						Total Respondent
	West Java	Central Java	DIY	East Java	Banten	Total	
1. Farming/gardening	25.5	27.3	0.0	41.8	5.5	100	55
2. Raising livestock (poultry, fish cow, buffalo, etc)	12.9	12.9	41.9	32.3	0.0	100	31
3. Cooking/processing food	17.6	21.4	38.9	22.1	0.0	100	131
4. Sewing/ weaving/ embroidering/cloth embroidery	14.7	29.4	23.5	29.4	2.9	100	34
5. Haircut/beauty care	0.0	50.0	16.7	33.3	0.0	100	6

Respondents' Skills	Province						Total Respondent
	West Java	Central Java	DIY	East Java	Banten	Total	
6. Furniture	0.0	33.3	50.0	16.7	0.0	100	6
7. Art (painting/ music/ dance/fine arts/etc)	0.0	33.3	33.3	33.3	0.0	100	6
8. Construction (building/renovating)	0.0	100.0	0.0	0.0	0.0	100	11
9. Graphic design (printing,etc)	0.0	50.0	33.3	16.7	0.0	100	6
10. Health treatment (medication,consultation, etc)	0.0	0.0	0.0	100.0	0.0	100	2
11. Computer and cell phone repair	0.0	50.0	0.0	50.0	0.0	100	2
12. Electronic devices repair (television, Radio, AC,etc)	33.3	33.3	16.7	0.0	16.7	100	6
13. Transportation repair (car, Motorcycle,pedicab,etc)	11.1	33.3	44.4	11.1	0.0	100	9
14. Others	11.4	29.5	15.9	40.9	2.3	100	44
Total	15.5	27.8	26.4	28.7	1.7	100	349

From 1,036 respondents, only 349 respondents have the skills mentioned above. Most of the skills possessed by respondents in the Special Region of Yogyakarta Province is cooking/processing food. This is closely related to the gender of respondents which is female in the majority. Also, there many university students around the location that it creates an opportunity for business.

In three provinces namely Central Java, East Java, and West Java, most respondents had skills compared to the other two provinces. More than eighty percent of the respondents' skills are in these three provinces. This may be due to the economic, social and cultural aspects in the provinces.

f. Types of Occupation

Most of the respondents in this research were either unemployed or housewives (42.4 percent). More than half of the respondents who are housewives are in West Java Province (60.7 percent), followed by Banten Province (54.5 percent), and Special Region of Yogyakarta (40.0 percent).

Table 4.11. Percentage Distribution of Type of Occupation Respondent (n=1,036)

Province	Occupation									Total
	Not in work- ing age	Unem- ployed/ House- wives	Farm- er	Enter- preneur/ mer- chant	Civil servant/ Army/ police	Pri- vate sector	Re- tired	Free- lance	Oth- ers	
West Java	0.0	60.7	1.5	20.4	4.0	9.0	0.0	4.0	0.5	100
Central Java	0.5	21.0	4.5	23.5	7.0	19.5	0.0	18.5	5.5	100
Special Region of Yogyakarta	0.0	40.0	0.5	25.9	6.8	10.5	0.5	13.6	2.3	100
East Java	0.9	37.1	14.7	25.0	1.3	8.9	0.4	6.3	5.4	100
Banten	3.1	54.5	7.3	13.1	0.0	3.1	0.0	17.3	1.6	100
Total	0.9	42.4	5.8	21.8	3.9	10.2	0.2	11.8	3.1	100

g. Residence

The research location is in rural areas spread across five provinces, namely West Java, Banten, Central Java, East Java, and Special Region of Yogyakarta. In each province, the sample of one DP and NDP Village is selected. The distribution of the sample based on the respondent's residence in each province can be seen in the following table.

Table 4.12. Distribution of Respondents Based on Residence (n=1,036)

Province	DP	NDP	Total	Code of Village	DP	NDP	Total
West Java	100	101	201	A	100		100
				B		101	101
Central Java	98	102	200	C	98		98
				D		102	102
Special Region of Yogyakarta	110	110	220	E	110		110
				F		110	110
East Java	109	115	224	G	109		109
				H		115	115
Banten	98	93	191	I	98		98
				J		93	93
Total	515	521	1,036		515	521	1,036

h. Social Activity of the Head of Family

Most heads of the family have social activities as members of the community, amounting to 812 people (78.4 percent). Only a few of them have social activities as village officials or amounting to 10 people (1 percent). The head of the family as a community member is mostly in the Province of West Java (186 people). In Banten province, there is no head of the family has the social activities as an NGO administrator.

Table 4.13. Distribution of Respondents' Number and Percentage Based on Social Activities of the Head of Family (n=1,036)

Province	Social Activity of the Head of Family (Father/Mother)												Total	
	Village official		Neighbourhood administrator (RT/ RW)		Public /religious/ traditional figure		NGO/CO member/ administrator		Community members		Others			
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
West Java	4	2.0	4	2.0	1	0.5	5	2.5	186	92.5	1	0.5	201	100
Central Java	2	1.0	9	4.5	1	0.5	57	28.5	130	65.0	1	0.5	200	100
Yogyakarta	1	0.5	16	7.3	3	1.4	52	23.6	148	67.3	0	0.0	220	100
East Java	2	0.9	3	1.3	1	0.4	53	23.7	165	73.7	0	0.0	224	100
Banten	1	0.5	4	2.1	3	1.6	0	0.0	183	95.8	0	0.0	191	100
Total	10	1.0	36	3.5	9	0.9	167	16.1	812	78.4	2	0.2	1,036	100

Furthermore, this research also reviews the social activities undertaken by respondents. The following is a table of social activities undertaken by respondents in selected villages.

Table 4.14. Distribution of Respondents' Number and Percentage Based on Social Activities (n=1,036)

Province	Social Activity of the Head of Family (Father/Mother)												Total	
	Village official		Neighbourhood administrator (RT/ RW)		Public /religious/ traditional figure		NGO/CO member/ administrator		Community members		Others			
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
West Java	3	1.5	3	1.5	0	0.0	5	2.5	188	93.5	2	1.0	201	100
Central Java	2	1.0	9	4.5	0	0.0	71	35.5	117	58.5	1	0.5	200	100
Yogyakarta	0	0.0	9	4.1	1	0.5	63	28.6	147	66.8	0	0.0	220	100
East Java	1	0.4	2	0.9	1	0.4	44	19.6	175	78.1	1	0.4	224	100
Banten	0	0.0	5	2.6	2	1.0	0	0.0	184	96.3	0	0.0	191	100
Total	6	0.6	28	2.7	4	0.4	183	17.7	811	78.3	4	0.4	1,036	100

Most respondents have social activities as members of the community of 811 people (78.3 percent) and only a few have social activities as village officials, namely 6 people (0.6 percent). Respondents who undertook social activities as members of the community were mostly in West Java Province (188 people). In Banten Province, there were no respondents who had social activities as NGO organizers.

i. Ownership of Residence

Most respondents or 644 people (62.2 percent) admitted that they owned their residence. In 5 provinces, none of the respondents lived in official housing. Banten Province is the province with the highest number of respondents, amounting to 185 people (96.9 percent), who own their residential buildings. Compared to the other four provinces, Central Java is a province where respondents rent the house of 29 respondents (14.5 percent) and off-hire of 59 respondents (29.5 percent).

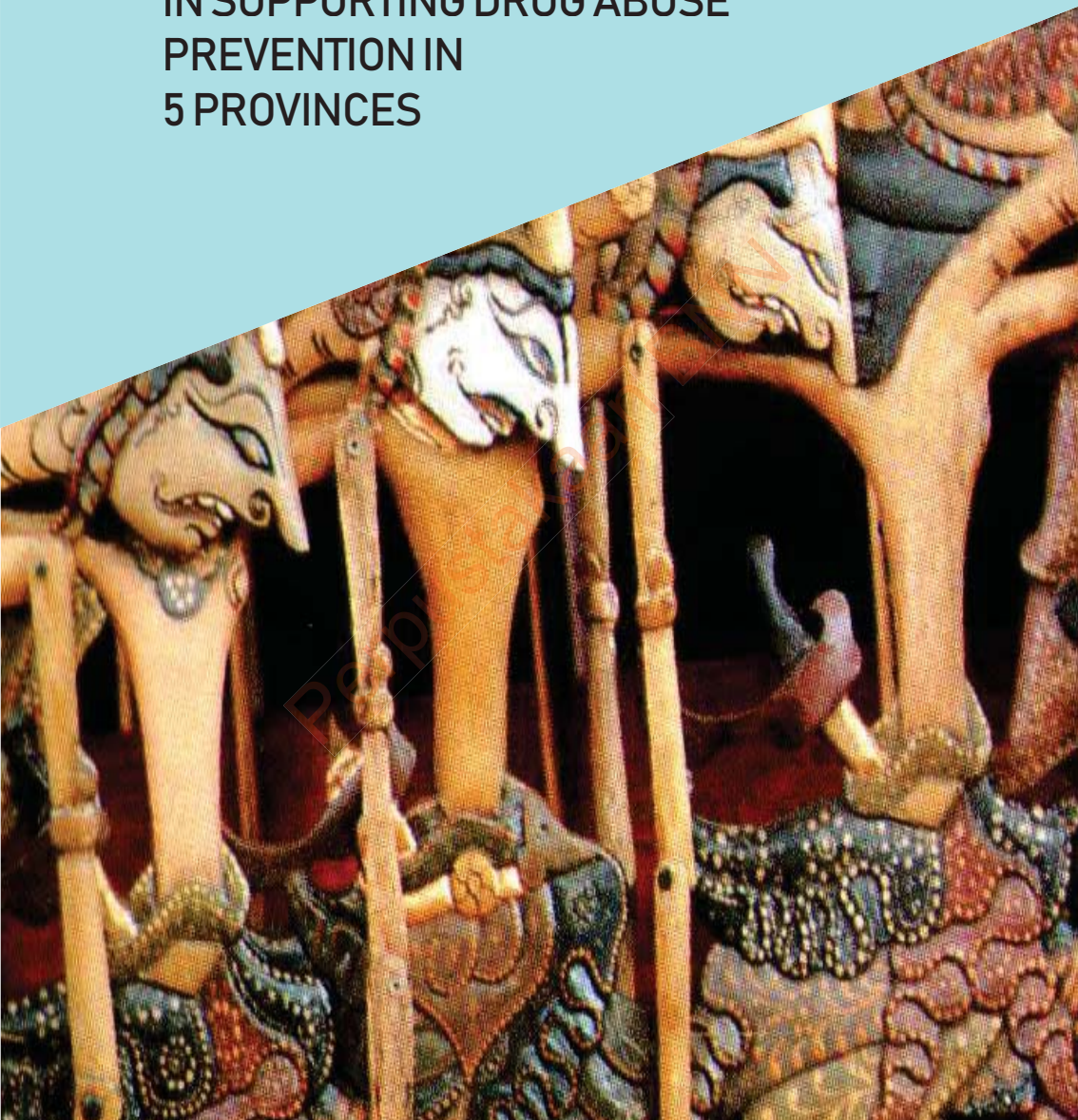
Table 4.15. Distribution of Respondents' Number and Percentage Based on the Ownership of Residence (n=1,036)

Province	Status of Residence Ownership										Total	
	Own property		Lease/Rent		Off hire		Official housing		Others			
	n	%	n	%	n	%	n	%	n	%	n	%
West Java	108	53.7	4	2.0	1	0.5	0	0.0	88	43.8	201	100.0
Central Java	110	55.0	29	14.5	59	29.5	0	0.0	2	1.0	200	100.0
Special Region of Yogyakarta	112	50.9	15	6.8	26	11.8	0	0.0	67	30.5	220	100.0
East Java	129	57.6	2	0.9	0	0.0	0	0.0	93	41.5	224	100.0
Banten	185	96.9	0	0.0	0	0.0	0	0.0	6	3.1	191	100.0
Total	644	62.2	50	4.8	86	8.3	0	0.0	256	24.7	1,036	100.0

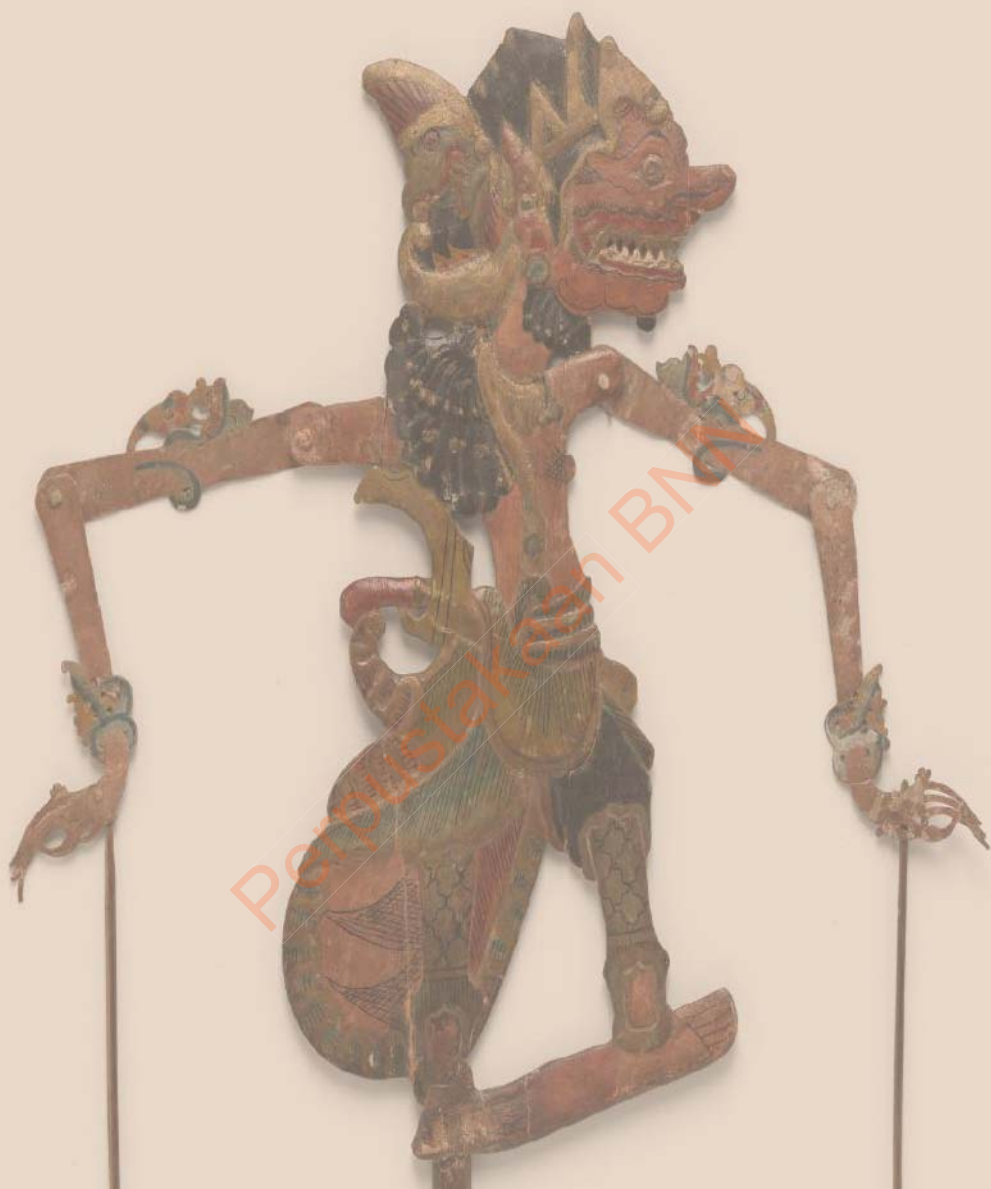
V



VILLAGE POTENTIAL IN SUPPORTING DRUG ABUSE PREVENTION IN 5 PROVINCES



Klithik Puppet, Blora, Central Java



V

VILLAGE POTENTIAL IN SUPPORTING DRUG ABUSE PREVENTION IN 5 PROVINCES

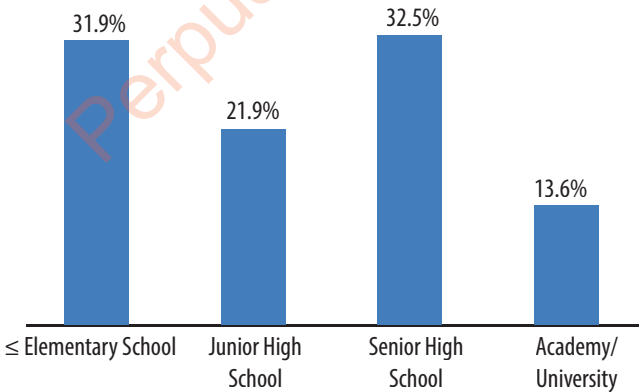
As previously stated, the number of drug abuse cases in rural areas is increasing recently. The increase of drug abuse cases and distribution in rural areas is allegedly because the space for drug trafficking in urban areas is increasingly limited due to the strict supervision of the authorities (Siwa, 2019). Also, the low education of rural communities causes a lack knowledge about the types and dangers of drugs. This leads rural communities to be easily influenced and involved in drug abuse. Therefore, the village official and the community, including the leaders in the village, have an important role in preventing drug abuse and distribution in the village. They must have sufficient knowledge related to the types and dangers of drugs to play an active role in efforts to prevent drug abuse and distribution.

Tackling drug issues requires a comprehensive effort, meaning that it must consider all the resources in an area and involve all relevant sectors or other sectors that have a concern about drug issues. Resources can be assets or potentials that support drug prevention. In this research, the potential of the villages studied was divided into several aspects, as follows.

5.1. HUMAN RESOURCES ASPECT (COMMUNITY, VILLAGE OFFICIAL, SOCIAL INSTITUTIONS, AND COMMUNITY INSTITUTIONS)

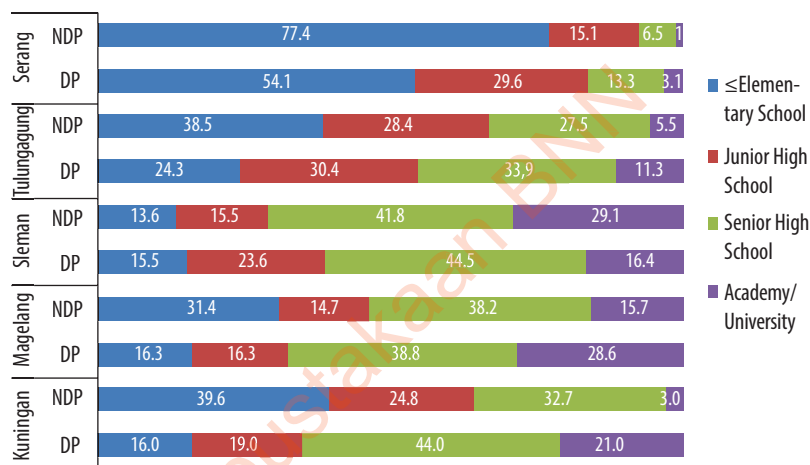
Human resources is a very important aspect to support drug abuse prevention. Qualified human resources in all layers of the community can help the government in dealing with drug issues. The quality of human resources in this research can be seen from the community, village official, social institution, and community institution. From data collection both quantitative and qualitative, it is known that the human resources potential in each village as the research locus is quite varied.

From the community side, human resources can be seen from indicators including education and the number of family members who have a school status. In general, the average education level of respondents in ten villages in the five visited provinces was primary and secondary education. The percentage of respondents with elementary school graduates and/or not going to school is not much different from those with senior high school graduates namely 32 percent and 33 percent. Other respondents have university graduate with 14 percent and junior high school graduates with 22 percent (Picture 5.1).



Picture 5.1. Respondents' Level of Education

Based on the region, the respondents' level of education shows diversity. The level of education in the Serang Regency of Banten is seen to be the lowest among the other regencies. Respondents were mostly elementary school graduate or no education, both in NDP and DP villages in Banten Province (77 percent and 54 percent). Low-educated respondents were mostly found in the NDP Village of Tulungagung Regency, East Java (39 percent) and NDP Village of Kuningan Regency, West Java (40 percent). Meanwhile, respondents with senior high school graduates or equivalent were more in number in research villages in Central Java, Special Region of Yogyakarta, and West Java.



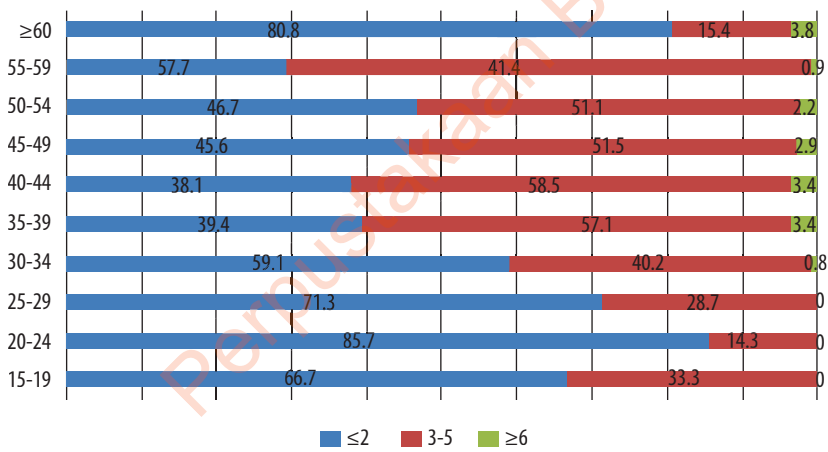
Picture 5.2. The Percentage of Respondents' Level of Education Based on Village and Regency

Despite that in general there are quite a lot of respondents with senior high school graduates or equivalent, respondents with low education are still high in number. The education level of respondents in the various research locus shows the different quality of human resources. This shows that interventions in the context of overcoming the problem of drugs must consider the community level of education.

The number of family members with school status is also one indicator of human resources from the community side analyzed in this research. Going to school is one of the activities that can prevent undesirable things, including drug abuse, despite that friendship at

school allows a person exposed to negative influences from his friends. The school-age range, especially 14 to 18 years, is a vulnerable age to be involved in drug abuse (Gono, 2007). Therefore, supervision from parents and teachers is needed in this age group.

With the increasing number of family members who are currently at school, efforts to prevent drug abuse can be done more optimally because more children can be diverted to do more useful activities at school. The results showed that respondents between the ages of 18 to 34 and respondents aged 55 and above only had an average of two children at school (Picture 5.3). However, from all age groups in general, respondents had 3 to 5 children who were still in school. Thus, the target for drug abuse prevention programs should be directed to all parents (respondents), regardless of their age group because in general they still have children who are still in school.



Picture 5.3. Percentage of Family Members with School Status Based on Respondents' Age

The results of the qualitative data collection illustrate the conditions of human resources in each research locus. Information says that human resources at the research locus in Serang Regency, Banten Province, have not been able to support progress and develop the existing potential of the regions. Based on the level of education, that the population in this region has a low level of education. Most of them

only completed primary school. Even in the research location village were also encountered residents who claimed to have never attended school. This information is in line with findings from quantitative data collection.

Slightly different conditions exist at the research location in Sleman Regency, Special Region of Yogyakarta Province. Many residents in this area are migrants and live in boarding houses. Most of them are workers and students. Meanwhile, in Kuningan Regency, West Java Province, many human resources in this region do not know about drugs. The level of community knowledge related to the danger of drugs is still quite low as reported by village official, where only about 30 percent of the population knows the danger of drugs.

The informant said that village officials in Sleman Regency had participated in Training of Trainer (ToT) drug prevention programs both by Provincial Narcotics Board, Regency/City Narcotics Board, and other agencies such as the Social Office and Women's Empowerment and Child Protection, Population Control and Family Planning Office. In Serang Regency, village administrators at the research locus have not been able to develop the economic potential of their village. The ongoing activities are limited to routine operations and population administration.

Furthermore, the interview results give information that the village head or at least Neighbourhood (RT/RW) supports P4GN Program. Several NGOs, including the National Caring Movement on Anti-Drugs, Chaos, and Anarchist (Gapenta) and the National Anti-Narcotics Movement (Granat), played a role in supporting P4GN Program.

Village officials in Tulungagung Regency, East Java Province, can be said to be very alert, and coordination with other officials such as Village Leadership NCO and Village Leadership NCO for Social Security and Order was quite well. Relationships with community organizations such as NU, Muslimat, Fatayat, Ansor, and Jamiah NU are also well established. When there are problems in the community, they coordinate with each other. Likewise, if there are joint activities such as food control for farmers, official and community organizations always work together to maintain security and order.

In Magelang Regency, Central Java Province, between the authorities and Village Leadership NCO are often do cooperation in the form of socialization and counseling related to drugs. Groups in villages that have the potential to support P4GN Program include women's organizations (PKK) at various levels (communities up to Dasa Wisma), religious groups, sports groups (badminton, boxing), art groups (Kubra/dances), youth organization, and youth mosque group. The presence of anti-drug volunteers who were only trained for two months before the interview has not yet set up programs, activities, and associations of anti-drug activists in DP village.

Most of the village officials in the DP Village, Kuningan Regency, West Java Province, already understood about the danger of drugs, as well as the official in NDP Village. However, they less understand the types of drugs. The NDP village official of the Kuningan Regency seems to care enough about the drug problem. They say that victims of drug abuse need proper treatment, namely, complete rehabilitation, both medical and social. Also, former drug addicts must be well received in the community and assisted so that they can be productive again. In the DP Village of Kuningan Regency, the presence of social institutions or organizations such as Community Empowerment Institute, youth organization, Pancasila Youth, and Linmas (community protection) strengthen the human resources of the official.

5.2. NATURAL RESOURCES ASPECT

The condition of natural resources in each can support overcoming drug issues. According to informants in Sleman Regency, Special Region of Yogyakarta, during the survey, the natural resources (ex. irrigation) in the area were adequate and sufficient for the needs of the community even in the middle of the dry season. The natural resources do not affect people's lives because their livelihoods have experienced a shift, where during the survey, they no longer do the farming, which relied heavily on natural resources.

The natural resources in selected villages in Serang Regency, Banten Province seem to have good potential to support development progress in the region. The village is a fertile area where the most

population depends heavily on agriculture, and the agricultural results can be directly distributed to other regions such as Lampung and Jakarta. In addition to fertile land, this region has hilly areas that have the potential to develop tourism areas. However, the excellent condition of natural resources has not been supported by human resources as the driver of the progress and development of the local area, mainly rural areas.

In the research area in Central Java Province, the natural resources in regency (Magelang Regency) and villages are not much different, namely paddy, tobacco, and secondary crops. The Agricultural potential has been declining due to the shift from agricultural land to non-agricultural land. The surrounding economic conditions (trade centers, shops, entertainment, automotive factories (car assembly) make many teenagers less interested in working on agricultural land. This condition is also a concern of the older generation who work as farmers.

One of the selected villages in the Kuningan Regency, West Java Province, is located on a mountainside and has an area of natural attractions. The community in the village cultivates sweet potatoes, cloves, mulberry, apples, and patchouli. Other villages are at the center of the sub-district, and the lives of the people have shifted towards urban lifestyles. However, this village still has natural potential that is used by some of its people as a livelihood in agriculture, namely tobacco, paddy (rice), and yams.

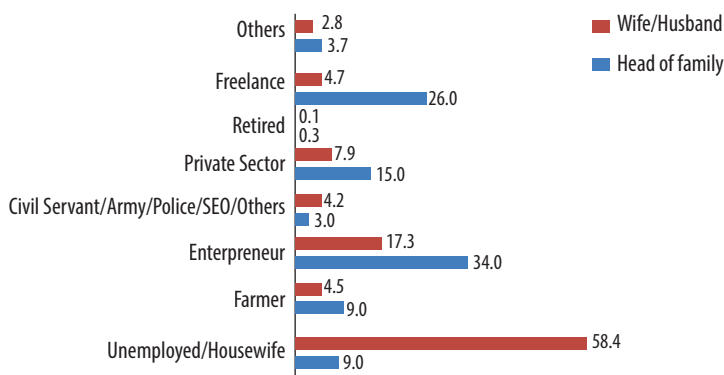
In general, the condition of natural resources in Tulungagung, East Java Province, is quite fertile because there are many natural resources, for example, fisheries, many beaches, and fish farming, both marine or freshwater fishery. Some potential beaches and ports include Demak Beach, Popoh Harbor, and Gemah Beach. The port and the beach do not only produce fish but also as tourism places. Meanwhile, from the mining aspect, Tulungagung is famous for producing marble (in Campurdarat Sub-district). Meanwhile, the potential of natural resources from plantations, among others, produce guava, star fruit, oranges, tobacco (Pakel Sub-district), as well as laying hens and broilers. In Village G itself, which is the locus of research, the potential of natural resources is not very reliable. Only a small portion of the population lives on agriculture

because most of the community relies on the industrial sector, namely factories or home industries. Unlike DP and NDP Villages, Tulungagung Regency has a pretty good natural resource. Some of the agricultural products include seasonal plantation, sugar cane, and star fruit.

5.3. ECONOMIC RESOURCES ASPECT

One indicator of economic resources (ER), which is potential in tackling drug issues, is occupation. Antoro (2006) revealed that many factors trigger drug use. One of them is domestic factors, including problematic families, lack of attention from working parents, low family income, lack of communication between children and parents, drug supply in the neighborhood, and lack of achievement in education. Occupation in earning money gives a lot of influence on some of the domestic factors mentioned above.

The results of quantitative data collection show that more than half of the respondents are a wife and unemployed or housewives (58 percent). Picture 5.4. also shows that around 34 percent of the respondents who were family heads worked as entrepreneurs/merchants. There is information that working parents will pay less attention to their children. However, this does not mean that the results of this research conclude that family members or children of some respondents received less attention because their parents were busy as merchants. Conversely, it is not always that parents who stay at home can give sufficient attention to their children.



Picture 5.4. Percentage of Respondents' Occupation Based on Family Relationship

On the other hand, a large number of parents (in this case, wives) at the research locus who stay at home/not working can be beneficial because the supervision of children is easier to do. Also, parents who live at home should be more convenient in establishing better communication with all family members. Therefore, housewives must be the target of various Communication, Information, and Education (CIE) activities aimed at increasing understanding related to drugs.

Furthermore, the qualitative data collection about occupation shows that the economic resources of the community in the villages as the research locations are also varied. In Serang Regency, Banten Province, most of the population works as farm laborers because they do not have their agricultural land or plantations. Others work in the transportation and commercial services sector because the area is a crossing and entry point for migrants from Sumatra to Java. Also, many young people in this region are unemployed/not working because employment is minimal. They prefer to be unemployed because they are not willing to continue the livelihoods as farm laborers that have become a tradition there.

The use of the Village Fund Budget (VFB) in the research location generally prioritizes the development of road infrastructure and other

public facilities. Meanwhile, the portion of the budget used for human resource development and other non-physical activities is still minimal. The location of the research village is an agricultural area and far from the industrial site. Thus, CSR for village development has not reached this area.

Tulungagung Regency, East Java Province is included in the middle economic category or even more advanced than other regions (about 60 percent of the population is in the middle to top category). Economic rotation is quite good because of the large number of migrant workers (TKI/TKW) who generate foreign exchange for this regency. More than half of the village communities in the research locations in Tulungagung Regency work as migrant workers abroad (TKI/TKW). Another small number of people work as entrepreneur or run their own business.

Residents with own businesses are mostly in DP Village, Tulungagung Regency. Generally, the existing industries are household appliance craft, Army/Police equipment, Army/Police attributes, and luggage - meanwhile, people who do not have business work as laborers in factories. The use of VPB in DP Village includes education, infrastructure, empowerment, training, and health. The allocation for community empowerment is ten percent to support business training in making snacks, raising fish, and raising catfish. In one year, this fund can finance approximately 60 to 70 people in turns, depending on the community in need. In Village H, the conditions are slightly different from DP Village. The primary economic support in the NDP Village comes from agriculture and industry. The current economic condition of the community has improved because of the assistance from the government. From 135 family heads (KK) who were declared poor have now reduced to 75 family heads (KK).

In Kuningan Regency, West Java Province, the majority of the population works as farmers and merchants. In NDP Village, the majority of the population is sweet potato (boled) and cloves farmers. Some residents work outside the city and some work as sand and stone diggers. In general, NDP villagers are above poverty and village funds are used for routine physical activities such as Livable Houses so that there are no non-livable houses. Another economic potential in

DP Village in Kuningan Regency is trade. This fact is closely related to the existence of the largest market in the sub-district. Other economic potentials that have begun to be developed in DP Village are crafts or home industry, namely making salted eggs and rengginang (chips from sticky rice). This craft was carried out by a Village-Owned Enterprise (BUM Des).

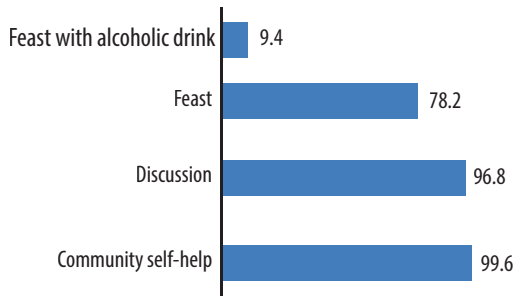
Similar to in Kuningan, West Java Province, in Magelang Regency, Central Java Province, the economic resources of the regency are supported by trade and entertainment. The economic conditions of the village are in line with the potential of village-scale environments, including agriculture, home industry, and business.

The condition in Sleman Regency, Special Region of Yogyakarta Province can be said to be somewhat different from other regions. Most of the population are migrants and come from the upper-middle class. This description is the same in the two research location villages.

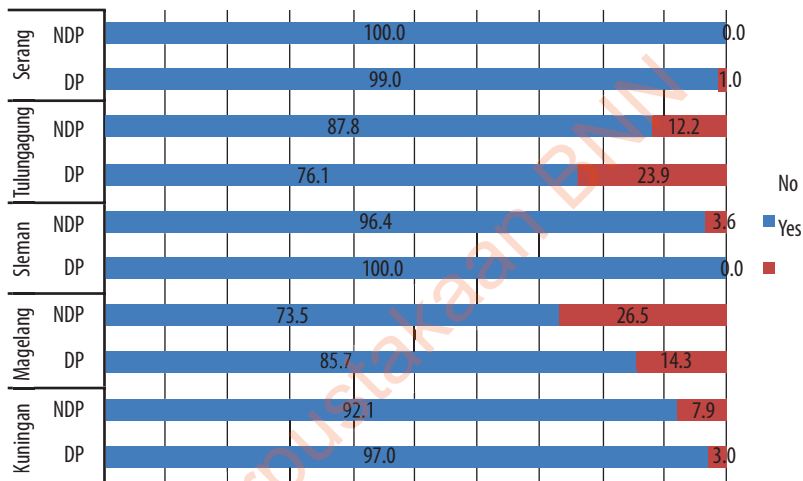
5.4. CULTURE/TRADITION ASPECT

Culture and tradition in an area influence the behavior of the people. In the context of preventing drug abuse, culture and tradition that have developed in the community can become a 'stronghold' for negative influences from outside the environment. In addition to human resources, natural resources, and economic resources, this research also collected some information related to culture and tradition in the research location.

In this research, respondents were asked whether their village has traditions that are common in Indonesian society, such as community self-help, discussion, people's parties, or parties to celebrate something. The results of data collection show that the tradition or culture that is most widely carried out in research locations is community self-help, where almost all respondents stated that there is a community self-help culture in their village (Picture 5.5). Other traditions that are also commonly found in selected villages are discussion and parties.



Picture 5.5 Percentage of Tradition/Culture in the Village Based on Respondents



Picture 5.6 Percentage of Respondents' Statement on Serving Alcoholic Drinks at the Village Party

According to informants, in general, the Sleman Regency in Special Region of Yogyakarta Province does not have a deviant community culture. However, in this area, many people consume alcoholic drinks that are entangled in drugs despite that, in general, the surrounding community refuses to use drugs. In Magelang Regency, Central Java Province, it was also found that community self-help was still popular in the community. The informant stated that the atmosphere of community self-help in the village even existed.

Culture and tradition should have positive impacts on society, such as art that can attract tourists to visit. Unfortunately, in reality art in several research locations is misused or accompanied by an alcoholic drink party. The research result informs the tradition of party or celebration in several villages by serving alcoholic drinks.

The result of the quantitative analysis shows that 9 percent of respondents said there were parties or celebrations in their village that served alcoholic drinks (Picture 5.6). Based on villages, respondents in DP village in Tulungagung Regency, East Java Province, is the highest, which says that alcoholic drinks are usually served at a party/celebration in their village, which is 24 percent. The next highest percentage was respondents in DP Village, Magelang Regency, Central Java Province, with 14 percent of respondents claiming to have alcoholic drinks at parties held in their villages. Respondents in NDP Village of Tulungagung Regency also said that there were 12% of alcoholic drinks at parties

The information above is confirmed by the findings of qualitative data collection, where people in Tulungagung, especially in the villages, are still familiar with **Tayub** culture such as *remo* or *tambat* (traditional Javanese dance). Unfortunately, this culture is identical to the party, and at the party, people generally consume beer. However, this habit is now rarely found. A similar thing was also found in Magelang Regency. People in the research locations in this regency are familiar with **Jathilan** art or a lumping horse. However, the public's focus on the existence of this culture is that the performers use potion/mixture in their kettles so that they are quickly possessed. The habit of consuming liquor is also carried out in the DP Village of Kuningan Regency, although this area is known for its influential religious culture and traditions, especially Islam

5.5. THE AVAILABILITY OF MEDICAL AND SOCIAL REHABILITATION FACILITY

The availability of medical rehabilitation facilities and social rehabilitation facilities in dealing with drug issues is a significant concern. Data from interviews with selected Regency Health Offices and Regency Social Offices generally shows that health facilities and social facilities have spread to the village. Health facilities in the regency

are ranging from the public health center to the hospital. The number of medical facilities in the five regencies does not necessarily be used as a place for medical rehabilitation for drug addicts and abusers.

The appointment of medical facilities and social facilities that function as places to rehabilitate drug abuse is the central authority of the Ministry of Health and Ministry of Social Affairs. This authority is the implication of categorizing the drug issue as a national issue, nor as a regional one. This condition results in the availability of rehabilitation centers or medical and social facilities, which are used as rehabilitation sites, are still lacking and difficult to be accessed.

Public knowledge about the availability of medical facilities and social facilities that can be used as a place for consultation and recovery (rehabilitation) from drugs is one illustration of the level of public knowledge about the precise handling of drug abuse. Based on informants' knowledge about the availability of medical and social facilities as rehabilitation sites according to the DP and NDP classification, as follows:

Table 5.1 The Availability of Medical and Social Facility as Rehabilitation Center

Village Classification	Medication center	Private Clinic	Drugs related-Foundation/ NGO	Pesantren/ Islamic boarding school	Alternative Medication/ Tabib
DP	7	7	0	1	3
NDP	9	3	3	9	1
Total	16	10	3	10	4

The data in the table above shows that the majority of informants consider that medical facilities and social facilities in the village, such as village halls, private clinics, foundations/NGOs have not been able to deal with drug problems. Pesantren/Islamic boarding schools and alternative medication/physicians cannot yet be used as a consultation or drug rehabilitation place. Only a small number of informants stated that the availability of medical and social facilities in the village could

be used as a place for consultation or rehabilitation of drug abuse. From this description, respondents tend to assume that medical facilities and social facilities that can be used as a location for drug consultation and rehabilitation are places that have been designated by the government.

The description of the availability of rehabilitation places for handling drugs in 5 research locations based on the results of interviews with Social Affairs Office, Health Office and Banten Provincial Narcotics Board or Regency Narcotics Board, are as follows:

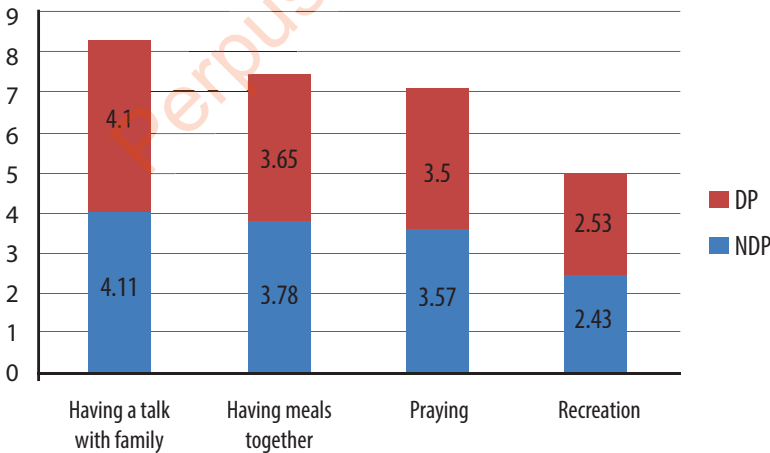
- a. The informant has several views on medical facilities that can be used as rehabilitation place, a place to deliver complaint, consultations and place to recover victims of drug abuse, including Community Health Center, *Pustu*/Supporting Community Health Center, Private Therapists, *Poskesdes*, Sub-District Public Health Centers, *Poswindu*, Private Clinics, and Medical Centers;
- b. Medical facilities that can be used as drug rehabilitation institutions according to informants must have a psychologist and the ability to treat as a doctor or a specialist;
- c. Social facilities in the area that can be used as a place for consultation and social rehabilitation for drug addicts, including the Social Office and Women's Empowerment and Child Protection, Islamic boarding schools, Social Welfare Centers;
- d. Government-owned medical rehabilitation institutions that fall into the category of Compulsory Report Recipient Institutions (IPWL) are still minimal. Not all regencies that become research locations have IPWL, both IPWL appointed by the Ministry of Health and the Ministry of Social Affairs;
- e. The limited authority in terms of implementing social rehabilitation of drug abuse by the Regency Social Affairs Office which is limited to issuing recommendations and not conducting rehabilitation is one of the reasons given by informants related to the difficulty of handling and collecting data on drug abuse issues, especially the social rehabilitation problems of drug abuse;
- f. Government-owned social rehabilitation institutions that are used as social rehabilitation institutions for drug addicts at the regency and provincial level are conducted at the Social Welfare Institution (LKS). The handling of drug abuse cases is combined with the handling of 27 other categories of social problems. The limited

number of LKS and the amount of the rehabilitation budget quota is one of the obstacles in handling drugs.

5.6. SOCIAL INTEGRATION

This section presents articles on social integration as one of the village potentials in supporting the P4GN program. Social integration is one of the crucial aspects of handling social problems, including the handling of the danger of drugs. Social integration is a process of unifying different elements in society to become one unity. The differences in elements are race, ethnicity, religion, and language. If it is correlated to rural life, social integration is closely related to the unification of differences in value systems and habits in society. Social integration in the village cannot be separated from family integration. Family integration is built based on togetherness or activities carried out together with family members.

carried out by families in the village, in general, are not much different from the activities carried out by urban communities. The intensity of joint activities carried out by families in the village can be illustrated in Picture 5.7:



Picture 5.7. Interaction with Family in the Village

Activities jointly carried out with the family, such as having a talk/chat, eating together, worshiping together, and family recreation are four activities or habits with the family that were explored in this research through a quantitative approach. Based on the results of the significance test carried out, it shows that villages with NDP classification still have higher intensity in 3 activities/habits with the family compared to DP villages, namely having a talk/chat with family (4.11), eating together (3.78), and worshiping (3.57). The results of this significance test are interesting and show that family integration is one of the important aspects to support a village to be vulnerable or not vulnerable to social deviations, especially the problem of drug abuse. Through these three joint activities, each family member can talk to each other about the activities they carry out for the whole day, or furthermore they can find solutions to the problems they face.

The description of social integration based on the results of interviews and discussions conducted with informants and discussion participants in five research locations is as follows:

- a. The community in the village in the five research locations tends to have togetherness interaction and has an attachment to one another. Caring and getting to know one another become one of the social images that distinguish rural from urban areas.
- b. The nature of kinship, getting to know each other, the nature of mutual assistance, good communication between community members, and community self-help are still found in rural communities in solving problems.
- c. Joint activities carried out by the community routinely such as recitation or Friday study in the village become one of the medium to control community behavior in a positive direction and prevent the community from behaving negatively.
- d. The influence of foreigners or migrants in the village, especially in villages that are close to and have tourist sites, is the focus of serious attention for village official. Migrants and tourists who come to the village must be monitored and controlled properly because it will bring new culture or influence to the local community. It is possible that the influence is a negative thing, including the problem of drug use. For this reason, social integration in the village becomes important in the process of community life in the village.

- e. The problem of drugs is a complex problem that requires comprehensive treatment and involves various parties, both government and society, as well as integration between institutions and community components.

5.7. THE AVAILABILITY OF VILLAGE BUDGET AND CORPORATE SOCIAL RESPONSIBILITY (CSR)

The Village Budget is planned and formulated to support village development, both physical development and human development. The Village Budget is intended mostly for physical development and a small portion is used for human development. P4GN activities in the village have not been the main activities and have not been fully supported by the village budget. From 5 research locations, it is known that the initiative to use the village budget and use of village activities is still small. Village officials have no courage to use village budget for P4GN activities or other activities that have not been budgeted before. Only few villages that have initiatives to use village budgets such as one village in West Java which already has the initiative in using Village Budget to carry out P4GN activities. P4GN activities that have been routinely carried out are counseling for teenagers by inviting speakers from Kuningan Regency Narcotics Board. P4GN activities carried out by the village are part of youth development activities and are not budgeted separately. For other village officials, they still need special instructions for implementing P4GN in the village and given a special budget rather than reducing the budget allocated for other activities.

In general, in the 5 research locations, the description of the utilization of the village budget is as follows:

- a. The use of the budget **has not been specifically allocated for anti-drug socialization/counseling.**
- b. Villages that have allocated funding for socialization/counseling on anti-drugs vary from operational funding to support activities such as snacks/food to the provision of funds for the speaker.
- c. Utilization of the budget **to empower the community, especially former addicts** who have participated in social rehabilitation for the procurement of work supporting tools. Village funds used in

community empowerment are allocated at 10 percent of the overall village budget. Village fund support in community empowerment is directed to support training in making snacks, raising fish, raising catfish.

- d. Other village budget support is the funding in **the establishment of anti-drug task forces** and **anti-drug volunteers**. The budgeting of P4GN activities with Village Budget support is carried out in several villages that already have anti-drug volunteers.

In the previous explanation, it is known that human development activities have less budget support than physical development activities. This was revealed by most informants in 5 research locations. Therefore, carrying out activities sometimes requires budgetary support from other sources. Funding support from CSR has not been maximized in almost all research locations. Support from business owners who are in the research location is limited to the provision of consumption or beverage for activities carried out in the village. One of the example is in a village in Kuningan Regency, West Java Province.

5.8. THE AVAILABILITY OF REGULATIONS RELATED TO THE PREVENTION AND ERADICATION OF DRUG ABUSE AND ILLICIT TRAFFICKING

Regulations are rules that are made to help regulate/control a group, institution/organization or community to achieve certain goals in life together, in society or socializing. Related to the potential of the village, the availability of regulations in the village becomes important. Regulation is one aspect of the village's potential that can be a tool to regulate or control people's behavior to live in an orderly manner and not to conduct deviant behavior. Based on the research results, the availability of special regulations governing community behavior both in the DP and NDP villages have the same tendency. The majority of people know that their village has special regulations governing community behavior problems such as the prohibition in conducting violence in accordance with Table 5.2. below:

Table 5.2. Distribution of Number and Percentage on the Availability of Special Regulation on Community Behavior (n=1,036)

Village Classification	No		Yes		Total	
	n	%	n	%	n	%
DP	221	42.9	294	57.1	515	100.0
NDP	282	54.1	239	45.9	521	100.0
Total	503	100.0	533	100.0	1,036	100.0

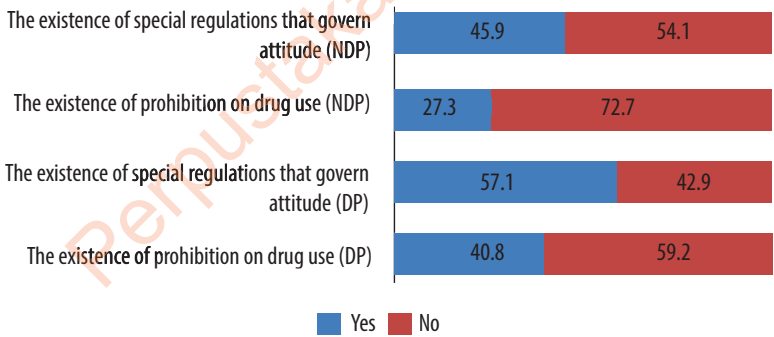
In social life, there are two kinds of behavior, namely positive behavior and negative behavior. Positive behavior is behavior that is accepted by others in general and obeys applicable rules. Negative behavior is behavior carried out by individuals or groups of people which tends to interfere with the rights or cause harm to others and cannot be accepted by others and violate existing rules. One of the negative behaviors that becomes the focus of discussion in this paper is drug abuse. Drug abuse is one of the people's behaviors that requires special attention from the central government to the smallest scope of government and all components of society. Drugs that become a national threat have attacked various lines of society. The condition of the danger of drugs that threaten the security of the nation and damage the nation's generation must be taken seriously by all parties. One of the seriousness in regulating drug abuse is the existence of adequate regulations regarding the prohibition of drug use. Table 5.3 follows the availability of village regulations regarding the prohibition of drug use.

Table 5.3. Distribution of Percentage on the Availability of Regulation on Drug Use Prohibition

Village Classification		Respondents Answer	Regulation on drug use prohibition	
			No	Yes
DP	Special regulation that governs society's behavior	No	82.8	17.2
		Yes	41.5	58.5
NDP	Special regulation that governs society's behavior	No	77.0	23.0
		Yes	67.8	32.2

Based on the knowledge of respondents in DP village, it is known that although 57.1 percent of respondents know there are special rules governing the community behavior, about 41.5 percent of them say that there are no rules that prohibit drug use. In NDP villages, 45.9 percent admitted that there were special rules governing community behavior, but 67.8 percent among them said that there were no rules about prohibiting drug use.

Based on interview, it is known that 51 percent of respondents said that in their village there were special rules about community behavior. This means that, on average, the five villages of research locations have rules that govern the behavior of their communities. On the other hand, the existence of rules of public behavior is not necessarily followed by the availability of rules regarding the prohibition of drug use. In total, only 27.3 percent of respondents in NDP villages and 40.8 percent in DP villages claimed that there were rules forbidding drug use in their village (Picture 5.8). The existence of rules of public behavior should be correlated with drug use. In reality, this is not always the case.



Picture 5.8. The Existence of Rules on Behaviour and Drug Use Prohibition

Anomalies are found in research locations where religious areas do not guarantee to be free from drug issues. These conditions occur in two research villages in Serang Regency, Banten Province, and also in DP Village, Kuningan Regency, West Java Province. On one hand, the community is very religious. The villages known as santri village. But, on the other hand, drug abuse cases often occur in this area. This is possibly related to the absence of rules on the prohibition of drug

use in the community (if there are rules, it is possibly that the rules are still weak). Thus, strict rules and sanctions regarding drug abuse are required in the community. Furthermore, another important thing is immediate effort to overcome this condition by increasing public knowledge about drugs and the danger of drugs. By increasing public understanding, it is hoped that the community will avoid using drugs with their own awareness.

So far, advocacy for prevention of the danger of drugs by Banten Provincial Narcotics Board and 4 Regency/City Narcotics Board in research locations has reached various agencies and institutions at the regency level. One of the expected outcomes in the prevention advocacy process is regulations or rules owned by the relevant agencies or institutions in the regency. Based on the results of in-depth interviews and FGD, the following description are known:

- a. Some of the regency governments that have become research locations already have regent regulations regarding the implementation of P4GN in their regions, such as the Kuningan Regency Regulations of West Java Province on optimizing the implementation of P4GN in Kuningan Regency.
- b. There is a regulation from the village head regarding the optimization of P4GN Program and the implementation of Desa Bersinar in a number of regencies in the research location.
- c. There is a regulation by the village head or village head circular regarding the establishment of an anti-drug task force.

5.9. GENERAL DESCRIPTION OF SOCIAL ISSUES

5.9.1. Social Issues and Effort to Control

Social issues that arise in the society are the impacts of changes in social aspects that occur continuously. Each region has different social issues from one another. In general, there are 4 factors that cause social issues in the society, namely economic, cultural, biological and psychological factors. Based on the results of in-depth interviews with several informants on the research of village potential in supporting P4GN program, several social issues faced by the community in the research location village are:

- a. Social issues such as unemployment among young people are mostly found in rural areas. Young people in rural areas prefer to be unemployed while waiting to get a job rather than to continue the tradition of becoming farm laborers like their predecessors. Meanwhile, other jobs in the region are still very limited.
- b. Another social issue is that underage marriages are mostly done as a way of releasing family responsibilities for their daughter who is not in school.
- c. Drugs become a social issue that often occurs in rural areas, including in this research location. Rural areas which are well-known as the city of Islamic school students are also not free from drug problems and have even touched the Islamic boarding school. The science of religion is understood by some rural communities only to just carry out religious rituals, but has not been able to prevent them from bad behavior. Drugs have become a serious problem that threatens young people in rural areas. The majority of drug dealers and drug users in rural areas are in the productive age population who do so more for economic reasons. Drug abuse and drug dealer cases are often found in entertainment places and boarding houses, which are dominated by immigrants. Some local residents are affected by drug abuse. The impact of drug abuse involves elementary school, junior high school, and senior high school students as well as adults both those who graduated from school and not.
- d. Smoking (for students) and brawls between students are also social issues faced by rural communities. The free life of teenagers is something that needs special attention. In some areas, there are homestays that are rented to children freely.
- e. Economic problems contribute significantly to increasing social issues in rural communities. Low economic conditions in rural communities and high unemployment have led to high number of theft in villages. From the economic side, the average villager works as an entrepreneur and has his own business. In one of the research villages, most or at least 50 percent more villagers work as migrant workers (TKI/TKW). This condition automatically impacts on conflicts or family problems, such as high divorce, lack of supervision of children due to parental care by their grandfather/grandmother that many children are involved in delinquency.

The details of social issues in the five provinces can be seen in the table as follows:

Table 5.4. Distribution of Number and Percentage of Social Issues Based on Village Classification (n=1,036)

Social Issues	Village Classification			
	DP		NDP	
	n	%	n	%
Alcoholic drinks	134	26.0	75	14.4
Brawl	15	2.9	34	6.5
Gambling	27	5.2	24	4.6
Prostitution	9	1.7	6	1.2
Drugs	61	11.8	8	1.5
Theft	198	38.4	182	34.9

The results of the research show that the social issue considered by the community to occur the most in both DP and NDP villages in five provinces is theft. The number of respondents who provided information about the theft was 198 people (38.4 percent) in DP villages and 182 people in NDP villages (34.9 percent). Meanwhile, the social issue that occurred the least in both DP and NDP villages in five provinces is prostitution. The number of respondents who provided information on prostitution is 9 people (1.7 percent) for DP villages and 6 people for NDP villages (1.2 percent).

Specifically, drug problem ranks the third in DP village and the fifth in NDP village. The number of respondents who provided information on drug issue was 61 people (11.8 percent) for DP villages and 8 people for NDP villages (1.5 percent).

Table 5.5. Distribution of Number and Percentage of Drug Abuse Based on Village Classification (n=1,036)

Information	Status of Village			
	DP		NDP	
	n	%	n	%
Drug abuse	8	1.6	7	1.3

The results showed that based on the respondent's confession relating to the experience of drug abuse, the percentage of drug abuse was slightly higher in DP villages (1.6 percent) than in NDP villages (1.3 percent).

Minimizing social problems that occur in the community requires control from all walks of life without exception. The efforts are synergistic actions between the government and all levels of society. The control that can be done by the community includes:

- a. Maintaining communication with children (parenting and family supervision) because family is the front stronghold for children not to fall into juvenile delinquency.
- b. The community must be more concerned about their environment, starting with the introduction of immigrant surveillance through a mandatory reporting mechanism for migrants equipped with an identity card (KTP).
- c. Conducting social, health and legal counseling in each Neighbourhood (RT).
- d. Society must be sensitive in seeing strange things; supervision should be tighter in places where children hang out (such as motorbike storage place, *angkringan*/food stall, etc.).
- e. The community coordinates with village officials such as Bhabinkamtibmas, Babinsa, religious leaders, religious communities, Youth Organization, PKK and LPMD.
- f. Fostering the tradition of harmony, community self-help and mutual assistance between villagers to overcome social and economic issues in rural areas.

5.9.2. Attitude Toward Social Issues

Based on interviews with key informants in 5 provinces, the results show that the related parties/agencies carried out tasks in handling social problems in accordance with their respective fields, including:

- a. Regency/City Narcotics Board is engaged in the prevention and eradication of drug abuse and illicit trafficking.
- b. Social Affairs Office deals with issues of community welfare, social rehabilitation guarantees, and other social welfare problems.

- c. Health Services Office deals with health services, health facilities and infrastructure, infectious and non-communicable diseases.
- d. The UPTD KB and PPPA deal with population, family planning, reproductive health, women's empowerment, child protection, Youth Family Development (BKR), Youth Information and Counseling Centers (PIK-R).
- e. The Resort police is responsible for carrying out the main tasks of public security and order, law enforcement, and other duties in accordance with the provisions of the prevailing laws and regulations.

Institutional efforts related to addressing social issues definitely also require the participation of the community. Related to this, the support from the community is given in the forms of control/supervision within the family, joint patrols in the village especially in places considered prone to social issues, active participation in the government's programs in handling social issues (socialization, counseling, etc.), positive activities (recitation, community self-help, joint sports, etc.), as well as support for positive activities from community organizations/groups (youth groups, PIK Remaja, etc.)

5.9.3. Condition of Social Security

The condition of social security is a condition within the scope of a community that includes resilience and ability to face various kinds of threats, challenges, obstacles, and social issues. Based on interviews with key informants in 5 provinces, it was found that social resilience in the area that was the focus of the research was quite good. Communities, village officials, and agencies/institutions at the regency level work together in handling social issues. The handling of social issues is carried out in stages in accordance with their capacity. Social security is also supported by the existence of community organizations such as LPM, youth groups, PKK, and other activity groups that can be used as a forum for positive activities to reduce social issues.

However, several informants also said that the condition of social security in their neighborhood was still low. This can be seen from the level of occurrence of social issues which are considered quite high, the

condition of people who are easily affected by negative things, the lack of concern from people who are busy with their own activities, and the absence of specific policies/rules governing drug problems.

5.10. KNOWLEDGE ON ATTITUDE AND BEHAVIOUR TOWARD DRUG ISSUE

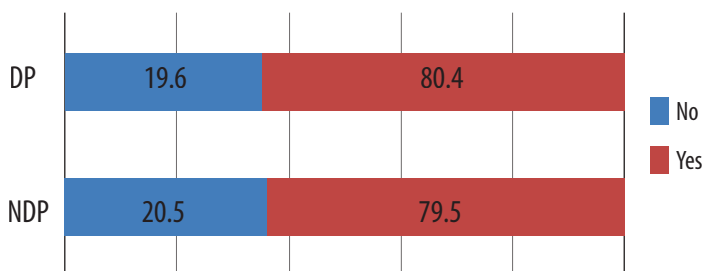
5.10.1. Knowledge on Drug Issue

a. Drug Exposure

Drug abuse is the responsibility of central and regional governments, including the village government. Despite of the existing regulations and severe penalties, people still use drugs. Based on the results of research in 5 provinces where the samples were taken in DP and NDP villages, in general the danger of drug use is not fully known by the public. They generally only know that there are narcotics and illegal drugs in Indonesia. However, after interviewing informants, it is known that both DP and NDP villages do not yet know the consequences of using drugs. Besides the impact of drug use, the types of drugs prohibited by the government are also not fully known by the community at the research location.

Based on the research, drug abuse is caused by several factors as (Elviza and Helfi, 2014) revealed that the low religious levels, lack of family attention and the negative influence from peers significantly influence drug abuse. The results of this research should open up knowledge, attitudes and behavior of the community on the importance of the role of family or parents in paying attention to their children or families to provide good religious teachings and keep their children from bad associations and environmental influences.

In general, out of the 5 provinces selected as research areas, community knowledge exposed to the danger of drugs is quite high. However, information related to the danger of drugs still needs to be improved. This is seen based on the results of research that about 20 percent of people do not know the danger of drugs. Then if it is traced based on village criteria, there is no significant difference or 20.5 percent (NDP) and 19.6 percent (DP) in people who do not know the danger of drugs.



Picture 5.9. Community Exposure on the Information of the Danger of Drugs

b. P4GN Program Exposure

Related to P4GN program, National Narcotics Board carries out coordination with cross sectors and the establishment of the Integrated Assessment Team (IAT), establishing an anti-drug task force in the community, post rehabilitation program for drug abuse, PIK-R program by providing anti-drug socialization, Germas program by providing counseling on the danger of drug use, scout activities by conducting socialization of the danger of drugs, regular meetings with religious and community leaders related to social issues including the danger of drugs, technical guidance for anti-drug activists.

Table 5.6. Percentage Distribution of P4GN Program Exposure (n=1,036)

P4GN Program	Village Classification	
	NDP	DP
Socialization on health/the danger of drugs	32.2	22.9
Training for health volunteers/anti-drug volunteers	5.2	6.6
Technical guidance for anti-drunk activists	3.8	2.9
Community empowerment/skill training/work training	33	20
Counseling on health	78.9	62.7

The results showed that the community in NDP villages was more exposed to a number of P4GN programs such as health counseling by 78.9 percent compared to DP villages by 62.7 percent. Other P4GN

Programs known by the community are community empowerment/work training (33 percent in NDP villages and 20 percent in DP villages), socialization on health/ the danger of drug (32.2 percent in NDP villages and 22.9 percent in NDP villages). The rest of the community's exposure to the P4GN program is the training of health volunteers/anti-drug volunteers and technical guidance of anti-drug activists.

he condition of DP villages is more concerning and is not much different from NDP villages. Only health education was received by 62.7 percent of the community. Meanwhile, health socialization (77.1 percent), volunteer training (93.4 percent), anti-drug technical guidance (97.1 percent) and community empowerment (80 percent) were the figures that have not yet been obtained by the community in the DP village. Conditions that are not much different are also confirmed in a drug abuse prevalence survey in 2015 where 35 percent of the people have seen or heard of any socialization and promotion activities related to the danger of drugs. It means that from 2015, there have been no significant changes related to the exposure of the P4GN program to the community.

c. Information on the Danger of Drugs

Based on research results in 5 provinces, it was found that public knowledge on the information about drug is very diverse. Some of the information asked to the public include the types of drug, the impact of drug use, ways to prevent the danger of drugs, rehabilitation/medication of drug addiction, legal rules related to drug illicit trafficking and abuse, legal sanctions related to drug crime, rehabilitation locations and places to report drug abuse and illicit trafficking.

There is an interesting thing in Table 5.7. Less than half of the respondents in NDP villages knew information about rehabilitation (46.3 percent), rehabilitation locations (20.5 percent), and places to report drug abuse (28.4 percent). Whereas respondents in DP villages knew rehabilitation locations (less than half of respondents or 48.6 percent), drug-related legal rules (46.1 percent), rehabilitation locations (21.8 percent), and places to report drug abuse (34.3 percent).

Table 5.7. Percentage Distribution of Community Knowledge in NDP Village about the Information on the Danger of Drugs (n=521)

Rehabilitation (recovery) of drug addiction	Drug rehabilitation location	Places to report drug abuse and illicit trafficking
46.3	20.5	28.4

With the low level of public knowledge related to drug information, it is necessary to carry out more socialization optimally to the village. The place of rehabilitation is still unknown to the public at large. Thus, people who have family members exposed to drugs can not immediately be rehabilitated. The number and availability of rehabilitation locations and places to report drug abuse case are also very low from the 5 provinces of the research location.

Table 5.8. Percentage Distribution of Community Knowledge in DP Village about the Information of the Danger of Drugs (n=515)

Rehabilitation (recovery) of drug addiction	Drugs-related Legal Rules	Drug rehabilitation location	Places to report drug abuse and illicit trafficking
48.6	46.1	46.1	34.3

As explained earlier, public knowledge regarding drug information is still low (21.8 percent). This is of course very alarming since the villages are exposed to drug-prone conditions, but community knowledge related to drug addiction rehabilitation/recovery, the legal rule, rehabilitation location and report places is low. It needs comprehensive socialization to the community related to drugs as a priority.

d. Source of Information Accessed by Community

Sources of information accessed by the community based on survey locations varied, but NDP villagers based on research results proved that socialization related to the danger of drugs is still low. Radio, peer groups, village officials, health workers and anti-drug volunteers

are still limited also. Thus, the role of community leaders (71.6 percent), anti-drug volunteers (90.9 percent), and village officials (73.5 percent) must be optimized.

Table 5.9. Percentage Distribution of Sources of Information Accessed by Community in NDP Villages (n=521)

Face to face media	Radio	Peer group	Com-munity	Com-munity/ religious leaders	Village official	Health workers	Anti-drug volunteers
36.0	20.2	20.2	13.5	28.4	26.5	31.9	9.1

Meanwhile, based on the results of research in DP villages in Table 5.10. below, ideally people should obtain more information through face-to-face media (72.5 percent), radio (85 percent), peer groups (71.8 percent), communities (90 percent), village officials (71.8 percent), health workers (66.7 percent) and anti-drug volunteers (97.7 percent) as the main things in preventing and eradicating drug abuse which have small role in increasing the knowledge of sources of information on the danger of drugs for the community. But in reality, research results show the opposite.

Table 5.10. Percentage Distribution of Sources of Information Accessed by Community in DP Villages (n=515)

Face to face media	Radio	Peer group	Commu-nity	Village official	Health workers	Anti-drug volunteers
27.5	15.0	23.6	10.0	28.2	33.3	2.3

5.10.2. Drug Prone Location

The locations that are considered drug-prone based on research results vary, ranging from entertainment places, coffee shops, schools, and on the streets. A number of informants said that they used the location which was used as a public place to avoid suspicion from various parties. For example, an informant in the province of East Java said the booming of coffee shops which open until late at night caused social problems in the community. This can be proven by the increasing

number of drug use in Tulungagung Regency. Similar thing is found in the location of the research village in Magelang Regency, Central Java Province, where teenage night hangout places (coffee shop, fishing spot), dark locations/gardens, hanging out after school, and karaoke that is open at night in the village are suspected as being drug-prone locations. The drug-prone location is in Kuningan Regency because the research location is close to tourist sites where many inns are used by migrants/tourists to consume drugs.

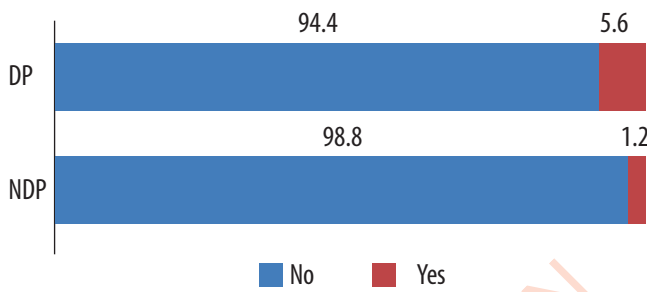
Meanwhile, the results of the 2015 drug abuse prevalence survey showed 4 (four) main locations used to obtain drugs, namely friend's houses (45 percent), streets (21 percent), own houses (19 percent), and parks or gardens (12 percent). Similar thing is also shown in P4GN survey, but with a pattern that in drug-prone villages, locations that are considered vulnerable by the drug community are located in houses (60.2 percent), streets/alleys/aisles (73.7 percent) and markets (42.2 percent).

**Table 5.11. Percentage Distribution of Locations
Considered as Drug-Prone Areas (n=1,036)**

Location	Village Classification	
	NDP	DP
School	42.1	7.2
Village hall	15.8	3.6
Rice field/plantation	78.9	18.1
Residence	47.4	60.2
Security post	26.3	12.0
City square	21.1	9.6
Worship place	10.5	0.0
Bus Terminal	26.3	15.7
Market	26.3	42.2
Entertainment place	57.9	14.5
Inn	36.8	26.5
Coffee shop/Cafe	78.9	21.7
Street/Alleys/Aisles	73.7	43.4

Whereas in NDP villages, locations considered as drug-prone are coffee shops/cafes (78.9 percent), streets/alleys/aisles (73.7 percent) and residence (47.4 percent).

5.10.3. Rehabilitation Center



Picture 5.10. Percentage of Respondents Who Know Community Participating in Rehabilitation

The results showed that villages in drug prone category that knew the surrounding community had participated in a rehabilitation program were 5.6 percent. While villages in the non drug prone category amounting to 1.2 percent knew the community had participated in a rehabilitation program. These results indicate that DP villages have higher number of community affected by drug abuse compared to NDP villages.

Around 5.6 percent from 515 respondents in DP villages said they knew that the surrounding community had participated in a rehabilitation program. According to respondents from DP Village, the rehabilitation was carried out in medical rehabilitation centers, hospitals, National Narcotics Board rehabilitation centers, alternative medication places and community health centers. In NDP Village, only 1.2 percent of from 521 respondents knew about drug rehabilitation that had ever been carried out by the community. According to respondents in NDP village, rehabilitation was carried out in medical rehabilitation centers, National Narcotics Board rehabilitation centers, Islamic boarding schools and hospitals.

Table 5.12. Percentage Distribution of Community Who Knows Rehabilitation Center (n= 35)

Rehabilitation Centers	Village Classification	
	NDP (n=6)	DP (n=29)
Medical rehabilitation center	50.0	51.7
Alternative medication place (physician, etc)	0.0	6.9
Islamic boarding school	16.7	0.0
Public Health Center	0.0	3.4
National Narcotics Board	33,3	17,2
Hospital	16.7	37.9

The community's knowledge on rehabilitation program centers shows different patterns in DP and NDP village categories. DP village respondents have more diverse knowledge compared to NDP village respondents. DP village respondents mentioned that there were 5 out of 6 places used for rehabilitation, except Islamic boarding school. Meanwhile, NDP village respondents only mentioned 4 out of 6 places used for drug rehabilitation (Table 5.12). This is probably due to the limited information in the community regarding drug rehabilitation centers and the closed community when facing problems such as drug abuse experienced by family members.

5.10.4. Plants that Have the Same Effect with Drugs

The research results in DP and NDP villages show that community knowledge about plant species that have the same effects as drugs varies. Only few respondents know that there are plants which have the same effect as drugs, namely 2.7 percent of respondents in DP villages and 7.1 percent of respondents in NDP villages. The names of these plants are mushroom, cow dung fungus, castor, eggplant and datura metel (devil's trumpet flower). From several names of plants revealed by the community, 2.5 percent respondents in DP village and 6.1 percent respondents in NDP village said that datura metel is a type of plant that has the same effect as drugs. The respondent's knowledge based on field observations is also influenced by the location of DP and NDP villages which are close to Ceremai Mountain where datura metel thrives.

Table 5.13. Percentage Distribution of Plants which Have the Same Effect with Drugs (n=1,036)

Plants Species	Village Classification	
	DP	NDP
None	97.3	92.9
Datura metel (devil's trumpet flower)	2.5	6.1
Mushroom	0.0	0.4
Dug cow fungus	0.2	0.0
Castor	0.0	0.4
Eggplant	0.0	0.2
TOTAL	100	100

5.11. ATTITUDE TOWARD DRUG ABUSE

Attitudes toward drug abuse are measured based on the statement of agreement/disagreement from the respondents. The results showed that respondents who disagreed with drug abuse in their environment were 99.6% (513 people) in DP villages, and 99.2% of respondents (517 people) in NDP villages (Table 5.14.).

Table 5.14. Distribution of Number and Percentage on Attitude Toward Drug Abuse (n=1,036)

Village Classification	Attitude toward drug abuse			
	Agree		Disagree	
	n	%	n	%
DP	2	0.4	513	99.6
NDP	4	0.8	517	99.2

Table 5.14. shows that almost all respondents in DP and NDP villages expressed a disagreement attitude towards drug abuse. The respondents' attitudes toward individuals who commit drug abuse are mostly giving advise (46.1 percent) or reporting to law enforcement (28.4

percent). The rest of respondents keep silence/ignore, accompany/report/escort to rehabilitation institutions or exclude (Table 5.15).

This is consistent with the results of qualitative data collection based on interviews with key informants in five provinces which provided information that the majority of the population refused and opposed drug abuse. The attitude of disagreement was followed up with an approach to addicts/victims of drug abuse to find out the cause of the action and followed by giving advice so that the perpetrators did not repeat the action. However, there are still findings that some informants tend to be ignorant to drug abuse due to several factors such as being busy with their own work, do not have much knowledge about drugs, and lack of courage to rebuke drug abusers.

Table 5.15. Distribution of Number and Percentage on Respondent's Attitude Toward Invididual Commiting Drug Abuse (n=1,036)

Attitude	n	%
Accompany/ Report/Escort to rehabilitation institution	59	5.7
Giving advice	478	46.1
Keep silent/ignore	197	19.0
Exclude	8	0.8
Reporting to law enforcement official	294	28.4
Total	1,036	100.0

Table 5.16. Distribution of Respondent Percentage According to Attitude When Facing Drug Issue in the Neighbourhood (n=1,036)

Attitude	Village Classification	
	DP	NDP
Ignoring	24.1	21.1
Inviting community members to prevent the danger of drugs	63.9	47.4
Carrying out socialization on the danger of drugs	6.0	15.8
Carrying out religious activity	0.0	5.3
Informing anti-drug volunteers/activist	6.0	10.5
TOTAL	100.0	100.0

The action in facing drug issues in their neighborhood is inviting community members to prevent drugs by 63.9 percent respondents in DP village and 47.4 percent respondents in NDP village. The rest of respondents were ignorant (24.1 percent in DP villages and 21.1 percent in NDP villages), carried out socialization on the danger of drugs, informed volunteers and carried out religious activities (in NDP villages) (Table 5.16.).

The following is data about the findings of community members who become drug dealers based on information from respondents. Table 5.17 shows that the percentage of respondents in DP villages was greater (10.3 percent) which stated that there were community members in their area who became drug dealers, and only 2.9 percent of respondents in NDP villages said there were community members who became drug dealers.

Table 5.17. Distribution of Number of Percentage of Community Members Who Become Drug Dealer (n=1,036)

Village Classification	n	%
DP	53	10.3
NDP	15	2.9

According to Table 5.18, the majority of respondents stated their attitude to report to the authorities/law enforcers towards drug traffickers; some advised (17.1 percent); ignoring/keep silent (15.0 percent) while the rest stated an attitude of taking action on the spot (mass judging/parading).

Table 5.18. Distribution of Number and Percentage on Community's Attitude Toward Drug Dealers (n=1,036)

Attitude	n	%
Taking action on the spot (mass judging/parading)	9	0.9
Reporting to authority/law enforcer	695	67.1
Giving advice	177	17.1
Keep silent/ignoring	155	15.0
Total	1,036	100.0

The results of the data processing are in accordance with the results of interviews with key informants in five provinces which provide information that cooperation is needed between the community, village officials, and related institutions/parties in handling drug abuse and illicit trafficking. Related to this, the cooperation could be in the form of reporting from the public when they find drug trafficking in the neighborhood. The reporting process is carried out in stages starting from the village office, then passed on to law enforcement officials to be subsequently processed according to applicable rules.

5.12. BEHAVIOUR TOWARD THE DANGER OF DRUGS

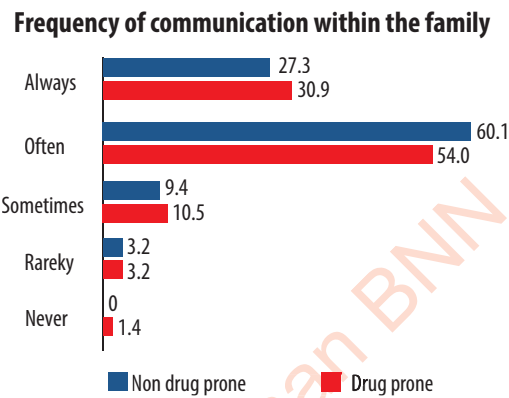
5.12.1 Intensity of Activity with Family

Sparing the time to communicate and interact with family is a challenge for some people. An individual communicates first with his parents and siblings before communicating with his environment. Then the family should be the closest communication partner. Family can be friends, or closest people in various situations. However, in the case of several families, the intensity of communication between family members is not good due to working parents.

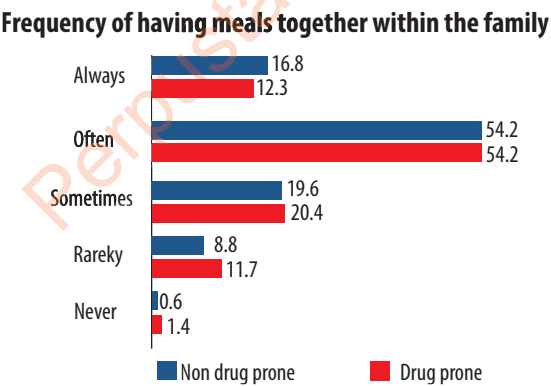
Parents have an important role in the socialization process of children as family members. It is from parents that children learn about the values and attitudes shared by the people around them. So basically, the character and attitude of individuals for the first time are formed by parents. In most rural communities, interaction and intensity of communication with families decreased due to economic needs.

The tendency to use illegal drugs itself is a deviation of behavior that has penetrated the rural areas. This is against the law and a threat to the security and order of the community, cultural conditions and public health in rural areas. This is caused by a lack of interaction and good communication within the family. Research carried out by Idany (1986) in his book entitled "Family Personality and Narcotics" proves this. The results of his research stated that there is a positive relationship between aggressive behavior in children due to lack of interaction in the family with the level of frequency of illegal drug use in 10 years later.

Interaction in the family can be described by the frequency of communication and the frequency of eating together in the family. Picture 5.11. shows that in communities in DP villages, the percentage of communication within the family is slightly lower (54.0 percent) compared to respondents in NDP villages (60.1 percent). The percentage of frequency of having meals together in families both in DP and NDP village is 54.2 percent each (Picture 5.12).



Picture 5.11. Frequency Percentage of Communication in the Family



Picture 5.12. Frequency Percentage of Having meals together in the Family

In a family, children who receive no love from their parents, lack of attention, and lack of intensity of communication with parents, tend to cause the children to use drugs as a means to release their annoyance.

5.12.2. Attitude Toward Drug Dealer

The attitude of the community towards individuals involved in drug abuse and illicit trafficking is one of the interesting things explored in this research. The attitude of the community towards drug addicts or victims of abuse, dealers and former drug abusers is an illustration of the sensitivity and behavior of the community towards drug abuse and illicit trafficking in rural areas. Table 5.19 shows that 63.5 percent of respondents in DP village and 70.6 percent of respondents in NDP village expressed their attitude to report to the authorities if they met drug dealers. From the results of the research, more attention is needed especially in DP village, because 21 percent of respondents have the attitude of paying no attention if they encounter drug dealers in their village. A small percentage of respondents namely 19 percent of respondents in NDP villages and 15.1 percent of respondents in DP villages.

Table 5.19. Percentage Distribution of Respondent's Attitude Towards Drug Dealer (n=1,036)

Attitude Toward Drug Dealer	Village Category	
	DP	NDP
Mass judging	0.4	1.3
Reporting to the authority	63.5	70.6
Giving advice	15.1	19.0
Paying no attention	21.0	9.0
TOTAL	100.0	100.0

In this case, people in DP village are more apathetic, do not care and do not want to know about drug trafficking problems in their village. Although perhaps some of them have the ability to participate in prevention, but the apathy makes them to be ignorant. The most important thing is that they and their familr are safe, and that none of them is exposed to the danger of drug abuse.

Most people have the opinion and view that drug users are “criminals” because previously drug addicts who were actually victims were always mistaken in the eyes of the law and put into prison. Because of this, many people of which one of their family members becomes a drug user are reluctant to reveal themselves, and even tend to hide it.

Some of them are more worried about being tarnished if others find out that one of their family members is a drug addict.

People who are known by the public that they have abused drugs will be very difficult to be accepted by the community because they are considered to have bad behavior and harm people around them. Society often views that victims of drug abuse do not deserve to live with them anymore. The community has already given a bad label to victims of drug abuse even though they have declared to be clean and are worthy to interact with the community.

Table 5.20. Percentage Distribution of Respondent's Attitude Toward Drug Abuser/Addict (n=1,036)

Attitude toward individual committing drug abuse	Village Category	
	DP	NDP
Accompanying/reporting/escorting to rehabilitation institution	3.7	7.7
Giving advice	45.6	46.6
Keep silent/paying no attention	24.9	13.2
Excluding	0.8	0.8
Reporting to law enforcement officer	25.0	31.7
TOTAL	100.0	100.0

Regarding the attitude of respondents towards individuals as drug abusers/addicts, most respondents in DP village (45.6 percent) and in NDP village (46.6 percent) were giving advice. The rest stated that they reported drug abusers/addicts to law enforcement, kept silent/paying no attention, accompanied/reported/escorted to rehabilitation institutions or excluded (Table 5.20).

This research also asked whether the respondent could receive people who had been drug abusers in their village. **Table 5.21** shows that the majority of respondents (70.9 percent in DP villages; and 72.7 percent in NDP villages) thought that former drug abusers were acceptable in the community. This result is in line with the results of qualitative research conducted by Harsilo (2019) which states that people can re-accept former drug users because of a sense of humanity,

and former drug addicts must be involved in various community activities as a means to prevent them from using drugs again.

Table 5.21. Percentage Distribution of Respondents' Attitude Toward Former Drug Abuser (n=1,036)

Attitude toward former drug abuser	Village Category	
	DP	NDP
Accepting	70.9	72.7
Refusing	29.1	27.3
TOTAL	100.0	100.0

In this research, respondents were also asked if they have a business, whether they can accept former drug addicts as one of their employees. More than half of respondents in DP villages said they could accept former drug abusers to work in the business they owned, while less than half of respondents in NDP villages expressed attitudes towards accepting former drug abusers working in their businesses (Table 5.22).

Table 5.22. Percentage Distribution of Business Owner's Attitude Toward Former Drug Abuser (n=1,036)

Attitude of Business Owner toward Former Drug Abuser	Village Category	
	DP	NDP
Accepting	53.6	45.5
Refusing	46.4	54.5
TOTAL	100.0	100.0

Public acceptance of former drug abusers, including being accepted as employees in the field of business, is due to humanitarian reasons. Meanwhile, respondents who cannot accept former drug abuser generally assume that they have made a big mistake and do not need to get forgiveness from the community.

5.12.3. Officer to be Contacted in the Event of Drug Abuse

This research explores the respondents’ information about the officers who would be contacted if they saw or heard the event of drug abuse in the environment. Most respondents both in DP and NDP villages stated that they would contact the Head of Neighbourhood (RT/RW) or their neighborhood if they saw drug abusers in their neighborhood (8 out of 10 respondents). The research results show that National Narcotics Boardcall center is a strategic facility that has been formed but has not been optimally utilized by the village community. Only a small number of the community will contact National Narcotics Board call center (9 to 12 percent) if they see drug abusers in the neighborhood (Table 5.23).

Table 5.23. Percentage Distribution of Officer to be Contacted in the Event of Drug Abuse (n=1,036)

Officer to be contacted by respondents in the event of drug abuse	Village Category	
	DP	NDP
Community leader	47.8	47.8
Religious leader	23.9	25.0
Head of Village	36.7	58.7
Head of Neighbourhood(RT/RW)	82.3	86.8
Village official	36.7	42.4
Babinsa	12.6	15.2
Bhabinkamtibmas	12.8	15.0
BNN call center	8.7	12.3
Police	41.0	40.5
TOTAL	100.0	100.0

5.13. CONSISTENCY OF FAMILY CONTROL SYSTEM TOWARD FAMILY MEMBERS

Family is the smallest unit of society consisting of the head of the family and several people who are gathered and live in a place under the same roof in a state of interdependence (Sugeng Iwan, 2003). According to Salvicion and Celis (1998) in a family there are two or more individuals

who are joined because of blood relations, marital relations or adoption, live in one household, interact with each other and in their respective roles and create and maintain a culture (Baron, R. A and Donn Byrne, 2003). Based on Law 52 of 2009 concerning Population Growth and Family Development, Chapter I article 1 paragraph 6, family is the smallest unit in society consisting of husband and wife; or husband, wife and children; or father and child, or mother and child.

Someone who grows up in an unhealthy family is very vulnerable to drugs. Growing up without the warmth of the family not only disrupts the workings of the brain, but also emotion. Care, attention, and affection of parents can save children from trap and destruction of drugs. Psychologist of the University of Applied Psychology Institute (LPT) of the University of Indonesia Mira D. Amir said many parents denied that they were wrong in raising children. Not a few people who think they have done their job to meet all the needs of children, including giving attention. But what happens in reality is that parents do not provide the basic things that children need in their spiritual guidance. This is because most parents still communicate in one direction. Ideally, in a healthy family, there is a two-way communication between parents and children. Both of them speak wrong, interact, and listen (Kompas, May 1, 2018, "The Role of the Family in Drug Prevention Efforts").

According to Mattensich and Hill (in Puspitawati, 2013), the functions of family consist of physical maintenance of socialization and education, acquisition of new family members through procreation or adoption, control of social and sexual behavior, maintenance of family morale and maturation of family members through the formation of sexual partners, and release members of adult family. Research in the potential of villages in supporting P4GN program is one indicator measuring the extent of family involvement and its role in controlling social behavior. The benchmark that is trying to be explored is in terms of open communication in dealing with problems and habits with the family.

a. Open Communication in Facing Problems

Otto (Mc Cubbin, 1988) states that effective communication and mutual respect between family members is a component in building family resilience. Communication becomes effective when problems occur in

family members. They want to tell stories and want to get solutions from their families. The results showed that 83.4 percent or 864 respondents shared their problem. Around 76.1 percent of respondents in DP village claimed to tell a story when facing a problem. The number was lower compared to respondents in NDP village of 90.6 percent. This can indicate that in DP villages, communication in the family was also lower compared to in NDP villages (Table 5.24.).

Table 5.24. Distribution of Respondents’ Number and Percentage Based on Communication When Facing Problem (n=1,036)

Village Category	Telling story when facing problem			
	Yes		No	
	n	%	n	%
DP	392	76.1	123	23.9
NDP	472	90.6	49	9.4
Total	864		172	

Openness in dealing with social problems in the family is the key to success in the family. There are various ways of interacting between family members, especially social interactions between parents and children. If social interaction goes well, it will establish a harmonious cooperation, calmness and good things in the children’s personality which in the end produces a productive golden generation for the development of a better nation. According to Macionis (in Desi, 2013) social interaction is “the process of acting (reacting) and replying to actions (reactions) carried out by someone in relation to others”. Correspondingly, Broom and Selznic (in Desi, 2013) argue that social interaction is “a process of acting based on the awareness of the presence of others and the process of adjusting responses (countermeasures) in accordance with the actions of others”.

Considering humans are social creatures, and the family is the smallest social institution that concerns interpersonal relationships and the relationship between humans and the surrounding environment, then the family cannot stand alone. The theory of integration and social integrity still places a powerful deterrent variable. These related variables are values, consistency, commitment, including social (community-based) morality which has a strong influence on people’s actions. Many people

escape from the danger of drugs because of this social power. Consistent social integration in the family and community becomes an even greater force to fight against drugs.

Based on research results, it is known that the majority of respondents both in DP and NDP villages chose their partners as a place to share stories. In DP village, 61.2 percent of respondents claimed to tell their partners when facing problems. Meanwhile in NDP village, trust in their partners was still higher in telling problems of 82 percent (Table 5.25).

Table 5.25. Percentage Distribution of Partners Sharing Story When Facing Problems (n=864)

Village category	Partners sharing story when facing problem							Total Respondent
	Friend/ Neighbour	Spouse	Father	Mother	Siblings	Relatives	Total	
DP	6.4	61.2	1.5	9.9	12.0	8.9	100	392
NDP	2.8	82.0	0.8	4.2	4.9	5.3	100	472
Total	4.4	72.6	1.2	6.8	8.1	6.9	100	864

b. Habit with Family

The intensity of social interaction in the family is one important variable in discussing the problem of drug abuse. Research data shows that the low intensity of social interaction in the family is dominated by DP village category with 44.7 percent higher than NDP villages of 36.5 percent (Table 5.26.).

Table 5.26. Percentage Distribution of Social Interaction Intensity in the Family (n=1,036)

Village category	Level of interaction in the family				Total Respondent
	Low	Medium	High	Total	
DP	44.7	33.4	21.9	100	515
NDP	36.5	40.1	23.4	100	521
Total	40.5	36.8	22.7	100	1,036

Interaction will always be related to the term communication. In the communication process, there is an element of communicant or communicator. The relationship between the communicator and the communicant is usually due to interacting something, which is known as the message. Then conveying or contacting that message requires the presence of media or channels. According to A.M Sardiman (2001), the elements involved in social interactions include the element within the scope of the family, consisting of: Communicators; Communicant; Message; Media; and Effects. P4GN research tries to explore the role of interaction in the family in the form of habits with the family in order to prevent the abuse of illegal drugs in a small family unit. When family members often gather, whatever is encountered in the outside world will be discussed if they meet. The results of this study indicate that in drug prone areas, the interactions are lower than in non drug prone areas.

Social interaction in the family is not always in the form of cooperation, but sometimes there is also competition, contradiction, or conflict so that social interaction in the family is not only positive but can also be negative. This is in accordance with the opinion of Soekanto (2009) regarding forms of social interaction, including: Cooperation; Competition; Conflict; Accommodation. This positive and negative thing might seem to influence the dynamics of relationships in the family. This study illustrates social interaction which is in general in both drug prone and non drug prone areas are still dominant in the low category at 40.5 percent while the medium category is 36.8 percent and the high category is 22.7 percent.

Table 5.27. Percentage Distribution of Interaction Level in the Family Based on the Level of Education (n=1,036)

Level of Education	Level of interaction in the family				Total Respondent
	Low	Medium	High	Total	
Not going to school	25.0	75.0	0.0	100	4
Elementary school/MI	49.5	42.2	8.3	100	327
Junior High School/MTs	45.4	35.7	18.9	100	227
Senior High School/MA	36.2	37.1	26.7	100	337
Academy/University	22.7	24.1	53.2	100	141
Total	40.5	36.8	22.7	100	1,036

Table 5.27. shows that respondents with higher education indicate the highest level of interaction with the family. This means that the higher the level of education, the better family interaction will be. This may be influenced by the level of knowledge of the importance of interaction with families in families with high education. It is assumed that families with higher education gather more often.

Whereas families at the elementary school level up to high school or equivalent dominate family interactions but at the lowest level. This may be influenced by the need for family economic fulfillment which is more often done so that they are more often at outside the home to work than those with higher education.

5.14. PREVENTION AND ERADICATION ON DRUG ABUSE AND ILLICIT TRAFFICKING

5.14.1. Prevention Advocacy

In the prevention program of the danger of drugs, there are two important activities, namely prevention advocacy and information dissemination of the danger of drug. Prevention advocacy activities are efforts to influence both the elements of government, institution and community components so that they can independently carry out efforts to prevent the danger of drugs in their environment. Meanwhile, information dissemination is an important program in providing knowledge of the danger of drugs to the public in detail so that people are aware of rejecting drugs.

In carrying out prevention of the danger of drugs in all the regencies that became the location of the research, several forms of activities have been conducted even though not in full about P4GN Program and activities are not always carried out jointly between one agency with other agencies. Based on Presidential Instruction No. 6 of 2018 concerning the National Action Plan for the Implementation of P4GN, the implementation of P4GN program must be conducted in all Ministries/Institutions. Therefore, some agencies have budgeted special funds for P4GN program but there are still many agencies that have not allocated the budget. However, in several villages that have become research locations, many initiatives have taken place by utilizing existing facilities.

5.14.2. Initiative of Village Fund Utilization

In Sleman Regency, Special Region of Yogyakarta Province, regional leaders have obliged the Village Head to include programs on drug problems both advocacy and information dissemination in the Village Budget. Through this policy, several villages have established Anti-Drug Task Force and the support from the Village Budget. There are also several villages that provide venues for activity and provision of snacks despite that there is no budget for resource persons. However, funding specifically for P4GN does not yet exist. Based on interview, the Village Budget and Village Fund Budget are formulated based on priority scale of activities in the village. Meanwhile in Kuningan Regency, West Java Province, there is one village that already has an initiative to use the Village Budget in carrying out P4GN activities. As for Magelang Regency, Central Java Province, based on the interview results, it was stated that there has not been any use of Village Budget to support P4GN programs/activities. In Serang Regency, Banten Province, the use of Village Fund Budget is to build road infrastructure and other public facilities. While the portion of the budget used for human resource development and other non-physical activities is still very limited.

In Tulungagung Regency, East Java Province, it is known that the village as the research location did not have a budget for P4GN activities. The results of the field interviews also revealed that there were 2 (two) sources of funds in the village, namely income from the village itself and funds from the government. As for the total 100 percent of the village budget, 10 percent of the budget is for community empowerment. Not a few informants, in this case the Village Head and Village Official, who do not understand and do not dare to take the initiative to use existing funds to carry out P4GN activities because funds are usually prioritized for infrastructure development.

5.14.3. Program Instansi/ Desa

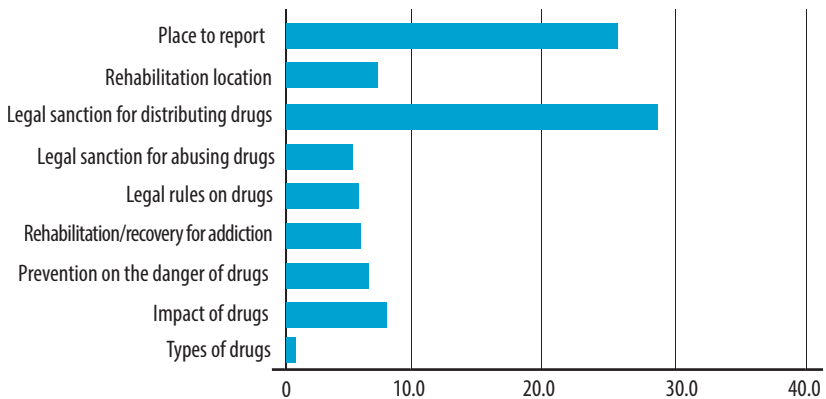
In all the research location regencies, it is known that P4GN program has been widely carried out by Regency/City Narcotics Board both advocacy and information dissemination, such as the activities of socialization of the danger of drugs and training of village officials, although not yet maximally.

The Social Affairs Office of Kuningan Regency, West Java Province, only has funds to conduct anti-drug socialization, while funds for rehabilitation have been centered directly from the Ministry of Social Affairs. The Social Affairs Office does not remain silent to try to support P4GN's efforts. The very limited regency budget is used for more productive activities for clients who have already completed rehabilitation. The use of the Social Affairs Office budget is to provide business assistance in the form of goods that can support the productive economic activities of former rehabilitation clients in accordance with the skills they have. This assistance is given to former clients who have already completed social rehabilitation at a social rehabilitation institute and attended vocational skills training.

In Sleman Regency, Special Region of Yogyakarta Province, one of the villages that became the research location has internet in an office area. The internet is free for public use. One of the objectives is to enable public to access information including information on the danger of drugs. Some related institutions such as Social Affairs Office, Health Office, Public Health Center and also P3AP2KB Office, have programs related to the prevention of the danger of drugs through the work programs of each agency.

5.14.4. Information Dissemination

In the previous section, it was explained that information dissemination is one of the important methods carried out to increase public understanding of the danger of drugs. Research results show that almost all information related to the danger of drugs are already known by the villagers. The information that is mostly known by the public is information about legal sanctions. Other information is about the place to report complaints of drug abuse. Many informants expect an increase in the dissemination of information related to the danger of drugs, not limited to only legal sanctions and complaints. An informant in West Java claimed that the Village Official did not know exactly the types of drugs in the circulation. They only took the initiative to prohibit the use of drugs in the environment.



Picture 5.13. Context of the Danger of Drugs Based on Respondents' Confession

Drug prevention efforts have been carried out in all regencies which become research locations. Research data shows that there are quite a lot of people who take counseling about health of about 71 percent and only 28 percent of those who take part in drug socialization activities. However, based on the results of in-depth interviews that most of the information on the danger of drugs are included in the content of activities, such as discussion at the mosque to social gathering. In addition, information on the danger of drugs is also conveyed to students at every opportunity such as ceremonies and meetings with teachers. Related to the data in Picture 5.13, the knowledge that is widely known by the public is the problem of legal sanctions for drug abuse because according to the respondent's confession, information dissemination is not only done by National Narcotics Board but is mostly done by the Police in rural areas or they know the information from the mass media.

Several villages in Sleman Regency, Special Region of Yogyakarta Province, have formed an Anti-Drug Task Force that is considered more effective in disseminating information. Another activity is the competition about the knowledge of the danger of drugs. In Magelang Regency, Central Java Province, the implementation of information dissemination was not yet optimal. Anti-Drug Activists or Volunteers have not conducted activities because the appointed Anti-Drug Activists and Volunteers are members of the Village Consultative Body, so they have not yet arranged

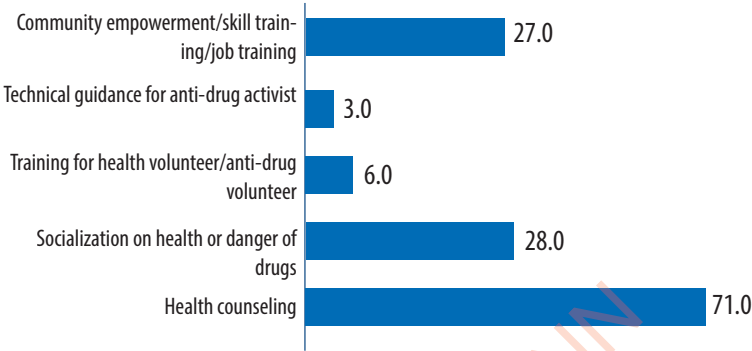
programs/activities. Kuningan Regency, West Java Province, has carried out several information dissemination program activities to prevent the danger of drugs in the regency through printed media, electronic and social media (online).

Information dissemination activities in Serang Regency, Banten Province, such as the Health Office, do not yet have activities that are in direct contact with P4GN efforts, but activities such as providing rehabilitation for injecting drug addicts, counseling at schools have been routinely carried out. Likewise, the Social Office and Women's Empowerment and Child Protection Office through a program to strengthen the function of the family conducts direct socialization about the danger of drugs in groups of activities in the community. Village officials, in collaboration with the whole community and religious leaders, have a routine program of meetings with residents and discuss social problems in the community including the danger of drugs.

Information dissemination activities have been carried out in Tulungagung Regency, East Java Province. This has been done in one of the villages that became the location of research by carrying out socialization on the effects of drug abuse. In addition, the role of the Village Official has always been pro-active with officials to approach community members, always close to youths, preoccupied with activities such as through community forums, inviting parents to guard their children from being exposed to drugs, religious leaders convey information about the dangers of drugs on the sidelines of religious lectures, Friday prayers, or other religious activities. Due to the absence of a special budget to implement P4GN program in the village, several village officials, community leaders, and religious leaders in several villages in the research location took the initiative to provide positive activities for the younger generation such as sports, arts and religious activities so that they would not have wasted time and doing negative activities.

Based on the results of the distribution of questionnaires, it is known that health education is the activity mostly carried out to support drug prevention. Other activities are special socialization on the danger of drugs, followed by community empowerment activities or skills and work training for the community to have provisions not to be involved in drug trafficking.

Based on the acknowledgment of the informants and respondents, in rural areas there is still very little implementation of technical guidance for Anti-Drug Activist or training for Anti-Drug Volunteer. Only a small number of respondents claimed to have participated in these activities.



Picture 5.14. Percentage of Participated Drug Prevention Activity

5.14.5. Community Empowerment

Community empowerment in P4GN efforts is closely related to increasing the ability of the community to be empowered and independent, including financial independence so that they are not involved in narcotics crimes. Efforts for community empowerment can be done by Government Agencies and Community Components. In Sleman Regency, Special Region of Yogyakarta Province, for community empowerment, the Office of the Social Office and Women’s Empowerment and Child Protection, has conducted several activities including:

- a. Orientation on Drug Management, STDs and HIV/AIDS
- b. Facilitating the Establishment of HIV/AIDS Awareness Villages
- c. Facilitating Drugs, STDs and HIV/AIDS Counseling

Whereas in Kuningan Regency, West Java Province, community empowerment in the context of P4GN efforts is carried out through technical guidance activities for anti-drug activists. One of the technical guidance activities carried out by Kuningan Regency Narcotics Board this year will target 10 selected village officials. The effort carried out by one of the villages that became the research location in Tulungagung Regency, East Java Province, in empowering the community to prevent the illicit drug trafficking, is by cooperating with 3 (three) pillars (Village Officials, Babinsa, and Bhabinkamtibnas).

5.14.6. Drug Rehabilitation

Drug rehabilitation is a curative effort undertaken by the government so that the quality of life of former abusers can be maintained as optimal as possible. This rehabilitation effort is not only done at the central level, but has been carried out at the village level. Rehabilitation for drug addicts is done through 2 (two) rehabilitation programs, namely medical rehabilitation and social rehabilitation. Medical rehabilitation is a process of integrated treatment activities to free addicts from narcotics addiction, while social rehabilitation is a process of integrated recovery activities, both physical, mental and social, so that former narcotics addicts can return to carrying out social functions in social life.

The implementation of medical rehabilitation was carried out in several hospitals and public health center which were spread in several areas. In the Decision of the Minister of Health of the Republic of Indonesia Number 293/MENKES/SK/VIII/2013 concerning Compulsory Report Recipient Institutions, hospitals and public health center in 34 provinces have been appointed as Compulsory Report Recipient Institutions for drug addicts. The hospital and public health center that have been appointed by the Minister of Health have become a reference point for the implementation of medical rehabilitation in several regions in Indonesia.

The list of hospitals and community health center listed in the attachment to the Decision of the Minister of Health of the Republic of Indonesia Number 293/MENKES/SK/VIII/2013 is a designated place for conducting medical rehabilitation in several areas, but the public health center in 5 research locations are not included in the list of public health center that are appointed as an Compulsory Report Recipient Institutions (IPWL). However, this does not mean that in the 5 research locations, there are no rehabilitation center that can be used by local people who want to undergo rehabilitation.

Regarding drug abuse, village officials generally know that drug addicts should be provided with rehabilitation services so that they can recover from drug addiction and improve their quality of life to be able to return to the family and community. The absence of public health center as IPWL in the 5 research villages does not mean that there is no rehabilitation facility they can go to when their families become victims of

drug abuse. As in Kuningan Regency, there are Social Welfare Institutions (LKS), namely Tenjo Laut and Mara Kasih, which are designated and given funds by the Ministry of Social Affairs to become a place for social rehabilitation. Whereas for handling more serious social rehabilitation issues, Social Affairs Office of Kuningan Regency refers clients to the Ministry of Social's referral center, namely Galih Pakuan Bogor and Bambu Apus, East Jakarta. Similarly, in Magelang Regency, there is "Antasena" Social Home as a place of service for victims of social and drug problems.

In addition to rehabilitation facilities funded by the government in this case by Social Affairs Office, in some villages there are also social rehabilitation foundations owned by the community such as in Sleman Regency with its Pondok Pesantren Hidayatus Sholihin which has facilities to treat drug abusers. During this time, there have been many clients who do therapy despite that the cost is considered expensive by the local community.

In villages that do not yet have health facilities that can be used as a reference for the implementation of a medical rehabilitation program, they can contact the Regency/City Narcotics Board and later will be directed to undertake inpatient or outpatient rehabilitation. This is as the information obtained from informants in the Regency of Magelang related to medical rehabilitation, Magelang Regency Narcotics Board (BNNK) in collaboration with the Magelang Regency Mental Hospital. The same thing happened in Tulungagung Regency where Regency Narcotics Board provided consultation facilities and provided referrals to rehabilitation places in Tulungagung Regency such as Tunas Asih Clinic, Public Health Center Bangunjaya, Satiti Hospital, Era Medika Hospital, and Iskak Regional Hospital.

5.14.7. Institution's Effort in P4GN (Policy, Facility and Activity)

Empowering villages to participate in supporting P4GN is inseparable from the support of agencies involved in implementing P4GN such as the Provincial Narcotics Board or Regency/City Narcotics Board, Health Office, Social Affairs Office, and the Police. In carrying out their duties in implementing P4GN program, this agency must be able to provide advocacy to village officials to jointly succeed in the implementation of P4GN by involving village communities.

Based on information from informants in 5 research locations, it is known that in general these villages had supported the implementation of P4GN. The forms of support carried out by the villages varied, including:

- a. Village officials in Sleman Regency, Special Region of Yogyakarta Province has participated in a number of TOT for drug prevention programs both by Provincial Narcotics Board or Regency Narcotics Board and other agencies such as the Social Affairs Office and P3AP2KB Services. The activity was considered effective so that village officials could implement the P4GN program by inviting local communities. In a coordination meeting with the leaders of the local government, each village head is required to include drug problems in the Village Budget such as the establishment of an Anti-Drug Task Force.
- b. Village officials in Serang Regency, Banten Province, in collaboration with the whole community and religious leaders have a routine program of meetings with residents to discuss social problems that occur in the community, including the danger of drugs. The Department of Population Control, Women's Empowerment and Family Planning already has programs that are directly related to drug prevention such as the PIK-R program at schools, strengthening 8 family functions carried out by Family Planning field officers, and direct socialization about the danger of drugs through community activity groups.
- c. Village officials in Kuningan Regency, West Java Province have routinely coordinated with Kuningan Regency Narcotics Board or Kuningan Police. P4GN activities that have been routinely carried out by one village are counseling for teenagers by inviting speakers from Kuningan Regency Narcotics Board. P4GN activities carried out are part of youth coaching activities. The Social Affairs Office does not remain silent to try to support P4GN's efforts. The limited regency budget is used for more productive activities for clients who have already completed rehabilitation. The use of the Social Affairs Office budget is to provide business assistance in the form of goods that can support the productive economic efforts of former rehabilitation clients in accordance with their skills. This assistance is given to former clients who have already completed social rehabilitation at a social rehabilitation institution and attended vocational skills training. UPT KB Cilimus Sub-district has conducted a briefing on the problem of preventing the danger of drugs to employees by combining them

with the theme of reproductive health. Another effort undertaken is to deliver material about the KRR (Adolescent Reproductive Health) in meetings of the Institute of Rural Communities (IMP) which is carried out routinely every month, followed by representatives of village officials, cadres, and village midwives. Other forums that can be used to distribute information on the danger of drugs are village meetings (Rakordes) involving other agencies in the village and PLKB Health Office Kuningan as one of Kuningan Regency Narcotics Board partners in alleviating the problem of drug handling in Kuningan Regency, which has been undertaking P4GN efforts since 2007.

- d. Village officials in Magelang Regency, Central Java Province continue to coordinate with relevant agencies in implementing P4GN. PPKB Health Office and Social Affairs Office PPPA each carries out its programs and activities related to P4GN program which is carried out in coordination with stakeholders namely the Police and Magelang Regency Narcotics Board The Health Office with its Community Health Program through community health centers foster communities and schools related to information on drugs that are commonly used for community services, some of drugs are abused such as anti-depressant and anti-pain relievers. The School Health Efforts is conducted through counseling and coaching, although not routinely and dependent on demand. Social Affairs, Population Control, Family Planning, Women's Empowerment and Child Protection who are in the same service do more extension activities. The activity carried out is counseling through the Adolescent Family Development (BKR) Activity Group (BKR) to parents who have adolescents, especially reproductive health education including risk behaviors. Counseling about drugs includes information on drug prevention efforts and knowledge about the danger of drugs in general. The activities that are directly related to adolescents are the Youth Information and Counseling Center (PIK-R) which is known as the three pillars with the symbol of zero risk, namely adolescents who do not get married early, do not have free sex, and do not use drugs. Magelang Regency Narcotics Board is quite conducive and proactive towards efforts to prevent drug abuse and illicit trafficking. Various anti-drug volunteer socialization, education and training programs, urine tests, and mapping and monitoring of drug-prone locations are always carried out in collaboration with the Police and various related agencies. Collaboration with officials

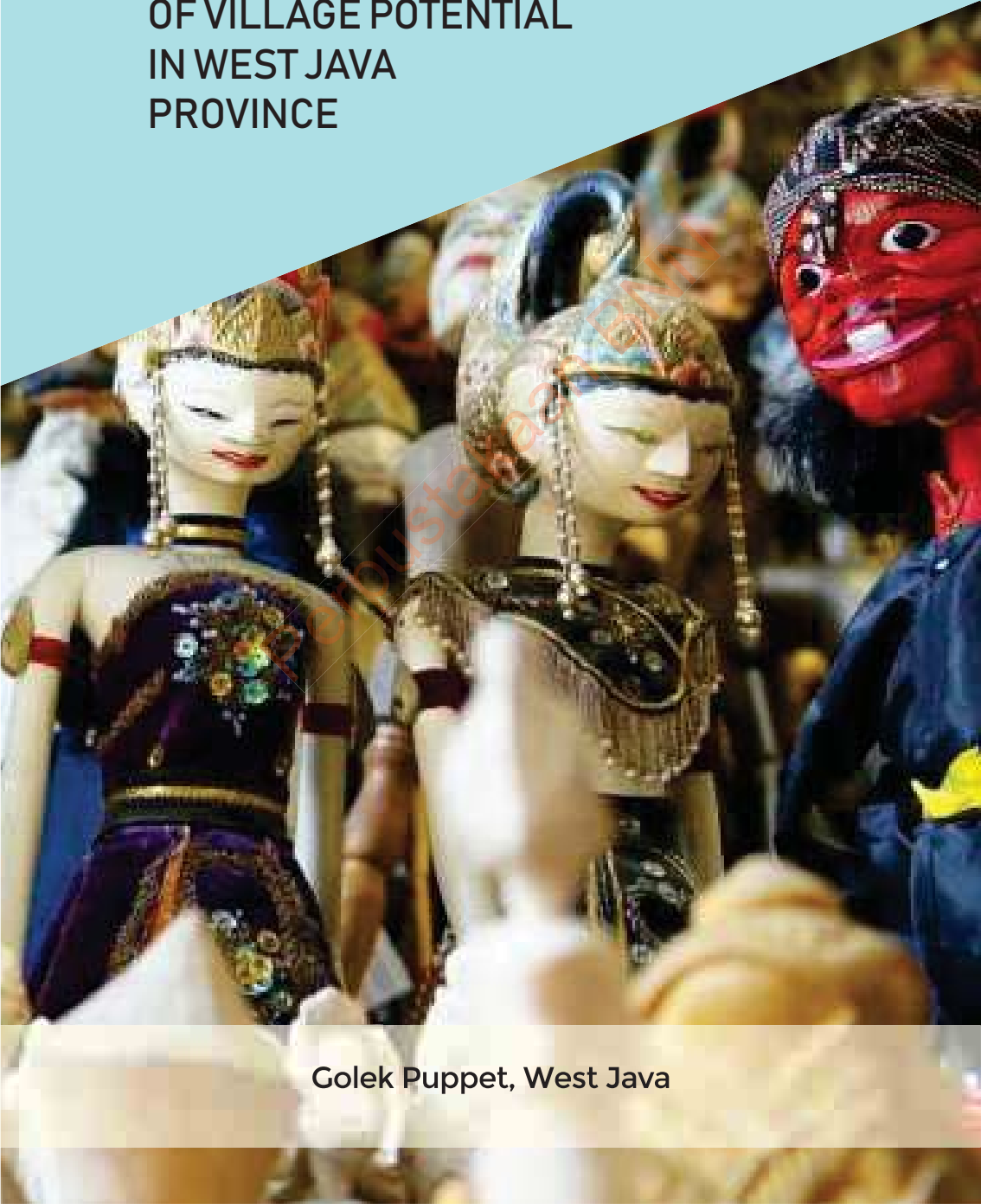
(Babinsa and Bhabinkamtibmas), socialization, and counseling are quite intense at the village level. The rehabilitation efforts were carried out by Magelang Regency Narcotics Board in collaboration with the Magelang Regency Mental Hospital.

- e. Village officials in Tulungagung Regency, East Java Province also continue to coordinate with the Police and Tulungagung Regency Narcotics Board when drug cases occur in their areas. Village officials emphasize the role of village officials to provide enlightenment/information about drug prevention to the community. A number of 75 percent of community leaders/religious leaders, every month, always gather in the hospitality forum. There are 45 members of community leaders who always come/attend and the venue is from one house to another. The material discussed is about village development, social problems, residents who need help in terms of physical, thoughts and finance/economy help, problems in the village from the Koramil, Babinsa, Bimaspol, budget for drug prevention (socialization from Tulungagung Regency Narcotics Board), sports, culture, and recitation.

In addition to the support provided by agencies in advocating the implementation of P4GN in rural areas, another form of effort is in the form of regulations/policies such as those carried out by Kuningan Regency Narcotics Board, West Java Province. So far, the advocacy on the danger of drug prevention conducted by Kuningan Regency Narcotics Board to village officials has produced several anti-drug village regulations in the form of:

- a. Regulation of the Head of Cibuntu Village on the Optimization of P4GN Program and the Implementation of *Desa Bersinar*
- b. Regulation of the Head of Darma Village on the Formation of the Anti-Drug Task Force and Anti-Moneylender Practices and the Circular Letter of the Darma Village Head on the Optimization of P4GN Program and the Implementation of *Desa Bersinar*
- c. Circular Letter of Kertawirama Village Head on Optimizing the P4GN Program and Implementation of *Desa Bersinar*
- d. Circular Letter of Peusing Village Head on P4GN Movement and Desa Bersinar Implementation in West Java.

GENERAL OVERVIEW OF VILLAGE POTENTIAL IN WEST JAVA PROVINCE



Golek Puppet, West Java



GENERAL OVERVIEW OF VILLAGE POTENTIAL IN WEST JAVA PROVINCE

6.1. PROFILE AND CHARACTERISTIC OF RESEARCH LOCATION

Village Potential Research to Support P4GN Program in West Java Province was carried out in Cilimus Sub-district, Kuningan Regency by choosing two villages, namely Village A and B. Village A is a drug-prone village (DP) based on the mapping of vulnerable areas conducted by Deputy for Community Empowerment in 2015 and Village B is a non drug-prone village (NDP) in the same sub-district as Village A.

Kuningan Regency is one of the 27 regencies/ cities in West Java Province. Kuningan Regency consists of 32 sub-districts, 15 urban villages, and 361 villages. In 2017, based on the existence of the Local Environmental Unit (SLS), Kuningan Regency consisted of 4,033 village officials, 1,698 Community Associations and 6,113 Neighborhood Associations. Kuningan regency mainland is divided into two, the eastern part as the lowlands and the western part as the mountainous area. This regency has the highest mountain in West Jawa called Mount Ciremai. From its geographical position, Kuningan Regency is in regional cross road that connects Cirebon City and the East Priangan area and part of middle lane alternative roads that connects Bandung-Majalengka and Central Java. The geographical conditions encourage the fertility of agriculture in this regency.

Cilimus Sub-district is a sub-district that borders with Jalaksana Sub-district in the south, Cindamekar Sub-district in the east and Mandirancan and Pancalang Sub-districts in the north. Cilimus Sub-district consists of 13 villages. The area of Cilimus Sub-district is 42,638.13 Ha. Based on data from the Cilimus Sub-district government website, it is known that the economic resources of the population in Cilimus Sub-district are related to the cassava processing industry, patchouli distillery and plywood board manufacturing.

DP Village is a village located in the center of Cilimus Sub-district. DP Village has an area of 201,435 Ha and is located at an altitude of 446 meters above sea level. The DP village consists of 6 Community Associations and 24 Neighborhood Associations which are divided into 5 hamlets. The DP Village Communities have begun to shift into urban communities that are starting to live like urban communities. The DP village until 2017 have 2,191 households and 70 percent of the population are residents at productive age. The economy in DP Village is trading and part of it is agriculture.

NDP Village is located right at the foot of Mount Ciremai and very close to the mountain so that in the past it was called by the name Mount of Deukeut. The NDP village is in the border with Linggarjati Village in the south. In the east, it is bordering with Lingga Indah Village. In the north, it is bordering with Cibeureum Village. And in the west, it is directly bordering with Mount Ciremai Protection Forest. The forest area located in NDP Village has a diversity of flora and fauna, beautiful nature and cool air. One of the attractions that utilize the natural potential of the NDP Village is Lambosir Hill. The cultivated plants are sweet potato, clove, mulberry, apple and patchouli. The NDP village has good potential for agrotourism and nature tourism.

6.2. VILLAGE POTENTIAL IN THE REGENCY AND VILLAGE LEVEL

a. Condition and Role of Human Resources in Regency and Village Level

Human Resources in Kuningan Regency level are very diverse. The majority work as farmers and merchants. The diversity of Human Resources is also found in various agencies such as the Health Service Office, Social Affairs Office, Population Control and Family Planning Office,

and Resort Police. Related to the implementation of P4GN program, each agency has begun to take the initiative to carry out activities independently or coordinate with Kuningan Regency Narcotics Board or Kuningan Resort Police

Kuningan Health Office carries out several activities from health counseling both to the community and to schools in accordance with the availability of the budget or in accordance with the demands of the community. Strengthening of medical personnel related to drug rehabilitation in several health centers has been carried out together with BNNK Kuningan. However, it was only implemented in 2017 and there was no follow up yet. Kuningan Health Office has competent human resources in dealing with drug abuse issues ranging from medical staff, nurses, psychologists to health counselors.

Kuningan Social Affairs Office conducts P4GN activities in the form of counseling or information dissemination on anti-drugs and providing recommendations (referrals) for drug addicts who need social rehabilitation. The efforts undertaken by Kuningan Social Affairs Office are limited to facilitating the implementation of social rehabilitation because the implementation of rehabilitation is the authority of the central government. The facilitation that is carried out in the form of giving recommendations is only done at the beginning of the year. This was revealed by an informant in Kuningan Regency Social Affairs Office who stated that:

"...The Social Affairs Office is only facilitating, but with the enactment of Law No.23/ 2018 then 2016 ... all things related to narcotics is centralized. The Minimum Service Standard is only to support the socialization, prevention, and rehabilitation, rehabilitation in the area is community-based or in the city, with the existence of social welfare institutions, It is NAPZA in us, if in narcotics ... "

Kuningan Regency Population Control and Family Planning Office is an agency that has duties and functions related to population control and family welfare. Population Control and Family Planning Office (PPKB) Office has the availability of human resources until the village level.

The human resources up to the village are 100 Village Cadres and 103 Family Planning Field Officers. In addition, the facilities and infrastructure owned by PPKB Office are quite complete, ranging from cars, buses, service cars, acceptor transport cars. In the village level, it is supported by the existence of a Planning Generation. The Human Resources of PPKB Office until RT level are as follows:

- a. Rural Community Institutions.
- b. Family Planning post at the village level.
- c. SUPPKB at the hamlet level.
- d. Cadre acceptor group at the neighbourhood level.

According to PPKB Office informant, Kuningan Regency has good youth potential and the potential to develop young people who are free from promiscuity, young marriage, and drugs. The best GenRe ambassador in West Java Province comes from Kuningan Regency, meaning this ambassador can be used as a good anti-drug information dissemination agent. This is in accordance with the information of the informant who stated that:*It means that Kuningan has good potential youth to prevent drugs since it has the best ambassador in West Java, right ...* ". The activity carried out by PPKB Office involves Kuningan Regency Narcotics Board. This involvement is usually in the context of providing information or involvement as a resource person about the danger of drugs.

The DP villagers' knowledge about the danger of drugs based on the views of village officials is still very low, only about 30 percent. However, the resilience condition or deterrence ability of DP Village family is quite good. The majority of DP Village officials have a good understanding of the danger of drugs. The strength of human resources in DP Village is strengthened by the presence of social institutions or organizations such as LPM, Karang Taruna, Pemuda Pancasila and community organizations.

The knowledge of DP Village official about the danger of drugs is quite good. However, when they were asked about the types of drugs, they were not certain in detail. Village official only know that drug abuse damages physical and mental health, so victims of drug abuse need proper treatment, namely complete rehabilitation both medical and social. They also added that former addicts must be well received in the community and assisted so that they can be productive again as before.

b. Natural Resources Condition in Regency and Village

Kuningan Regency is one of the regencies that has good natural resource potential as explained at the beginning of this paper. The DP village, although it has begun to lead to the life of modern society, it still relies on the natural potential to be used by some of its people as a livelihood in agriculture, namely tobacco, rice and cassava. The NDP village located at the foot of Mount Ciremai has good natural resource potential. One of the agricultural commodities developed is sweet potato, clove, and patchouli distillation. The condition of natural resources in NDP Village is still quite conducive, so that few residents are looking for work outside the village. The natural resources potential on NDP Village also supports agro-tourism and nature tourism activities. This condition is at the same time a challenge for the NDP Village, because if it is not managed properly it will cause damage and the entry of a negative culture from the migrants.

c. Economic Resources Condition in Regency and Village

NDP Village is a village located at the foot of Mount Ciremai. The majority of the population is sweet potato (boled) and cloves farmers. Other residents work outside the city and work as sand and stone diggers. In general, NDP villagers are above the poverty line and village funds are used for routine physical activities such as Livable Houses so that in NDP villages there are no uninhabitable houses. The economic potential possessed by the DP Village as the administrative center of the Cilimus Sub-district is trade. This is closely related to the existence of the Cilimus Market as one of the largest markets in the Cilimus Sub-district. Other economic potentials that have begun to be developed in DP Village are crafts or home industries, namely processing salty eggs and *rengginang* (sticky rice cracker). The development of this craft is carried out by Village-Owned Enterprises.

The NDP village as mentioned earlier is a village that has good natural potential and good agricultural commodities. The majority of NDP villagers are clove, rice and sweet potato farmers. Only around 300 residents work as private employees, as well as welding and vehicle repair shop employees. The other small part is craftsman of sweet potato chips, banana chips and *peyek* (cracker from peanut). This picture of economic potential is a description given by village official of FGD participants in NDP Village, stating that:

“The potentials in this village are plantations, agriculture, Mam... Boled (sweet potato), rice, cloves ... 3,915 yes, the percentage is around 300. The farmers, private employees, the workshop. There is a repair shop, vehicle repair shop ... People here, buy it over there ... There... there is in the housing, it's still like in plantation, the home industry is banana chips, peyek, yes there is ... ”.

The management of food production business by NDP villagers has not been well-organized by the local government. The business is a family or individual business that is carried on for generations.

d. Cultural/ Tradition Aspects Related to Social and Drug Issue in Regency and Village Level

The village officials claim that the social life of DP Village is strong with cultural and religious traditions especially Islam. The number of public parties associated with religious activities are such as mass circumcision, recitation, and the Muharam carnival. The strong religious nuance in the DP Village does not make this village necessarily free from social problems. Social problems that have arisen in DP Village include: theft, pickpocketing and alcohol. Islamic culture that is carried out in DP Village is one of the efforts made by the community to minimize its population involved in social deviations. Social deviations that occur in DP village are triggered by the condition of the DP region which is in the center of the sub-district and on the regional crossing road, so that many migrants give influence.

NDP village is a village that is still very thick with rural nuances, but the buildings are quite neat and there are no buildings that are not livable. NDP villagers tend to know each other, conducive, hold community self-help, and help each other. There is no specific culture that is owned by NDP Village, but village officials and community leaders actively organize and utilize religious activities and village activities as well as to distribute information about health, the danger of drugs, and other information.

e. The Availability of Medical and Social Facility in Regency and Village Level

Social rehabilitation or community-based rehabilitation carried out in Kuningan Regency is only carried out by two Social Welfare Institutions (LKS), namely Tenjo Laut and Maha Kasih. Previously there was a LKS that became a reference, but it is located in Majalengka Regency, called Cipta Wening Foundation. Tenjo Laut is one of LKS that receives social rehabilitation funds from the Ministry of Social Affairs. The funds obtained are in the form of operational funds for clients. This is in line with the information provided by Social Affairs Office informants

“At the regency level, it is a coincidence that there were 2 LKS in the past, Tenjo Laut and Maha Kasih ... if it was only for this nature, rehabilitation for food and maybe there is operational fund in LKS . These are the forms, only for meals”.

Table 6.1. The Availability of Medical and Social Facility as Rehabilitation Center in West Java (n=201)

Village Classification	Medication center	Private clinic	Foundation/NGI that handles drug abuse	Pesantren (Islamic boarding school)	Alternative medication/ Physician
DP	1	0	0	0	0
NDP	0	0	1	0	0
Total	1	0	1	0	0

The limitation of the authority to carry out social rehabilitation for drug abusers that has been increased to the central authority by the Ministry of Social Affairs has resulted in the less optimal rehabilitation process carried out by the regency and province. This policy also caused several social rehabilitation institutions to close down. This was revealed by informant in Social Affairs Office:

"We are specifically handling victims of drug abuse, so is it only prevention ... and for prevention, we don't have the confidence to propose Regional Budget to the Regency, the prevention will later cross cutting with National Narcotics Board or other Regional Government Working Unit ... "

In dealing with more serious social rehabilitation problems, usually the Social Affairs Office of Kuningan Regency refers clients to the Ministry of Social's referral center, namely Galih Pakuan Bogor and Bambu Apus, East Jakarta. Social rehabilitation at the village level is not yet running because there are no social facilities available in the village. The facilities available in the village are currently only the Social Welfare Center (*Puskessos*) and currently only deal with the problem of poverty. However, in the future if Social Welfare Cente serves as the House of Hope for Prosperous Life which will be carried out in 50 villages then the problem of drug abuse will be handled in Social Welfare Cente village level.

The knowledge of family planning officers at Cilimus sub-district about the location of rehabilitation/recovery of drug addicts is quite good. They know that there is a Kuningan Regency level rehabilitation location, Tenjo Laut, located in Palutungan area. At the sub-district level, there are no health facilities and social rehabilitation facilities that can be used to carry out drug rehabilitation. Officials know that in carrying out rehabilitation of drug abuse, a recommendation process is needed. The average officer knows the problem of drug abuse after someone has caught the authorities. However, they do not know directly the characteristics of drug addicts. Thus, they can not help to encourage the issuance of rehabilitation recommendations for drug addicts.

The NDP Village only has health facilities in the form of village health post (*poskesdes*). In this village, there is a village midwife and her husband works as paramedics in his clinic. If serious mental and health cases are found, the hamlet head usually refers directly to the main community health center in the sub-district, and then is referred to a hospital in Bandung or another hospital. Meanwhile, health facilities

in DP Village include public health center, poswindu, and private clinics. The availability of medical and social facilities in the two villages has not been utilized to support P4GN program, particularly drug rehabilitation activities. In fact, the facilities and infrastructure, medical staff and social workers can be utilized to support P4GN program.

f. Description of Social Integration Condition

Cilimus sub-district is known for its abbreviation of “ciri lingkungan muslim/characteristics of the Moslem environment” which has a relatively good social integrity, because it has good religious potential. The social conditions of Cilimus sub-district which have relatively large numbers of tourist attractions, especially in Linggarjati Village and its surroundings affect the existence of deviant behavior and against the law but the perpetrators are not the residents of Cilimus itself. Most perpetrators of deviant behavior and crime in Cilimus sub-district are outsiders or tourists. As the informant from the regional service units of family planning (UPD KB) of Cilimus sub-district said:

“... for the environment of Cilimus Sub-district in general, it is known that Cilimus is a feature of the Moslem environment, they said so...”

“Integration between communities is good here, because the religious potential in Cilimus is good, very good. Negative things rarely happen, like a brawl between teenagers, but on the other hand, Cilimus is a tourist attraction place, many tourism places in Kuningan regency are located in Cilimus, there are Linggarjati and surrounding areas. You can't be separated from that, the negative things, but not residents here, most of them are outsiders. ”

NDP village as one of the best villages in Kuningan has relatively good social integration and has regular and almost daily religious activities. The existence of attractions in the area does not affect social activities carried out by the local population. This is in line with the information from regional service units of family planning Cilimus Sub-district, which said that:

"B, Cibereum, Linggarjati, are tourist attractions too, but thank God..the tourist attractions are divided into two parts, yes, there is the eastern region and the western region..It is possible if the western region is rarely contracted. Well, I rarely hear negative things, in my view, the interactions are good, The same thing as what Mrs. Haji said that the religious level is quite high. When I am in the field, there are always religious activities. "

The NDP Village community still tends to **be familial and know each other**. This condition is very closely related to **the sensitivity of the community** to the possibility of foreigners entering the village. The nature of **helping** one another and **community self-help** are still carried out by the people of Village B, especially when experiencing a problem or there is a need. **Communication** between parents and young people is also still **well established**.

g. The Availability of Budget and Corporate Social Responsibility in Regency and Village Level

NDP Village is one of the villages that already has the initiative to use the Village Budget to carry out P4GN activities. P4GN activities that have been routinely carried out by NDP Village are counseling for adolescents by inviting **speakers** from Kuningan Regency Narcotics Board. P4GN activities carried out by NDP Village are part of the youth coaching activities.

In NDP Village, there is a newly established "Aziza" drinking water company so funding from CSR is not yet available. Until now the contribution from the village company is the distribution of drinking water for free for events held by the village.

The utilization of DP Village budget is similar to the utilization of the budget in other villages namely 60 percent for physical development and the rest for human resources development through various activities. DP village does not yet have the initiative to utilize the Village budget and available programs to conduct P4GN efforts independently in its area. The activities carried out by DP Village are fully supported by the Village Budget and there is no support from CSR. Village officials do

not have the courage to use the budget outside the planned activities that were prepared at the beginning of the year. They want special instructions for implementing P4GN in the village environment and given a special budget rather than reducing the budget that has been allocated for other activities. This condition illustrates that in DP village requires intensive advocacy or intervention to foster village initiatives so that they can carry out P4GN activities independently in their area.

Kuningan Social Affairs Office only has funds to conduct anti-drug socialization, while funds for rehabilitation have been centered directly from the Ministry of Social Affairs. These conditions did not make Kuningan Social Affairs Office to remain silent and continue to try to support P4GN efforts. The Regency budget which is allocated to Social Affairs Office, although limited, is used for more productive activities for clients who have already completed social rehabilitation. The use of the Social Affairs Office budget is by providing business assistance in the form of goods to support the productive economic efforts of former rehabilitation clients in accordance with their skills. This assistance is given to former clients who have already completed social rehabilitation at a social rehabilitation institution and have attended vocational skills training. This was revealed by an informant from Kuningan Social Affairs Office who said that:

"... we have the moral responsibility, even if is the regency budget, it is for rehabilitated clients, we encourage them to run productive economic business ... That is the aid based on the business. They can choose the business like food stall or cellphone counter, or selling other goods ...

The management of the utilization of the social rehabilitation budget provided by Social Welfare Institution at the regency level must be carried out immediately. Based on data in the past 2 years, many rehabilitation clients in Social Welfare Institution in Kuningan Regency came from outside the regency and some even came from outside the island. Funds given by the central government should be directed and prioritized for rehabilitation clients from Kuningan Regency.

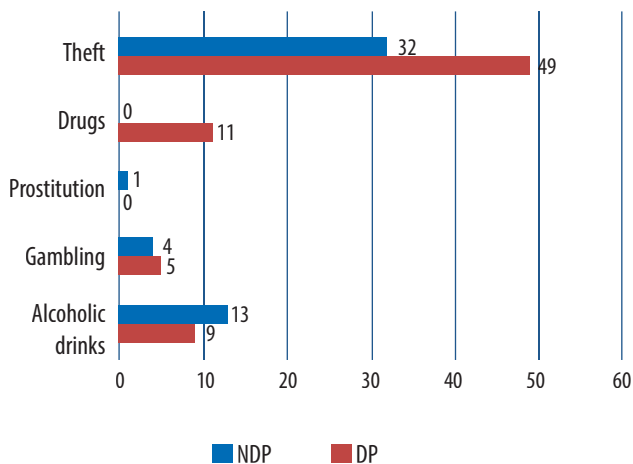
h. The Condition of Electricity and Internet Access

In DP and NDP villages, there is already electricity and has enough lighting in each village. The average population of NDP and DP Villages already uses electricity to support their daily activities. In NDP Village, internet access has begun to develop. It is marked by the development of stalls or internet cafes that provide hourly paid internet services. This is used by children and adolescents to access various information including negative information. An informant in NDP Village claimed to have dismissed children and adolescents who played the internet using their mobile phones until they forgot the time. In the NDP and DP Village, a curfew is also imposed to reduce children and teenagers' duration in playing gadgets.

6.3. GENERAL DESCRIPTION OF SOCIAL ISSUE

a. General Description of Social Issue in Regency Level

Social problems that occur in Kuningan Regency are dominated by theft both in DP and NDP villages. However, one problem that must become a concern is the increasing drug abuse. Currently, there is a widespread abuse of drugs that is included in the list of G drugs targeting various levels of society, including teenagers in the village, for example the abuse of Tramadol, Trihex, and Dextro. Another problem is family or community fears related to drug abuse and illicit trafficking. When meeting addicts or victims of drug abuse in their environment, the community tends to be afraid to report to the authorities. People or families fear that children or relatives who become addicts will be jailed and eventually become disgrace. The absence of drug abusers distribution mapping is one of the obstacles in the difficulty in carrying out targeted rehabilitation programs.



Picture 6.1. Social Issue in Kuningan Regency

The problem of drugs in the classification of handling social welfare problems is one among 27 classifications of existing social issues. With these considerations, the problem of drugs is also the focus of the Ministry of Social Affairs or Social Affairs Office in the region.

Similar to other locations, the problem of drug abuse and illicit trafficking is a social issue in Kuningan Regency. The disclosure of drug abuse cases based on data collection conducted by Kuningan Resort Police within the last 3 years is quite surprising. Kuningan regency as one of the regencies in West Java has become the target of drug dealers. From Kuningan Police data, it is also known that Cilimus Sub-district as a research location indicates the existence of drug abuse. It is shown by the arrest of 5 suspects in 2018 and 4 suspects in 2019 from Cilimus Sub-district. The detail data disclosure of drug cases in Kuningan Regency in the last 3 years is as follows:

Table 6.2. Data of Drug Abuse and Illicit Trafficking Cases in 2017 to 2019

NO	DESCRIPTION	2017	2018	2019
1	Number of Police Report	43 PR	43 PR	27 PR
2	Type of Criminal Case	Narcotics : 21 Pscychotropics : 1 Drugs : 21	Narcotics: 25 Pscychotropics: 3 Drugs : 15	Narcotics: 13 Pscychotropics: 1 Drugs : 13
3	Number of suspect	60	53	32
4	Gender	M : 51 & F : 9	M : 49 & F : 4	M : 32 & F : 0
5	Age	<18 : 1 suspect 19-29 : 28 suspect >30 : 31 suspect	<18 : 1 suspect 19-29 : 28 suspect >30 : 24 suspect	<18 : 2 suspect 19-29 : 11 suspect >30 : 19 suspect
6	Amount and type of Evidence	Meth : 26.81 gram Marijuana : 12.13 gram Gorila : 5.56 gram Dextro : 4,359 pills Tramadol : 8,609 pills Trihex : 328 pills Hexymer : 1,323 pills Alprazolam : 90 pills Riklona : 56 pills Infusan RL : 18,280 botlrd	Meth : 26.81 gram Marijuana : 275.49 gram + 4 Cannabis Tree Gorila : 6.01 gram Dextro : 3,541 pills Tramadol : 7,151 pills Trihex : 640 pills Hexymer : 170 pills Alprazolam : 170 pills	Meth : 222.75 gram Marijuana : 10 gram Gorila : 11.81 gram Dextro : 2,090 pills Tramadol : 1,682 pills Trihex : 5,399 pills Hexymer : 2,529 pills Riklona : 30 pills Kosmetik Illegal : 451 pcs

Source: Kuningan Resort Police, 2019

Drugs are not only a legal problem but also a social problem. In terms of data collection, the Social Affairs Office of Kuningan Regency experienced problems in collecting data on drug addicts and HIV in the villages. This is due to the tendency of villages to cover up events and perpetrators because they are considered as a disgrace. This condition causes the Social Affairs Office to be unable to provide data on the number of drug addicts. This is even worse since there is no obligation for Social Welfare Institution to report to Social Affairs Office regarding

the number of rehabilitation clients originating from Kuningan Regency. Whereas in the process of handling other social issues, such as sexual harassment, especially those affecting under age children, after further investigation, it is always related to the use of alcohol, drugs or G drugs. Seeing this fact, we can assume that many drug problems begin to occur in rural areas. This is consistent with the information given by the Social Affairs Office informant, as follows:

“... handling one of the children who are dealing with the law with various cases such as sexual harassment is the start of using drugs .. the use of drugs, from alcohol to pills ...”

Family planning officers in the Cilimus Sub-district tend to have no knowledge on incidents/ cases of drug abuse that occur within the scope of the sub-district or their neighbourhood. They underlined their statement by making a methaphor that the phenomenon of drug abuse is similar to icebergs. To find out the certainty of a drug abuse incident, it is advisable to contact the Kuningan resort police.

According to the views of informant from Kuningan Social Affairs Office, Cilimus Sub-district is one of the prone areas to drug abuse. The current case handled by the Social Affairs Office is a case of illicit circulation of meth involving underage children. Thus, the Social Affairs Office must give some consideration in conducting rehabilitation.

b. General Description of Social Issue in Village Level

Social issues in rural areas are not much different from social issues in urban areas. Based on the results of discussions with NDP Village official, there are a number of social issues, including:

- a. Toddler nutrition problems and the role of mothers in parenting
- b. Problems with alcoholic drinks
- c. Difficulty to get clean water
- d. Teenagers hanging out during school hours and at night so they have not been able to use their time wisely
- e. Increase of economic motivation
- f. Jealousy in receiving government aids
- g. Nightlife trends and prostitution

- h. The problem of population data collection
- i. Excessive use of cough medicine “Dextro”
- j. The use of excessive gadgets by children which disrupts learning hours

Drug problems relatively do not exist in NDP Village. Based on the information from the Head of the NDP Village, there were cases of marijuana abuse committed by residents of NDP Village but they were not caught in NDP Village. A few years ago, there were also an abuse of *nolengnang* pill by former alcoholics when the price of alcoholic drinks became more expensive and difficult to obtain in the market.

Unlike NDP Village which has a tendency to be far from drug abuse and illicit trafficking, in DP Village several cases of drug abuse and illicit trafficking have been found. One of the perpetrators has been jailed in a Class IIA Detention Center Kuningan for 2 years and 5 months for circulating 500 grams of marijuana

c. Social Issue Control in Regency Level

Cilimus Sub-district has a relatively diverse control system. One of them is the problem of data collection of migrants or temporary residents that have not been carried maximally. This can be seen from the occurrence of deviant behavior or crimes committed by migrant workers whose identity is not clear. This indicates that the local official is not maximally carrying out social control. The information given by the regional service units of family planning informant in Cilimus Sub-district also shows the same thing, this informant said that: “

“... there is no stipulation yet that people who come from outside must report, what should be done, outsiders do not report to be residents here ...”

Social control over the problem of drug abuse in Cilimus sub-district is done by coaching, counseling, and training for officers. The activity is carried out with Tribina activities which are expected to increase family resilience. The regional service units of family planning informant in Cilimus sub-district also said that:

"The control is, we do coaching, often carrying out coaching, counseling, training for officers. We also carry out Tribina every several months, ma'am, every three months. Every three months we hold Tribina-based family endurance meetings. Tribina could not involve the whole family, isn't it, BKR, BKB, or what (the Elderly Family Development) BKL is like that, it can be included. "

Each village has a different approach to controlling the possibility of social issues in their environment. The approach taken by community leaders, religious leaders, and DP Village official through a religious approach. Activities that are routinely carried out are recitation activities with a target of 1 night 1 Surah in the Qur'an. The surrounding community is also not reluctant to advise and to use violence if they meet neighbors or relatives who use drugs. As stated by one of the family FGD participants that:

"... ever been to my house, talking about everything, I had pounced him once ... because it is very annoying to be his parents, so the parents couldn't do anything, so I used violence, I kicked him to make him hurt ..."

NDP Village has made an appeal issued by the Ministry of Religious Affairs to carry out the "Maghrib Reciting Movement" and to read Al-Quran as an effort of social control to school-age children and adolescents. So far, the appeal has begun to be carried out by the village community although not yet attended by all children and adolescents. Social activities that are used at the same time to control the community are cadre such as the elderly family development, toddler family development, integrated development post, and integrated development post of non-communicable diseases.

6.4. COMMUNITY REACTION TOWARD DRUG ABUSE

Social problems are disturbances and threats to social life if they are not handled properly. Both in DP and NDP villages, village officials and community leaders have mixed reactions. Related to the attitude of the NDP Village official, they agreed to report to law enforcement officials if they found the perpetrators of illegal drug trafficking in

their environment. The reporting process can be tiered starting from the village official then proceed to law enforcement. The punishment given to the offender should be severe punishment and if necessary sentenced to prison or death shot.

In the existence of drug addicts or victims of drug abuse, there are several steps that must be done:

- a. Making an approach to addicts or victims of drug abuse to find out the cause of the action.
- b. Giving warning and advise.
- c. Making an approach to the families of addicts or victims of drug abuse.
- d. Carrying out rehabilitation both medical and social.
- e. Conducting training so that former addicts or victims of drug abuse can return to productive life in the community.

Residents in DP and NDP Villages have the same tendency when finding out the incidence of drug abuse and illicit trafficking. The reaction of the community when they found the incidence of drug abuse in their environment was to advise and accompany them for treatment. Most of the people in the two villages have the view that this is a disgrace to the family and the community of the village so it must be covered up and no one should know. Thus, when finding out drug abusers, they prefer to advise and accompany them for treatment. A different reaction is shown by the community when they meet a drug dealer or trafficker. The majority of people will report to the police or village officials.

Officers or official at the Cilimus Sub-district react when they encounter drug abuse or illicit trafficking events by conducting coordination with Cilimus Sector Police. Then in the process of handling cases of drug abuse or illicit trafficking, the Cilimus Sector Police coordinates first at the village level or location. This is consistent with the statement of the informant that:

"Maybe at the lower level, when there is information or for example an indication, yes, at least what we are trying to do is coordinate with the village government first, starting from the hamlet level, hamlet head, then from the hamlet head to babinsa, right? There are stages. "

The last reaction explored in this research was a reaction to a former drug user. When asked to informant, it is stated that NDP Village official claimed to be able to accept the former addict who had undergone rehabilitation to live again in his village. Village officials will supervise and monitor so that the former addict does not return to mingle with his friends who plunged into the drugs. In contrast to the NDP Village official, the DP village official claims for having no specific reaction to former drug abusers.

6.5. P4GN EFFORT

a. P4GN Effort in Regency and Village Level

Similar to the prevention and community empowerment activities carried out by the Deputy for Prevention and Deputy for Community Empowerment of National Narcotics Board, Kuningan Regency Narcotics Board undertakes the following activities to prevent the danger of drugs in the scope of the regency:

- a. Communication, Information and Education.
- b. Banners contain anti-drug messages.
- c. Anti-drug campaign.
- d. Collaboration with printed, electronic, and social media (online), for example cooperation with Ateng Tale Radio and Tabloid "Identitas Bangsa".

The community empowerment in the context of P4GN efforts is carried out through technical guidance activities for anti-drug activists. One of the technical guidance activities carried out by Kuningan Regency Narcotics Board in 2019 will target village officials in 10 selected villages. This technical guidance is a follow-up of prevention advocacy activities targeting 20 villages in Kuningan Regency, as follows:

- a. Cibuntu Village
- b. Ciwaigebang Village
- c. Langseb Village
- d. Jambar Village
- e. Kertawirama Village
- f. Maleber Village
- g. Sangkanhurip Village
- h. Panawuan Village

- i. Panilis Village
- j. Cigugur Urban Village
- k. Cisantana Village
- l. Linggamekar Village
- m. Linggarjati Village
- n. Bojong Village
- o. Linggasana Village
- p. Cilimus Village
- q. Jalaksana Village
- r. Peusing Village
- s. Cipasung Village
- t. Sakerta Timur Village

So far, the prevention advocacy of the danger of drugs conducted by Kuningan Regency Narcotics Board to village officials has produced several anti-drug village regulations in the form of:

- a. Regulation of the Head of Cibuntu Village on the optimization of P4GN Program and the implementation of *Desa Bersinar*.
- b. Regulation of the Head of Darma Village on the Establishment of an Anti-Drug Task Force and Anti-Moneylender Practices.
- c. Circular of the Head of Darma Village on the optimization of P4GN Program and the implementation of *Desa Bersinar*.
- d. Circular of the Head of Kertawirama Village on the optimization of P4GN Program and the implementation of *Desa Bersinar*.
- e. Circular Letter of the Head of Peusing Village on P4GN Movement and the implementation of *Desa Bersinar*.

The regulation in the field of P4GN above is one form of efforts in the series of declarations in *Desa Bersinar*. Based on data from Kuningan Regency Narcotics Board Community Prevention and Empowerment Section, there are several efforts undertaken by *Desa Bersinar*, including:

- a. *Desa Bersinar* Declaration and the inauguration of the Anti-Drug Task Force in Darma Village.
- b. Put the writing "Drug-free Area" on the entry ticket of Cibuntu tourist attraction in Cibuntu Village.
- c. Put the writing "Drug-free Area" on the entry ticket of Bangkong

Curug tourism object in Kertawirama Village.

- d. Make a slogan “Stay away from Drugs, Get closer to parents” in the tourist attraction of Bangkong Curug in Kertawirama Village.
- e. Make an invitation banner to create a drug-free Peusing Village.
- f. P4GN dissemination activities in Heuleut Village.
- g. P4GN dissemination activities at the Duchy.

Cilimus Sub-district in the efforts to prevent the danger of drugs has carried out several health promotion activities by cooperating with Kuningan resort police and other related parties as a routine activity once a month in rotation. This was conveyed by the Head of regional service units of family planning Cilimus sub-district:

“For handling, yes there is, we just carry out socialization ... Yes, we involve the cross-sector from the police, to give guidance ... about drugs, juvenile delinquency, accidents, causes of road accidents ... it is routinely but alternately, so the resource persons are invited alternately, for instance this month, from the agriculture office, the next month from the Sector Police, ... ”

The above activities have only been carried out at KB Village. They have not spread to all locations. For DP Village and NDP Village, there is no KB Village. It is still in the planning stage. The socialization of the danger of drugs carried out by regional service units of family planning in Cilimus Sub-district has only touched the villages of Sampora and Meunigeulis.

In Cilimus Sub-district, several villages that already have Youth Information and Counseling Centers utilize of existing funding and counseling activities for adolescents by inserting themes about the danger of drugs. The theme of drugs in Counseling Centers is included in the counseling of the Adolescent Reproductive Health Triad or KRR Triad which covers the problem of HIV, drugs, and sexuality (promiscuity). The KRR Triad counseling activities are carried out routinely every 3 months. This was stated by an informant in regional service units of family planning in Cilimus Sub-district:

“... those villages that already have PIK-R, those PIK-R activities utilize it for counseling activities on drug prevention, KRR Triad ... KRR Triad the emphasis is there, it is held every 3 months ...”

The KRR Triad counseling activity was carried out by the village by inviting several speakers according to the theme of counseling. For counseling related to drugs, the village usually invites Polsek and Babinsa. For villages that do not yet have PIK-R but already have Adolescent Family Development, the counseling activities related to adolescents or drugs are targeted for mothers who have teenagers. This aims to increase the knowledge of mothers not to be deceived by their children. Broadly speaking, it can be concluded that at Cilimus sub-district level, there is no specific order to conduct P4GN efforts simultaneously between agencies at the sub-district level.

NDP villages are included in the criteria of villages that have high initiative in preventing the danger of drugs. This is indicated by the initiative to carry out socialization on the danger of drugs in the past 4 (four) years. Socialization on the danger of drugs is one of the routine activities of the village and is included in youth coaching activities. Youth coaching activities are activities that are considered potential to spread information about the danger of drugs among adolescents. Counseling or socialization of the danger of drugs carried out by NDP Village official is a serious effort so that it cooperates with a vocal point for handling drugs in Kuningan Regency, namely Kuningan Regency Narcotics Board. This is in line with the statement of UPD KB Cilimus Sub-district informant:

“But for NDP Village itself, there is already an MoU with Regency Narcotics Board, it is said that there are complaints on the activity, sometimes I don't like to attend the event, I just hear the information that there is already an MoU with Regency Narcotics Board, it is said that there is a special counseling

b. Drug Abuse Rehabilitation

Drug abuse rehabilitation in Kuningan Regency is carried out in

two approaches namely medical and social approach. Efforts related to medical rehabilitation are carried out by several agencies, including Kuningan Regency Narcotics Board as an extension of National Narcotics Board in implementing drug counter measure. The efforts that have been made by Kuningan Regency Narcotics Board are::

- a. Strengthening medical personel to conduct medical assessments for drug abusers and claim budget support to Pratama clinic with 15 clients in Windusengkahan Community Health Center, Cibingbin Community Health Center and Cidahu Community Health Center.
- b. Medical assessment services at Linggarjati General Hospital for 10 clients at a cost of Rp. 900,000 and Rp. 780,000 for outpatient care.
- c. Health education counseling at schools in Cibingbin sub-district

Some of the problems related to the process of rehabilitation of drug abusers at the regency and village levels are:

- a. The absence of public openness about drug exposure and the high public perception that drug abuse is a family disgrace that must be covered up.
- b. The absence of appropriate data collection at the village level related to residents who are exposed to drugs.
- c. One of the efforts that can be done by Social Affairs Office in the event of a drug case is writing to LKS but it does not have the authority to carry out social rehabilitation.
- d. The Social Affairs Office deals more with children conducting action againsts the law and are involved in drug problems, but those who are not dealing with the law can not yet be reached by Social Affairs Office.
- e. The early drug abuse detection program that was carried out through visit by one of the institutions such as Maha Kasih, which was last carried out in 2017 and is now no longer carried out so that the counseling on drug cases is very limited in the community.
- f. The Social Affairs Office only provides rehabilitation recommendations, but LKS never reports on the progress of rehabilitation so that there is no monitoring of the success of the rehabilitation program in Kuningan Regency.
- g. There is no authority to map drug-prone areas because there are no sub-district social workers and it only relies on National Population and Family Planning Board.

The social rehabilitation efforts carried out by LKS in Kuningan Regency include social and vocational rehabilitation activities. This is done so that former addicts who have undergone rehabilitation activities can have the skills to return to normal life in the community. For social rehabilitation clients who carry out rehabilitation at the Ministry of Social Affairs' referral center, in addition to the social and vocational rehabilitation process, the client is facilitated with business tools so that they can be productive when returning to the community and it is hoped that they can earn money the right way and not return to using drugs.

c. The Involvement of Village Official, Community Leaders and Other Parties

The involvement of village official, community leaders and related parties such as cadres, religious leaders in efforts to prevent social issues, especially related to drugs, is carried out through involvement as committee and socialization participants. In NDP Village, there is also an anti-drug volunteer who actively gives an appeal or prohibition on drug abuse orally either in the Friday Forum or in an informal forum. This anti-drug volunteers in their daily lives work as village secretaries. This is based on the information given by FGD participants in NDP Village:

"... there is no Village Regulation yet, but there is verbal appeals.. It is in the Friday Forum, ma'am, because the community... every Friday Forum, especially male adults and teenagers also present ... e ... the materials vary. But, once in a while it can be inserted. What is harom, what is halal,...anything in the society. "

d. Institutional Effort in the Field of Policy, Facility, and Activities supporting P4GN

Regional service units of family planning Cilimus Sub-district has conducted a briefing on the prevention of the danger of drugs to employees by combining it with the theme of reproductive health. Another effort is to deliver material about KRR in meeting of the Institute of Rural Communities (IMP) which is carried out routinely every month and is attended by representatives of village official, cadres, and village midwives. Other forums that can be used to distribute information on

the danger of drugs are village meetings and coordination meeting involving other agencies in the village and PLKB.

Kuningan Health Office as one of Kuningan Regency Narcotics Board partners in drug issue countermeasure in Kuningan Regency has been carrying out P4GN efforts since 2007. Some of the efforts are:

- a. Conducting training for health workers to countermeasure drug abuse issues. This training was conducted in 3 Community Health Center namely Sengkahan Community Health Center, Cilimus Community Health Center, and Luragung Community Health Center.
- b. Involvement of 37 doctors in Community Health Center to take part in the socialization of the danger of drugs carried out by Kuningan Regency Narcotics Board.
- c. The Kuningan health office is part of the regency level IAT.
- d. The Health Office has made a plan of activities which are sourced from the 2012 budget for socialization activities and workshops for mental health and drug use, early detection/screening of drug abuse activities.
- e. Activating Community Health Centers a place to consult rehabilitation services for addicts/victims of drug abuse.

Kuningan PPKB Office initiated P4GN effort after one of the field heads participated in a capacity building activity for Anti-Drug Activists carried out by Kuningan Regency Narcotics Board. After becoming an anti-drug activist, the head of the sector engaged in the field of resilience and social welfare formulated and applied the P4GN effort into activities carried out by the Office of the PPKB. Activities that are included in the P4GN element are activities that target youth groups using Peer Educators and Peer Counselors (PSKS) or better known as “Anak GenRe”. The program is a driving program and CIE counseling. This was confirmed by the information from the PPKB Office informant that:

“... we are targeting young people, we are changing, so in the sense that when we talk to teenagers, they said it is only theoretical, but when GenRe children take turn, they are more cool and more open..The way to deliver the message is also in the style of young people... the activator program and CIE counseling ...”

Counseling conducted to adolescents is a routine activity carried out in the form of Genre goes to School activities, Saka Kencana Scouts and MPLS at schools. The activities carried out by Kuningan PPKB Office are a form of seriousness and independence of the agency in dealing with the danger of drugs, especially those that target the children and adolescents in Kuningan Regency. Genre children or Genre ambassadors are expected to spread positive values including invitations to stay away from drugs for the younger generation through youth activities. With this approach, it is expected that children and young people in Kuningan can be more open.

The Village Official of DP and NDP Village claimed that there were no regulations or legal products that support P4GN activities in their area. This is a challenge for village officials to carry out P4GN activities. The DP Village Official claims to be reluctant to take initiative to carry out P4GN activities even though it is only a precautionary nature. The DP Village official actually expects Kuningan Regency Narcotics Board to be more active in disseminating the danger of drugs to the villages. In contrast to DP Village, NDP Village actually utilizes existing funds and activities to distribute information on the danger of drugs despite that it has not been specifically budgeted. NDP Village is still waiting for the development of the planned village declaration to become *Desa Bersinar* by Kuningan Regency Narcotics Board.

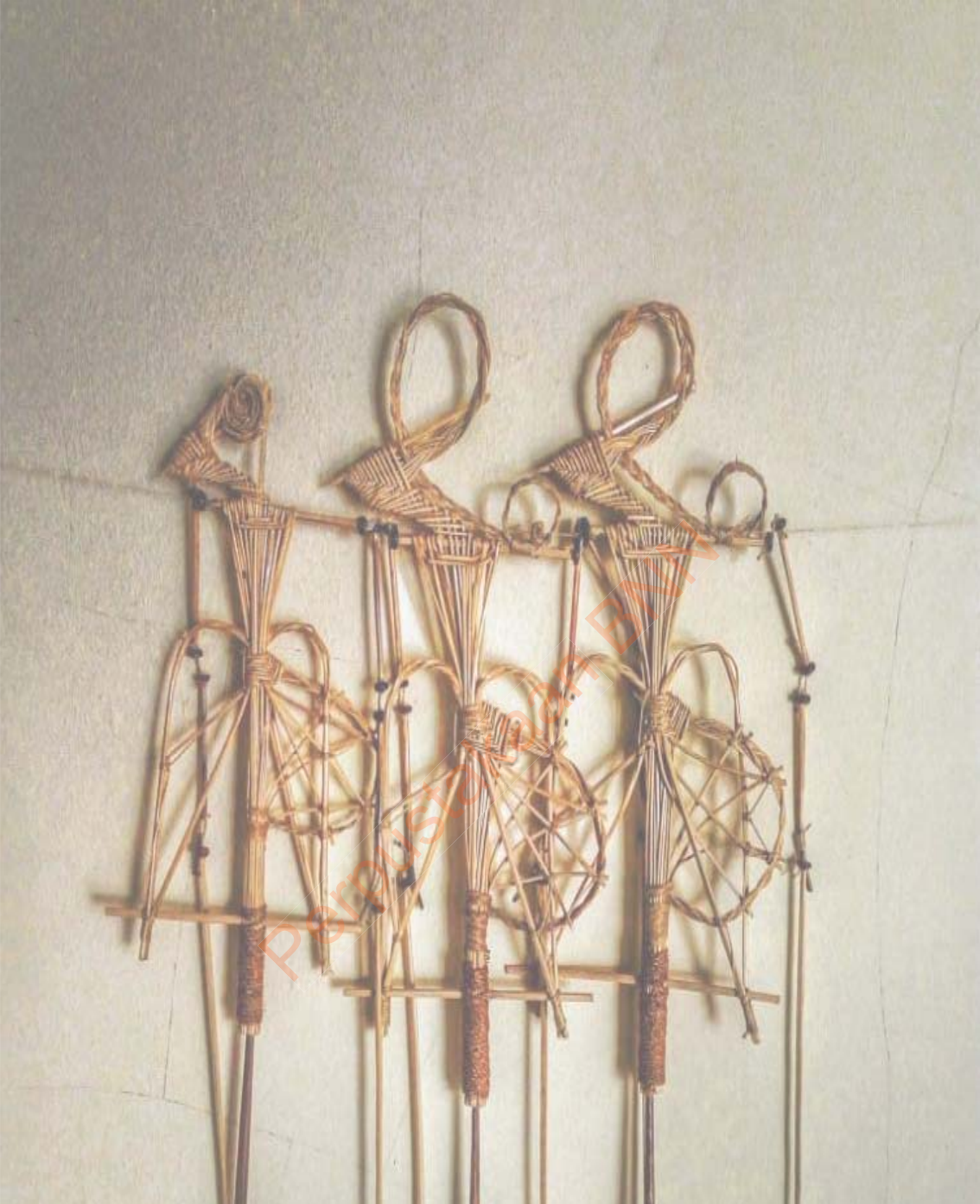


VII

GENERAL DESCRIPTION OF VILLAGE POTENTIAL IN CENTRAL JAVA PROVINCE



Suket Puppet, Purbalingga, Central Java

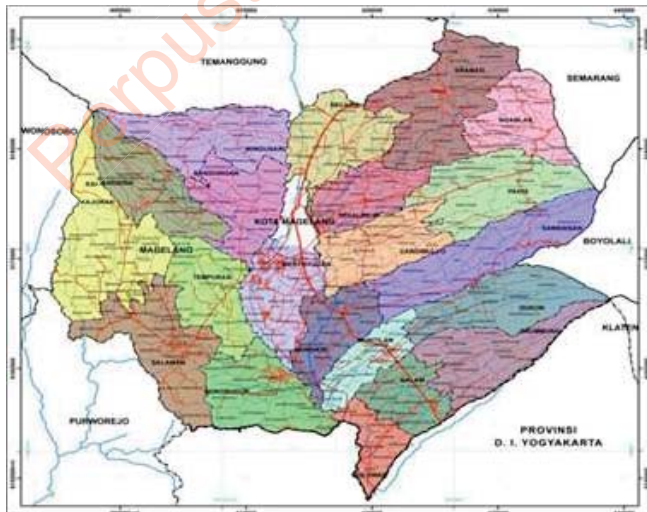


VII

GENERAL DESCRIPTION OF VILLAGE POTENTIAL IN CENTRAL JAVA PROVINCE

7.1. PROFILE AND CHARACTERISTICS OF RESEARCH LOCATION

The locations of Village Potential Research in Supporting P4GN Program in Central Java Province are Mertoyudan Sub-district, Magelang Regency. At Mertoyudan Sub-district level, Village C, which is a DP village and Village D, which is a NDP village, is then chosen..



Picture 7.1. Administration Map of Magelang Regency

Source : Bappeda and Litbangda Magelang Regency, 2017

Magelang Regency, Central Java Province consists of 21 Sub-districts and 367 villages. The Central Statistics Agency (BPS) of Magelang Regency reported the population of Magelang Regency in 2014 (data available in 2019) was 1,230,694 inhabitants consisted of 619,124 men and 614,570 women (Table 7.1.).

Table 7.1. Magelang Regency Population Based on Gender and Dependency Ratio, Central Bureau of Statistics, 2019

Age	Gender, Age Group and Dependency Ration		
	Male	Female	Male + Female
	2014	2014	2014
0-14	162,272	151,799	314,099
15-64	410,913	410,287	821,271
65+	45,939	52,484	98,325
Dependency Ratio	51	50	50

Source:: Central Bureau of Statistics, 2019

The percentage of morbidity in Magelang Regency in the age group 4-7 years, 8-12 years, and 15-21 years is slightly higher than the morbidity rate in the same age group in Central Java Province (Table 7.2.).

Table 7.2. Morbidity Rate of Population in Magelang Regency, Province and National Year 2017

Length of disorder (days)	Morbidity Rate (percent)		
	Magelang	Central Java	National
	2017	2017	2017
≤3	54.50	56.59	57.42
4-7	31.49	30.55	30.71
8-12	5.44	4.86	5.15
15-21	2.75	2.02	1.79
22-30	5.82	5.98	4.93

Source:: Central Bureau of Statistics of Magelang Regency, 2019

The health service facilities in Magelang Regency are 80 pharmacies/drugstores as the highest in number, followed by 63 supporting community health centers, 29 community health centers, and 24 medical centers. As for the research location in Mertoyudan Sub-district, the available health service facilities are 12 pharmacies/drugstores, 8 medical centers, 5 traditional medical facilities, 2 supporting community health centers, 2 community health centers, 2 optics, and 1 maternity hospital. Compared to other sub-districts in Magelang Regency, Mertoyudan Sub-District is the district that has the most health service facilities (Table 7.3.).

Table7.3. Number of Health Service Facilities in Magelang Regency, 2015

Area	Number of Health Facilities								
	Public health center	Inpa-tient public health center	Gen-eral Hos-pital	Sup-port-ing public health center	Mat-ernity Hospi-tal	Medi-cal center	Phar-macy/ Drug-store	Optic	Tradi-tional medical facility
Salaman	2	1	0	4	0	1	5	0	2
Borobudur	1	1	0	3	0	1	6	0	0
Ngluwar	1	0	0	3	0	1	3	0	1
Salam	1	0	0	3	0	3	3	0	2
Srumbung	1	0	0	3	0	0	1	0	0
Dukun	1	0	0	3	0	0	1	0	1
Muntilan	2	0	3	2	1	4	13	2	3
Mungkid	2	0	1	2	1	2	8	0	2
Sawangan	2	0	0	3	0	0	0	0	0
Candimulyo	1	0	0	3	0	0	0	0	0
Mertoyudan	2	0	0	2	1	8	12	2	5
Tempuran	1	0	0	3	0	0	5	0	1
Kajoran	2	0	0	4	0	0	0	0	0
Kaliangkrik	1	0	0	3	0	1	1	0	0
Bandongan	1	0	0	3	0	2	2	0	2
Windusari	1	0	0	4	0	0	0	0	0
Secang	2	0	0	4	0	0	11	0	2
Tegalrejo	1	0	0	2	0	0	2	0	4

Area	Number of Health Facilities								
	Public health center	Inpatient public health center	General Hospital	Supporting public health center	Maternity Hospital	Medical center	Pharmacy/Drug-store	Optic	Traditional medical facility
Pakis	1	0	0	3	0	0	0	0	0
Grabag	2	1	0	3	0	1	5	0	2
Ngablak	1	0	0	3	0	0	2	0	0
Magelang Regency	29	3	4	63	3	24	80	4	27

Source:: Central Bureau of Statistics of Magelang Regency, 2019

Based on the results of the data collection carried out by BPS Magelang Regency on 2-31 May 2018 (in the publication “Statistics of Village Potential of Magelang Regency 2018”), some information related to the potential of villages in Magelang Regency, particularly Mertoyudan Sub-district can be seen in Table 7.4.

Table 7.4. Statistic of Village Potential in Mertoyudan Sub-district, 2018

Aspect	Number	Explanation
Administrative area	12	Village
	1	Urban village
Main income sources for most residents		Government electricity; Non-govt electricity
Source of Main street lightning		Listrik pemerintah; Listrik non pemerintah
Skill institution in part of the village		Foreign language; Computer; Sewing/fashion design; Beauty; Car/motorcycle mechanic; Electronic
Cooperative	2	Village Unit Cooperative
	16	Saving and Loan Cooperative
	3	Other Cooperatives
Trade infrastructure	46	Minimarket
	21	Restaurant
	513	Food and beverage stall
	1,004	Shop/grocery store

Aspect	Number	Shop/grocery store that sell daily food
	413	Shop/grocery store that sell daily food
Accommodation	5	Hotel
	7	Inn
Small and Micro Enterprise	14	Industry from leather
	64	Industry from wood
	9	Metal Industry
	139	Woven Industry
	336	Earthenware/ceramics/stone Industry
	243	Industry from fabric/weaving
	997	Food and beverage industry
	28	Other Industries
Bank	10	Government Bank
	2	Private Bank
	9	Bank Perkreditan Rakyat (BPR)
High number of villages with criminal events in the past year	10	Theft
	2	Theft with violence
	3	Fraud
	5	Abuse
	1	Firing
	1	Rape
	6	Drug abuse/trafficking
	2	Gambling
	2	Murder

Source : Statistic Data of Village Potential in Magelang Regency 2018, Central Bureau of Statistics of Magelang Regency, 2019

7.2. VILLAGE POTENTIAL IN REGENCY AND VILLAGE LEVEL

a. Condition and Role of Human Resources

Social interaction between offices/agencies is quite good in relation to P4GN program, but it does not specifically address activities related to drug cases. Related agencies such as Public health center, Health Office, Women Empowerment and Child Protection Social

Affairs Office (PPKB PPPA) carry out programs and activities related to P4GN program through coordination with stakeholders, namely the Police and Regency Narcotics Board. The following is information from Mertoyudan Community Health Center informant regarding examples of cross-sectoral P4GN activities in the region.

"In this community health center, I take part in sector-level meetings, yes, from the Head of Sub-district, Head of Sub-district Police. Indeed, the Head of Sub-district emphasizes ... what is the name ... for countermeasuring drugs ... what ... according to him, it is because of the high risk of using this drugs ... "

Health Office with the Community Health Program through the Community Health Center fostered communities and schools related to information on drugs that are commonly used for community services, some of which are abused such as anti-depressant drugs and pain relief. Counseling and coaching are carried out through the School Health Business Development but they are not routinely carried out (depending on demand). The following is a quote from interviews with informants from Mertoyudan Public Health Center and Magelang Regency Health Office regarding this matter.

"From 2017, we have only been carrying out community services, drug counseling, the impact. And then, for example, there are children who like to be alone, please report. It is an annual program usually. We usually visit schools. We usually have a counseling team, health screening, dental check-ups."

"... And we have also provided counseling on illegal drugs. We have pharmacies, and also pharmacies in the community health center, don't let the illegal drugs ... "

PPKB PPPA Social Affairs Office mostly conducts counseling activities. The counseling activities are carried out through the Adolescent Community Development Group that provides counseling to parents who have teenagers, especially counseling about reproductive health, including risky behavior. Counseling about drugs is limited to information about efforts to prevent the danger of drugs in general.

The activities that are directly related to adolescents are the Youth Information and Counseling Center, known as the three pillars with a zero risk symbol, namely adolescents who do not get married early, do not have free sex, and do not use drugs.

Magelang Regency Narcotics Board is quite conducive and proactive towards efforts to prevent and eradicate drug abuse and illicit trafficking. Various socialization programs, counseling, education and training of anti-drug volunteers, urine tests, mapping and monitoring of drug-prone locations are always carried out by involving the Police (especially Magelang Resort Police and Sector police), as well as cooperation with various related agencies. In addition, cooperation at the village level was carried out by involving Babinsa and Bhabinkamtibmas officials. However, efforts for rehabilitation are still being carried out in collaboration with Prof.Dr. Soerojo Mental Hospital Magelang.

The condition of social relations in the village is quite good. This is demonstrated through community activities such as mutual cooperation and awareness of social problems in the environment. If there are things related to social problems, they will be handled in stages (RT, RW, hamlet, village, and related institutions). Groups in villages that have the potential to support P4GN program include women's organizations (PKK) at various levels (villages to Dasa Wisma), study groups, sports groups (badminton and boxing), art groups (Kubra/dance), youth group, and mosque youth group. The presence of anti-drug volunteers who had only been trained for two months before the interview had not yet carried out a program of activities and anti-drug activist associations in DP Village. The following is a quote from the FGD results with DP village officials related to the general condition of the community.

*"Therefore, we expect from Satlinmas, Head of RT, and Head of Village because by chance in ***** itself there are many boarding houses. Then there are many people who live alone from outsiders. Therefore, we must be aware. Then we urge if there are dealers or users and so on, please make a report immediately and certainly do not act alone. We are cooperating with the police, the Sector Police, in their field of expertise. Then all levels of society can still tell each other that drugs are not homework or enemies of the Army or police. But this is also an*

enemy and homework of all layers of the society because this is very dangerous for the future of the nation, especially the next generation. So that's what we have been doing, the point is that every time we are anywhere, in villages, at schools, anywhere, we say things like that. "

DP Village, located in the capital city of Magelang Regency, is a quite busy crossing area because it connects various major cities in Central Java Province, including Temanggung Regency, Semarang Regency, Boyolali Regency, Purworejo Regency, Wonosobo Regency, and Magelang City and Special Region of Yogyakarta Province.

b. Natural Resources Condition in Regency and Village

The natural resources in regencies and villages are not much different from other regencies, which are dominated by rice, tobacco and secondary crops. The potential of the agricultural sector has begun to decline due to the shifting of functions from agricultural lands to non-agricultural lands. The surrounding economic conditions (trade center, shops, entertainment, automotive factory (car assembly) make many teenagers become less interested in working on agricultural land. This is also a concern for the older generation of farmers. Here are some quotes from FGD results with selected village officials and family representatives related to the lack of interest of young people to work in agriculture.

"The problem is the lack of economic support for school fee, so free school fee is very rare. So elementary, junior high, senior high school, that's it... then work, at factories, building construction, workshop, any jobs."

"... now the difficulty for rice farmers is planting problems, because no one wants their children to become farmers. Their ideals are to become doctors, soldiers, like that. I really want to, the land in my place is fertile Sir, if given a large transplanter tool, we are not capable Sir. Now the government can help farmers by giving manual tools, it's like what I saw on Youtube in Vietnam, the women do it, now in Indonesia is in Yogya ... "

This is consistent with research data that shows that the percentage of respondents working as farmers in the two villages is only 4.5 percent, meaning that only a small number works by utilizing the existing natural resources.

c. Economic Resources Condition in Regency and Village

The economic resources in Magelang Regency is widely supported by the trade and entertainment sectors. Meanwhile, at the village level, the economic conditions are in accordance with the potential of the village such as agriculture, home industry, and trade.

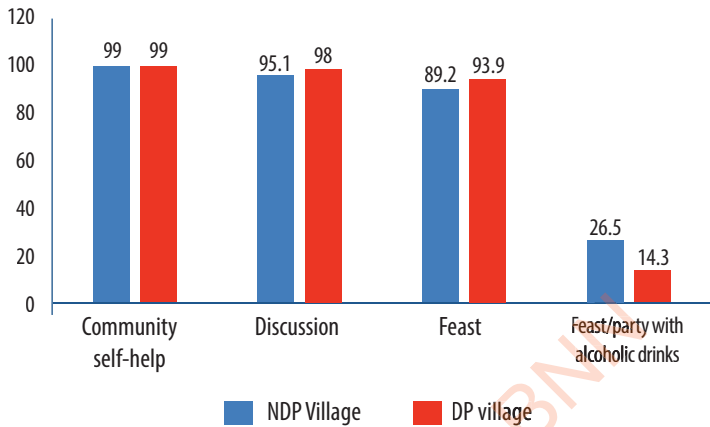
The economic resources in NDP Village level is hotels, home industry, agricultural product trade, restaurants/traditional food stall (*angkringan*), and services (boarding houses, entertainment places/karaoke, fishing places). Other economic facilities are supermarkets and merchants. The NDP village also acts as a crossing track for the tourist destinations of Mendut and Borobudur temples so that it is quite crowded with visitors from outside the region such as Solo, Yogyakarta, Banyumas, Purworejo, and surrounding areas. From the financial aspect, based on the data, it is known that the average monthly family expenditure is Rp 1,763,235.

The economic resources at DP Village level is Armada Town Square Mall/Artos, trade, warehousing (Nestle), banking, and services (boarding houses, entertainment venues, hotels, and karaoke). Other economic facilities are supermarkets and souvenir centers. From the financial aspect, based on the data, it is known that the average monthly family expenditure for DP Village is higher than NDP Village, amounting Rp. 2,112,755, -

d. Aspect of Culture/Tradition on Social and Drugs Issue in Regency and Village Level

The culture of inter-social cooperation between agencies is quite conducive. Some cases of drug abuse are found in the children of famous people to ordinary people. The atmosphere of community self-help at the village level is still good. In addition, there is a culture of “Jathilan” or a kind of lumping horse in the community, which is highlighted in the art of the habit of mixing alcohol (oplosan) in “kettles” or containers for consumption

with the aim that those who drink would forget their memories (often referred to as “ ndadi “by the community). The following is data about traditions/culture in DP and NDP villages based on information from respondents.



Picture 7.2. Percentage of Tradition/Culture in the Village

Based on data from research results in NDP Village related to village traditions/culture, it is known that 99.0 percent of respondents said that there was a community self-help tradition/culture, 95.1 percent of respondents said there was a tradition/culture of consultation, 89.2 percent of respondents said there was a tradition/folk party culture, and 26.5 percent of respondents said there was a party tradition/culture/celebration with alcoholic drinks.

While the research data in DP Village is related to village traditions/culture, it is known that 99.0 percent of respondents stated that there is a mutual cooperation tradition/culture, 98.0 percent of respondents said there was a tradition/culture of consultation, 93.9 percent of respondents said there was a tradition/folk party culture, and 14.3 percent of respondents said there was a tradition/party culture/celebration with alcoholic drinks.

e. The Availability of Medical and Social Facility in Regency and Village Level

Medical facilities at the regency level include hospitals, maternity

hospitals, public health center, supporting public health centers, polyclinics/clinics, doctor's practices, midwife's practices, village health center, pharmacies, drug store/herbal store, and general stores that provide medication of basic health services. In addition, there are also rehabilitation facilities in Magelang Regency, including Magelang Regency Narcotics Board clinic (newly established in April 2019), Dr. Soerojo Pscychiatric Hospital Magelang, and the social house "Antasena" as a rehabilitation service for sufferers of social and drug problems.

The medical and social facilities in NDP village in general include places of worship (mosques and mushola), educational facilities (senior high schools and vocational high schools), drug stores and health laboratories. The medical and social facilities in DP Village include educational facilities (senior high schools), drug stores/pharmacies, and places of worship (mosques and mushola).

f. The Availability of Budget and Corporate Social Responsibility (CSR) in Regency and Village Level

Despite that there are many companies and business areas, CSR is not yet running. There has not been any utilization of Village Budget in NDP and DP Village to support P4GN programs/activities.

7.3. GENERAL DESCRIPTION OF SOCIAL ISSUE

Magelang Regency with the development of Mertoyudan Sub-district has become a stopover or entertainment center for the surrounding areas including Solo, Yogyakarta and Purworejo. Malls, hotels and karaoke have even spread to rural areas. As an agricultural area and a crossing area between cities and between provinces as well as the number of migrants who work in the field of automotive factory and home industry have made Mertoyudan Sub-district to experience rapid progress. The crossing areas such as Secang, Muntilan, and Magelang are vulnerable to the threat of drug distribution. The threat of drug distribution is also influenced by the number of boarding houses/inns which are generally inhabited by non-local residents/migrants from outside the area. This makes some of the local population to be influenced by drug abuse. The impact of drug abuse involves elementary

school, junior high, senior high school students, as well as educated or not educated adults. This is in accordance with the quotation of the results of interviews with the Head of DP Village as follows.

“Actually, for natives, it is not easy to be affected, but here are many migrants who ... in the sense of there are a lot of night activities ... Finally, they are influenced ... , As abusers or dealers, we do not know for sure, they are involved with drugs for sure. And again, night entertainment is just new, popping up starting several years ago. “

Based on collected data of social issues, the result is as follow.

Table 7.5. Distribution of Number and Percentage of Social Issue in the Village (n=200)

Social Issue	Village Classification			
	DP		NDP	
	n	%	n	%
Alcoholic drink	26	26.5	9	8.8
Brawl	5	5.1	7	6.9
Gambling	6	6.1	0	0.0
Prostitution	5	5.1	0	0.0
Drugs	4	4.1	1	1.0
Theft	18	18.4	56	54.9

The results of the research show that the social issue in Magelang Regency which is considered by the community to be the most common in DP Village is alcoholic drink. The number of respondents who provided information about alcoholic drinks was 26.5 percent. This is consistent with the results of interviews with key informants in DP Village which provided information that the social issues that were alarming the community in the village were the presence of drunks, gamblers, and drug abuse. Many of the perpetrators of these cases were migrants from outside the region. The informant stated that there had been a drug case but the perpetrator was not rehabilitated because

he was also involved in a murder case. The high number of nightclubs and migrant residents (teenage women) who become song guides (PL) are some of the factors that make DP Village very vulnerable to alcohol/drug abuse.

Meanwhile, the social issue that is considered mostly occurred by people in NDP Village is theft. The number of respondents who provided information about the theft was 54.9 percent. Based on the results of interviews with key informant in NDP Village, it is known that the social problems that exist in NDP Village include alcohol problems among adolescents, environment (waste), pregnancy outside marriage (age under 20 years), theft, and brawl. However, currently the problem has been reduced. Social integration and village control of community behavior are very good and there is a gradual guidance system. The coordination of the village together with its official (through the hamlet, RW and RT), Babinsa and other community elements has been going well. In addition, there are also sports and arts gathering that can be used as a venue to fortify rural communities from the threat of drugs. Over the past few years, there have been no cases of drug abuse in NDP Village. However, the public is advised to remain aware of the threat of drugs.

7.4. COMMUNITY REACTION TOWARD DRUG ABUSE

In general, informants have responded to social conditions in accordance with their respective fields. Drug-related problems are handled by Magelang Regency Narcotics Board, Police, Judges, and Prosecutors. Based on research data in DP Village, it is known that 100% of respondents stated their disagreement toward drug abuse in their neighborhood. Meanwhile, based on data from research results in NDP Village, it is known that 99 percent of respondents also stated the disagreement

In general, people oppose the problem of drugs. When adolescents or the community become drug addicts, most parents or the public in general do not have the courage to reprimand drug abusers because it is very risky (the drug abusers are feared to act unintended things if there is a disturbance in the group/ to their friend, in this case the drug abuse group). In addition, villages generally do not yet have regulations that

govern/prohibit drug abuse. The habit of hanging out among teenagers after school and in evening, especially on weekends also raises the concerns of parents who have teenagers.

7.5. P4GN EFFORTS

a. P4GN Efforts in Regency and Village Level

The Integrated Assessment Team (IAT) of Magelang Regency has been established but it has not done a lot of integrated activities. IAT is a team whose members are a combination of medical elements (doctors and psychologists) and legal elements (police, prosecutors, National Narcotics Board, and the Ministry of Law and Human Rights/correctional institution). Through IAT, the fate of a suspect in a drug case is identified and it will result in recommendation whether the suspect is a pure abuser or a dealer.

One of the potentials of the local village to support P4GN program is the Village Health Forum. Through the village health forum, the socialization of preparation on *Desa Bersinar* (Drug Free Village) program includes several activities such as facilitation of village anti-drug activist and volunteer programs, planning of rehabilitation activities, and preparation of recovery agents (medical and social). Anti-drug activists or volunteers have not conducted activities because the appointed drug activist volunteers are members of the Village Consultative Body. At the time of the research, there was a preparation period for the election of the village head so that the person concerned had not yet had time to arrange the programs and activities.

Socialization and information related to drug prevention and eradication from Magelang Regency Narcotics Board are routinely provided through various activities such as village/hamlet meetings, integrated service post for under 5 years children (posyandu), *dasa wisma*, Youth Family Development, and Youth Organization. The results showed that the percentage of respondents in two villages who said they had seen/heard information about the danger of drugs through face-to-face media such as socialization, seminars, and counseling were almost the same, namely 34.0% in drug-prone village and 33.3% in non drug prone village.

b. Drug Abuse Rehabilitation

The social and medical rehabilitation are carried out by the authorities. Before entering into a rehabilitation, a drug abuser client must report at the compulsory report recipient institution (IPWL). Furthermore, the client will get an assessment to determine the level of dependence of the substance while checking the physical, psychological and social condition. Related to medical rehabilitation, National Narcotics Board is collaborating with Prof. Dr. Soerojo Mental Hospital Magelang. Whereas social rehabilitation is carried out in collaboration with a foundation.

Public knowledge of the rehabilitation program is also important to know. The following is the percentage of people in Mertoyudan Sub-district, Magelang Regency who have seen/heard information about rehabilitation and rehabilitation place.

Table 7.6. Distribution of Number and Percentage of Respondent's Experience in Seeing/Hearing Information on the Danger of Drugs (n=200)

Type of Information	Village Classification			
	DP		NDP	
	n	%	n	%
Drug addiction rehabilitation (recovery)	70	72.2	62	64.6
Drug rehabilitation location	32	33.0	28	29.2

The results showed that of the total respondents in DP Village who said to had seen/heard information about the danger of drugs, 72.2 percent of them obtained information about rehabilitation and 33.0 percent of them obtained information about drug rehabilitation locations. Meanwhile, from all respondents in NDP Village who said to had seen/heard information about the danger of drugs, 64.6 percent of them obtained information about rehabilitation and 29.2 percent of whom obtained information about drug rehabilitation locations.

c. Involvement of Village Official, Community Leader and Other Parties

Village official are tieredly responsible for efforts to prevent and eradicate drug abuse and illicit trafficking. Cooperation between village official and LPM to support P4GN program is also very good.

The village government is open and supports The government's efforts (Magelang Regency Narcotics Board) in the program. In addition, there is also cooperation in P4GN efforts conducted with Babinsa, Bhabinkamtibmas, Aisyiah Hospital Clinic, Borobudur Betesda Clinic, and Antasena Foundation. BPD involvement in anti-drug volunteer programs/activities (as members of anti-drug volunteers) has just been formed but it has not been active in conducting activities

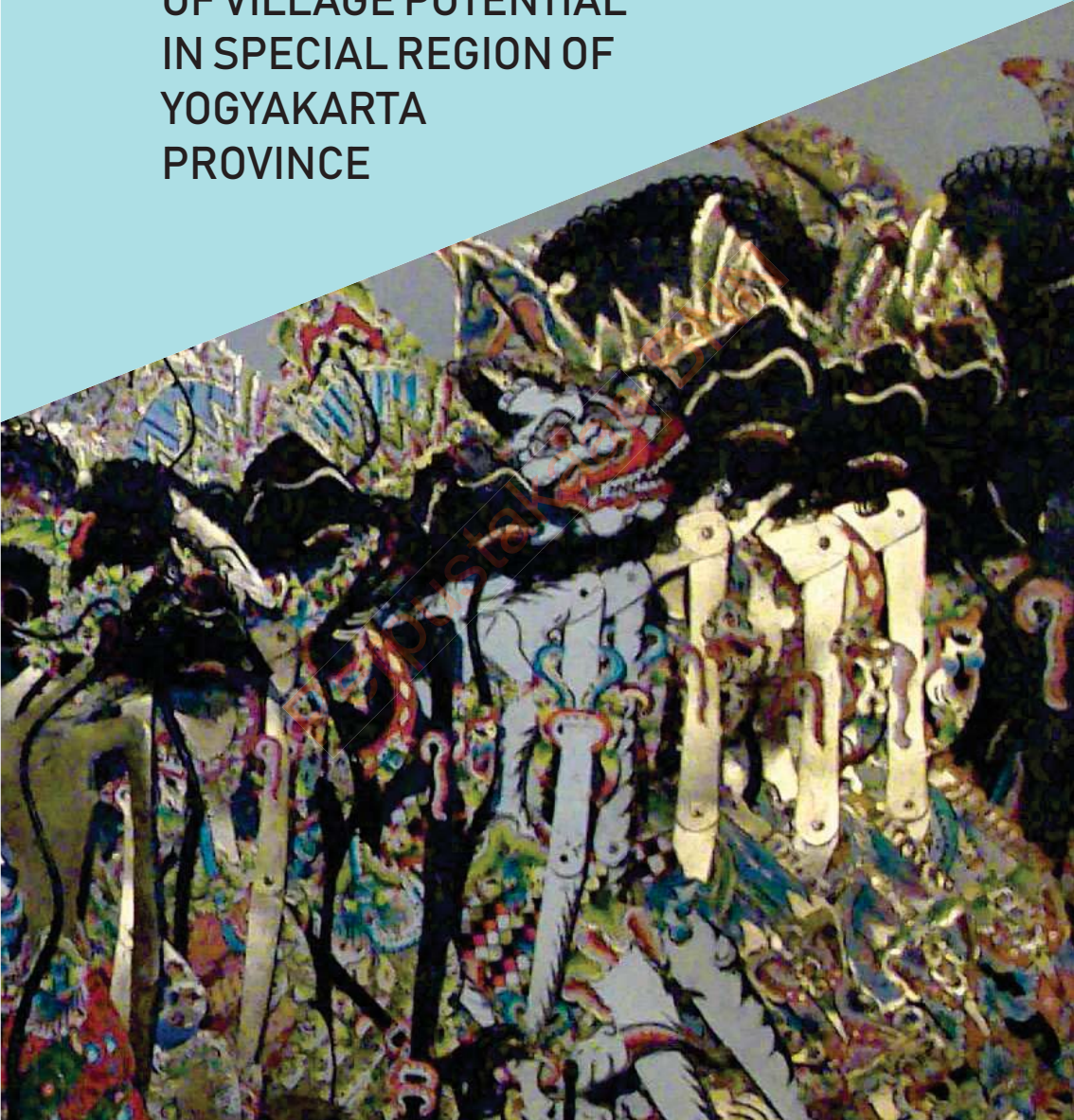
d. Institutional Efforts in the Field of Policy, Facility and P4GN Supporting Activity

Magelang Police Narcotics Unit was appointed as a member of the IAT but it had not carried out the activity because it was not yet active (newly formed). PPKB PPPA Social Affairs Office Magelang Regency does not yet have a policy or regulation that specifically regulates drug problems, and efforts that have been made so far are joint coordination across sectors, especially National Narcotics Board and KPAI. Magelang Regency Health Office also supports P4GN by carrying out activities in the form of advocacy, providing information through billboards and banners about P4GN in strategic areas (Borobudur, Mendut Temple, and downtown), as well as empowering and forming anti-drug volunteer agents. In general, policies, facilities and activities that support P4GN from agencies are still limited.

VIII



GENERAL DESCRIPTION OF VILLAGE POTENTIAL IN SPECIAL REGION OF YOGYAKARTA PROVINCE



Cagak Shadow Puppet, Special Region of Yogyakarta



VIII

GENERAL DESCRIPTION OF VILLAGE POTENTIAL IN SPECIAL REGION OF YOGYAKARTA PROVINCE

8.1. PROFILE AND CHARACTERISTICS OF RESEARCH LOCATION

Village Potential Research Location in Supporting P4GN Program in the Special Region of Yogyakarta Province is in Mlati Sub-district, Sleman Regency. At Mlati Sub-district level, Village E as DP Village and Village F as NDP Village were selected.

Sleman is one of the regencies in the Special Province of Yogyakarta, Indonesia. The capital of this regency is Sleman. The region of Sleman Regency in the north is bordered with Boyolali Regency, Central Java Province. In the east, it is bordered with Klaten Regency, Central Java Province. In the west. It is in border with Kulon Progo Regency.

Based on the characteristics of resources, Sleman Regency is divided into 4 regions, namely:

- a. The slopes of Mount Merapi, which starts from the road that connects the cities of Tempel, Turi, Pakem, and Cangkringan to the top of Mount Merapi. This region is rich in water resources and tourism potential that is oriented to the activities of Mount Merapi and its ecosystem.
- b. The eastern region includes Prambanan, Kalasan and Berbah Sub-

districts. This region is a place of ancient relics (temples) so that it is used as a center for cultural tourism. This area is a dry land area and a source of white stone material.

- c. The middle region is the urban agglomeration area of Yogyakarta which includes Mlati, Sleman, Ngaglik, Ngemplak, Depok, and Gamping Sub-districts. This region is growing rapidly, and is a center of education, industry, commerce and services.
- d. The western region includes Godean, Minggir, Seyegan, and Moyudan Sub-districts, which is a wetland agriculture area and produce raw materials for handicraft industry activities (<http://e-journal.uajy.ac.id/6200/4/TA313451.pdf>).

8.2. VILLAGE POTENTIAL IN REGENCY AND VILLAGE LEVEL

a. Non-Drug Prone Village

• Condition and Role of Human Resources in Regency and Village Level

In general, human resources are sufficient. Many village official have participated in ToT training for narcotics prevention programs both conducted by Provincial Narcotics Board/Regency Narcotics Board and other agencies such as the Social Affairs Office and P3AP2KB Office (Women's Empowerment and Child Protection, Population Control and Family Planning). The activity was considered effective so that village official could implement P4GN Program by inviting local communities.

Based on the results of the FGD with village official, it is illustrated that the village area which is a border area with urban areas has many migrants occupying boarding houses. The status of boarding house inhabitants are workers and students. Sleman Regency area has many tertiary institutions besides Gadjah Mada University, so many houses are used as boarding houses. In addition, in that area there have been many hotels, malls and entertainment venues such as cafes and karaoke. Thus, many employees occupy boarding houses.

• Natural Resources Condition in Regency and Village

Natural resources are currently adequate and sufficient for the community, especially in NDP Village, such as irrigation. Even though

during the dry season, the needs are still fulfilled. As quoted from the results of interviews with the Head of NDP Village as follows.

"... So then, if the water problem is like this, it is really difficult, actually from the Department of Agriculture, it often gives aid in the form of pumps as wells, but yes, in the time like this..it is stil lack."

Based on the results of interviews and FGDs, it is known that natural resources have no constraints because people's livelihoods have now shifted. They are no longer working as farmers who are strongly influenced by natural resources. Even electricity in Sleman Regency in general is very adequate. Based on the information obtained, there was never a blackout.

- **Economic Resources Condition in Regency and Village**

In general, Sleman Regency which is in border with urban areas has shifted to become urban communities. Therefore, many migrant communities occupy the area with middle to upper income. Informants from the Social Affairs Office of Sleman Regency said that the people of Sleman Regency in general are not poor.

"From the economic side, it does not belong to the poor sub-district families. The poor are in Seyegan and Prambanan Sub-districts. They ... their generation, the younger generation, including their families ... are in middle to upper class. The development is quite rapid because there are many places ... maybe there are a lot of migrants, luxury homes, housing and shops"

Meanwhile, the economic resources in NDP village show that many parents work (their mothers also work). Thus, from an economic standpoint, it is good. However, for the pattern of parenting, their children become the responsibility of their grandmother and grandfather, as quoted from the results of interviews with the Head of NDP Village as follows

"In the past, these children were supervised by the mother. Now the one who is watching over them is their grandmother or their maid, so that the responsibility for the education is not the same as their parents."

- **The Aspect of Culture/Tradition Toward Social and Drug Issue in Regency and Village Level**

As for the social issues that are currently occurring in general, there are many children who drop out of school and also the era of digitalization which is increasing among children. In general, there is no deviant community culture, but many people consume alcoholic drinks.

In general, the culture rejects drugs and the public has good concern. There are still some villages that are prone to drug abuse because there are many entertainment places. Most people can work together with village officials.

- **The Availability of Medical and Social Facility in Regency and Village Level**

Specifically for rehabilitation, according to informants from the Social Affairs Office of Sleman Regency, there are no facilities.

"... there isn't any in the village for this place yet. There isn't any from the Social Affairs Office. We used to join in DIY, formerly owned by Parwadi Putra, now it is used for elderly homes ... "

Based on information from the Social Affairs Office, there is a rehabilitation and consultation center for narcotics, namely RPM.

"... RPM to consult with the community. Of course it is hoped, at that time we had once, out of this contex, formed RPM in several villages ..."

"... The RPM for sub-districts is one of the elements of Babin andthe Public Security and Order. That is what is called in Catur Tunggal and Maguwarjo. In fact there is a RPM like in Catur.. there is a name, there is a building like that. Task Force Managers are also accompanied by village official and the Police ... "

Therefore, the RPM can help the community to consult drug issues.

Regarding the location and consultation for social rehabilitation in P3AP2KB office area, there are report areas for street children and drug problems. Whereas medical rehabilitation, report place, consultation, and recovery place for victims of drug abuse, some informants said that it can be done at the community health center because there are currently psychologists there. The Head of NDP Village conveyed the following information.

“... there is a Community Health Center that provides guidance from the public health side. Yes there is also a psychologist there ...”

The social facilities in Sleman Regency are Islamic boarding schools which can also treat victims of drug abuse. In NDP Village, there is a therapist doctor whose expertise is not yet known to deal with drug abusers or not, but the doctor can perform therapy. In addition, there is Hidayatus Islamic Boarding School Sholihin (cooperation with National Narcotics Board) which has the potential to become a place to recover victims of drug addicts because so far there have been many clients who do therapy there even with funds that are considered expensive by the local community.

- **The Availability of Budget or Corporate Social Responsibility (CSR) in Regency and Village Level**

Specifically, funding for P4GN is not yet available. According to an informant from the Ministry of Social Affairs, local government leaders at the regency level have obliged that drug issues be included in the Village Budget. This is proven by the establishment of the Anti-Drug Task Force with the support from the Village budget

“... Indeed, we have meetings with villages seven times every year . Every two months we meet. We make emphasize. Because when the Regent delivered that the Office and Regional Government could not provide assistance because the Social Affairs Agency was not allowed except for poverty alleviation. Then, the head of village... sub-district... sub-district urges

the village head. Because there is a Minister of Home Affairs Regulation or Presidential Instruction that requires prevention at the provincial, regency, sub-district and village level. We have also conveyed the Minister of Home Affairs Regulation. There is Mr. Gun for the Task Force. Later after there is the Task Force, there are management but it does not work. Because of the obstacles, so please if you are ready, the Task Force in the future, it will be included in the Village Budget to support the establishment of the Drug Task Force. "

The results of interviews with the Head of NDP Village showed that the village budgeting and village funds were arranged based on the priority scale of activities in the village.

"... So the village fund, we have been here a few months ago. I went with LPMD down to the countryside. We are finding out anything proposed, not only physical but non-physical needs. Finally, after being summarized and then taken, we invited the institutions on that side and not yet received letters from there. Well then it merged and finally became priorities. Now after the priorities have been approved by BPD in the first session, we will socialize it to the community"

At the time of this research, P4GN activities had not yet been budgeted because the village administration assumed that there was no need of budgeting for the prevention of the danger of drugs in his village. But in some activities in the village related to the prevention of the danger of drugs, there is a budget from the village despite that it was only providing a place of activity and the provision of snacks and there is never a budget for resource persons. Related to CSR funds, in Sleman Regency there are already several companies that provide CSR for the community. But its use is not yet known for drug problems or not.

b. Drug Prone Village

• The Condition and Role of Human Resources in Regency and Village Level

Human resources, especially in drug-prone areas as well as areas

with rapid economic growth, the central government, especially Babinsa and Bhabinkamtibmas, have increased in number from 1 (one) to 2 (two) people given the growing population. The village government official and the Head of the Government Section are as the right hand of law enforcement officers in the context of fostering security at the village level. Village institutions such as Linmas also continue the role of the Head of Government Section at the hamlet level, assisted by the Head of Hamlet and the local RT and RW as a command in their respective regional units.

- **Natural Resources Condition in Regency and Village**

Natural resources in DP Village underwent a drastic social change because since 2012 there has been a large mall and higher education institutions that are increasing in number. Thus, currently there is only 30 percent of the paddy field that can be planted with agricultural crops. Similarly, natural resources in regency that follow developments in the village, the increasing number of malls as well as changes and increased economic growth resulted in the increasing community income so that people's purchasing power is better. This growing economy also causes people to access more things, especially trying drugs. For urban border areas in DP Village, economic resources is already well-established. Almost all residents work, and many boarding houses are occupied by workers and students.

- **The Aspect of Culture/Tradition Related to Social and Drug Issue in Regency and Village Level**

At present, access to the digital world is increasingly widespread and massive since many facilities are provided by the village government such as free internet that is available for 24 hours near the village office. The supervision of the use of the internet is deemed insufficient to minimize and find out early about what is accessed

- **The Availability of Medical and Social Facility in Regency and Village Level**

After the inauguration of Regency Narcotics Board clinic in Sleman, the facilities have become more complete, especially for referrals in countermeasuring the drug addiction. Medical facilities can be easily accessed by victims of drug abuse or other communities.

Access to medical facilities, especially victims of drugs, still raises the pros and cons related to the Health Office's policy and the law enforcement officials' policy. Victims of drug abuse feel reluctant to go to medical facilities as they fear that their data will leak to law enforcement officials.

The Health Office wants drug victims to be immediately rehabilitated, while law enforcement officials try to arrest them or eradicate drugs abuse. These are two different sides of interest that must be communicated

- **The Availability of Budget or Corporate Social Responsibility (CSR) in Regency and Village Level**

Based on the recognition of the Village Head and anti-drug volunteers, there has not been any utilization of CSR funds in the village. This is consistent with the following interview results with anti-drug informants.

".. I don't have it yet, because it's like this, I'm also experiencing it, I'm speaking with the Head of hamlet, the Head of Kali Tirto hamlet has a cigar cigarette factory, I told him to get closer so that there is a CSR, but the answer is he is not interested in drugs issue, But if with the issue of orphan, mosque, that's fine, it's already a priori, just let it be, This is the difficulty... While it's cigarettes, at least it makes an approach...it is difficult, at least there are ... there are companies. ... people's sovereignty, it is difficult to ask for help ... for example in telkom, there is 2.5% of funds for that, but if we ask for it, it is difficult .. because of what? People' appropri with drugs because of what? He already knows it is prohibit things, but why he use it.. except for orphans, mosques, or old people..they give it. That is our difficulty, including me, noone wants, then do it independently is the last option."

However, CSR has the opportunity to be used as funding related to drug countermeasure. In this case, central government intervention is needed because the company is more comfortable if the funds are used for other social activities.

8.3. GENERAL DESCRIPTION OF SOCIAL ISSUE

a. General Description of Social Issue in Regency Level and Control in Regency Level Toward Social Issue

In general, social issues faced by people in Sleman Regency are as follows:

- 1) Problems of street children (school dropouts) and alcoholic drinks;
- 2) People with AIDS;
- 3) Drug problems;
- 4) Smoking (for school children);
- 5) Fight and the existence of *angkringan* (traditional food stall); and
- 6) Several homestays rented to children freely.

The community control in social issues include:

- 1) Maintaining communication with children (parenting and family supervision);
- 2) It is better to enforce an attitude by reporting and collecting Identity Card for migrants;
- 3) More counseling in each RT (Neighborhood);
- 4) Society must be sensitive in seeing strange things, tighter supervision in places where children hang out (such as day care for motorbikes, *angkringan*, etc.);
- 5) Communities coordinate with Bhabinkamtibmas, youth clubs, PKK and LPMD; and
- 6) Religious harmony.

b. Informant's Attitude towards Social Issue in Regency Level

- 1) The attitude, behavior and reaction of the people to drug abuse is to reject and there is no omission.
- 2) When drug abuse occurs, they will report to the village through Bhabinkamtibmas or to the Section Head of Government.
- 3) The behavior of the former addict is not an issue as long as it is not repeated..

c. Attitude and Behaviour Toward the Danger of Drugs and The Community Resilient Condition Toward Drugs

- 1) The attitude of the community towards drug abuse is refusing. Their

reaction to drug abuse is to seek information about the danger of drugs and the impact of drugs from volunteers, so they know and stay away from drugs. The results of interviews with anti-drug volunteers stated that the person concerned and their outreachers in Sleman Regency refuse drug abuse. This is consistent with the information of the informant that:

“Refuse mam. Not even the danger of drugs. To the community, the motorcycle driven slowly means you already know. Drugs are dangerous “

2) In general, people care about drug abuse.

Table 8.1. Percentage Distribution of Community Report Center In the Event of Drug Abuse in Special Region of Yogyakarta Province (n=220)

Report Center	Village Classification	
	DP	NDP
Community leaders	51.6	48.4
Religious leaders	32.8	67.2
Head of village	50.5	49.5
Head of Neighborhood/Community Association (RT/RW)	49.7	50.3
Village Official (Carik, Kaur/Village administrators)	64.6	35.4
Babinsa	72.4	27.6
Bhabinkamtibmas	63.6	36.4
National Narcotics Board Call center	54.5	45.5
Police	47.8	52.2

Based on Table 8.1, it can be seen that the attitude of the community in DP Village when drug abuse occurs, they said they would report to a trusted party. Based on the data above, it is known that the community will report to Babinsa, amounting 72 percent, followed by village officials amounting 64 percent, and Bhabinkamtibmas amounting 63 percent. For the community in NDP village, party that is mostly chosen to be visited to report is community leaders amounting 67 percent, followed by the police amounting 52 percent, and the head of RT amounting 50 percent. Basically, almost all people have concerns about drug abuse.

- 3) In terms of resistance to the drug problem, all components must synergize, namely village officials, hamlet, RW, RT, and religious leaders, so that the village will be safe from drug abuse. Based on the interview with anti-drug volunteers, apparently people have known that drugs are dangerous but they are still permissive or the prevention is not strong, as quoted in the results of the following interview.

"... Oh, it's not strong yet, ma'am. It means that, the prevention is not yet strong. They know the danger of drugs. They already understand the danger of drugs, ma'am "

8.4. COMMUNITY REACTION TOWARD DRUG ABUSE

In the FGD with DP Village official, participants from Bhabinkamtibmas stated that

"... Then I also conveyed that in an official way, ma'am, there should be a meeting in RT, RW and then a community figure, but in the community, currently the one that is able to relate to drugs is may be the community ... as a foundation, as a focus, then later In the sidelines of the meeting please propose socialization about anti drugs. "

Based on this information, it is implied that the community basically reacts to the occurrence of drug abuse. Some informants argued that the community was looking for solutions through awareness about the impacts or consequences of drug abuse and deepening religious principles. Several other informants said that the community should find out the identity of newcomers.

8.5. P4GN EFFORT

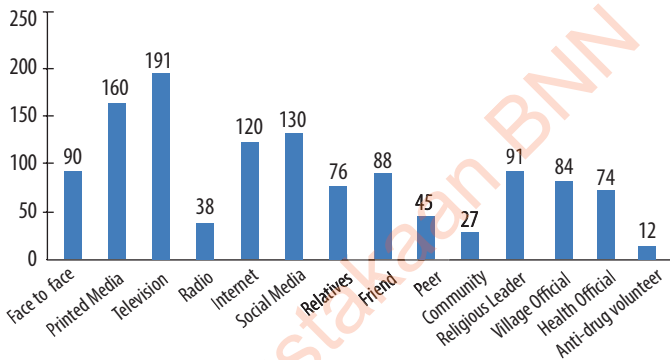
a. P4GN Effort in Regency and Village Level

Efforts to prevent and empower drug communities are good enough to be carried out in several villages in Sleman Regency. Some villages have formed Anti-drug Task Force. Efforts to prevent and empower other communities have been carried out in several villages through the activities

of the Office for the Empowerment of Women and Child Protection in Population and Family Planning (P3AP2KB) which are always followed by enthusiasm by village officials. P3AP2KB community empowerment has carried out several activities including:

- 1) Orientation on Drug Management, SCDs, and HIV/AIDS
- 2) Facilitating the Establishment of HIV/AIDS Awareness Villages
- 3) Facilitation of Drugs, SCD and HIV/AIDS Counseling

In the quantitative data, it appears that respondents are interested in socializing the danger of drugs. The information on the danger of drugs were obtained from various media.



Picture 8.1. Source Media of Information on the Danger of Drugs in Special Region of Yogyakarta Province

Picture 8.1 shows that television and social media are recognized media that are widely used to obtain information on the danger of drugs. Other community prevention and empowerment activities are also often conducted, such as competitions about knowledge of the danger of drugs. The activity carried out by one of the anti-drug volunteers is trying to move the community to do drug prevention through forums in mosques and social gatherings, both ladies and gentlemen. In addition, the danger of drugs was also conveyed to school students at every opportunity for ceremonies and meetings with teachers.

b. Drug Abuse Rehabilitation

Regarding the rehabilitation program, the community already knew Community Health Center as a reference for addicts and this was conveyed to residents and students for knowledge of the impacts of drug abuse. This is in line with the results of an interview with one of the doctors at Mlati Community Health Center.

"... In the context, National Narcotics Board for non-users but in rehabilitation, sir, in the sub-district we also say that Community Health Center I was appointed as rehabilitation center, if anyone finds any drug abuse, it can be sent directly to Community Health Center."

c. The Involvement of Village Official, Community Leader and Other Parties

Based on the results of the FGD in DP and NDP villages, it can be concluded that some stakeholders are very competent in the implementation of P4GN, including through village officials namely village institutions consisting of the Village Head, Head of Services, Head of RT, Head of RW, Hamlet, Police, Dasa Wisma, mobilizing team PKK, and LPMD

In addition, the results of interviews and FGDs informed that Youth Organization can be empowered in preventing the danger of drugs, because Youth Organization in DP Village has progressed rapidly in its activities. The PKK activities can also be empowered, specifically targeting parents. This was quoted from DP Village FGD.

"... In my opinion, ma'am, in this case there is a lot for Youth Organization, representatives of each village must be available. Each of these villages will later gather in a sense to confirm to the village Youth Organization to carry out this program. It can meet more to its function. "

In this case, the public can report in the event of drug abuse and illicit trafficking. In addition, the role of relevant agencies is very necessary for the development of P4GN programs such as National Narcotics Board, Social Affairs Office, Health Office, and so on.

d. Institutional Effort from the Field of Policy, Facility and P4GN Supporting Activity

Specifically, regulations regarding P4GN do not yet exist. Regional regulations are also not final yet. So far, what can be done is only to use Presidential Instruction Number 6 of 2018 regarding the National Action Plan for the Prevention and Eradication of Narcotics and Narcotics Precursors Abuse and Illicit Trafficking in 2018-2019.

The Social Affairs Office also does not have a specific policy to support P4GN, but it can refer to the Governor's Regulation to submit information on the danger of drugs, such as in the results of interviews with the Social Affairs Office.

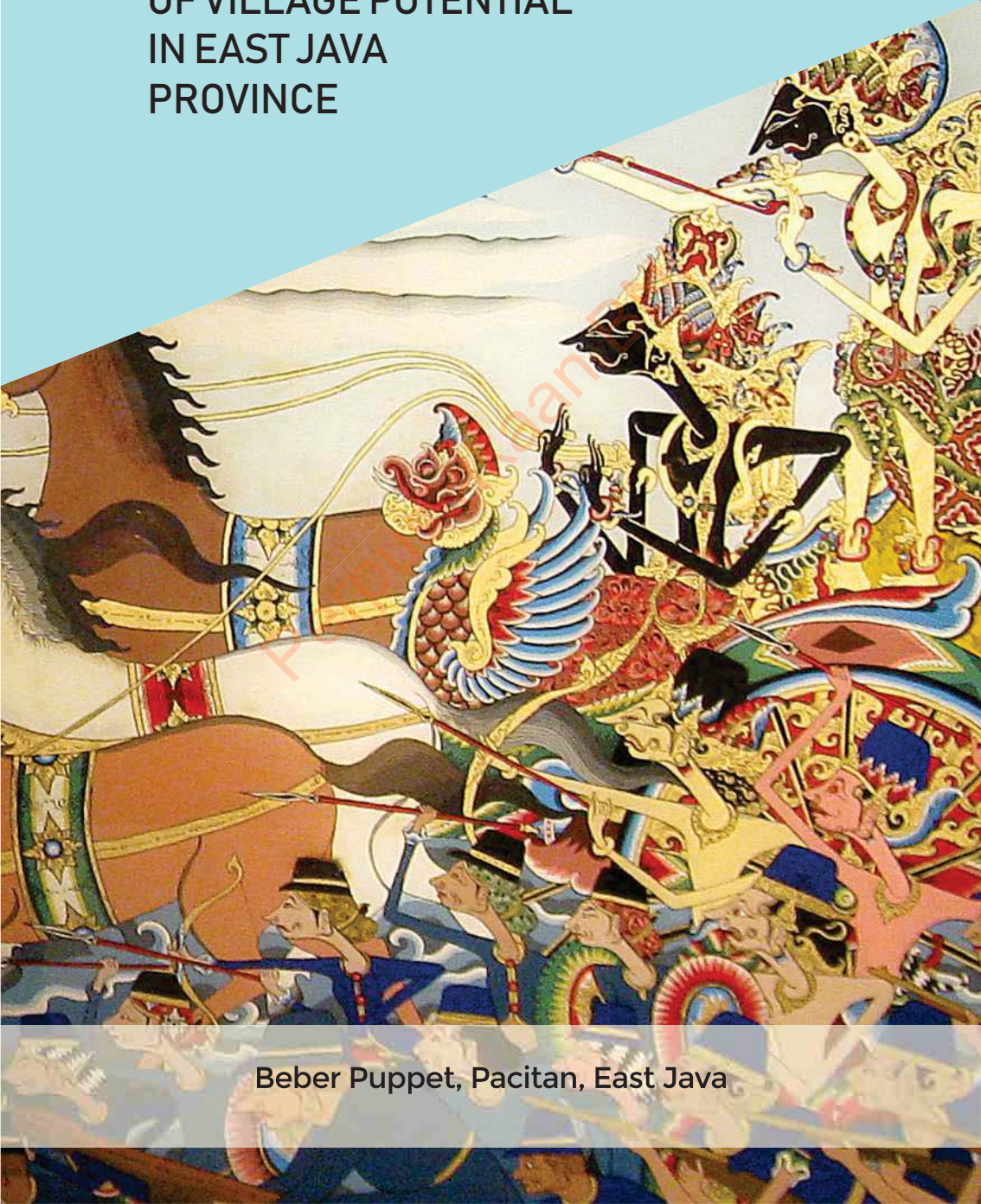
"... Regarding the problem of rehabilitation site, we refer to the Governor's Regulation, Regional Government Regulation Number 1 of 2016 and Number 6 of 2011 which regulate the problem of street children and beggar. Well, Mr. Governor is consistent with the Regional Regulation, they have shelters for street children and homeless/beggars, including psychotic. Street children are separated from homeless/beggars and psychotic children. The shelter's name is RPS Special Rehabilitation Institution for Children. This is indeed set apart. This is a home. The Social Affairs Office is coordinated with the Ministry of Religion, at that time was Mr. Adiputra, on drug problems. There were some visits about the problem of drugs for children. Indeed there are in homes. In the future, this goal is indeed an initiative of the Regional Regulation on the problem of street children and with commitment.

The P3AP2KB Office said that regulations regarding P4GN did not exist, but P4GN activities were left to their respective agencies, as quoted in the following interview.

"... Well, maybe from the regent there isn't yet, sister, but for the Budget Document, each Regional Unit, the regent has ratified it too, for example in the Health Office there is already, there has been socialization, later Kesbangpol will be there, there is also from National Narcotics Board."

IX

GENERAL DESCRIPTION OF VILLAGE POTENTIAL IN EAST JAVA PROVINCE



Beber Puppet, Pacitan, East Java



GENERAL DESCRIPTION OF VILLAGE POTENTIAL IN EAST JAVA PROVINCE

9.1. PROFILE AND CHARACTERISTICS OF RESEARCH LOCATION

Village Potential Research Locations in Supporting P4GN Program in East Java Province is in Ngunut Sub-district, Tulungagung Regency. In Ngunut Sub-district level, Village G, which is a DP village and Village H, which is a NDP village, were then chosen.

a. Profile of Tulungagung Regency



Picture 9.1. Map of Tulungagung Regency

Source : https://id.wikipedia.org/wiki/Daftar_kecamatan_dan_kelurahan_di_Kabupaten_Tulungagung

Tulungagung Regency consists of 19 Sub-districts, 14 urban villages, and 257 villages (out of a total of 666 Sub-districts, 777 urban villages, and 7,724 villages in East Java). In 2017, the population reached 1,098,557 people with an area of 1,055.65 km² and a population distribution of 1,040 people/km².

The boundaries of Tulungagung Regency are as follows:

- North Side : Kediri Regency
- South Side : Indian Ocean
- East Side : Blitar Regency
- West Side : Trenggalek Regency

Tulungagung Regency is located at an altitude of 85 meters above sea level. The northwestern part of Tulungagung Regency is a mountainous area which is part of Wilis-Liman mountains. The middle part is the lowlands, while the southern part is the mountains which are a series of Kidul Mountains. In the northwest of Tulungagung, precisely in Sendang Sub-district, there is Mount Wilis as the highest point in Tulungagung Regency which has an altitude of 2,552 m. In the middle of Tulungagung City, there is Ngrowo River which is a creek of Brantas River and seems to divide Tulungagung City into two parts: north and south. This river is often called Kali Parit Raya from the series of Parit Agung River.

Tulungagung is famous as one of the biggest producers of marble in Indonesia, sourced in the southern part of Tulungagung, especially in the Campurdarat Sub-district which has many marble artisans. Marble assets from Tulungagung have penetrated the international market. In the same area, there are also onyx industries which have marble-like qualities.

In addition to the marble industry, there is also a variety of small and medium-sized industries producing household appliances/ utensils, batik, and convection including embroidery. Some famous batik in Tulungagung including Batik Tulungagung (very minimal), Batik Satriomanah, and so on. In Ngunut sub-district, there are military equipment industries such as backpacks, belts, uniforms, tents, and

snacks such as nuts. In Ngunut Sub-district, there is also a qualified brick and tile industry. Sembung Urban Village is also known as the center of *rambak*/cow skin cracker industry. Whereas in the northern mountains, Sendang Sub-district, there is a dairy cow milk and tea company. The fisheries and brown sugar industry sector in Tulungagung is also well known nationally. One of them is Modjopanggung Sugar Factory in Kauman Sub-district.

b. Drug Prone Village

DP Village is one of the villages in Ngunut Sub-district which has the widest area from other villages, which is $\pm 373 \text{ km}^2$ and is divided into 10 hamlets, 28 RW, and 78 RT. The boundaries of DP village area in the north are bordered by Brantas River. East side is bordered by Gilang Village. South side is bordered by Sumberejo Wetan Village. West side is bordered by Pulosari Village.

Geographically, DP village has a strategic location because the entire area is on flat land and has become an important route in the center of Ngunut Sub-district which has a fairly rapid level of mobility, especially the mobilization of industrial, agricultural and other sources of economic activity. In addition, there are also health facilities such as 14 posyandu and other health services such as health centers, hospitals, and clinics that really help the community in getting health services.

Land development patterns in DP villages are more dominated by industrial activities (manufacturing of belts, military field equipment, etc.), trade, and agriculture. In terms of education, there are also several well known schools, namely SMPN 1 Ngunut, SMPN 3 Ngunut, and several other schools at the elementary level. Furthermore, in DP Village, there are many other public facilities such as train stations, banks, markets, minimarkets, and other public facilities.

Based on Central Bureau of Statistics results, in 2016 the village in Ngunut Sub-district that had the most population was DP villages with 17,193 population consisting of 8,472 men and 8,721 women.

c. Non Drug Prone Village

The NDP village, located in Ngunut Sub-district, Tulungagung Regency, has an administration area of 183,600 ha, consisting of 7 RWs and 18 RTs with diverse livelihoods. Geographically, NDP village is the main route that connects the southern area of Ngunut sub-district to the north. In addition, NDP village is the main route to SMAN 1 Ngunut which happens to be in the village area of NDP.

9.2. VILLAGE POTENTIAL IN REGENCY AND VILLAGE LEVEL

The village head or at least RT/RW supports P4GN program. However, it should be noted that drug crime is different from other crimes. The average public is afraid to report. For example, if it is known who reported, it will become a problem later on. In terms of activities, the village official has been quite positive and there is a budget used to support P4GN. So far, the community has also fairly understood about the danger of drugs.

Several NGOs that have a role in supporting P4GN program include:

- a. The National Movement for Anti-Drug Brawl and Anarchy (Gapenta).
- b. National Anti-Drug Movement (Granat)

The current cooperation with NGO is limited to being invited to give socialization, to provide information if there are drug cases. Whereas community organizations in Tulungagung include Muslimat, Granat, Gapenta, Senkom, LDII, *Pokdarwis*/tourism awareness groups, Banser, Anshor, IPNU, IPPNU, Setia Hati (SH), Teratai, and pagar nusa/pencak silat. Activities carried out by involving mass organizations is counseling on anti-drug to mass organizations throughout Tulungagung.

In addition to community organizations, other forms of cooperation with other parties are also carried out by empowering 3 (three) pillars (village officials, Babinsa and Bhabinkamtibnas). The Family Planning counselors are also involved because they are close to the community so they can send addicts to Regency Narcotics Board. The message delivered to the public is anyone who is exposed to drugs in order to report to Regency Narcotics Board. Anyone who comes to Regency Narcotics

Board will be assisted in the rehabilitation process until the completion and it is free of charge. In addition to being provided with rehabilitation services, victims are also given training and skills by collaborating with the Ministry of Manpower/BLK (Work Training Center). In the case of cooperation with community organization, the role of the Resort Police is limited to being a resource to provide socialization, as well as receive information from community organization if there are cases. Meanwhile, Bhabinkamtibmas is responsible for each village with a total of 1 (one) personnel and a total of 271 personnel for the entire village.

The potential of DP village is that there are many home industries, handicrafts, youth organization, youth activities, and PKK mothers' activities. When there are community activities, they also actively participate. Village officials have been functioning very well. For example, if there is an event in the community, Babinsa and Bhabinkamtibnas conduct surveillance and monitoring to maintain public safety. In addition to the role of community organizations, the role of the community through voluntary donations is also a potential empowerment for DP village communities. This is in accordance with what was conveyed by the informants as follows.

".... So there are voluntary savings, to help disadvantaged people. it's the culture and tradition of the village, sir, what can be the potential in the village ... "

The potential of NDP village is inseparable from the role of the village official which has been quite good. Village official collaboration is carried out through assistance with the Community Empowerment Institute (LPM). The cooperation between village officials and mass organizations is also very good (NU student club, Muslimat, fatayat, annsor, NU congregation).

a. Natural Resources Condition

The condition of natural resources in Tulungagung is quite fertile, because there are a lot of natural resources such as fisheries, beaches and fish farming both in sea and fresh water. Some of the potential beaches include Demak, Popoh Harbor and Gemah Beach. The port and the beach

do not only produce fish, but also play a role as a tourism destination. Meanwhile from the mining aspect, Tulungagung is famous for producing marble (in Campurdarat Sub-district area). While the potential of natural resources from plantations, among others, produce guava, star fruit, oranges, tobacco (Pakel Sub-district), as well as hens and broilers farm.

The natural resources in DP village are a small part of agriculture and plantations.

*"... If ***** is partly, a small part of agriculture, a large part of industry, home industry ... industries of household appliances handicraft from Army-Police equipment. Automatically when people who don't have a business, surely they work in factories ..."*

People who do not own a business will automatically become factory workers because of its industrial activities. The natural resources in NDP villages are quite good, for example from the seasonal agriculture, sugarcane, and starfruit (agriculture and plantations).

b. Economic Resources Condition

From the economic side, Tulungagung Regency is included in the middle economic category, or it is even more advanced than other regions (mostly or 60 percent included in the middle to upper category). Economic rotation is quite good because of the large number of migrant workers (TKI/TKW) that generate foreign exchange for Tulungagung.

To meet the needs of residents in DP village, there are voluntary contributions from RT/RW community. An example of the use of these contributions is to contribute to sick citizens. Some examples of potential economic resources in DP villages are the home industry and craft of household appliances, Army-Police equipment, and luggage.

The economic condition in NDP Village is increasing. Previously, there are 135 poor head of families. Currently, there are only 75 poor head of families which receive the government aids. Children could go to school and after that they could help their parents' economy.

c. The Availability of Medical and Social Facility

The medical and social facilities in Tulungagung are adequate. Regency Narcotics Board provides consultation services and urine test. If there are victims of drug abuse who are caught red-handed, they will be referred to Bhayangkara Hospital. The available rehabilitation centers are Tunas Asih Clinic, Pilot Project/Campurdata/Bangunjaya Community Health Center, Satiti Hospital, Era Medika, Iskak Regional Hospital, and Bhayangkara Hospital which have not been active because they do not have a special room. Hospital requirements that can be used as a rehabilitation site are to have a place of examination, counseling, a place to stay for patients, and can refer patients to Bhayangkara Hospital, Surabaya. For example, the police arrest and the perpetrator is proved to use drugs, then his cell is in Bhayangkara Hospital (under surveillance).

The medical facilities in NDP village include community health center, polindes, posyandu activities, and hospitals. The social facilities in NDP village include several orphanages that take care of orphans. The medical facilities in NDP village include posyandu, posbindu in 6 RW (neighborhood), health services, and counseling.

d. Culture/Tradition

In the community, especially in the village, there is a culture of *tayub* such as *remo* or *tandakan* (Javanese traditional dance). The culture is synonymous with party and alcoholic drinks although now it is rather rarely found in Tulungagung.

The culture or art traditions in DP village are *jaranan* (dancing), *karawitan* (musical), and art studios. While the culture/art in NDP village is *sholawatan* (saying the name of God) with several types of music and rhythm. This activity is usually carried out at the time of circumcision.

e. Village Budget or Corporate Social Responsibility (CSR)

In the village there is no specific budget for P4GN activities. There are 2 (two) sources of funds in the village, namely income from the village itself and funds from the government.

"I do not really understand, whether or not there are funds that can be used for P4GN program activities, because if there is from the government, it is directly allocated for infrastructure ..."

Related to Village Fund Budget (ADD) or CSR in DP village, the acceptable budget is the government ADD which has regulations related to its use, namely for education, infrastructure, empowerment, training, health.

From the total 100 percent of ADD DP, some are used for community empowerment amounting to 10 percent. The examples of community empowerment activities include supporting business training for snacks processing, raising fish, and raising catfish. Every year, there are some people who get funds (approximately 60 to 70 people) by taking turns according to their needs.

The availability of the budget in NDP village is sufficient because with the Village Budget, it can improve the welfare of the citizens. In addition, there are residents who voluntarily give money which is worth more than 60 million to people who are less able (elderly, poor, unemployed) once a year. Community fund management is carried out by the community.

f. Social Community Condition

Tulungagung people belong to Mataraman culture group (still having a strong influence from the culture of Mataram Kingdom). When you look at the customs, people in Mataram region are similar to people in Central Java region, especially Yogyakarta and Surakarta. The most striking thing is the use of Javanese which still seems subtle even though it is not as smooth as the people in Yogyakarta and Surakarta.

Based on economic aspects, the average community is self-employed and self-sufficient. Most or at least 50 percent work as migrant workers (TKI/TKW). This condition automatically impacts on conflicts or family problems, such as high divorce, lack of supervision of children left behind due to parental care, so that many children are involved in juvenile delinquency (tattooing) and drug problems.

The problem in the household is love affair, elderly problem, and economic problems. Regarding the area, residents who live in the north and south are unable to communicate so it is difficult to be active in youth activities.

Household problems have nothing to do with village security issues. majority of the main drivers of household problems are economic problems (meeting economic needs). The majority of people in RN villages are migrant workers, and this triggers household breakdown. For example, if one partner becomes a migrant worker, it will cause problems of lack of attention and loneliness so that an affair occurs. Divorce rates in Tulungagung are high because the main problems are economic and infidelity. On average, there are around 36 cases in 1 year or 3 cases in 1 month which are dominant due to 'lack of economy' and 'wirang' (assets from working as migrant workers have been all used). The consequences of divorce are varied. Some are not good, but some are responding casually. In addition, children also get less attention if their parents divorce.

Other social conditions that occur are gaps between regions. The condition must return to the top leadership in the decision letter, namely the village head and Babinsa, who must eliminate the gap, including PKK group can also be involved. One example of activities to maintain harmony is a joint activity in Indonesia independence day anniversary.

g. Community Control System

Regarding the community control system, the informant from the Resort Police said that:

"In the village, I don't really understand, what we do at the Resort Police and Sector Police levels, for example coordinating with the school, becomes a ceremony leader as well as delivering drug problems."

Various community responses toward social issue include:

- a. Giving advice, but it depends on each person whether they want to listen or not.
- b. Often carrying out joint patrols in areas that are considered

vulnerable. For example young men hangout in cluster and there are alcoholic drinks.

- c. Making regulations/permits in coffee shops such as restrictions to only open until 12:00 pm and if there is a violation then action is taken. This is to minimize negative activities that can cause social problems.
- d. Participating in service invitations to conduct counseling (binwin/ guidance of prospective brides) in order to reduce the divorce rate.
- e. Conducting recitation in the community, involving children to read Quran from an early age, and teaching children about the attitude/ manners.
- f. Related to juvenile delinquency, countermeasures are carried out by forming adolescent communities in the community (a place of activity and communication between adolescent peers).
- g. Related to boarding house, the village must coordinate with the boarding house owner to complete the administration of Identity Card to be reported to RT. However, this is constrained by the lack of active boarding house owners to report.

This finding is in accordance with the statement of the informants regarding attitudes towards social issues in DP villages, namely:

"... Yeah, just advising, whether they hear it or not..."

*... Related to social issues in the village ***** because we are like village security *****, then we and Mr. Babin often hold joint patrols, which areas are considered prone where many young people gather, if there are young men huddle especially if there is someone who brought the liquor we told to go away and we confiscated the liquor, second we go to the coffee shops..the permits is clear, it can open until 12 o'clock pm..over this hour, we rebuked to reduce or minimize social problems...."*

The example of attitude in DP Village in social issues is how the Ministry of Religious Affairs accepts the divorce request from the wife side. If it still can be mediated, the mediation should be the option. However, it depends on the couple since of the party has no willingness to be a couple again. For instance, the husband could not meet the

wife's need, then the wife has the rights to propose a divorce. This is as stated by an informant as follow:

"... Actually I want to change but if we don't have our own will, it won't work ..."

If the family cannot be guided to harmony, then the problem is solved by living a new life. Most parties who are supposed to be involved in mediation are outside the region, for example in abroad who suddenly give the PA clerk's letter to the village, so the village official traces the problem. Related to this problem, the party that filed the divorce case is using services from abroad, so that on average the defendant agrees, sometimes the defendant already has another partner.

9.3. GENERAL DESCRIPTION OF SOCIAL ISSUE

Social issues in DP villages are related to divorced families. Mostly after the holiday, many couples propose divorce. This is the result from migrant workers who return with various problems. Other social issues are the number of children who become pregnant before marriage because of association, the lack of supervision and attention of parents who become migrant workers abroad, as well as the number of coffee shops that are abused and lead to promiscuity between women and men. This is in accordance with statements made by informant who said:

*"Divorce is that in ***** after the feast, it usually increases. People propose the divorce, after Eid, because many migrant workers go home with family matters, maybe in other families there is no compatibility because of what, the accuracy when what's the name there are people taking care of divorce usually sharing or coaching related to what it's called to want to unite, this accuracy is my field and Mr. Ali and Mr. Head of the village who handles it is usually related to the family, the second is the number of children who get pregnant, before marriage, pre-marriage, because of the association then because of the lack supervision of parents since many of them are migrant workers so that the supervision is lacking ... "*

The development of technology with easy internet access can be obtained through mobile phones that leads to free relationships between the opposite sex (men and women). They easily imitate and gain access to content that is not appropriate to be accessed according to their age.

Several social issue in NDP Village are the lack of communication between north and south region, family issue and community security.

*"... The problems that exist in *****. Regarding the region, north and south sometimes we cannot communicate well, so it starts from miscommunication, so it is very difficult to gather them in youth ... "*

"... It returned to the village officials, It had already been conveyed, Mr. Head of RW said that there were family issues, an affair, there were problems in the household, many family problems ..."

9.4. COMMUNITY REACTION TOWARD DRUG ABUSE

To increase knowledge of the danger of drugs, the National Police conducts guidance to the public through appeals, counseling and coaching to schools, pharmacies, drug sales, and raids to vulnerable locations. While the Posbindu (Integrated Development Post) in collaboration with National Narcotics Board conduct counseling to community elements, entrepreneurs, students, cafes, karaoke, National Education Office, Ministry of Religious Affairs, and Mass Organizations. Internally within Tulungagung Resort Police, personnel are given insight about drugs because they have the duty to eradicate drugs.

From the research results, it is known that in the two villages that became the research locations, the community's knowledge related to drugs did not show significant differences. DP village showed 78 percent knowledge related to drugs. This figure is lower than NDP village with 80 percent. This shows that there is a relationship between the community's knowledge, the village and the drug incident in the village.

Table 9.1. Percentage Distribution of Community Knowledge on the Information of the Danger of Drug (n=224)

Village Status	Have ever seen/heard information of the danger of drugs				Total	
	Yes		No			
	n	%	n	%	n	%
DP	85	78.0	24	22.0	109	100
NDP	92	80.0	23	20.0	115	100

In connection with the community's resilience to the danger of drugs, the condition of the community is quite vulnerable. This can be seen from the level of occurrence, where drug cases increase from year to year. For example is the double L (103 cases). And in the early 2019 to the last month, there were 119 cases, 90 cases including narcotics. The increase in drug cases indicates an increase in public demand. Among the people who have a Mataraman cultural background, Tulungagung is included in the category of areas where the discovery of drug cases is quite high. This is because, among others, Tulungagung is the border area between Blitar and Kediri where there is a good rotation of money, so that the economy is also good and the impact of the crime rate also increases.

The results showed that the percentage of drug use was higher in DP Village (1.8 percent) compared to NDP Village (0.9 percent). The high prevalence of drug users in DP Village indicates the need for commitment from all related sectors so that drug users can be overcome. Meanwhile, public knowledge about the danger of drugs does not reduce the prevalence of users. Therefore, commitment and treatment to the community related to the danger of drugs need to be a common concern.

Table 9.2. Percentage Distribution of Drug Abuse History Based on Village Status and Gender (n=224)

Village Classification	Gender	Have Ever Used Drugs
DP	Male	9.1
	Female	1.0
	Total	1.8
NDP	Male	0
	Female	0.9
	Total	0.9

In drug cases, if the perpetrators are caught and the urine test results prove to be positive as addicts, the assessment will be processed for rehabilitation which is decided in court. If the abuser reports voluntarily to National Narcotics Board, then the person concerned will not be processed but rehabilitated. Most of the perpetrators of drug cases are those who have already undergone the process of punishment. They are invited to use drugs again when meeting in prison.

Community reaction to drug abuse in Tulungagung tends to be indifferent (not caring) because every household has its own busy life with work or business. This raises an attitude of ignorant about the surrounding conditions.

“...Compared to Trenggalek, there are many boarding house, rented houses in Tulungagung, thus of there persons caught then the drug abuse case becomes their own business...”

No one gives a reprimand and control, especially in areas that are vulnerable and have the potential for drug use such as coffee shops, cafes, entertainment places, and boarding houses. Regarding boarding house, it is likely that residents have been asked to complete administration such as the identity card when they first enter the boarding house, but after that there is no further control.

Public attitudes related to drug problems have mixed responses, including:

"... Indeed, in my environment, there is something like that, if I am able, I advise you to give an explanation of its effect, if I am not able, it will go up to the authorities (to the hamlet head) ..."

Besides that, until currently there has no socialization in RW level. The condition today is quite difficult since the youth is 'creative'. The youth is at first using drugs such as meth, then koplo pill. However, since meth is expensive, they drink alcoholic. The interesting thing is the drugs that are difficult to find so they change by consuming alcoholic drink that is mixed with energy drink.

The research conducted in DP and NDP village shows that the majority of the community will report to the police if they encounter a case of drug abuse. But there is also a response from the public who are allowing drug users. The results in Table 9.3. below shows people's attitudes toward drug users based on their level of education. In DP village, the attitude of the community towards drug users, among others, shows that 58.7 percent of the community would report it to the authorities, 26.6 percent gives advise, 12.8 percent would allow and 1.8 percent give mass judgement. The same pattern is also shown at various levels of education, meaning that most people are generally convinced to report to the authorities.

Then another interesting thing is that people with higher education (university graduate) will choose an approach by advising drug users (50 percent). While the attitude will tend to be more ignorant in the community with the lower level of education (Elementary) which is equal to 19.5 percent.

Table 9.3. Percentage Distribution of Community Attitude Toward Drug Users Based on the Level of Education (n=224)

Classification		Attitude Toward Drug Dealer				
		Mass judgement	Reporting to the authority	Advising	Ignoring	Total
DP	Not going to school		100.0			100
	Elementary/MI	2.4	48.8	29.3	19,5	100
	Junior High School/MTs		64.5	25.8	9,7	100
	Senior High School/MA	3.3	66.7	20.0	10,0	100
	Academy/University		50.0	50.0		100
	TOTAL	1.8	58.7	26.6	12.8	100
NDP	Not going to school					
	Elementary/MI		82.1	14.3	3,6	100
	Junior High School/MTs	2.9	60.0	25.7	11,4	100
	Senior High School/MA		74.4	17.9	7,7	100
	Academy/University		76.9	23.1		100
	TOTAL	0.9	72.2	20.0	7.0	100

The majority of the community (72.2 percent) in NDP villages is reporting to the authorities, advising (20 percent), ignoring (7 percent), and mass judging (0.9 percent). An irregular pattern is seen in the attitude of the public who reporting to the authorities, as well as the attitude of advising and ignoring.

In 2018, Regency Narcotics Board has formed anti-drug cadre/ anti-drug activists for drug prevention. In addition, funds have also been budgeted from Village fund Allocation for drug prevention programs. This year, counseling will be held on illegal drugs targeting teenagers with budget support from Village Fund Allocation. There are plans ahead to form anti-drug activists at the environmental level. If it is formed, the village head will invite Regency Narcotics Board so that the activist/cadre can provide counseling to the community in the hamlet.

In some cases, residents were exposed to drugs, but when they were going to be rehabilitated, the parent or the community is still afraid of dealing with the police so that children are evacuated to other families.

The attitude of the community in NDP village related to drug problems is allocating Village Fund amounting to 1.2 billion rupiah for the empowerment of village communities (training, Village-Owned Enterprises in 2020, Youth Organization activities, printing, and development for the following years). All funding is allocated as much as 150 million rupiah for 2 years. The aim is to create and increase the economy through microenterprise and it has already been carried out in NDP villages. It is hoped that by providing business or activities to the community and socialization, it can reduce drugs.

Then, the attitude of the community in case of drug cases include monitoring places such as coffee shops and monitoring guests coming from various regions. If there is a boarding house, it will be asked for letters. One of the cases that researchers also encountered was the case in which the husband died, then the wife worked abroad. Probably, because of a lifestyle accustomed to having lots of money and having inmates' acquaintances, so they could commit drug abuse. One of the expressions of NDP village community regarding their attitude is as explained below:

*"... But it is clear that in ***** Village, we try so that all people are against it. But again, yesterday there was someone who was caught in Trenggalek Resort Police who was clearly a rich person in Trenggalek, the background was from high economy ... "*

Incidents related to drug abuse are generally carried out by young people. Thus, it is better if socialization is given first to young people. At present, understanding the danger of drugs is still uncommon in rural environments. Actually, the village has conducted socialization about drugs with the target of young people. However, socialization should be done more by Youth Organization because it reaches more young people. The information that needs to be given to youth is to reduce or not engage in risky behavior. Steps that can be taken when drug abuse cases occur include counseling, reporting to relevant parties (Village Head, Babinsa, etc.), and later it will be followed up by the authorities.

In general, the village still prioritizes kinship and society. For example, if someone claims to be addicted, they will be advised to National Narcotics Board for rehabilitation. The directive from National Narcotics Board says that users who report voluntarily can be rehabilitated. If there is a case, the

perpetrator will be asked to make a statement so that he does not repeat it (witnessed by parents and village head).

9.5. P4GN EFFORT

a. Prevention Effort

Prevention efforts undertaken by National Narcotics Board are conducting raids in entertainment places as well as urine tests to government agencies, schools, universities, and community elements every month at least 2 (two) times.

The involvement of village officials in the eradication of drugs is limited to counseling to the environment. There is rarely participation for eradication because of fear, so that it prioritizes the prevention efforts.

b. Eradication of Illicit Drugs

"Every time we catch, we develop the network, we process it according to the procedure, cooperate with the prosecutor and the court. The average actors are from Tulungagung, but the goods are from outside Tulungagung. Perpetrators are people who are already involved. Narcotics detainees are set aside, and fellow detainees finally jointly conduct drug transactions. Even though the threat of punishment is high around 3 to 4 years ... at least 4 years, but when they come out then they would play again, because of the high income... "

In principle, the purpose of correctional is to make a deterrent. During the stay in correctional facility, drug abusers are given skills and moral guidance so that when they return to society, they will not commit crimes again. The authority of correctional facility related to remission is that the correctional institution asks for justification from the Criminal Investigation Unit, but it have never been given a recommendation for a drug case.

"Investigation efforts, if proven, we process, if the results of the investigation are the perpetrators, whether dealers or users, we arrest, we process according to procedures, we develop the network, in collaboration with other resort police. We send it to the Regional Police to study the IT analysis, cooperation between forensic laboratory, since sometimes there are new types of drugs, for example we suspect that it is marijuana but apparently it is not marijuana

c. Rehabilitation

Drug rehabilitation in Tulungagung is carried out by National Narcotics Board in accordance with the judge's decision. The following is information conveyed from informant related to drug abuse rehabilitation.

"... While we have never carried out rehabilitation, it is National Narcotics Board who made the effort. The rehabilitation process must wait for the legal process first, and the judge decides whether the verdict needs rehabilitation ... "

d. P4GN Effort in DP Village

The efforts made by DP village to overcome the illicit drug trafficking are by cooperating with three pillars (village officials, Babinsa and Bhabinkamtibnas). Another effort undertaken is to urge the public not to abuse drugs with an approach to the younger generation through training and socialization on the effects of drug abuse. Regarding the authorities, it is hoped that there will be no misuse and violation of the law, according to statements made by informants:

"... So we empowered three pillars such as Babinsa, Bhabinka, the village head in the form of P4GN. Well, the three pillars, including family planning counselors, are also involved because they are also cadres to the community so that they can assess addicts routinely, there are even more than 300 in one place. Because they were trusted by the community so they were then convinced that when people are indicated to use drugs, they would be taken to National Narcotics Board, they were not imprisoned, it is for free and is accompanied and given training so that later after recovering they returned home to be productive, there was a training on printing, agriculture in hydroponic. ... "

So far, fatal cases have not been found so that they must get drug rehabilitation. In addition, efforts to prevent and eradicate drug abuse and illicit trafficking are also carried out in accordance with what was conveyed by the informant:

"... In our control, it's more at school. So we offer these schools if they want the children to be given an activity, a screening, but with special tools, so we have to go there, they can propose to us if they want a screening. Later we also offer, as now there are some schools that offer themselves, they actively ask. So we

have a program to carry out screening to children. In the past, the screening is urine test, now not it is only through interviews with special teams from National Narcotics Board. Then if any of the children screened are detected then we will report it to the school ..."

The role of village officials has always been pro-active in overcoming the problem of drugs. The civil servants approached the community, through a community forum, by inviting parents to take care of their children not to abuse drugs. In addition, religious leaders also helped to socialize the danger of drugs when there were pilgrims' activities. Budgeting has not been done to control illicit drug trafficking. Teenagers who are prone to abuse drugs are also given sports facilities to make them busy with positive activity.

e. P4GN Effort in NDP Village

The ability of village officials is only limited to providing information, enlightenment or socialization to the community, for example through the taklim (moslem group). So far, village officials have never known there are drug dealers. If there are cases of drug abuse, it will be reported to the Police and Regency Narcotics Board. Village officials provide information not to touch drugs and liquor. Submitting information about the danger of liquor and drugs can be done anywhere (for example a coffee shop).

Village officials emphasize the role of village officials to provide enlightenment/information about drug prevention to the community. Around 75 percent of community leaders who are also religious leaders every month always gather at the hospitality forum consisting of 45 members who always come/attend and the places take turns from one house to another.

The material discussed is about village development, social affairs, residents who need to be assisted by energy, thought and finance/economy, and problems in the village. Koramil, Babinsa, and Bimaspol collaborate in the efforts to prevent drugs by carrying out activities such as socialization, sports, culture, and recitation. In addition, direction also needs to be given sustainably (home visit).

X



GENERAL DESCRIPTION OF VILLAGE POTENTIAL IN BANTEN PROVINCE



Wayang Ajen

Ajen Puppet, Banten

Perpustakaan BNN



GENERAL DESCRIPTION OF VILLAGE POTENTIAL IN BANTEN PROVINCE

10.1. PROFILE AND CHARACTERISTICS OF RESEARCH LOCATION



Picture 10.1 Map of Serang Regency

Source : <https://peta-hd.com/wp-content/uploads/2019/12/peta-kabupaten-serang.jpg>

Village Potential Research Location in Supporting the Prevention and Eradication of Drug Abuse and Illicit Trafficking (P4GN) Program in Banten Province is in Padarincang Sub-district, Serang Regency. At the Padarincang Sub-district, Village I which is a drug-prone village (DP), and Village J which is a non drug prone village (NDP) are then selected

Serang Regency is one of the six regencies/cities in Banten Province with Ciruas as its regency capital. Serang Regency is located in a strategic area, at the western end of the northern part of Java Island with a distance of about 70 kilometers from the city of Jakarta and is one of the buffer regions of the nation's capital. The geographical location is an advantage for the population.

Serang Regency is the entrance or land transportation transit between Java Island and Sumatra Island. Serang Regency is a low-altitude region and a mountainous region with altitudes between 0 and 1,700 meters above sea level. Most of the lowlands have an altitude of less than 500 meters, while the highlands are in the form of a series of mountains on the border with Pandeglang Regency. Almost all of the land area in Serang Regency is a fertile area and flowed by large rivers that support the fertility of agricultural areas. Serang Regency consists of 29 Sub-districts and 326 villages with a population in 2017 based on the results of the National Socio-Economic Survey (Susenas) reaching 1,493,591 people and most of the population work as farmers.

There are quite a lot of potentials in Serang Regency. One of them is the vast agricultural land managed by the community. Diverse agricultural products such as bananas, mangoes, rambutans, and durian are for local consumption and supplying fruits to the city of Jakarta. Serang Regency also has community plantations that produce coconuts, peanuts, melinjo, coffee, cloves, pepper, rubber, vanilla and cocoa. The tourism potential in Serang Regency is also very large. This is because there are tourist sites such as Anyer Beach and the Old Banten Heritage Area, Dano Swamp, Pulau Dua Nature Reserve, Batukuwung Hot Springs, Waterfalls and others.

The people of Serang Regency are quite religious. There are kinship and community self-help or mutual cooperation characteristics. The attitudes and behavior in daily life are based on awareness and a full sense of responsibility to participate in maintaining security and order in the region, so that the potential for political turmoil in Serang Regency is relatively low.

a. Padarincang Sub-district

Padarincang Sub-district is one of the Sub-districts in Serang Regency which is very strategically located in the southern part of Serang Regency and consists of 14 villages. The capital of the sub-district is in Citasuk Village. In general, the topography of Padarincang Sub-district consists of mountain slopes and land with an average height of less than 500 meters above sea level. Most of the areas in Padarincang Sub-district are agricultural areas and the majority of the population has a livelihood in agriculture. Padarincang sub-district is one of the regions which becomes the center of rice production in Serang Regency. Padarincang Sub-district has a dependency ratio of 58.46 which means that the ratio between unproductive population (0-14 years and 65 years and above) is still high.

b. Drug-Prone Village

DP Village is one of the villages in Padarincang Sub-district which is very strategically located because the area is crossed by the main road from Serang City to Anyer tourist site. In the village, there is also a traditional market that is very well known to the community, and is one of the locations prone to social problems including drug trafficking and abuse.

c. Non Drug Prone Village

NDP Village is one of the villages in Padarincang Sub-district which is located not far from DP Village but not close to the main road crossing. The location of NDP Village is surrounded by rice fields and plantations that are quite extensive and close to the hills. Such geographical conditions make this location a strategic place for hiding drug dealers and drug users.

10.2. VILLAGE POTENTIAL IN REGENCY AND VILLAGE LEVEL

In general, Serang Regency is a strategic area because the region is crossed by the exit and entrance of migrants from Sumatra to Java and vice versa. This is used by some residents to work in the transportation and business services sector as their livelihoods. Serang Regency is also a fertile region where most of the population depends their livelihood on agriculture of which the crops can be directly distributed to other areas nearby, such as Lampung and City of Jakarta.

The existing natural resources, especially in the research location, namely in Padarincang Sub-district are very good which are supported by fertile land conditions and hilly contours and have the potential to be developed into a tourist area. However, the excellent condition of natural resources in Padarincang Sub-district has not been supported by human resources as the subject to drive the progress and development of the local area, especially rural areas. In the research location villages, namely DP and NDP Villages, most of the population are only elementary school graduates and even many residents have never felt going to school. In this case, the quality of existing human resources in the research area is not able to support progress and develop the potential of the existing region. In addition, human resources implementing governance at the village level also have limited quality.

In terms of the economy, Serang Regency, especially Padarincang Sub-district region is included in the category of middle economic region. Some of the residents who work as migrant workers abroad (TKI/TKW) have quite large houses. However, poverty mentality remains attached to the community.

Most residents in Padarincang Sub-district work as farm laborers because most of them do not have their own agricultural land or plantations. Village officials in the research location have not been able to do much to develop the economic potential of their village. The activities are limited to routine activities and population administration. Village officials have not yet formed a village-owned enterprise (BUM Des) which is believed to be able to improve the economy of the village community. Economic institutions such as village cooperatives formed by village officials have not been able to contribute significantly to village development. In addition, there has not been much training in the area of improving business management for the community and post-harvest.

In the health sector, research informants stated that information and health services were still inadequate. Utilization of health service sources such as Community Health Center and Posyandu is still not optimal. This can also be confirmed because the understanding and awareness of family health such as environmental sanitation is still weak

in rural communities. The knowledge of villagers about the importance of environmental hygiene and nutritious food is still inadequate.

In general, the residents of Serang Regency still hold religious identities in their social interactions. Religious education institutions, especially Islam or Islamic boarding schools are mostly found in the midst of rural communities. The tradition of *guyub*, community self-help, and mutual assistance between members of the community is still quite strong even though it has begun to be eroded by the materialistic and individualistic attitudes that began to develop in the middle of the village community. Social problems such as unemployment among young people are mostly found in rural areas. Some young people in rural areas prefer to be unemployed and wait to get work rather than continue the tradition of becoming farm laborers like their predecessors while other jobs in the region are still very limited. Another social problem is that underage marriages are mostly done as a way of releasing family responsibilities for their daughters who are not in school.

Drugs become a social issue also occur in rural areas, including in this research location. In general, Padarincang Sub-district has been known as one of the Sub-districts in Serang Regency that is included in a red zone for drug trafficking and abuse. One research informant at the Sub-district level said the following:

"... Even though there are many students of Islamic boarding school in Padarincang, there are many users and even drug dealers in villages ..."

Rural areas which are well-known as the city of students are also not free from drug problems that have even touched the boarding school. Religious knowledge is understood by some rural communities as merely carrying out religious ritual worship, but has not been able to prevent them from bad behavior. Drugs have become a serious problem that threatens young people in rural areas. The majority of drug dealers and drug users in rural areas are people in productive age who do so because of economic problems.

Health facilities at the research location are available, such as Community Health Center in the sub-district as well as Supporting

Community Health Center and Integrated Service Post/Posyandu in each village. However, there are no health consultation facilities for the community in the health facility, especially for adolescents who can provide information about reproductive health issues and the danger of drugs.

"... in this Padarincang Community Health Center, there is no specific consultation facility related to drugs for the community, in the future we will try to develop it ..."

The use of Village Fund Allocation at research location focuses on building road infrastructure and other public facilities. Meanwhile the portion of the budget used for human resource development and other non-physical activities is still very limited. The location of the research village is an agricultural area and far from the industrial location. Thus, CSR is not yet accessible by village instruments and communities for village development purposes.

10.3. GENERAL DESCRIPTION OF SOCIAL ISSUE

In general, the social issues in Padarincang Sub-district and the specific village of the research location could be described as follows:

- a. Quite high poverty rate.
- b. High drug users.
- c. High unemployment.
- d. The flow of information and globalization is unstoppable, the local wisdom is eroded.
- e. The role of traditional institutions, traditional leaders and religious leaders is less than optimal.
- f. The development of local village culture is not optimal

10.4. COMMUNITY REACTION TOWARD DRUG ABUSE

Research informants from various sectors at the regency level stated that a number of programs and activities have been carried out as efforts to prevent drug abuse. Some research informants said that socialization and counseling on various social issues including drug

problems had been delivered in stages through the sub-district and village official. For example in the health sector, the Community Health Center in collaboration with schools has a program to socialize health problems and the danger of drugs among adolescents.

"... yes there is (drug socialization activities) for prevention, it goes in the budget, to junior and senior high schools. But it has not yet entered elementary school, because it is not yet possible, sir ... "

Drug abuse in rural areas, including in research locations, has become a social issue that must be taken seriously by all parties. Based on the results of interviews, several informants even mentioned that drug abusers include those who should be role models in the community and are village official. Drug trafficking in rural areas is also targeting many teenagers and young people who are mostly caused by economic reasons. The large number of unemployed youth makes it easier for them to slip into drug abuse.

"... now even middle school kids are familiar with and use drugs though maybe only a few of them ... "

The nature and behavior of young people who always want to try and want to know something new, facilitate the circulation of drugs among adolescents. Rural communities in general tend to cover up the negative behavior of adolescents, including drug abuse. Families who know that one of their family members are abusers or drug dealers choose not to report to anyone because it is considered a disgrace that must be covered up. The public also does not have enough knowledge about the danger of drugs and how to behave when their closest people are involved with drugs.

10.5. P4GN EFFORT

District, sub-district and village-level research informants said that there have been programs or activities related to efforts to prevent and eradicate drug abuse and illicit trafficking (P4GN) including:

- a. Serang Regency Health Office does not have a special Prevention and Eradication of Drug Abuse and Illicit Trafficking program, but other activities that are in direct contact with Prevention and Eradication of Drug Abuse and Illicit Trafficking efforts such as providing therapy for injected drug addicts and counseling at schools have been routinely carried out.
- b. Serang Regency Social Affairs Office already has a post-drug rehabilitation training program. The training is in the form of job training according to the participants' interests.
- c. The Department of Population Control, Women's Empowerment and Family Planning already has programs that are directly related to drug prevention. For example with the PIK-R program at schools, strengthening 8 (eight) family functions carried out by KB field officers, and direct socialization about the danger of drugs through group activities in the community.
- d. Padarincang Community Health Center has conducted health programs in the community about healthy lifestyles through the Germas program, counseling about the danger of drugs at schools, and through Scout activities (Saka Bhakti Husada).
- e. Village officials in collaboration with the whole community and religious leaders have a routine program of meetings with residents and discuss social issues in the community including the danger of drugs.

Effective prevention of drug abuse requires the active role of all levels of society including parents, community and religious leaders, youth groups, and other community groups. Participation and collaboration by all levels of society and the role of government is an important strategy to respond to the very complex problem of drug abuse.



XI

CLOSING



Shadow Puppet, East Java



CLOSING

11.1. CONCLUSION

Village Potential Research in Supporting Prevention and Eradication of Drug Abuse and Illicit Trafficking Program gives a description on village potential and village challenges in research location. Meanwhile, the village potentials in supporting Prevention and Eradication of Drug Abuse and Illicit Trafficking program in research location are:

- a. Human Resources: Village officials, social institutions, community leaders, non-governmental organizations, anti-drug activists or volunteers, field officers and health cadres, and community members to support Prevention and Eradication of Drug Abuse and Illicit Trafficking program are available in each village and can be optimized by both Provincial Narcotics Board, Regency/City Narcotics Board and local government officials.
- b. Natural Resources: The availability of good agricultural land and natural conditions is the potential that support prevention and eradication of drug abuse and illicit trafficking activities.
- c. Economic Resources: Agriculture, trade and home industry sectors are potentials that can be used to encourage productivity and absorb labor in rural areas so that they are not involved in drug crime. The presence of entrepreneurs, industry, who are responsible for

fostering the surrounding community through Community Service Responsibility has not been much involved in overcoming prevention and eradication of drug abuse and illicit trafficking Program/activities.

- d. Village Budget: The available village budget makes Prevention and Eradication of Drug Abuse and Illicit Trafficking and Regency/City Narcotics Board activities to be stronger in conducting advocacy and assistance so that the village government has the initiative to implement Prevention and Eradication of Drug Abuse and Illicit Trafficking independently in its area.
- e. Non Governmental Organization or LSOM (Social Institution and Community Organization): Availability of community activity groups (Family Welfare Empowerment) Youth Organization, Youth Information and Counseling Center, Youth Family Development, religious teaching, sports, arts, etc.) in rural areas is a potential forum for delivery of prevention and eradication of drug abuse and illicit trafficking messages in rural area.
- f. Medical and social facilities: The availability of hospitals, Community health center, supporting community health center, village midwives, Posyandu, Medical Centers, village health post located in rural areas or close to rural areas is a potential that must be further explored and strengthened to encourage consultation and reporting activities related to addiction and drug rehabilitation.
- g. Culture: The existence of regional arts (such as dance and music) is a potential of local wisdom that must be utilized as a forum or media to conduct counseling to rural communities.

In addition to the village potential, the picture obtained in this research is a description of the challenges of the village in implementing Prevention and Eradication of Drug Abuse and Illicit Trafficking Program in the rural areas, as follows:

- Problems of unemployment and degradation of agricultural human resources, especially among the younger generation.
- Economic reasons are triggering the problem of drug abuse and illicit trafficking.
- Community and village official's knowledge related to drugs is still low.

- There is no legal protection for people who know about illegal circulation and drug abuse.
- There are differences in perception between the medical and law enforcement agencies in handling drug problems.
- In the village, illegal drug trafficking has begun to be found, not only drug abuse.
- The danger of the effects of drugs already indicate criminal activities.

11.2. RECOMMENDATION

Based on the findings in the field, the research team submitted several recommendations that could be used as input for National Narcotics Board and stake holders. The recommendations include:

a. **Prevention and Eradication of Drug Abuse and Illicit Trafficking Communication, Information, Education**

- 1) Improving and developing programs/activities in information, communication and education of Prevention and Eradication of Drug Abuse and Illicit Trafficking through families and family education.
- 2) Regency/City Narcotics Board needs to increase socialization, improve communication and information to all parties and all villages in promoting the Drugs-Free Village Program (Bersinar).
- 3) Regency/City Narcotics Board must improve coordination to improve synergy between relevant agencies in the regency in implementing Prevention and Eradication of Drug Abuse and Illicit Trafficking program.
- 4) The need to establish regulations/regional regulations/village regulations to support the implementation of P4GN program, especially in rural areas.
- 5) Expanding the reach of advocacy and socialization activities in various ministries institutions at the regency level.
- 6) Increasing the facilitation of anti-drug activist programs/activities CIE (education and training): community (hamlet level), schools (OSIS), Youth Organizations (Youth Organization, Scouts), LKD (PKK), and Community Activity Groups (Religion, Sports Body, Art).

- 7) Encouraging villages to provide anti-drug information media (standing banners, leaflets, booklets, etc.).
- 8) Coordination with other parties (private, universities, financial institutions) towards the use of CSR related to Prevention and Eradication of Drug Abuse and Illicit Trafficking Program.
- 9) National Narcotics Board must develop methods for disseminating appropriate information so that it does not give the impression of “teaching” rural communities to use drugs;
- 10) Regency/City Narcotics Board needs to further improve coordination with local governments to budget urine tests for groups that are vulnerable to drug abuse.

b. Utilization of Prevention and Eradication of Drug Abuse and Illicit Trafficking Volunteers

- 1) Optimizing the available human resources/cadre/community leader (Family Planning Counselor, Family Welfare Empowerment Cadre, Babinsa, Bhabinkamtibnas, youth organization, sport/arts group) as anti-drug activists and volunteers.
- 2) Establishing group or forum to handle drug prevention and countermeasure in the village with the members of all village elements.

c. Prevention and Eradication of Drug Abuse and Illicit Trafficking Recovery Agents Empowerment

- 1) Strengthening health facilities in the village as a place for consultation/reporting/early handling of drug abuse.
- 2) Strengthening health facilities and social facilities in villages/sub-districts and regency that function as Compulsory Report Recipient Institution.
- 3) Optimizing the availability of human resources or cadres (KB counselors, PKK cadres, Babinsa, Bhabinkamtibmas, Youth Organizations, Sports/Arts Activity Groups) as recovery agents to reduce public fear in handling drug problems.
- 4) Utilizing and mobilizing the Integrated Assessment Team (IAT) at the regency level.
- 5) Developing community-based rehabilitation programs activities.

d. Village Community Empowerment in Prevention and Eradication of Drug Abuse and Illicit Trafficking

- 1) Developing community based empowerment programs/activities by utilizing the potential of local wisdom.
- 2) Local Government/Regency Government/Village Government should increase economic activities in the rural environment to improve the social and economic resilience of rural communities.
- 3) Need to carry out program/test/operational research on the development of community empowerment for former drug addicts.

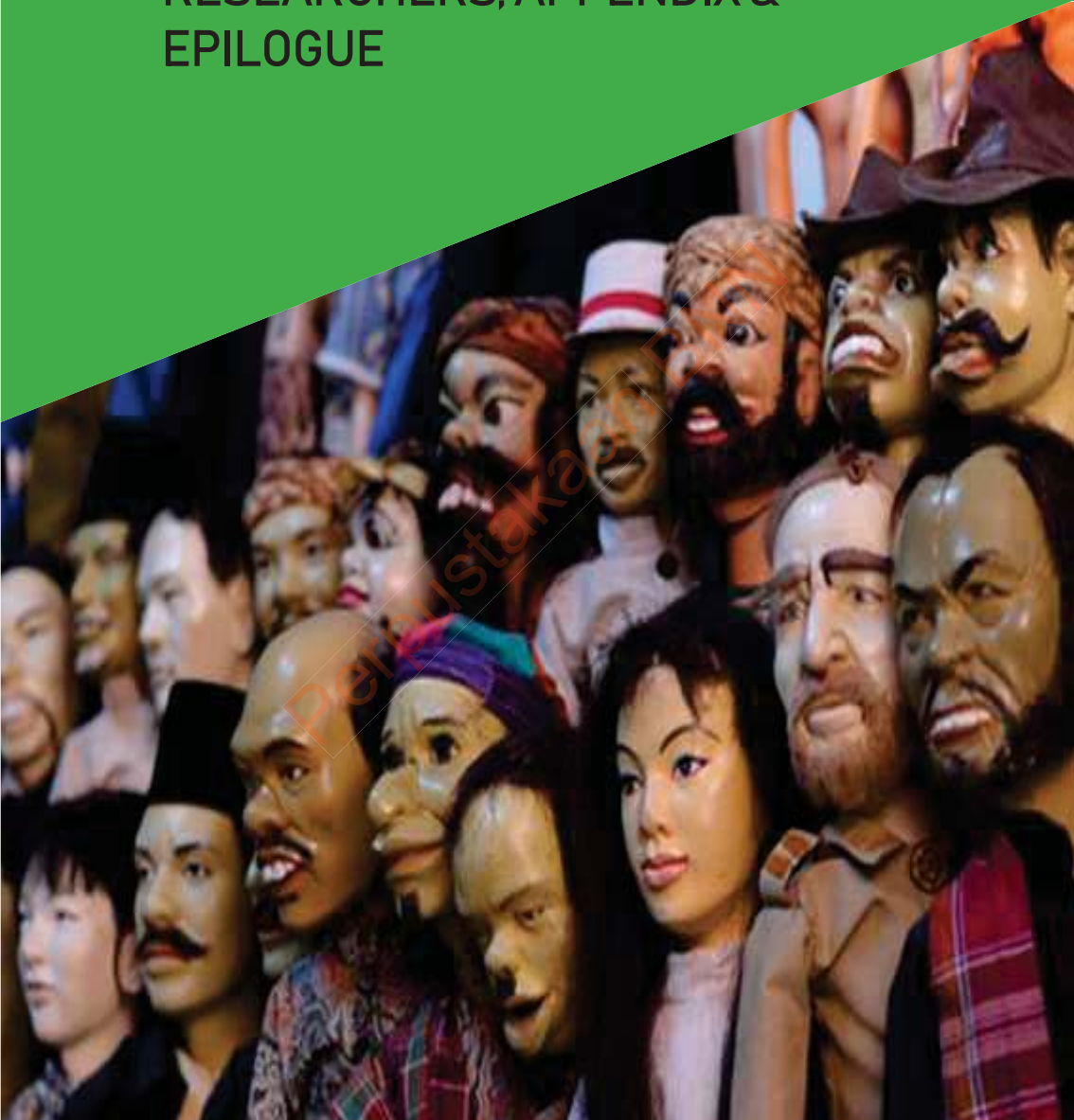
e. Drug Trafficking Eradication

- 1) National Narcotics Board needs to coordinate and synchronize with the Ministry of Law and Human Rights related to the separation of inmates/prisoners of drug cases based on their status in order not to encourage the development of the modus operandi of drug trafficking and their impact on criminal acts.
- 2) National Narcotics Board and related parties must further increase supervision of village areas which become drug trafficking routes.

Perpustakaan BNN



GLOSARY, LIST OF RESEARCHERS, APPENDIX & EPILOGUE



Lenong Betawi Golek Puppet, DKI Jakarta

APB Des	Anggaran Pendapatan dan Belanja Desa (Village Budget)
ADD	Alokasi Dana Desa (Village Fund Allocation)
Babinsa	Bintara Pembina Desa (Non-commisioned Law Enforcement Officer)
Bhabinkamtibmas	Bhayangkara Pembina Keamanan dan Ketertiban Masyarakat (Community Police Officer)
BKB	Bina Keliuarga Balita (Toddler Family Development)
BKL	Bina Keluarga Lansia (Elderly Family Development)
BKR	Bina Keluarga Remaja (Youth Family Development)
BPJS	Badan Penyelenggara Jaminan Sosial (Social Insurance Administrator)
BUM Des	Badan Usaha Milik Desa (Village Owned Business Enterprise)
BNN	Badan Narkotika Nasional (National Narcotics Board)
BNNK	Badan Narkotika Nasional Kabupaten/Kota (Regency/City Narcotics Board)
BNNP	Badan Narkotika Nasional Provinsi (Provincial Narcotics Board)
CAPI	Computer Assisted Personal Interviewing
CSR	Corporate Social Responsibility
Dinkes	Dinas Kesehatan (Health Office)
Dinsos	Dinas Sosial (Social Affairs Office)
DP	Drug Prone
ER	Economic Resources
Germas	Gerakan Masyarakat Hidup Sehat (Healthy Life Community Movement)
GPS	Global Positioning System
ODK	Open Data Kit
FGD	Focused Group Discussion
HR	Human Resources
IAT	Integrated Assesment Team

IPWL	Institusi Penerima Wajib Laport (Compulsory Report Recipient Institution)
IRT	Ibu Rumah Tangga (Household Mother)
Kades	Kepala Desa (Head of Village)
Kadus	Kepala Dusun (Head of Hamlet)
Kaur Kesra	Kepala Urusan Kesejahteraan Masyarakat (Head of Community Welfare Affairs)
Kemensos	Kementerian Sosial (Ministry of Social Affairs)
KIE	Komunikasi Informasi dan Edukasi (Communication Information and Education)
KK	Kepala Keluarga (Head of Family)
KRT	Kepala Rumah Tangga (Head of Household)
LINMAS	Perlindungan Masyarakat (Community Protection)
LKS	Lembaga Kesejahteraan Sosial (Social Welfare Organization)
LPM	Lembaga Pemberdayaan Masyarakat (Community Empowerment Organization)
LPMD	Lembaga Pemberdayaan Masyarakat Desa (Village Community Empowerment Organization)
LSM	Lembaga Swadaya Masyarakat (Non Governmental Organization)
NAPZA	Narkotika, Alkohol, Psikotropika dan Zat Aditif lainnya (Narcotics, Alcohol, Psychotropic and other Additive Substances)
NDP	Non Drug Prone
NGO	Non-Governmental Organization
NPS	New Psychoactive Substance
NR	Natural Resources
P3AP2KB	Social Office and Women's Empowerment and Child Protection
P4GN	Pencegahan dan Pemberantasan Penyalahgunaan dan Peredaran Gelap Narkoba (Prevention and Eradication of Drug Abuse and Illicit Trafficking)
PBI	Penerima Bantuan Iuran (Contribution Beneficiary)

PL	Pekerja Lapangan (Field Worker)
Polres	Kepolisian Resor (Resort Police)
Peksos	Pekerja Sosial (Social Worker)
PPKB	Pengendalian Penduduk dan Keluarga Berencana (Population Control and Family Planning)
PPPA	Pemberdayaan Perempuan dan Perlindungan Anak (Women Empowerment and Child's Protection)
PIKR	Pusat Informasi Komunikasi Remaja (Youth Information Communication Center)
PKK	Pemberdayaan Kesejahteraan Keluarga (Family Welfare Empowerment)
Pokdarwis	Kelompok Sadar Wisata (Tourism Awareness Groups)
Posbindu	Pos Pembinaan Terpadu (Integrated Development Post)
Posbindu PTM	Pos Pembinaan Terpadu Penyakit Tidak Menular (Integrated Development Post of Non-Communicable Diseases)
PSKS	Pendidik Sebaya dan Konselor Sebaya (Peer Educators and Peer Counselors)
Poskesdes	Pos Kesehatan Desa (Village Health Post)
Puskesmas	Pusat Kesehatan Masyarakat (Community Health Center)
Pustu	Puskesmas Pembantu (Supporting Community Health Center)
RT	Rukun Tetangga (Neighborhood Associations)
RW	Rukun Warga (Community Associations)
Satgas	Satuan Tugas (Task Force)
SLS	Satuan Lingkungan Setempat (Local Environment Unit)
SRS	Systematic Random Sampling
TAT	Tim Asesmen Terpadu (Integrated Assessment Team)
TKP	Tempat Kejadian Perkara (Crime Scene)
TPD	Tenaga Penggerak Desa (Village Cadre)

NATIONAL NARCOTICS BOARD



**NATIONAL POPULATION AND
FAMILY PLANNING BOARD**



- | | |
|---|--|
| 1. Drs. Heru Winarko, S.H. | 1. Drs. Muhammad Dawam, MPA |
| 2. Drs. Agus Irianto, S.H., M.H., M.Si. | 2. Drs. T.Y. Prihyugiarto, MSPH |
| 3. Sri Haryanti, S.Sos., M.Si. | 3. Mugia Bayu Rahardja, S.Si, M.Si |
| 4. Dwi Sulistyorini, S.Si., M.Si. | 4. Mario Ekoriano, S.Si, M.Si |
| 5. Siti Nurlela Marliani, S.P, S.H. M.Si. | 5. Desy Nuri Fajarningtyas, S.Si, MAPS |
| 6. Sri Lestari, S.Kom, M.Si. | 6. Farida Ekasari, S.IP, MKM |
| 7. Erma Antasari, S.Si. | 7. Sukarno, S.Kom, M.MSI |
| 8. Novita Sari, S.Sos, M.H. | |
| 9. Armita Eki Indahsari, S.Si. | |
| 10. Radityo Kunto Harimurti, S.Stat. | |
| 11. Quazar Noor Azhim, A.Md. | |
| 12. Rizky Purnamasari, S.Psi | |
| 13. Tri Sugiharto, S.Kom. | |

Appendix 1
Sample Distribution Framework of Village Potential Research in
Supporting P4GN Program

No	Province	Regency	Sub-district	Village	Category	RW	RT	Number of KK (Household)	Number of Sample	e
1	West Java	Kuningan	Cilimus	A	DP	002	6	60	21	0,080
	West Java	Kuningan	Cilimus	A	DP	002	7	61	22	
	West Java	Kuningan	Cilimus	A	DP	002	8	56	20	
	West Java	Kuningan	Cilimus	A	DP	002	9	106	37	
2	West Java	Kuningan	Cilimus	B	NDP	001	1	59	24	0,076
	West Java	Kuningan	Cilimus	B	NDP	001	2	77	32	
	West Java	Kuningan	Cilimus	B	NDP	001	3	45	18	
	West Java	Kuningan	Cilimus	B	NDP	001	4	63	26	
3	Central Java	Magelang	Mertoyudan	C	DP	003	2	72	28	0,078
	Central Java	Magelang	Mertoyudan	C	DP	003	3	78	30	
	Central Java	Magelang	Mertoyudan	C	DP	003	4	58	22	
	Central Java	Magelang	Mertoyudan	C	DP	003	5	51	20	
4	Central Java	Magelang	Mertoyudan	D	NDP	002	1	52	28	0,068
	Central Java	Magelang	Mertoyudan	D	NDP	002	2	35	19	
	Central Java	Magelang	Mertoyudan	D	NDP	002	3	28	15	
	Central Java	Magelang	Mertoyudan	D	NDP	002	4	15	8	
	Central Java	Magelang	Mertoyudan	D	NDP	002	5	43	23	
	Central Java	Magelang	Mertoyudan	D	NDP	002	6	15	8	
5	Yogyakarta	Sleman	Mlati	E	DP	009	0	62	15	0,087
	Yogyakarta	Sleman	Mlati	E	DP	009	2	67	16	
	Yogyakarta	Sleman	Mlati	E	DP	009	3	56	14	
	Yogyakarta	Sleman	Mlati	E	DP	009	4	67	16	
	Yogyakarta	Sleman	Mlati	E	DP	009	5	33	8	
	Yogyakarta	Sleman	Mlati	E	DP	009	6	64	15	
	Yogyakarta	Sleman	Mlati	E	DP	009	7	64	15	
6	Yogyakarta	Sleman	Mlati	F	NDP	007	1	42	17	0,077
	Yogyakarta	Sleman	Mlati	F	NDP	007	2	35	14	
	Yogyakarta	Sleman	Mlati	F	NDP	007	3	39	16	
	Yogyakarta	Sleman	Mlati	F	NDP	007	4	32	13	
	Yogyakarta	Sleman	Mlati	F	NDP	007	5	35	14	
	Yogyakarta	Sleman	Mlati	F	NDP	007	6	36	14	
	Yogyakarta	Sleman	Mlati	F	NDP	007	7	32	13	

No	Province	Regency	Sub-district	Village	Category	RW	RT	Number of KK (Household)	Number of Sample	e
7	East Java	Tulungagung	Ngunut	G	DP	002	1	105	48	0,074
	East Java	Tulungagung	Ngunut	G	DP	002	2	57	26	
	East Java	Tulungagung	Ngunut	G	DP	002	3	59	27	
8	East Java	Tulungagung	Ngunut	H	NDP	004	1	91	60	0,058
	East Java	Tulungagung	Ngunut	H	NDP	004	2	60	40	
9	Banten	Serang	Padarincang	I	DP	003	1	60	27	0,074
	Banten	Serang	Padarincang	I	DP	003	2	49	22	
	Banten	Serang	Padarincang	I	DP	003	3	64	28	
	Banten	Serang	Padarincang	I	DP	003	4	53	23	
10	Banten	Serang	Padarincang	J	NDP	004	11	36	24	0,057
	Banten	Serang	Padarincang	J	NDP	004	12	57	38	
	Banten	Serang	Padarincang	J	NDP	004	13	34	23	
	Banten	Serang	Padarincang	J	NDP	004	14	23	15	

Appendix 2
The Availability of Medical and Social facility as Rehabilitation Center in Five Provinces

Province	Status of Village	Medication home	Private clinic	Foundation/ NGO that handle drug abuse	Islamic boarding school	Pengobatan Alternative medication/ Tabib
West Java	DP	1	0	0	0	0
	NDP	0	0	1	0	0
Central Java	DP	0	4	0	0	2
	NDP	2	0	0	1	1
Yogyakarta	DP	3	0	0	0	1
	NDP	4	1	0	3	0
East Java	DP	2	3	0	0	0
	NDP	3	2	2	5	0
Banten	DP	1	0	0	1	0
	NDP	0	0	0	0	0
Total		16	10	3	10	4

Appendix 3
The Availability of Special Regulation that Governs Community Behaviour in Five Provinces

Province	Status of Vil-lage	The Availability of special regulation that governs community behavior					
		No		Yes		Total	
		n	%	n	%	n	%
West Java	DP	12	12.0%	88	88.0%	100	100.0%
	NDP	34	33.7%	67	66.3%	101	100.0%
Central Java	DP	52	53.1%	46	46.9%	98	100.0%
	NDP	36	35.3%	66	64.7%	102	100.0%
Yogyakarta	DP	8	7.3%	102	92.7%	110	100.0%
	NDP	37	33.6%	73	66.4%	110	100.0%
East Java	DP	59	54.1%	50	45.9%	109	100.0%
	NDP	82	71.3%	33	28.7%	115	100.0%
Banten	DP	90	91.8%	8	8.2%	98	100.0%
	NDP	93	100.0%	0	0.0%	93	100.0%

Appendix 4
Social Issue Based on Village Status in Five Provinces

Province	Status of Vil-lage	Social Problem											
		a. Alcohol		b. Brawl		c. Gam-bling		d. Prostitu-tion		e. Drugs		f. Theft	
		n	%	n	%	n	%	n	%	n	%	n	%
West Java	DP	9	9.0	0	0.0	5	5.0	0	0.0	11	11.0	49	49.0
	NDP	13	12.9	0	0.0	4	4.0	1	1.0	0	0.0	32	31.7
Central Java	DP	26	26.5	5	5.1	6	6.1	5	5.1	4	4.1	18	18.4
	NDP	9	8.8	7	6.9	0	0.0	0	0.0	1	1.0	56	54.9
Yogyakarta	DP	40	36.4	5	4.5	2	1.8	0	0.0	14	12.7	60	54.5
	NDP	27	24.5	19	17.3	9	8.2	4	3.6	2	1.8	45	40.9
East Java	DP	40	36.7	5	4.6	13	11.9	4	3.7	18	16.5	37	33.9
	NDP	26	22.6	8	7.0	11	9.6	1	0.9	5	4.3	48	41.7
Banten	DP	19	19.4	0	0.0	1	1.0	0	0.0	14	14.3	34	34.7
	NDP	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	1.1

Appendix 5

Percentage of P4GN Program Exposure in Five Provinces

Province	P4GN Program	Status of Village			
		DP		NDP	
		n	%	n	%
West Java	Health counseling	76	76.0%	98	97.0%
	Socialization on health/the danger of drugs	10	10.0%	45	44.6%
	Training on health volunteer/anti-drug volunteer	0	0.0%	12	11.9%
	Technical guidance for anti-drug activist	0	0.0%	8	7.9%
	Community empowerment/training on skill/job training	15	15.0%	9	8.9%
Central Java	Health counseling	62	63.3%	71	69.6%
	Socialization on health/the danger of drugs	34	34.7%	37	36.3%
	Training on health volunteer/anti-drug volunteer	2	2.0%	4	3.9%
	Technical guidance for anti-drug activist	0	0.0%	2	2.0%
	Community empowerment/training on skill/job training	29	29.6%	66	64.7%
Special Region of Yogyakarta	Health counseling	95	86.4%	104	94.5%
	Socialization on health/the danger of drugs	65	59.1%	34	30.9%
	Training on health volunteer/anti-drug volunteer	30	27.3%	5	4.5%
	Technical guidance for anti-drug activist	13	11.8%	3	2.7%
	Community empowerment/training on skill/job training	51	46.4%	35	31.8%
East Java	Health counseling	82	75.2%	97	84.3%
	Socialization on health/the danger of drugs	9	8.3%	52	45.2%
	Training on health volunteer/anti-drug volunteer	2	1.8%	6	5.2%
	Technical guidance for anti-drug activist	2	1.8%	7	6.1%
	Community empowerment/training on skill/job training	7	6.4%	62	53.9%
Banten	Health counseling	8	8.2%	41	44.1%
	Socialization on health/the danger of drugs	0	0.0%	0	0.0%
	Training on health volunteer/anti-drug volunteer	0	0.0%	0	0.0%
	Technical guidance for anti-drug activist	0	0.0%	0	0.0%
	Community empowerment/training on skill/job training	1	1.0%	0	0.0%

Appendix 6
Community Knowledge on the Information of the Danger of Drugs in Five Provinces

Province	Information on the Danger of Drugs	Status of Village			
		DP		NDP	
		n	%	n	%
West Java	a. Types of drugs	92	92.9%	69	81.2%
	b. Impacts of drugs	94	94.9%	75	88.2%
	c. Prevention of the danger of drugs	79	79.8%	47	55.3%
	d. Rehabilitation (recovery) of drug addiction	57	57.6%	29	34.1%
	e. Legal rule on drugs	15	15.2%	18	21.2%
	f. Legal sanction on drug abuse	67	67.7%	64	75.3%
	g. Legal sanction on drug trafficking	63	63.6%	64	75.3%
	h. Drug rehabilitation location	23	23.2%	16	18.8%
	i. Place to report in the event of drug abuse and illicit trafficking	52	52.5%	10	11.8%
Central Java	a. Types of drugs	85	87.6%	78	81.3%
	b. Impacts of drugs	97	100.0%	94	97.9%
	c. Prevention of the danger of drugs	77	79.4%	65	67.7%
	d. Rehabilitation (recovery) of drug addiction	70	72.2%	62	64.6%
	e. Legal rule on drugs	66	68.0%	57	59.4%
	f. Legal sanction on drug abuse	84	86.6%	77	80.2%
	g. Legal sanction on drug trafficking	83	85.6%	74	77.1%
	h. Drug rehabilitation location	32	33.0%	28	29.2%
	i. Place to report in the event of drug abuse and illicit trafficking	43	44.3%	54	56.3%
Special Region of Yogyakarta	a. Types of drugs	65	63.7%	90	87.4%
	b. Impacts of drugs	97	95.1%	95	92.2%
	c. Prevention of the danger of drugs	74	72.5%	83	80.6%
	d. Rehabilitation (recovery) of drug addiction	38	37.3%	69	67.0%
	e. Legal rule on drugs	74	72.5%	80	77.7%
	f. Legal sanction on drug abuse	66	64.7%	90	87.4%
	g. Legal sanction on drug trafficking	67	65.7%	78	75.7%
	h. Drug rehabilitation location	26	25.5%	27	26.2%
	i. Place to report in the event of drug abuse and illicit trafficking	34	33.3%	33	32.0%

Province	Information on the Danger of Drugs	Status of Village			
		DP		NDP	
		n	%	n	%
East Java	a. Types of drugs	52	57.8%	64	64.6%
	b. Impacts of drugs	71	78.9%	75	75.8%
	c. Prevention of the danger of drugs	36	40.0%	58	58.6%
	d. Rehabilitation (recovery) of drug addiction	39	43.3%	39	39.4%
	e. Legal rule on drugs	36	40.0%	62	62.6%
	f. Legal sanction on drug abuse	33	36.7%	80	80.8%
	g. Legal sanction on drug trafficking	33	36.7%	77	77.8%
	h. Drug rehabilitation location	13	14.4%	17	17.2%
	i. Place to report in the event of drug abuse and illicit trafficking	19	21.1%	25	25.3%
Banten	a. Types of drugs	16	36.4%	3	6.4%
	b. Impacts of drugs	28	63.6%	41	87.2%
	c. Prevention of the danger of drugs	3	6.8%	2	4.3%
	d. Rehabilitation (recovery) of drug addiction	6	13.6%	0	0.0%
	e. Legal rule on drugs	8	18.2%	42	89.4%
	f. Legal sanction on drug abuse	11	25.0%	32	68.1%
	g. Legal sanction on drug trafficking	13	29.5%	29	61.7%
	h. Drug rehabilitation location	0	0.0%	0	0.0%
	i. Place to report in the event of drug abuse and illicit trafficking	0	0.0%	0	0.0%

Appendix 7
Source of Information Related to Information on the Danger of Drugs
in Five Provinces

Province	Source of Information related to the Danger of Drugs	Status of Village			
		DP		NDP	
West Java	a. Face to face media (socialization, seminar, counseling)	11	11.1%	27	31.8%
	b. Printed media (announcement wall, leaflet, poster, book)	85	85.9%	19	22.4%
	c. Television	99	100.0%	85	100.0%
	d. Radio	9	9.1%	4	4.7%
	e. Internet	51	51.5%	20	23.5%
	f. Social media	54	54.5%	20	23.5%
	g. Family/Relatives	72	72.7%	22	25.9%
	h. Friend/Neighbour	71	71.7%	25	29.4%
	i. Peer group	21	21.2%	5	5.9%
	j. Community	5	5.1%	2	2.4%
	k. Community leader/Religious leader	36	36.4%	8	9.4%
	l. Village official	20	20.2%	14	16.5%
	m. Health official	45	45.5%	17	20.0%
	n. Anti drug volunteer	0	0.0%	2	2.4%
Central Java	a. Face to face media (socialization, seminar, counseling)	33	34.0%	32	33.3%
	b. Printed media (announcement wall, leaflet, poster, book)	62	63.9%	59	61.5%
	c. Television	90	92.8%	91	94.8%
	d. Radio	14	14.4%	16	16.7%
	e. Internet	49	50.5%	40	41.7%
	f. Social media	51	52.6%	42	43.8%
	g. Family/Relatives	44	45.4%	37	38.5%
	h. Friend/Neighbour	53	54.6%	42	43.8%
	i. Peer group	36	37.1%	22	22.9%
	j. Community	15	15.5%	14	14.6%
	k. Community leader/Religious leader	43	44.3%	37	38.5%
	l. Village official	35	36.1%	35	36.5%
	m. Health official	34	35.1%	35	36.5%
	n. Anti drug volunteer	1	1.0%	10	10.4%
Special Region of Yogyakarta	a. Face to face media (socialization, seminar, counseling)	57	55.9%	40	38.8%
	b. Printed media (announcement wall, leaflet, poster, book)	74	72.5%	86	83.5%
	c. Television	94	92.2%	97	94.2%
	d. Radio	20	19.6%	18	17.5%
	e. Internet	60	58.8%	60	58.3%
	f. Social media	61	59.8%	69	67.0%

Province	Source of Information related to the Danger of Drugs	Status of Village			
		DP		NDP	
	g. Family/Relatives	38	37.3%	38	36.9%
	h. Friend/Neighbour	49	48.0%	39	37.9%
	i. Peer group	24	23.5%	21	20.4%
	j. Community	16	15.7%	11	10.7%
	k. Community leader/Religious leader	49	48.0%	42	40.8%
	l. Village official	52	51.0%	32	31.1%
	m. Health official	44	43.1%	30	29.1%
	n. Anti drug volunteer	3	2.9%	9	8.7%
East Java	a. Face to face media (socialization, seminar, counseling)	18	20.0%	54	54.5%
	b. Printed media (announcement wall, leaflet, poster, book)	50	55.6%	64	64.6%
	c. Television	87	96.7%	96	97.0%
	d. Radio	22	24.4%	49	49.5%
	e. Internet	35	38.9%	50	50.5%
	f. Social media	40	44.4%	55	55.6%
	g. Family/Relatives	32	35.6%	45	45.5%
	h. Friend/Neighbour	46	51.1%	50	50.5%
	i. Peer group	21	23.3%	33	33.3%
	j. Community	7	7.8%	31	31.3%
	k. Community leader/Religious leader	30	33.3%	35	35.4%
	l. Village official	15	16.7%	33	33.3%
	m. Health official	21	23.3%	55	55.6%
	n. Anti drug volunteer	6	6.7%	18	18.2%
Banten	a. Face to face media (socialization, seminar, counseling)	0	0.0%	2	4.3%
	b. Printed media (announcement wall, leaflet, poster, book)	4	9.1%	0	0.0%
	c. Television	43	97.7%	39	83.0%
	d. Radio	0	0.0%	0	0.0%
	e. Internet	3	6.8%	8	17.0%
	f. Social media	4	9.1%	8	17.0%
	g. Family/Relatives	2	4.5%	44	93.6%
	h. Friend/Neighbour	7	15.9%	45	95.7%
	i. Peer group	0	0.0%	6	12.8%
	j. Community	0	0.0%	0	0.0%
	k. Community leader/Religious leader	0	0.0%	0	0.0%
	l. Village official	0	0.0%	0	0.0%
	m. Health official	0	0.0%	0	0.0%
	n. Anti drug volunteer	0	0.0%	0	0.0%

Appendix 8
Attitude Toward Drug Abuse

Province	Attitude toward drug abuse	Status of Village			
		DP		NDP	
		n	%	n	%
West Java	Agree	0	0.0%	1	1.0%
	Disagree	100	100.0%	100	99.0%
Central Java	Agree	0	0.0%	1	1.0%
	Disagree	98	100.0%	101	99.0%
Special Region of Yogyakarta	Agree	0	0.0%	1	0.9%
	Disagree	110	100.0%	109	99.1%
East Java	Agree	2	1.8%	1	0.9%
	Disagree	107	98.2%	114	99.1%
Banten	Agree	0	0.0%	0	0.0%
	Disagree	98	100.0%	93	100.0%

The book of Village Potential in Drug Abuse Prevention contains data results from National Narcotics Board research in collaboration with Research and Development Center for Family Planning and Prosperous Family of the National Population and Family Planning Board in 2019. The results of the research show that selected villages have the potential to support Prevention and Eradication of Drug Abuse and Illicit Trafficking program, among others by utilizing the availability of human resources, natural resources, economic resources from the agriculture, trade and home industry sectors as well as the opportunity to use the village budget for Prevention and Eradication of Drug Abuse and Illicit Trafficking activities. The research results also show that there are groups of potential community activities as a means for delivering Prevention and Eradication of Drug Abuse and Illicit Trafficking messages in rural areas. The condition of medical and social facilities and the potential of local village wisdom are interesting things explored in this research so that they can be used as a medium for delivering Prevention and Eradication of Drug Abuse and Illicit Trafficking information to rural communities.

Therefore, through this research, National Narcotics Board, stakeholders, and community are expected to be able to know and understand their potential in order to support the implementation of Prevention and Eradication of Drug Abuse and Illicit Trafficking program and minimize the challenges so that Prevention and Eradication of Drug Abuse and Illicit Trafficking program in rural areas can run optimally. The author hopes that in the future the village potential described in the results of this research can be optimally and continuously managed to improve drug abuse prevention programs in Indonesia currently and in the future.

- AM Sardiman. 2001. Interaksi dan Motivasi Belajar Mengajar. Jakarta: PT. Raja Grafindo Persada (Rajawali Pers).
- Antoro, L.J. (2006). Mencegah Terjerumus Narkoba. Tangerang: Agromedia Pustaka.
- Badan Narkotika Nasional, (2015). Survei Prevalensi Penyalahgunaan Narkoba pada Kelompok Rumah Tangga di 20 Provinsi Tahun 2015. Jakarta. Pusat Penelitian Data dan Informasi.
- Badan Narkotika Nasional, (2017). Peta Rawan Narkoba di Indonesia Tahun 2016, Jakarta: Deputi Bidang Pemberdayaan Masyarakat BNN.
- Badan Pusat Statistik, 2018, Statistik Potensi Desa Tahun 2018, Jakarta: Badan Pusat Statistik.
- Baron, R. A dan Donn Byrne. 2003. Psikologi Sosial. Jakarta: Erlangga.
- Bungin, Burhan (2007). Penelitian Kualitatif. Jakarta, Fajar Interpretana.
- Creswell, John W., (2015). Research Design: Pendekatan Kualitatif, Kuantitatif dan Mixed Edisi Ketiga, Yogyakarta: Pustaka Pelajar.
- Desi. 2013. Sosiologi SMA Kelas X. Jakarta: Erlangga.
- Enam Kasus Narkoba Terbesar di Indonesia, Batam Setara Sindikat Anyer, diakses dari: <https://www.inews.id/news/read/53834/6-kasus-narkoba-terbesar-di-indonesia-batam-setara-sindikat-anyer>, pada tanggal 20 Maret 2019 pukul 11.41 WIB.
- Gono, J.N.S. (2007). Narkoba: Bahaya penyalahgunaan dan pencegahannya. Semarang: FISIP Undip.
- Nachrowi, Usman. (2002). Penggunaan Teknik Ekonometri. Pendekatan Populer dan Praktis. Dilengkapi Teknik Analisis dan Pengolahan Data dengan Menggunakan Paket Program SPSS. Jakarta: PT. RajaGrafindo Persada.

- Peran Keluarga dalam Upaya Pencegahan Narkoba, diakses dari: <https://www.kompasiana.com/rudywiryadi2002/5ae7c9875e137365ef234996/narkoba?page=1> pada 22 Oktober 2019.
- Puspitawati, Herien. 2013. Konsep dan Teori Keluarga. Bogor: Departemen Ilmu Keluarga dan Konsumen Fakultas Ekologi Manusia–Institut Pertanian Bogor.
- Rahmadona, Elvisa dan Agustin Helfi, (2014). Faktor yang Berhubungan dengan Penyalagunaan Narkoba di RSJ Prof.HB. Saa'nin. Jurnal Kesehatan Masyarakat Andalas. April-september 2014. Vol.8 No.2. Hal.60-66. <http://jurnal.fkm.unand.ac.id/index.php/jkma/>
- Ryan, T. (2013). Sample Size Determination and Power. John Wiley and Sons.
- Salvicion dan Celis, (1998). Bina Keluarga. Terjemahan. Jakarta: Rineka Cipta.
- Sardiman, AM (2001). Interaksi dan Motivasi Belajar Mengajar. Jakarta: PT.Raja Grafindo Persada.
- Siwa, O. U. (2019). BNN Jadikan Desa sebagai Basis Pertahanan Narkoba. 17 Juni 2019. <https://www.kompasiana.com/oscarumbu/5d071ba30d8230652170e672/bnn-jadikan-desa-sebagai-basis-pertahanan-narkoba>, diakses pada tanggal 22 Oktober 2019.
- Soekanto, Soerjono (2009). Sosiologi Suatu Pengantar. Jakarta: Raja Grafindo Persada.
- Sugeng Iwan. 2003. Pengasuhan Anak dalam Keluarga. Jakarta: Erlangga.
- UNODC (2010), Handbook on the Crime Prevention Guidelines Making Them Work: Criminal Justice Handbook Series. New York: UNODC.
- Undang-Undang Nomor 35 Tahun 2009 tentang Narkotika.
- Undang-Undang Republik Indonesia Nomor 52 Tahun 2009 Tentang Perkembangan Kependudukan dan Pembangunan Keluarga
- Undang-Undang Nomor 6 Tahun 2014 tentang Desa.



**RESEARCH, DATA, AND INFORMATION CENTER
NATIONAL NARCOTICS BOARD
(PUSLITDATIN BNN)**

MT. Haryono Road 11, Cawang, East Jakarta

Website: www.bnn.go.id

Email : puslitdatin@bnn.go.id.

Call Center : 184

SMS Center: 081221675675

VILLAGE POTENTIAL IN DRUG ABUSE PREVENTION 2019

Drug abuse is increasing and has spread to rural areas. Drug abuse is not only targeting the adults, but also children, adolescents, and young generation. It is time for us to maintain the resilience and security of the village from the threat of drug abuse and illicit trafficking to create drug free village.

National Narcotics Board and National Population and Family Planning Board have conducted research to explore the potential of villages in preventing drug abuse in five provinces: West Java, Banten, Special Region of Yogyakarta, Central Java, and East Java. The interesting information is the description of the potential and challenges of the village ranging from social issue, community reactions to drug problems, family control systems, village efforts and initiatives in the prevention of drug abuse in rural environments, and the involvement of agencies in drug countermeasure at the regency level. This finding can be a material for formulating policies and programs to countermeasure drug issues, especially in the rural areas in the future.



**Research, Data, and Information Center
National Narcotics Board (PUSLITDATIN BNN)**

MT Haryono Road 11. Cawang, East Jakarta

Website : www.bnn.go.id

Email : puslitdatin@bnn.go.id

Call Center : 184

SMS Center : 0812-221-675-675

ISBN 978-623-93775-0-2

