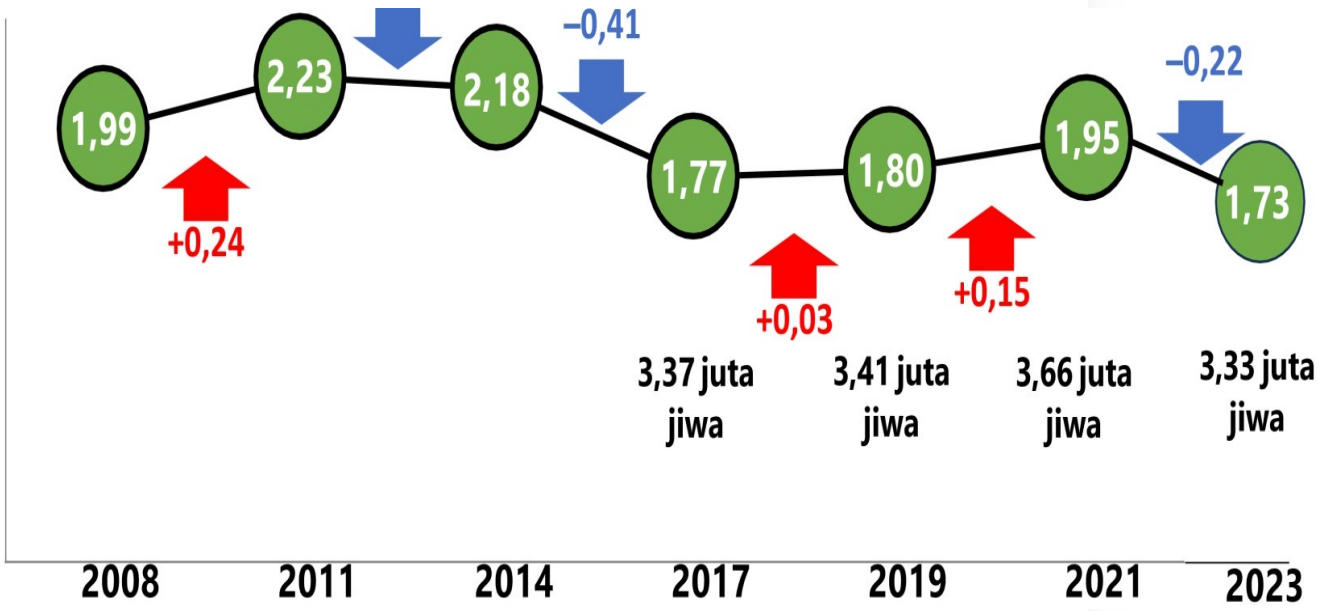
Community Participation in Drug Prevention and Eradication: Policy, Strategies, and Practices in Indonesia

Bali, September 17th 2025

Background



- In 2022, there were 292 million drug abusers worldwide (equivalent to 1 in 18 of the world's population); 13.9 million of them used drugs through injection (UNODC, 2024).
- In 2023, the prevalence of drug abuse in Indonesia was 1.73% (3,337,911 people). Urban (2.10%); Rural (1.20%), Male (2.41%); Female (1.73%) (BNN, 2023)
- Indonesia's geographical location makes it easy for drugs to enter: 17,380 islands, a coastline of 99,083 km, large rivers, and borders with other countries (UNODC, 2024).
- The Indonesian government has positioned the fight against drugs as part of its **Asta Cita** (Eight National Priorities) agenda, particularly under the pillar of “Political, Legal, and Bureaucratic Reform and Eradication of Corruption and Drugs.”

Policy Framework: Community Participation in Law No. 35/2009

Law No. 35/2009 emphasizes that the community is not only a target of protection but also an **active actor** in narcotics prevention and eradication.

Articles 104 opens the door for broad community participation.

Articles 105 establishes that participation carries **both rights and responsibilities**.

Further articles specify that communities are entitled to information, services, protection, and recognition when contributing to anti-narcotics efforts.

Mandate of the Directorate of Community Participation

Empowerment, involves equipping communities with knowledge, skills, and organizational capacity

Partnership, collaboration with local governments, civil society, religious organizations, and private actors

Sustainability, ensure that programs continue beyond initial interventions through local ownership and institutional integration

Program Implementation

01

Kota Tanggap Ancaman Narkoba (Responsive City to Drug Threats)

02

Training of P4GN Activists

03

Community Empowerment in Vulnerable Areas

Kota Tanggap Ancaman Narkoba (Responsive City to Drug Threats)

Aim

- Establish drug-resilient cities that integrate P4GN into local development.
- Create local regulations and institutional frameworks supporting community participation.
- Foster multi-sectoral collaboration involving governments, NGOs, private sector, and communities.
- Establish monitoring and evaluation systems for sustainability

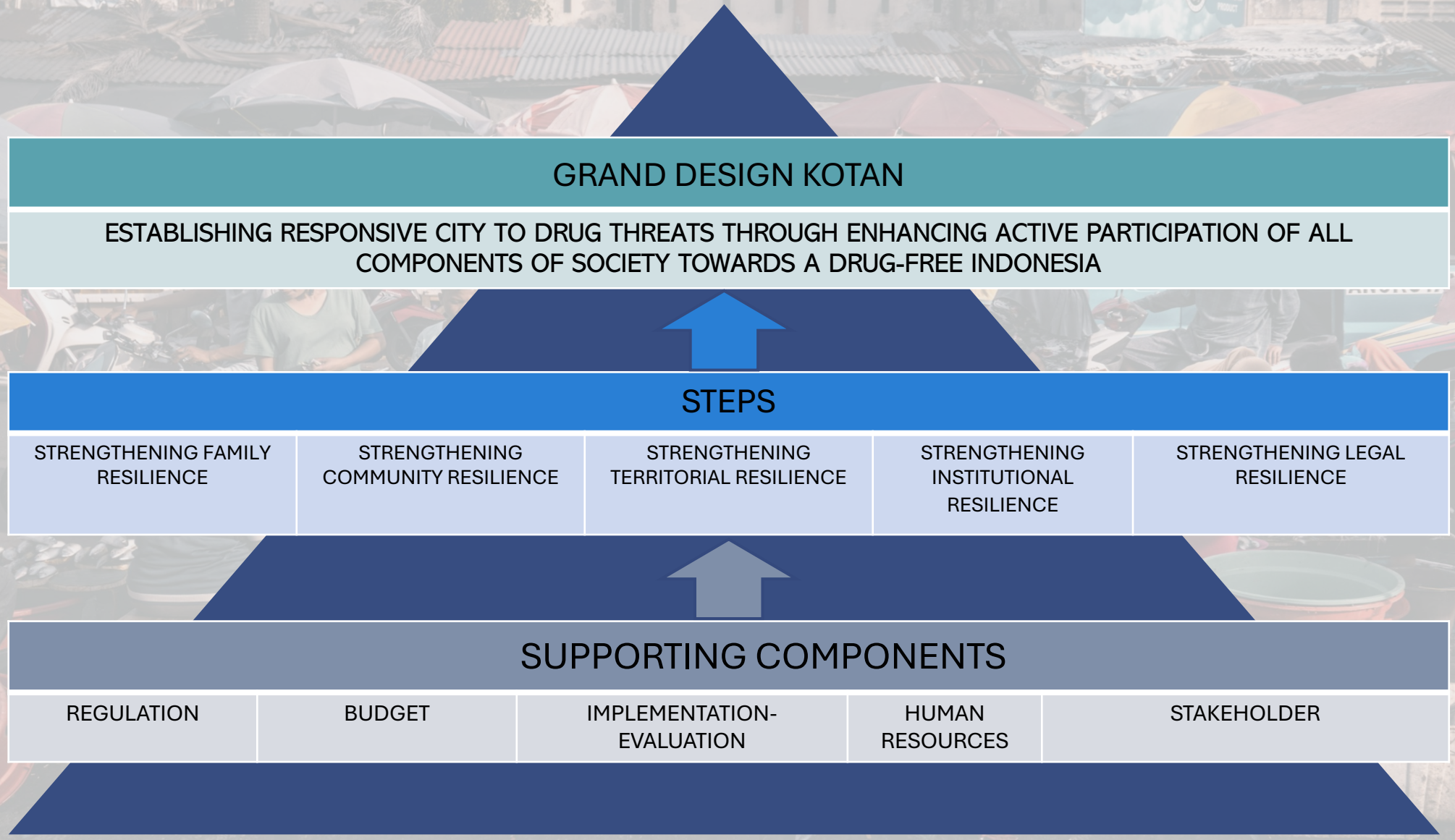
Strategies

- Developing city-level task forces.
- Integrating P4GN into urban planning and budgeting.
- Mobilizing schools, universities, workplaces, and families.
- Establishing public awareness campaigns.

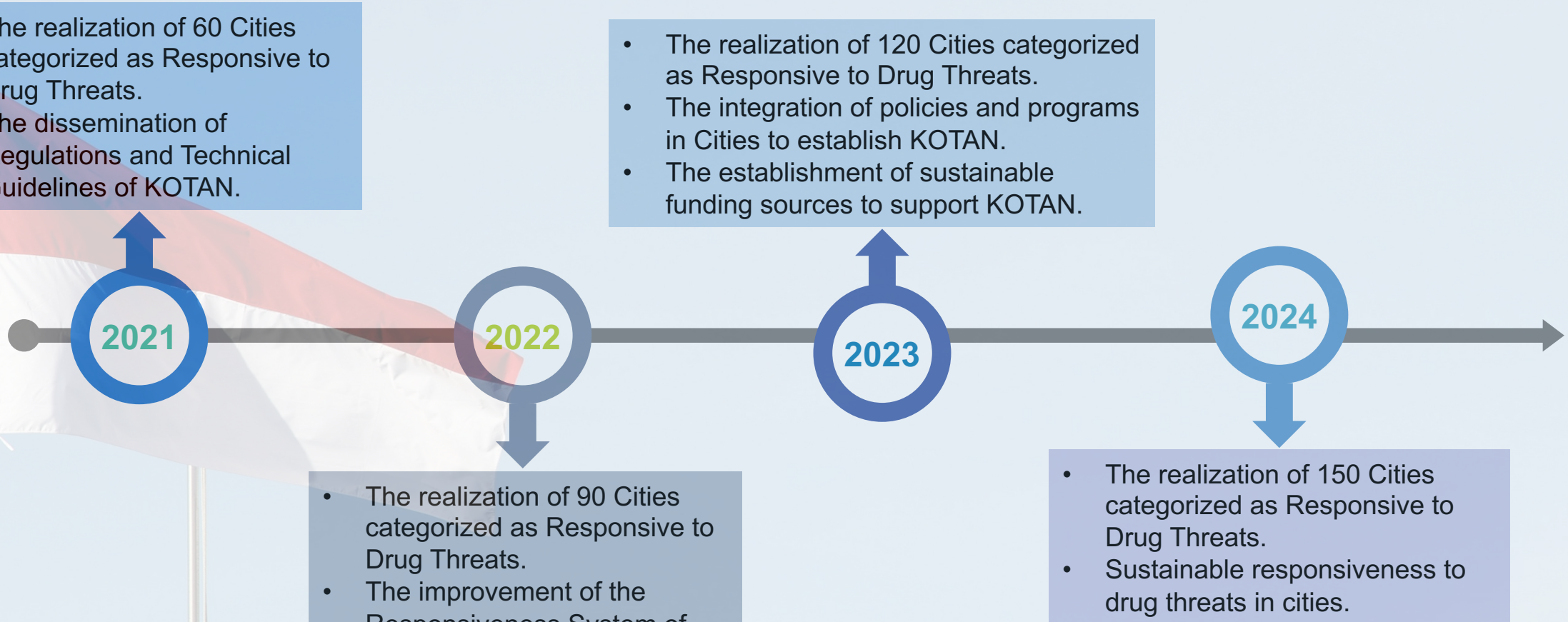
Achievements (2021-2024)

- Over 100 cities/regencies initiated KOTAN frameworks.
- Dozens of local regulations (Perda/Perkada) enacted to support P4GN.
- Community vigilance groups established in vulnerable neighborhoods.
- Increased awareness among urban youth, measured through surveys showing reduced tolerance toward drug use.

Grand Design Kota Tanggap Ancaman Narkoba (Responsive City to Drug Threats)



ROAD MAP KOTAN



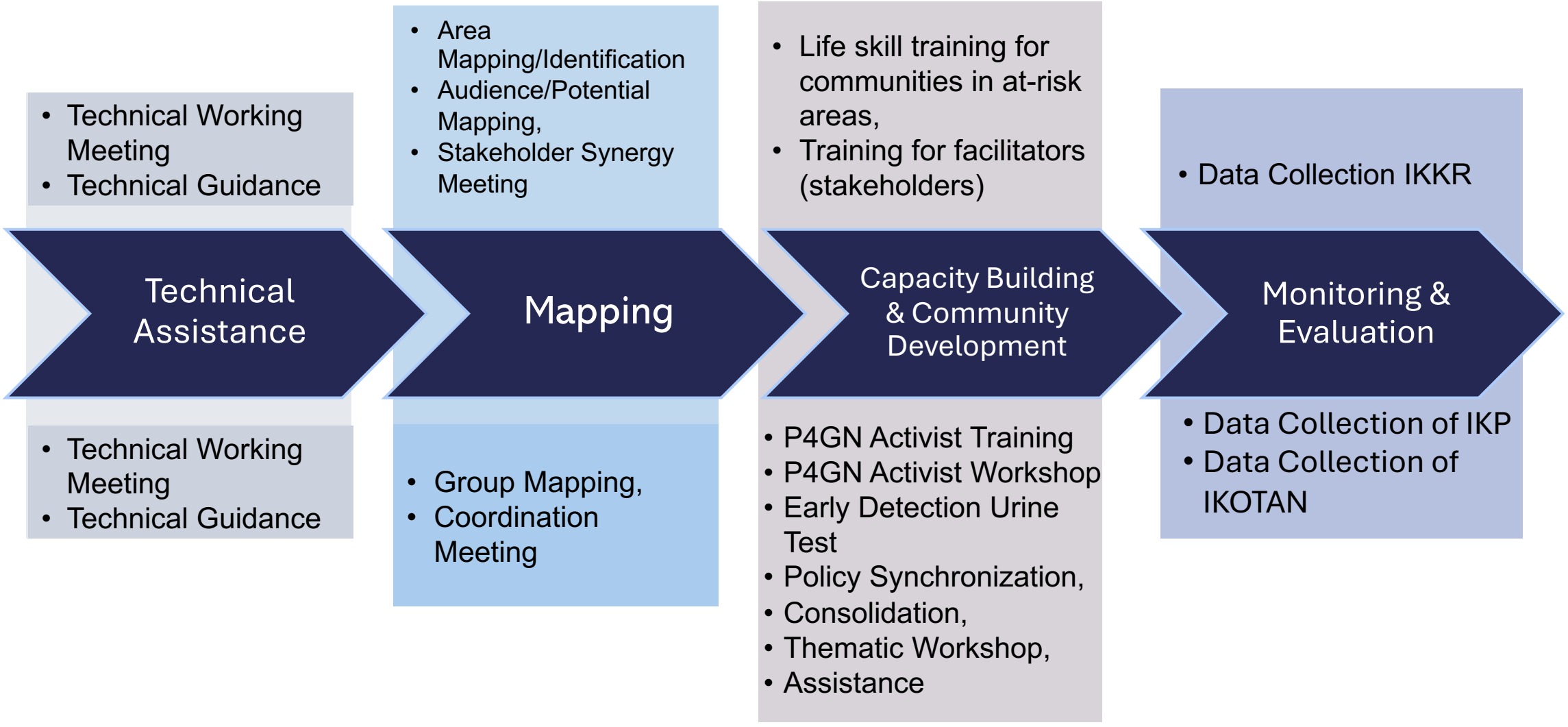
- The realization of 60 Cities categorized as Responsive to Drug Threats.
- The dissemination of Regulations and Technical Guidelines of KOTAN.

- The realization of 90 Cities categorized as Responsive to Drug Threats.
- The improvement of the Responsiveness System of Cities to Drug Threats.

- The realization of 120 Cities categorized as Responsive to Drug Threats.
- The integration of policies and programs in Cities to establish KOTAN.
- The establishment of sustainable funding sources to support KOTAN.

- The realization of 150 Cities categorized as Responsive to Drug Threats.
- Sustainable responsiveness to drug threats in cities.

Business Process of Drug-Threat Responsive City (KOTAN)



Kota Tanggap Ancaman Narkoba (Responsive City to Drug Threats)

- By 2024, BNN had facilitated the implementation of KOTAN in 173 districts/municipalities across 34 provinces in Indonesia.
- The level of responsiveness of local governments and communities is measured through the Drug Threat Responsiveness Index (IKOTAN). Based on 2024 results:
  a. 59 regencies/municipalities were classified as Highly Responsive,
  b. 111 regencies/municipalities as Responsive,
  c. 3 regencies/municipalities as Moderately Responsive.
- The IKOTAN 2024 score reached 3.107, categorized as Responsive with a Grade B rating. Compared to the previous year, the index increased by 0.257 points, indicating an improvement in local responsiveness to drug threats at the national level.

Training of P4GN Activists

Targets	Purpose	Achievements
• Educational institutions (teachers, students, parent associations). • Workplace environments (civil servants, private employees). • Community organizations (religious leaders, youth groups, women's organizations)	• To create multipliers who can disseminate anti-drugs messages, lead initiatives, and sustain community vigilance	• In 2024, 11.537 of P4GN activist had been trained nationwide, generating a broad network grassroots actors actively engaged in preventive education, advocacy, and early detection.

Training of P4GN Activists

To **measure the impact** of P4GN activists' interventions, BNN applies the **Community Participation Independence Index (IKP)**. This index evaluates how community awareness, concern, and independence in drug prevention have improved as a result of P4GN initiatives.

Sector	Index	Category
The education sector	3.54	Very Independent
The private sector	3,91	Very Independent
Government institutions	3,61	Very Independent
Community	3,55	Very Independent

Nationally, the **average IKP score** stands at **3.59 (Very Independent)**, reflecting the success of interventions led by P4GN activists in building sustainable community resilience.

Community Empowerment in Vulnerable Areas

- Urban slums: Kampung Kubur (North Sumatra), Kampung Beting (West Kalimantan), Kampung Aceh (Riau Islands).
- Coastal areas: Langkat (North Sumatra), Badung (Bali), Kendari (Southeast Sulawesi).
- Border regions: Entikong (West Kalimantan).

Community Empowerment in Vulnerable Areas

- Participatory mapping of problems and potentials.
- Community-driven action planning.
- Empowerment through alternative livelihoods, awareness campaigns, and strengthening local norms against drug abuse

Mapping Problems and Potentials

Kampung Kubur (North Sumatra): Historically a hotspot for drug trafficking, characterized by poverty, unemployment, and weak social cohesion. Community mapping highlighted the need for economic alternatives and strengthened social capital. Action plans included vocational training, micro-enterprise development, and youth engagement.

Kampung Beting (West Kalimantan): A riverine community vulnerable to trafficking routes along the Kapuas River. Mapping revealed both risks (illicit transport, marginalization) and potentials (strong kinship networks, religious leadership). The action plan combined community surveillance, religious education, and small-scale fisheries development.

Kampung Aceh (Riau Islands): Located in an archipelagic trafficking corridor. Community mapping underscored maritime vulnerabilities but also local entrepreneurship potentials. Interventions included maritime patrols with local fishermen and entrepreneurship support.

Coastal Areas (Langkat, Badung, Kendari): Drug trafficking often intersects with illegal fishing and coastal marginalization. Action plans integrated livelihood programs with drug awareness campaigns.

Border Areas (Entikong, West Kalimantan): Entikong is a key land border with Malaysia, vulnerable to cross-border trafficking. Community mapping identified porous borders and weak surveillance as risks, while highlighting strong traditional institutions as potentials. Local action plans combined border vigilance with cultural-based prevention.

Challenges

- **Sustainability:** Many community initiatives rely on external funding or facilitation. Once programs end, local ownership is sometimes insufficient to sustain activities.
- **Coordination with Local Governments:** While some local governments have integrated P4GN into their plans, others remain reluctant or passive, seeing drug issues as the sole responsibility of BNN.
- **Resource Limitations:** The scale of the problem far exceeds available resources. Human and financial capacities within BNN and communities are stretched thin.
- **Cultural and Social Barriers:** In certain communities, stigma against drug users hinders inclusive approaches that combine prevention with rehabilitation. Some communities also deny the presence of drug problems due to fear of reputational damage.

What We Have to Improve

1

Institutional Strengthening: Elevate the role of community participation in national and local policy frameworks, with clear budget allocations.

2

Integration with Development Planning: Ensure that P4GN is embedded in local development agendas (RPJMD, SDGs localization).

3

Sustainable Empowerment Models: Develop long-term economic and social empowerment initiatives that reduce vulnerabilities and provide alternatives to drug economies.

4

Inclusive Approaches: Reduce stigma by combining prevention with rehabilitation and reintegration, ensuring that communities are supportive of recovery.

5

Enhanced Monitoring: Shift from output-based to outcome-based evaluation, using indicators such as prevalence reduction, resilience scores, and sustainability metrics.

6

International Cooperation: Strengthen cross-border collaborations, especially in border and coastal areas, to address transnational trafficking.

Closing

Indonesia’s experience demonstrates that community participation is indispensable in confronting the complex drug problem. With strengthened frameworks, deeper integration, and sustained empowerment, communities can move from being vulnerable targets of drug syndicates to becoming resilient actors of national resilience and public health.