

Policy Drugs Prevention Model Based on Local Wisdom in Lhokseumawe

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Abstract: Drug prevention policies have not been able to reduce the number of drug abuse in Lhokseumawe that has continued to increase in the last five years (2012-2017). This study used a qualitative approach within-depth interview, data collection techniques, (in-depth interview), observation, and documentation. Data analysis conducted qualitatively with interactive analysis model. The results show that primary prevention policy is nearly preventive measures so that people do not abuse drugs. This precaution aimed at those who have not contaminated with drugs and need protection from the effects of drugs. A secondary prevention policy performed to initiate drug abusers who have just used or dabbled. They made aware that later will not develop into addicts because of the addictive effects of drugs consumed. This prevention directs drug abuser to make healthy lifestyles in their daily life. In addition, they also assisted for their therapy and rehabilitation. The tertiary prevention policy intended for long-term addicts, and in this precautionary stage, the addicts are rehabilitated, treated and recovered. In the rehabilitation period, the addicts recovered from dependency so that they can live normal and socialize again with family and society. Drug prevention policies are more dominant with a bureaucratic networking approach established through Memorandum of Understanding (MOU), Integrity Pact and joint recommendations. Collaboration between bureaucratic actors and local wisdom-based society not yet fully implemented because the meaning of collaboration is not comprehensive.

Index terms: Policy Model, Drug Prevention, Local Wisdom, and Actor Collaboration

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I. INTRODUCTION

Lhokseumawe is one of the areas that became the target of drug trafficking transactions and the city became the site of operation of international drug networks. The condition has encouraged BNNK, Police, Municipal and vertical agencies in this area to declare commitment and MoU to make Lhokseumawe a drug free city, both in society and in government work environment [22].

In addition, BNNK (National Agency for

Narcotics of Municipalities / Districts) sign an integrity pact and established anti-drug cadres of City, gampong government units, Anti-Drugs Task Force Education Institutions, Anti-Drugs Ambassadors, anti-drug campaigns, raids, advocacy, rehabilitation and empowerment for former drug users. In the effectiveness of four pillars of handling drug problems, (prevention, community empowerment, rehabilitation and eradication) for the creation of a drug-free society environment.

On the other hand, anti-drug movement also carried out by the community pioneered by community leaders, Teungku Dayah and Youth Anti-Drugs Cadre at Gampong level. At the gampong level, the drug prevention policy conducted in accordance with local wisdom. This policy pioneered by community figures, Teungku Dayah, and Pemuda Anti Gampong. This is one example of community prevention that is quite effective compared to prevention based on bureaucratic approaches.

The anti-drug policy in Gampong Ujong Pacu followed by other gampong such as Gampong Mon Geudong, Teumpok Teumpok Village and Ujong Blang Lhokseumawe, with prevention policies that vary according to the local wisdom of each gampong.

POLICY DRUGS PREVENTION MODEL BASED ON LOCAL WISDOM IN LHKOSEUMAWE

Collective movement against drugs in gampong done with determination and courage based on agreement of substance prescription of forbidden acts as a common reference that in accordance with the substance of local wisdom and Islamic beliefs it embraces, drugs are not allowed / prohibited. Therefore, for individuals who violate it can be subject to sanctions, both social and formal law. Nevertheless, drug abuse in Lhokseumawe continues to increase in the last 5 years (2012-2016). Various modes of illicit drug abuse and illicit activity are increasingly troubling the public. For five years, 229 drug addicts, 363 drug offenders and 487 drug suspects [21]

Drug users reported by the family for rehabilitation carried out in two forms of rehabilitation: outpatient rehabilitation and inpatient rehabilitation. The number of families of rehabilitated drug user reporters in the period 2012-2016 for the last five years as many as 516 people, while those who rehabilitated 72 outpatients and have been rehabilitated as much as 115 people. It means that 329 drug users have not been rehabilitated. The average drug users in the outpatient and inpatient rehab were drug users of shabu type 70%, marijuana 20% and shabu and marijuana users 10%. Dominant drug users are male by age 14-25 (school age) and age 26-35 (Source: BNN Kota Lhokseumawe 2017).

Average drug users in outpatient rehabilitation and inpatient care consisted of 70% shabu drug users, 20% marijuana and shabu users, and marijuana users at 10%.

The rise of drug trafficking in the city of Lhokseumawe has a negative impact on the younger generation of Lhokseumawe. Therefore, the Lhokseumawe City Legislative Assembly gave one recommendation to the Health Office intensively socializing the dangers of drugs to the people of Lhokseumawe City so that people are aware of the dangers of drugs [19]

This reality shows the ineffectiveness of drug prevention policy in Lhokseumawe, although the Police, BNNK, Municipal Government, DPRD, MPU and Vertical Agency in Lhokseumawe City have stated commitment in the form of MoU, Integrity Pact and Joint Recommendation as a

form of collaboration of actors in drug prevention.

Based on the above problems it is necessary to research the form of drug prevention policy by the government bureaucracy and the gampong community in Lhokseumawe from the actor-based collaborative approach of local wisdom as a model of policy.

A. Formulation of the problem

Based on the background of the above problem then in the formulation of the problem in this study shows the model of drug prevention policies based on local wisdom in the city of Lhokseumawe.

B. Research purposes

The purpose of this research is to understand the form of policy of drug prevention policy from aspect of primary prevention policy, secondary prevention policy, and tertiary prevention policy based on local wisdom in Kota Lhokseumawe. C. **Benefits of research**

The benefit of this research is to provide solutions in the form of model of drug prevention policy based on local wisdom to prevent drug abuse in Lhokseumawe City.

II. LITERATURE REVIEW

A. Theoretical Perspective

Purwoko (2010) states that public policy is no longer an exclusive process involving state actors, but is also a product of networking, collaboration, and partnership between the elements of governance (policy network). Suwitri (2008) also states that there is a need for a network that can connect the state with public actors to integrate in a public policy process at the stage of policy formulation.

These relationships called policy networks. The paradigm of previously developed government management is the only governance exercise. With the paradigm shift from government to governance emphasizing collaboration inequality and balance between government, private sector and civil society, the relational relationships between various actors, both individual and collective, are mainly due to the dependence on resources (Menzel, 1987). Generally, organizations try to reduce the uncertainty (organizational uncertainty) they face by establishing relationships with others, Thompson (1967). This leads to the concept of network having the advantage of overcoming the problem of resource scarcity, which is one part of the uncertainty experienced by organizations.

Criticism of the conception of single actor (state) that has been dominating the process of public policy formulation. With this pattern of relationships, interest groups on a policy issue have access to the formulation process. The administrator as the leading pillar implementing

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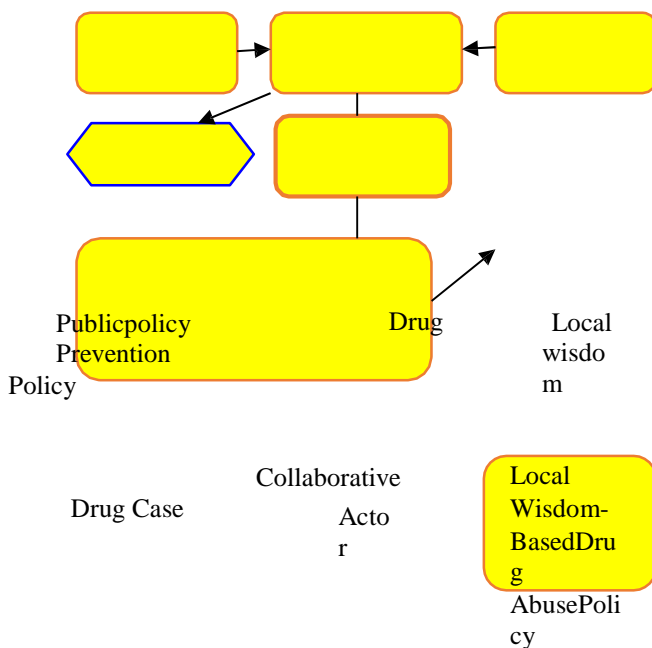
the true public policy requires political support, legitimacy, information, and coalition partners. Meanwhile, interest groups want access to the process of public policy formulation and implementation. This difference in needs is what lies behind the exchange and transaction.

Policy networks by Kenis & Schnelder described in several categories. First, it described actors, second, linkages among actors, third, boundary [14]. Actors are those who are involved in a policy. Linkages among actors defined as relationships among actors served through communication, information, trust and other policy resources. While boundary can be defined as limitations. The boundaries in the policy network according to Carlsson is not a formal institution but a process of mutually beneficial relationships of relevant functions and structures [14]. The most important thing in the policy network is to create trust with each other otherwise a policy network will be vulnerable, which actually makes the actors blame each other. Therefore, mutual trust among fellow actors is the first step that must be achieved first in the network among organizations.

2.2. Conceptual framework

Schematically, the conceptual framework of the model of local wisdom-based drug prevention policy in Lhokseumawe described in the following figure:

Figure 2.1 Conceptual Framework of the Local Wisdom-Based Drug Abuse Prevention Policy Model



Forms of Prevention Policy

- Primary Prevention Policy
- Secondary Prevention Policy
- Tertiary Assessment Policy

III. RESEARCH METHODS

This study uses a qualitative approach with consideration to study and understand more deeply about the model of local drug-based wisdom prevention policy in the city of Lhokseumawe. Sources of data in this study consist of two types, namely primary data and secondary data sources. Data collection is done through in-depth interviews, observation and documentation. The informant is determined by purposive technique. Informants in this research are BNNK, Police, Municipal Government, DPRK, MPU, Rehabilitation Center Counselor, Teungku Dayah, and Community Leader, Gampong Anti-Drugs Cadre (Pageu Gampong, Anti-Drugs Ambassador, and Non-Drugs Health Organization). Data analysis technique using Miles model & Huberman in Sugiyono (2011), who argued that the activities in qualitative data analysis are done interactively and continuously to complete, so the data is saturated. There are three activities in data analysis, namely: data reduction, display data, and conclusion drawing / verification.

IV. RESEARCH RESULT AND DISCUSSION

A. Form of Drug Prevention Policy in Lhokseumawe

B. Primary Prevention Policy

Primary prevention policies undertaken in prevention efforts before drug abuse occurs and is done in the form of education, advocacy, campaigning, dissemination or dissemination of knowledge about the dangers of drugs, and approaches in the family and others. This method is conducted by the government and various community groups anywhere such as: school, residence, occupied work and public places. Various preventive efforts are conducted early so that people do not abuse drugs. Prevention is conducted to people who do not know drugs and community components that can potentially prevent drug abuse.

In the context of primary prevention policy and as a first step effort to prevent drugs, 10

government agencies in Lhokseumawe City together with BNNK Kota Lhokseumawe declared a joint commitment to accelerate the

implementation of P4GN in Lhokseumawe. The signing of the MoU is the foundation for synergic collaboration, establishing a common

POLICY DRUGS PREVENTION MODEL BASED ON LOCAL WISDOM IN LHOEKSEUMAWE

commitment through the awareness and participation of all parties to accelerate the implementation of P4GN's national policies and strategies in saving the nation's generation, in order to realize the free Lhokseumawe City of Drugs. The basic implementation of the MoU between BNNK and government agencies in the region is Law No. 35 of 2009 on Drugs, Presidential Regulation no. 23 of 2010 on the implementation of national policies and strategies on P4GN 2011-2015. Joint Regulation of the Chief Justice of the Supreme Court of Indonesia, Ministry of Law and Human Rights, Social Minister, Attorney General RI Number 01/PB/MA/III/2014, No. 1 of 2014, No. PERNER/01 / III / 2014 / BNN on the handling of Narcotics Addicts and Narcotics Abuse Victims into Rehabilitation Institutions. The primary prevention policy as in the graph above more promoted and has few touches to the object, which means that people who receive promoted efforts are merely passive objects. The message is inherent in the memory of the participants after promoted activities are minimal. Targets are not expected to be realized especially when many participants are involved. Preventive measures considered more effective than promoted. Although the object of the program is the same, that is, people who have not adversely affected by drugs, but preventive efforts as a continuation of promoted efforts have a direct connection to the object in the form of protection.

Primary prevention policies and frequency of programs / activities within the period 2014 - August 2017 as in the following graph:
 Table 4.1 Forms of Primary Prevention Policy 2014-2017

No.	Policy / Program
1	Focus Group Discussion (FGD)
2	P4GN Communication, Information and Education
3	Screening of Anti Narcotics Cartoon Animation Film
4	Drug-Based Development Assistance
5	Saleum Sikula
6	Worshop of the Anti Narcotics Activist of the PBAN Community
7	Anticipating Narcotics Through Scouts
8	PBAN and WEGAC Community Role Work Meetings
9	Advokacy
10	Instructions of the Mayor of the Gampong Siaga Narcotics
11	Mayor's Appeal Stay Away from Drugs
12	Anti Narcotics Campaign
13	Integrity Facts
14	High School Level Inter-Task Force Tournament

15	P4GN Extension
16	P4GN Seminar
17	P4GN socialization
18	Coordination Meeting on the Empowerment of Anti-Narcotics Cadres
19	Establish Anti-Narcotics Cadres in the City Government
20	Signing of the MoU
21	Joint Recommendations
22	Dissemination of Principal/teacher Rehabilitation and Post-Rehabilitation Programs
23	Online Media-based Anti-Narcotics Communication Forum
24	Dialogue on P4GN Information Dissemination through Interactive Dialogue to the Community on RRIR Radio Pro 1 broadcast Lhokseumawe
25	Multi Stakeholder Focus Group Discussion (FGD)
26	Selection of Anti-Narcotics Ambassadors regularly every year
27	Narcotics Hazards Dissemination to 50 State civil apparatus and female dharmamothers
28	Dialogue on P4GN Information Dissemination through Interactive Dialogue to the Community on RRIR Radio Pro 1 broadcasts
29	Development of P4GN Capacity (Workshop) to Media/Journalists
30	Healthy living campaign without drugs
31	Establishment of Anti-Drug Task Force cadres
32	Interactive Dialogue with Young Generation on Radio Pro 2 RRIR broadcasts - JER Dialogue program (Stay away from Drugs)

Source: BNNK Lhokseumawe, processed in August 2017

BNNK and the Police have great authority in preventing, combating abuse, drug trafficking, and drug procurers. However, this authority has not been directly proportional to the implementation of policies in the field. There is no synergy between BNNK, the Police, the Municipal Government and the DPRK with the Community/ Adat, Ulama and Pemuda Pageu Gampong and other elements in the prevention of drugs, so in the last 5 (five) years the number of drug abuse in Lhokseumawe has increased. Sincerity and earnestness become the main capital, without which any policies made, remain meaningless and certainly cannot address the increasing problem of drug abuse in the city of Lhokseumawe.

Sincerity and seriousness in the prevention of drugs should be a capital for the stakeholders so that people can be free from drug problems. Drugs are either a congregation of crime or a chain whose treatment must be intact. The commitment to make the city of Lhokseumawe a drug-free city appreciated but the form of sincerity and sincerity through regulation and authority done something more and more

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widely so that drugs can actually be eradicated from the community.

In implementing the primary policy still found problems mainly in detecting and preventing drug abuse. Three things affect why the number of drug users continue to increase every year in the city of Lhokseumawe. The first is the commitment of policy actors who have not totality, the two drug activities promising economically in the drug chain and the three cultures of society who still consider drug users as a family disgrace so reluctant to report their family members to BNNK for rehabilitation process. Although so far there have been reports to BNNK but only a small part of it and who have not reported just more because the drug problem has a relationship with the environment, especially the hidden peers.

In addition to having great authority, BNNK uses the community to monitor, direct and improve their capacity to prevent against drug abuse by empowering community members, as well as obliging the community to take an active role in drug prevention and eradication efforts. The community used as an investigator by searching, obtaining and providing information, while not being given the right to conduct counseling, mentoring and strengthening of drug addicts. The unintegrated community role in the joint venue indicates that unification within the system of policy collaboration network can be an objection because sincerity and sincerity reflected in totality. Meanwhile, the community has strong legitimacy to prevent and eradicate drug even without the authority determined by the law.

Drug prevention policies are still symbolic and implemented consistently for various reasons and considerations. The following document data is one example of BNNK's college-level advocacy activities resulting in twelve shared recommendations. Students, high school and junior high school students in Lhokseumawe City attended the advocacy work. As an effort to prevent drug abuse in the world of education that destroys the nation's generation is agreed twelve mutual recommendations, namely:

1) The leaders will establish an Integrated Danger Monitoring Team (DMT) of the dangers of drugs in the educational environment (universities) of relevant

agencies / agencies to support government programs in order to prevent drug abuse.

- 2) If there is any indication of drug abuse or drug abuse victim, the leader in the education environment (university) will coordinate with the family. It is to report to the institution of Primary Beneficiary (IPWL) of BNNK Lhokseumawe primary clinic in order to get coaching and undergo rehabilitation program as an effort of recovery from drug dependency.
 - 3) Leaders in the educational environment (universities) grant permission (according to applicable rules) for students who will undergo drug rehabilitation healing dependency program.
 - 4) Implement information and education about the dangers of drug abuse in the college environment.
 - 5) Include the material content of the dangers of drug abuse in the design of teaching materials, reading materials, and extracurricular activities/SMEs;
 - 6) Disseminating literature or reading material containing material on the dangers of drug abuse, whether in print or electronic form;
 - 7) Developing an extracurricular program that is oriented towards a drug-free campus environment;
 - 8) Develop some anti-drug task force and cadres in each university.
 - 9) Involve the elements of universities (students, lecturers, staff, cafeteria manager, security guard and cleaning service) in the effort of Prevention, Eradication, Abuse, and Illicit Circulation of Narcotics (P4GN).
 - 10) Establish rules and regulations in the campus environment.
 - 11) Environmental education (college) to be able to carry out urine tests/screening test at the admission of new students.
 - 12) Educational environments (universities) to be able to carry out routine urine / screening tests in collaboration with BNNK and related agencies. (<https://www.goaceh.co/berita/baca/2016/02/03/cegah-narkoba-bnnk-dan-kampus-hasilkan-12-rekomendasi/#sthash.NbgLjTSA.dpbs>).
- Most of the common recommendations have not worked out as agreed. Action plans for

POLICY DRUGS PREVENTION MODEL BASED ON LOCAL WISDOM IN LHOEKSEUMAWE

implementation clashed with classic issues such as resources, policies, and policy actors. Related to this Edward III (in Subarsono, 2011) describes several variables that affect the implementation of the policy are: communication, resources, disposition and bureaucratic structure.

Drug prevention in Gampong Mon Geudong is conducted primarily in adolescents/youth who have not become victims of drug abuse by conducting routine recitation every Saturday night at Mon Geudong Mosque Hall. This activity aims to enable youth to deepen the knowledge of Islam, increase their faith, and have a strong deterrent to the impact of social diseases such as drugs. Gampong emphatically forbids drugs. One way is to install a pamphlet that reads: "**Peringatan Keras, Hentikan Peredaran Narkoba ("Hard Warning, Stop the Circulation of Drugs")**".

Sticky people who are ready to combat drugs to the root should be appreciated. The motto of local wisdom "Peujioh Drugs, Nyak Jroh Aneuk Bangsa (Stay Away from Drugs for Success of Nation Children) is the slogan on a banner at the gate entrance of Ujong Pacugampong that reads Gampong Anti Drug. In addition, there is a pamphlet on the side of the guard post that is clearly written Gampong Anti Maksiat. The joint commitment of the gampong government, teungku dayah/kaum Masyarakat and gampong youth has manifested this gampong as a clean gampong from drugs. In Ujong Pacugampong, drug prevention is done with local wisdom that is to impose social sanction to the perpetrator (pengedar/user). Social sanction in the form of choice is to stop drugs or be expelled from the gampong.

Problems in the implementation of drug prevention policies can be addressed effectively and efficiently through the use of shared resources. Resource utilization collectively can only be found in network-based organizations. The nature of this network allows the creation of effective and efficient use of resources in order to achieve organizational goals.

In the implementation of drug prevention policy can come from primary actors and secondary actors, either institutionally, group or individual. Institutions are required by the government's political will to budget public spending funds to address the urgent issue of

social abuse of drugs. Meanwhile, either groups or individuals can regenerate local wisdom through social movements in the fight against vice (immoral).

Associated with funding from APBK for drug prevention so far is very limited and will be maximized in fiscal year 2018 along with the formation of a collaboration of drug prevention actors involving all components of society. The main focus of drug prevention policies in 2018 at primary and junior high school level institutions through anti-drug curricula and vulnerable drug groups detected through policy networks.

C. Secondary Prevention Policy

The secondary prevention policy is carried out when the use has occurred, and the treatment effort is needed. This policy is handled by professional medical institutions such as clinics, hospitals, and doctors. This secondary prevention phase includes: the initial acceptance stage by performing physical and mental examination. The stage of oxidation as well as the therapy of medical complications is done by gradually reducing the addictive dependence of addictive ingredients. For those who have started, initiate drug abuse, awareness is given to avoid becoming addicted, undergoing therapy and rehabilitation, and directed to implement a healthy lifestyle in everyday life.

Lhokseumawe people's awareness of the dangers of drugs is increasing as indicated by the number of reports coming into BNNK Lhokseumawe. The increase of the report is an indicator of the increasing public awareness of the importance of environmental awareness of the dangers of drugs and the opening of the mind in following up the government's program against the eradication, use and illicit trafficking of drugs. Indicators of success in raising public awareness of the dangers of drugs cannot be separated from the socialization conducted, both through discussion activities to schools, work environment and community and through mass media coverage.

Victims of predominant drug abuse among the productive age between the ages of 14-25 are most often among men caused by various factors. First, the individual factors consist of aspects of personality, and anxiety or depression. Included in the aspect of personality is the person who wants to know, easily disappointed, impatience,

and low self. While that includes anxiety or depression in those who are not able to solve life difficulties so that run away into drug use. Second, socio-cultural factors consist of family conditions and social influences. Families as disharmonic factors such as divorced parents, busy parents, and infrequent at home, and a deficient family economy. The influence of association is those who want to be accepted in the association of drug groups. Third, environmental factors that are neither good nor supportive, and accommodate everything that concerns the child's psychological development and lack of attention to cause the child to be a drug user. Fourth, the drug factor is the easiness of drugs obtained, and supported by these factors so that the more easily the emergence of drug abuse.

Secondary prevention is done to people who are trying to abuse drugs and community components that can potentially help to stop the abuse of drugs. Activities that can be done in this prevention efforts include: a. Early detection of drug abuse, social counseling / guidance through home visits, lighting and education, individual development, life skills such as communicating skills, rejecting others' skills, and making good decisions and so on.

Forms These secondary prevention policy is carried out through programs/activities within the period 2015-2017 as shown in the following graph:
Table 4.2 Secondary Prevention Policy 2015-2017

No	Policy/Program
1	Urine Test
2	Raids for Entertainment Places
3	Operation Shining the Marijuana Field
4	City Level Coordination Meetings with Agencies Discusses about children who are already trapped in Narcotics

Source: BNNK Lhokseumawe, August 2017

Based on the graph above, it is clear that the secondary prevention policy of BNNK and the Lhokseumawe Police Department has only been running in the context of early detection of drug abuse related to urine test, marijuana and night raid operations, while counseling, social guidance through home visits, lighting and education / training of individual development, life skills, among others, about communication skills, the skills of rejecting the pressure of others and good decision-making skills has not worked and this is

one of the policy content weakness factors that have not been able to touch comprehensively in kaitannya with secondary prevention policy.

The secondary prevention policy in the Mon Geudong gampong is more responsive and directly touches the needs of vulnerable groups who begin to experiment with drugs, through individual development training. Former drug users are equipped with a variety of training to have the skills and are expected to no longer use drugs. Training is provided to those / former users, ordinary people who are vulnerable due to the environment (ages 25-30 years) and mingling together in training activities. This type of training consists of basic welding training for 12 people for seven days with funding from the Gampong Fund Allocation (ADG), and wood carving training for one former drug user in SMK 4 Lhokseumawe.

C. Tertiary Prevention Policy

The tertiary prevention policy is an attempt made to rehabilitate those already in use and in the healing process. These efforts have been carried out long ago by specialized agencies such as rehabilitation clinics and specially formed community groups. This stage is divided into two parts, namely the phase of stabilization that serves to prepare the user back to the community, and the social phase in the community so that former drug abusers are able to develop a meaningful life in society. For those who have become drug addicts, rehabilitated in order to recover from dependence so as to re-socialize with family and society.

This prevention is done to people who are using drugs and who have / former drug users, as well as community components that can potentially help to stop the abuse of drugs and help ex-drug victims to be able to avoid drugs. Activities that can be undertaken in prevention include counseling and social counseling to users and families and environmental groups, creating a conducive environment for former users to keep them from being trapped to return as drug users.

Rehabilitation of drug addicts adheres to the treatment system because there rehabilitation is an integrated process of treatment activities to relieve addicts from dependence. This is in accordance with the punishment intended for the flow of treatment theory, namely to provide treatment and recovery to the offender as a

POLICY DRUGS PREVENTION MODEL BASED ON LOCAL WISDOM IN LHOEKSEUMAWE

substitute for punishment. Users/drug addicts are sick people who need treatment and recovery. Rehabilitation of drug users or drug victims also embraces the theory of social defense because it is a form of social protection that integrates drug abusers into social orders so that abusers no longer commit drug abuse.

Table 4.3. Number of Drug Treatment and Rehabilitation Services by Rehabilitation Place, 2012-2016

Year	PLP	R H	Rehabilitation Place				
			LB	BNNP A	R H	RG	TLB
2012	11	5	0	0	3	2	0
2013	53	19	11	2	2	4	0
2014	112	16	9	2	1	3	1
2015	187	45	4	3	3	0	31
2016	153	0	0	0	0	0	0

Source: BNN Kota Lhoekseumawe, August 2017

Description: PLP: Reporter, RH: Rehabilitation, LB: Lido Bogor, BNNPA: National Narcotics Board of Aceh Province, RH: Rumoh Harapan, RG: Rumoh Geutanyo, TLB: Tabina Lhoekseumawe and Banda Aceh.

The rehabilitation of drug users in the Rehabilitation Center of Tabina Gampong Blang Panyang, Muara Satu District, is in the form of medical rehabilitation. The rehabilitation process is still dominated by treatment rather than recovery efforts. Place for drug addicts rehabilitation can only accommodate approximately as many as 100 people. The location is currently not sufficient to accommodate the number of drug addicts originating from the districts of North Aceh and Lhoekseumawe, and does not receive funds from BNNP for rehabilitation funds. BNNK wishes to all parties both private and public to participate in providing drug addiction rehabilitation services.

Not all users were rehabilitated at the Tabina Rehabilitation Center in Lhoekseumawe, but were rehabilitated outside Lhoekseumawe due to various limitations. The number of drug treatment and rehabilitation services according to the rehabilitation site is as in the following table:

Therapeutic and drug rehabilitation services are performed in several locations with diverse user conditions. Generally, the drug addicts who undergo the rehabilitation process are still of productive age and even including some students. For the students to undergo the process of

rehabilitation by way of treatment, so it is not disturbed the process of education. Rehabilitation is done in various places. For the rehabilitation process is free of charge, everything is borne by the government, ranging from the cost of feeding until the cost of care. Based on the results of urine tests, generally drug users are using marijuana and shabu-shabu. Both types of drugs are very dangerous, because it can damage the nervous system. The tertiary policy form is done through the Lhoekseumawe BNNK Program as shown in the following graph:

Table 4.4 Tertiary Prevention Policy 2014-2017

No	Policy/Program
1	Destruction of the Laboratory of Methamphetamine Production
2	Arrest of Bandar, Drug Dealers and Users
3	Outpatient Rehabilitation Therapy Drug Users
4	Training for Former Drug Addicts
5	Coordination Meeting of Former Drug Addicts
6	Post-Rehabilitation Assistance for Former Drug Addicts
7	Peusijek Gampong Ujong Pacu asan Anti-Narcotics Village
8	Rehabilitation of Drug Users
9	Focus Group Discussion (FGD) Parents/Guardians of Narcotics Addicts
10	Destruction of Evidence

Source: BNNK Lhoekseumawe, August 2017

Drug rehabilitation is a repressive level undertaken for drug addicts. Rehabilitation actions addressed to victims of drug abuse to restore or develop the physical, mental, and social abilities of patients. In addition to restoring, rehabilitation as well as treatment or treatment for drug addicts, so that addicts can recover from addiction to drugs. Rehabilitation has two parts: medical rehabilitation and social rehabilitation.

Medical rehabilitation is an integrated process of treatment activity to relieve addicts from drug addiction. Medical Rehabilitation Drug addicts can be conducted in hospitals designated by the Minister of Health, namely hospitals organized by the government, as well as the community. In addition to treatment through medical rehabilitation, the healing process of drug addicts can be organized by the community through religious and traditional approach. While social rehabilitation is a process of recovery activities in an integrated manner both physically, mentally and socially so that former drug addicts can re-implement social functions in public life.

BNNK Lhoekseumawe provides post-rehabilitation assistance to former drug addicts

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and empowerment through training. Assistance activities against former addicts conducted with the accompanying family respectively. Mentoring activities as an effort to prevent the occurrence of relapse (relapse) against the desire to use drugs. The role of families and parents is very important in embracing families that are indicated as a case of post-rehabilitation and return home so as not to fall into the same hole that can help in the healing process and needed support of all elements of society against former drug users not to discriminate them.

The former drug addicts who followed the mentoring activities have been undergoing rehabilitation for six months in various places. In terms of empowerment, BNNK has also conducted basic electrical training for former drug addicts and through this training it is expected that former drug addicts have basic household electrical skills and can become independent individuals and no longer re-engage in drug abuse and become anti-narcotics activists in their respective neighborhoods - making to break the chain of abuse and illicit drug trafficking.

On the other hand, the prevention of drugs in the community environment is also pursued by empowerment approach through education as conducted by Pemuda Gampong Mon Geudong / Young Volunteer Pageu Gampong (RMPG) through the program "Young Scholarship Meuripee Sieribee". This program has been realized to the drug dropout youth who are vulnerable to drugs by providing assistance to 4 (four) children in the form of scholarships. The names of children who are in the group are vulnerable to drugs, scholarships and educational institutions as in the following table:

Table 4.5 Vulnerable Groups on Drugs and Education Places

No	Name	School
1	Sy*)	IT Nurul Islam Meurah Mulia Kabupaten Aceh Utara
2	No*)	Dayah Salafi Cot Trueng Kabupaten Aceh Utara
3	Da*)	Dayah Salafi Cot Trueng Kabupaten Aceh Utara
4	Fa*)	Dayah Salafi Cot Trueng Kabupaten Aceh Utara
5	Ik*)	Dayah Salafi Samalanga

*) initial name

Source: Head of Pemuda Gampong Mon Geudong, 201

Young Scholarship Assistance Meuripee Sieribee comes from community and youth in the form of infak/sadakah and Routine Cash contribution / month 20.000-100.000 / month, donations from philanthropic social media facebook from various regions (Ambon, Pekanbaru Riau, Medan and Sigli Aceh) 50.000-100.000/month. Funds that have been collected are used to pay the entrance fee of Rp.200.000,- and the cost of student life is Rp.460.000/bulan for IT Nurul Islam students and Rp.200.000- Rp.300.000,-/month for Salafi Dayah students.

This is done because the citizens have committed to combat drug trafficking among the public to save the younger generation from the influence of drugs. The dangers of drug abuse both shabu-shabu and marijuana not only eliminate the future for the younger generation, but also affect the family and the environment. With the establishment of Young Volunteer Pageu Gampong this will be able to help BNNK, police and the city government to minimize the number of drug abuse. We have put a strong warning pamphlet for drug dealers in strategic and crowded places, even together with the village apparatus are making draft Reusam gampong to narrow the circulation space.

Young Scholarship Program Meuripee Sieribee is one approach to prevent drug abuse through community empowerment. The community is empowered by improving education, knowledge and skills so that they are able to identify and prioritize their needs. Then the community can find resources to overcome the problems faced. Community empowerment has a goal with the goal of creating a healthy environment free from drugs. Its main objective includes a clean community environment of drug abuse. The environment of a healthy society and free from drug abuse has a positive impact in supporting the productivity of a conducive environment. The empowerment of the community through various approaches is based on awareness of the importance of empowerment so that the community has a high resistance / immune to the danger of drug abuse.

The tertiary drug prevention policy for former drug users related to the healing process can be organized by the community through religious approach and followed by economic empowerment as conducted by Gampong Mon

POLICY DRUGS PREVENTION MODEL BASED ON LOCAL WISDOM IN LHOEKSEUMAWE

Geudong. Besides requiring drug-prone groups to participate in the recitation every Saturday night, it is also empowered them economically.

The form of economic empowerment in the form of new small-scale livestock assistance can be realized for one person, and in the future will be undertaken the empowerment of catfish pond and hydroponic training to the mothers/wives of former drug users and other deviant social behavior. Follow-up training with the utilization of the office fence wall around the environment for hydroponic cultivation. The final target of the area becomes an agro-tourism area combined with Meusum Reumoh Aceh.

Establishing policy collaboration through policy networks in drug prevention in Kota Lhokseumawe need to be done. There are three basic reasons why this is so important and need to be understood proficiently by policy makers. First, the fact that the policy makers are not the only actors determining a policy. Secondly, the importance of other actors that lead to collective decision making makes the policy network very important and urgent. The three demands of public accountability are higher, the better the policy network set up the better the accountability and acceptability of the public.

II. CONCLUSION

Based on the results of research and discussion it can be taken some conclusions as follows:

1. Primary prevention, secondary prevention, and tertiary prevention policies have not been fully integrated in the actor's collaborative framework. The relationship between primary actors and secondary actors is still dominant, bureaucratic, and the position of secondary actors is passive in terms of drug prevention institutions. Secondary actors have a central role in drug prevention in each gampong with local wisdom-based policies.
2. Drug prevention policies with single actor strategies are ineffective in preventing drug abuse. Policy collaboration with the introduction of local wisdom is key to addressing the social problem of drugs more comprehensively.

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*Published By:
Blue Eyes Intelligence Engineering
& Sciences Publication*

