

The Face of Jakarta

An Exploratory Research on Knowledge, Attitude and Behavior of Jakarta Residents towards Drug Abuse

Yayasan Cinta Anak Bangsa, YCAB Foundation (2004)

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ABSTRACT

The data from January to April 2003 shows that the total number of cases handled by the Drug Directorate of the Regional Police of Jakarta was 404 cases; 105 from the District Police of Central Jakarta, 90 cases from North Jakarta 90 cases, 55 cases from West Jakarta, 122 and 32 cases from South and East Jakarta respectively. (Kompas Daily, May 22, 2003).

Drug cases involving Indonesian citizens and foreigners as suspects have increased more than 22% from 7991 cases in 2002 to 9722 cases in 2003. From the total number of cases mentioned above, in 2003 there were 5495 Indonesian suspects, an increase from the previous total of 5228 people in 2002 (Kompas Daily, January 7, 2004).

Government of Indonesia realized the need to tackle the ever increasing drug problems, subsequently in the year 2000, a National Narcotic Board (NNB) was established. Since then, efforts to prevent, provide treatment and rehabilitation and combat illicit trading and trafficking of drugs were underway. However, at first since much of the funds for its operation were taken out of the budget of the National Police Office, the emphasis of NNB was more on law enforcement. In the last few years, however, this has been proportionally budgeted therefore more prevention efforts done at national level.

The issue has always been: how effective is a drug prevention effort? This is the question that we as nation must address. And this what YCAB Foundation – as an NGO focusing in primary prevention of drugs and running primary prevention on the ground, is facing. We need to answer this in order to justify the time, money and effort spent on this. It is important to also establish trust and reliability to our stakeholders including the government, the people, and especially those who support our work. We have the responsibility to present the most effective ways for youth – the group of population at risk of using and abusing drugs.

The effectiveness of an intervention program (for example, training) is determined by how accurately the analysis of need is conducted (Onsman, 1991). By conducting an analysis of the current need, the level of a subject's understanding, the range of his existing discrepancies from the social norms, and the appropriate types of programs needed can be learned. All this would hopefully inform us in devising a more appropriate program that works.

YCAB Foundation has been involved in drug abuse prevention efforts since 1999 – just a little over one year before NNB was born. Our organization is motivated to improve the existing prevention programs through research in order to identify the level of knowledge, attitudes and behaviors of the population where programs are conducted. YCAB believes in the effectiveness of implementing a tailored program which is designed according to local contexts and needs.

In order to achieve this, since YCAB's main activity and funding centralized in the capital city of Indonesia, a household survey with drug related theme was needed to be done to give YCAB the background of its program recipient. This kind of research was, in fact, the first of such study ever conducted in Jakarta.

The research was conducted in the five municipalities/areas of Jakarta, with 3,824 participating households. The sampling method used was stratified random sampling (40 household from each 90 wards in 5 areas of Jakarta). The data collection is done by using structured interviews with guided questionnaires, a mixture of open and close ended questions.

This research found that none of Jakarta's areas are really free from drugs. Almost in all studied locations, drug addicts were found.

From this research, it was also revealed that participants generally knew about the different types of drugs (80%), the dangers of abusing drugs (97%) and the legal consequences (80%).

In terms of attitude towards drug abuse, two out of five Jakarta residents know there are drug addicts in their community, but choose to be passive in response to this information. Jakarta residents are also categorized as people who are reluctant to communicate on the topic of drug problems to their family – only 3 out of 10 were willing to discuss this issue whereas 15% argue there is no need to speak about the problem to the family. On the other hand, 58% of the citizens claim they do not know the location of any drug dealers in their community.

From the behavioral side, this research found almost 10% of participants admitted to have tried marijuana, 2 out of 100 respondents had tried ecstasy, 1 out of 125 respondents had used cocaine, 3 out of 100 respondents had used methamphetamine (known with local name "shabu"), and up to 2% had used other pills such as BK, Rohypnol, or low-grade cocaine / heroin (known as "putaw").

It was also found that the age group most susceptible to drug abuse was between 15 and 20 years old. Apparently, this age group seems to have a very high level of curiosity which can influence their decision to experiment with drugs (see also YCAB research on Youth Risk Factors, 2002).

INTRODUCTION

The Special Capital District of Greater Jakarta (DKI Jakarta) province is the capital of Indonesia. The city of Jakarta is given a status as a special province mainly due to the size and the role as the center of where Indonesia government headquarters. Jakarta is located in western part of the island of Java at 6 °11' LS 106° 50' BT. The size of the city is approximately 740 kilometers square, with the population of 8,792,000 people (BPS, Indonesia Statistic National Board, 2007). No data to support the number of commuters, but unofficial data predicts more than 3-4 million people commute daily to Jakarta coming from its greater areas.

The position of DKI Jakarta as the epicenter of national economy attracts the people from outside Jakarta to seek employment and continue their livelihood in this city. Most commuters often are not equipped with special expertise or skill so that their presence usually causes several social problems, such as high crime rate and poverty due to unemployment and homelessness.

Jakarta is a mini-Indonesia, a melting pot which accommodates almost every ethnic group, religion, and race existing in Indonesia, even the world. They bring to Jakarta their habits, social norms, traditions, and individual behaviors which are not necessarily understood (nor accepted) by the people outside their group. The crowding in Jakarta makes for a very stiflingly "hot" life (hot and humid weather, high temperament, quick phase, etc) which according to Indonesia's biggest newspaper, this makes most of its people are not in a "healthy state" (Kompas, June 21, 2003).

The attitude of the Indonesian community towards drug abuse is not yet known with certainty. No data was found on the level of drug-related knowledge, attitude and behavior of Indonesian in general, especially the residents of Jakarta. This has made it difficult to plan and implement effective prevention and/or intervention programs. And as previously mentioned, according to Onsmann (1991) the effectiveness of intervention programs is much determined by how accurately the needs have been analyzed.

The objective of this research is to determine the profile or “the face” of Jakarta community in terms of their knowledge, attitudes, and behaviors towards drug abuse. In addition to presenting a descriptive data, it is deemed important to also use cultural approach in analyzing the data gathered from this study in order to see the dynamic of interactions between the very diverse population groups.

DEFINITION

Profile

A profile is a representation of an object or structure which can be seen from one perspective (www.thefreedictionary.com accessed July 2003). In this research it is hoped to obtain a community profile of Jakarta (beginning with the portrait of knowledge, attitudes, and behavior) towards drug abuse.

Knowledge

In the Oxford English Dictionary knowledge is defined as the following (1) a fact, information, or skill obtained by an individual through experience or education; both theoretical or practical learning by a subject, (2) what is understood in part or totality from facts and information or (3) an awareness or habit obtained through experience of a fact or condition. In this research, what is meant by knowledge is information obtained by the community, both through education or their personal experience, about drugs and its consequences.

Attitude

Franzoi (1996) simply defines attitude as an evaluation, positive or negative, towards an object. The object here consists of people, things, incidents, and problems. If an individual uses words such as like, dislike, love, hate, good, or bad, usually this illustrates an attitude.

Little John (2002) defines attitude as an accumulation of information about an object, person, situation or experience “a predisposition to act in a positive or negative way toward some object”. For Fishbein (1980) attitude is essentially information we have obtained about someone or something that we form an opinion or predisposition about. In this research, attitude is defined as positive or negative values towards things related to drugs (addicts, the behavior of addicts, dealers, etc.).

According to Oskamp (1998) who contributed much in the field of social psychology research, in general, attitude is related to, even able to predict, behavior. Although this has been challenged by other experts (LaPiere in Fazio, 1994) it is widely accepted that various situations and personal factors are at play to push a relationship to either become strong or weak.

Behavior

Morgan (1986) stated that behavior is everything done by a person (or animal) which can be observed in several ways. Behavior, unlike thoughts or feelings, can be observed, noted, and studied. No one can see or hear a thought, but we can all see and hear behavior. We can see and measure what is done by an individual, hear and note what is said by an individual.

In this research, behavior is understood as every form of individual's perception on the problem of drugs which can be observed (for example: reporting, giving advice, etc).

Drug

Here the word “drug(s)” refers to addictive substance; in this paper it is intended to describe a group of legal and illegal, licit and illicit substance including narcotics (heroin, cocaine, marijuana, etc), psychotropic (amphetamine, methamphetamine, pills) and other addictive substance (alcohol, tobacco). It is used simply to address the group of substance researched in this paper.

Drug Use and Abuse

The terms “drug use” and “drug abuse” are used interchangeably in this paper and it is important to address that it is not intended in its particularity.

Although researchers duly understand the technical differences between the two terms, this is done to keep things simple and understandable. But here, they are used to represent one meaning, that is this. Both terms mean “the usage of a drug with another objective outside of the drug’s indications or prescription” (www.floridainstitute.com accessed July 2003). Drug abuse is the use of illegal drugs or prescribed drugs for reasons other than what they should be administered or used in larger amounts or more frequent than prescribed.

Drug use here also includes the abuse of drugs that can result in social, physical, emotional, and work relationship problems (www.mdanderson.org accessed July 2003).

METHOD

Design

This research is an exploratory research, with the objective of illustrating the knowledge, attitudes, and behaviors of Jakarta residents towards drug abuse. Jakarta residents participated in this survey were between 17 and 55 years old, who are legally deemed able to make their own decision. The research was done by selecting one person from a family to be interviewed. The selection was rather incidental in nature as this was highly depended on who was available at home when survey was done.

Participants

This research used stratified random sampling and was conducted in the five areas of Jakarta, the data was collected between the beginning in April and October 2003.

This research interviewed participants from 90 wards in five municipalities of Jakarta – representing 33% of the total wards in Jakarta.

The names of the wards were randomly chosen, however every ward existing in Jakarta was represented. Each ward was represented by a sample of 25-50 participants between the ages of 17 and 55. The total number of participants was 3,824 comprising 2,376 men (62.1%) and 1,448 women (37.9%).

In this phase, samples were not taken randomly due to technical constraints (no one was home; the person was at work, etc.). Hence data was obtained incidentally from the member of the families available at the time of survey.

Instrument

This research used guided structured interview, which was developed by the research department of YCAB Foundation. There are two sections: (1) Identification: 12 demographic questions (including literacy and income) and (2) Content which deals with questions concerning knowledge, attitudes, and behaviors of the participants towards drug abuse, with another 15 questions both close ended (in the form of multiple choices) and open ended (short answer essay).

The interviewees were individually guided by surveyors and the questionnaires were structured in such a way to ascertain the validity of data needed for this research.

Procedure

At the first stage of this research, two things were done: the questionnaire was designed and tested in piloted within a community. The main objective of the pilot project was to test the readability and how the questions understood.

The next stage was to arrange permission from the concerned authorities (the Mayor and Ward leaders) based on the number of samplings needed from that particular area. After that, the questionnaires were given to the interviewers. The data was collected in six months, beginning at the last week of April and finished by the last week of October 2003.

After the data was gathered, the data was later processed; this includes data screening, data entry and data analysis. This whole process took a couple more months until the end of the first quarter of 2004.

Data Collection

The method in collecting data was structured interview. The participants were interviewed using a guided structured interview. In this research we were assisted by 50 interviewers/surveyors, they were mainly volunteers of YCAB who received prior training as data collector. The training was piloted using the real questionnaire.

Data analysis

The data was analyzed using a descriptive statistical method in order to establish the community profile for Jakarta in relation to drugs abuse.

The cultural analysis in this study is based on the Thomas (2001) Theory of Culture Standard.

RESULTS

A description of the demographic factors

Table 1 – A description of Participants based on Location

District	Frequency	%
East Jakarta	1,032	27
West Jakarta	823	21.5
North Jakarta	684	17.9
South Jakarta	646	16.9
Central Jakarta	639	16.7
Total	3,824	100

Based on the table above, it is seen that the majority of participants originated from the East part of Jakarta (27%) and a minority of the participants came from Central Jakarta (16.7%). The difference in totals from the various areas was caused by an uneven number of wards in each area of Jakarta. East Jakarta has the largest number of wards compared to the other areas in Jakarta.

Table 2 – A description of Participants based on Age

	N	Minimum	Maximum	Mean	Std. Deviation
Age of Participants	3,824	17	55	29.96	10.225

Based on age, the youngest participants were 17 years old and the oldest participants were 55 years old, with a standard deviation of 10.225 and the mean age was 29.96 years old.

Table 3 – A description of Participants based on Age Group

	Frequency	%
Middle-Aged (26-45 y.o)	1,768	46.2
Young Adult (21-25 y.o)	885	23.1
Adolescents (17-20 y.o)	793	20.7
Mature Adults (46-55 y.o)	378	9.9
Total	3,824	100

Based on the age classifications by Papalia (1997), it can be seen that 46.2% of the participants were from the middle-aged group (26-45 years old) and the smallest number of participants fell under mature adult group (46-55 years old) with only 9.9% of participants.

Table 4 – A description of Participants based on the Sex

	Frequency	%
Males	2,376	62
Females	1,448	37,9
Total	3,824	100

The majority of participants were male (62.1%) and the female participants totaled 37.9% of all the participants.

Table 5 – A description of Participants based on the Marital Status

	Frequency	%
Married	2,147	56
Single	1,677	44
Total	3,824	100

The majority of participants were already married (56.1%), the rest (43.9%) were not yet married.

Table 6 – A description of Participants based on Completed Levels of Education

	Frequency	%
High School	1,971	51.5
Junior High School	860	22.5
Elementary School	639	16.7
Diploma	181	4.7
Bachelor's Degree	159	4.2
Did not attend school	12	0.3
Master's Degree	2	0.1
Total	3,824	100

Based on levels of education, the majority of participants completed high school (51.5%) whereas only 9% had continued education to university level with a small fraction (0.1%) completed Master's Degree.

Table 7 – A description of Participants based on the Ability to Read

	Frequency	%
Yes	3,780	98.8
No	44	1.2
Total	3,824	100

Almost all of the participants were able to read (98.8%) however, 1.2% were not able to read.

Table 8 – A description of Participants based on their Ability to Write

	Frequency	%
Yes	3,783	99
No	41	1.1
Total	3,824	100

Almost all of the participants could write (98.9%) however 1.1% could not write or illiterate.

Table 9 – A description of Participants based on their Employment

	Frequency	%
Self-employed	947	24.8
Housewife	821	21.5
Student	561	14.7
Unemployed	489	12.8
Government employee	436	11.4
Other	227	5.9
Laborer	213	5.6
Police/Armed Forces	108	2.8
NGO	22	0.6
Total	3,824	100

The majority of participants were self-employed (24.8%) and the minority worked in an NGO (.6%). In the context of Jakarta, self-employed is a “polite way” of describing the condition of not having reliable work or a stable income (for example, working as the recruiter for public transportation, or self-employment, working as the intermediary in a sale, working as a jockey, etc.).

One out of five participants was housewives, this is really not a “job” which gives stable income – this made them dependent economically to their husbands.

Table 10 – A description of Participants based on the Family’s Net Income (per month)

	Frequency	%
<Rp. 499,999	1,055	27.6
Rp. 500,000 – Rp. 999,999	786	20.6
Rp. 2,000,000 – Rp. 4,999,999	608	15.9
No Income	510	13.3
Still in School	507	13.3
Rp. 1,000,000 – Rp. 1.999,999	276	7.2
Rp. 5,000,000 – Rp. 9,999,999	71	1.9
>Rp. 10,000,000	7	0.2
Unstable Income	4	0.1
Total	3,824	100

27.6% of the participants had a monthly income below Rp. 499,999.00 per month, while 0.1% of the participants said their income was unpredictable from month to month. (Note: 1 USD is approximately Rp. 9200)

A description of participants based upon the aspect of their knowledge concerning drugs

Table 11 – A description of Participants’ knowledge about smoking cigarettes

	Classified as Drugs		Addiction		Dangerous		Using is considered illegal		Dealing is considered illegal	
	F	%	F	%	F	%	F	%	F	%
Yes	859	22.46	3,327	87	3,413	89.25	295	7.71	214	5.6
No	2,702	70.66	351	9.18	246	6.43	3,353	87.68	3,506	91.68
Do not know	146	3.82	59	1.54	45	1.18	99	2.59	49	1.28
Not sure	117	3.06	87	2.28	120	3.14	77	2.01	55	1.44
Total	3,824	100	3,824	100	3,824	100	3,824	100	3,824	100

70.66% of the participants believed that smoking cigarettes was not included in the category of drugs, although 87% of the participants believed that smoking is addictive and 89.25% of the participants believed that smoking is dangerous. Concerning the legal aspects, 87.68% of the participants believed that smoking is *not* illegal; and 91.68% of the participants also believed that the distribution of cigarettes is *not* considered illegal.

Here we can see that although most of participants regarded smoking cigarettes dangerous and addictive, this did not stop them from consuming tobacco. There seems to be a certain “gap” between knowledge, attitude and behavior.

Table 12 – A description of Participants’ Knowledge about Drinking Alcohol

	Classified as Drugs		Addiction		Dangerous		Using is considered illegal		Dealing is considered illegal	
	F	%	F	%	F	%	F	%	F	%
Yes	2,846	74.42	3,254	85.09	3,674	96.08	3,244	84.83	3,317	86.74
No	778	20.35	357	9.34	73	1.91	354	9.26	291	7.61
Do not know	116	3.03	106	2.77	45	1.18	51	1.33	45	1.18
Not sure	84	2.2	107	2.8	32	0.84	175	4.58	171	4.47
Total	3,824	100	3,824	100	3,824	100	3,824	100	3,824	100

74.42% of the participants believed that drinking alcohol was classified as using drugs, 85.09% of the participants believed that drinking alcohol is addictive and 96.08% believed that drinking alcohol was dangerous. Concerning the legal aspects, 84.83% of the participants knew that drinking alcohol was illegal whereas 86.74% also believed that the distribution of alcohol is illegal.

Table 13 – A description of Participants’ Knowledge of Marijuana

	Classified as Drugs		Addiction		Dangerous		Using is considered illegal		Dealing is considered illegal	
	F	%	F	%	F	%	F	%	F	%
Yes	3,681	96.26	3,584	93.72	3,699	96.73	3,732	97.59	3,757	98.25
No	67	1.75	126	3.29	47	1.23	39	1.02	40	1.05
Do not know	64	1.67	88	2.3	67	1.75	46	1.2	25	0.65
Not Sure	12	0.31	26	0.68	11	0.29	7	0.18	2	0.05
Total	3,824	100	3,824	100	3,824	100	3,824	100	3,824	100

96.26% of the participants believed that smoking marijuana is classified as using drugs, 93.72% and 96.73% believed that smoking marijuana was addictive and dangerous respectively. On the legal aspects, 97.59% of the participants believed that smoking marijuana is illegal, including the distribution of it (98.25%).

Table 14 – A description of Participants’ Knowledge about Inhalants

	Classified as Drugs		Addiction		Dangerous		Using is considered illegal		Dealing is considered illegal	
	F	%	F	%	F	%	F	%	F	%
Yes	2,540	66.42	2,606	68.15	2,712	70.92	2,762	72.23	2,729	71.37
No	546	14.28	464	12.13	433	11.32	526	13.76	665	17.39
Do not know	632	16.53	629	16.45	570	14.91	458	11.98	370	9.68
Not Sure	106	2.77	125	3.27	109	2.85	78	2.04	60	1.57
Total	3,824	100	3,824	100	3,824	100	3,824	100	3,824	100

66.42% of the participants believed that inhalants were included in the category of using drugs, 68.15% of the participants believed that inhalants are addictive and 70.92% of the participants believed that inhalants are dangerous. On the legal aspects, 72.23% of the participants believed that the use of inhalants is illegal, and 71.37% believed that the distribution of inhalants is considered to be illegal.

Table 15 – A description of Participants’ Knowledge about Ecstasy

	Classified as Drugs		Addiction		Dangerous		Using is considered illegal		Dealing is considered illegal	
	F	%	F	%	F	%	F	%	F	%
Yes	3,683	96.31	3,578	93.57	3,691	96.52	3,729	97.52	3,755	98.2
No	24	0.63	80	2.09	32	0.84	17	0.44	17	0.44
Do not Know	110	2.88	131	3.43	99	2.59	73	1.91	47	1.23
Not Sure	7	0.18	35	0.92	2	0.05	5	0.13	5	0.13
Total	3,824	100	3,824	100	3,824	100	3,824	100	3,824	100

96.31% of the participants believe that ecstasy is included in the category of drugs 93.57% of the participants believed that ecstasy is addictive and 96.52% of the participants believed that ecstasy is dangerous. Concerning the legal aspects, 97.52% of the participants believed that the use of ecstasy is illegal, and 98.20% of the participants believed that the distribution of ecstasy is illegal.

Table 16 – A description of Participants’ Knowledge on Street Grade Heroin (locally known as “putaw”)

	Classified as Drugs		Addiction		Dangerous		Using is considered illegal		Dealing is considered illegal	
	F	%	F	%	F	%	F	%	F	%
Yes	3,697	96.68	3,645	95.32	3,736	97.7	3,735	97.67	3,759	98.3
No	31	0.81	63	1.65	8	0.21	15	0.39	15	0.39
Do not know	94	2.46	103	2.69	78	2.04	72	1.88	47	1.23
Not sure	2	0.05	13	0.34	2	0.05	2	0.05	3	0.08
Total	3,824	100	3,824	100	3,824	100	3,824	100	3,824	100

96.68% of the participants believed that street grade heroin is included in the category of drugs, 95.32% of the participants believed that street grade heroin is addictive and 97.70% of the participants believed that street grade heroin is dangerous. Concerning the legal aspects, 97.67% of the participants believed that the use of street grade heroin is illegal, likewise 98.30% of the participants believed that the distribution of street grade heroin is considered to be illegal.

Table 17 – A description of Participants’ Knowledge on Cocaine

	Classified as Drugs		Addiction		Dangerous		Using is considered illegal		Dealing is considered illegal	
	F	%	F	%	F	%	F	%	F	%
Yes	3,654	95.55	3,594	93.99	3,693	96.57	3,694	96.6	3,724	97.38
No	22	0.58	61	1.6	8	0.21	17	0.44	11	0.29
Do not know	142	3.71	153	4	120	3.14	106	2.77	83	2.17
Not sure	6	0.16	16	0.42	3	0.08	7	0.18	6	0.16
Total	3,824	100	3,824	100	3,824	100	3,824	100	3,824	100

95.55% of the participants believed that cocaine is included in the category of drugs, 93.99% of the participants believed that cocaine is addictive and 96.57% of the participants believed that cocaine is dangerous. Concerning the legal aspects, 96.60% of the participants believed that the use of cocaine is illegal, and 97.38% of the participants believed that the distribution of cocaine is illegal. Cocaine, besides having a percentage of participants who regard it as a drug, was also considered addictive and dangerous. The use and distribution

were considered illegal by the participants. There were also a large percentage of participants who marked “do not know”. This may be because the use and distribution of cocaine in Indonesia is not as common as the use and distribution of other substances.

Table 18 – A description of Participants’ Knowledge on Pills

	Classified as Drugs		Addiction		Dangerous		Using is considered illegal		Dealing is considered illegal	
	F	%	F	%	F	%	F	%	F	%
Yes	3,664	95.82	3,604	94.25	3,705	96.89	3,708	96.97	3,736	97.7
No	30	0.78	70	1.83	13	0.34	19	0.5	15	0.39
Do not know	121	3.16	134	3.5	103	2.69	88	2.3	65	1.7
Not sure	9	0.24	16	0.42	3	0.08	9	0.24	8	0.21
Total	3,824	100	3,824	100	3,824	100	3,824	100	3,824	100

95.82% of the participants believed that pills are included in the category of drugs, 94.25% of the participants believed that pills are addictive and 96.89% of the participants believed that pills are dangerous. Concerning the legal aspects, 96.97% of the participants believed that the use of pills is illegal, and 97.70% of the participants also believed that the distribution of pills is illegal.

Table 19 – A description of Participants’ Knowledge on Methamphetamine (known locally as “shabu”)

	Classified as Drugs		Addiction		Dangerous		Using is considered illegal		Dealing is considered illegal	
	F	%	F	%	F	%	F	%	F	%
Yes	3,715	97.15	3,656	95.61	3,728	97.49	3,730	97.54	3,764	98.43
No	21	0.55	57	1.49	16	0.42	23	0.6	10	0.26
Do not know	85	2.22	99	2.59	79	2.07	70	1.83	48	1.26
Not sure	3	0.08	12	0.31	1	0.03	1	0.03	2	0.05
Total	3,824	100	3,824	100	3,824	100	3,824	100	3,824	100

97.15% of the participants believed that methamphetamine (“shabu”)s are included in the category of drugs, 95.61% and 97.49% of the participants believed that shabu is addictive and dangerous, respectively. Concerning the legal aspects, 97.54% of the participants believed that the use of shabu is illegal, and 98.43% of the participants believed that the distribution of shabu is illegal.

Table 20 – A description of Participants’ knowledge on the Indonesian Government Program of a Drug Free Indonesia by 2015

	Frequency	%
Yes	607	15.87
No	3,217	84.13
Total	3,824	100

The table above shows that 84.13% of the participants do not know about the government program for a drug free Indonesia by the year 2015. Perhaps this has occurred because there hasn’t been adequate promotion concerning this program to the wider community and only a few people know about the program for a drug- free Indonesia.

Table 21 – A description of Participants' knowledge on the Dangers of Drugs

	Frequency	%
Physical dangers	1,825	47.72
Danger to the environment	150	3.92
Danger to the economy	11	0.29
Legal issues	12	0.31
Danger to economic conditions	10	0.26
More than 1 answer	1,713	44.80
Drugs are not dangerous	103	2.69
Total	3,824	100.00

The table above shows that 47.72% of the participants know that using drugs is dangerous to the body, and they qualitatively believe that death is one of the results that threaten drug users.

Table 22 – A description of Participants' knowledge on the method of transmission for HIV/AIDS through drug use

	Frequency	%
A correct answer	1,808	47.28
An incorrect answer	2,016	52.72
Total	3,824	100.00

The table above shows that 52.72% of the participants still do not know the relationship between drug use and HIV/AIDS.

Table 23 – A description of Participants' knowledge of the transmission of Hepatitis B/C through Drug Use

	Frequency	%
The correct answer	945	24.71
The incorrect answer	2,879	75.29
Total	3,824	100.00

The table above shows that 75.29% of the participants still do not know the relationship between drug use and hepatitis B/C.

A description of various aspects of the participants' attitudes towards drug abuse

Table 24 – A description of Participants' Attitudes towards Drug Abuse

	Frequency	%
Negative	3.220	84,2
Neutral	604	15,8
Total	3.824	100,0

84.2% of the participants had a negative attitude towards drug use; their attitudes were characterized by the words hate, regret, do not like, a shame, a disappointment, anger, and avoid. And 15.8% of the participants had a neutral attitude and used comments such as just remain silent, it's the norm, and I do not know what attitude I should have.

Table 25 – A description of Participants' Attitudes towards Drug Addicts

	Frequency	%
Negative	1.952	51,0
Positive	1.274	33,3
Neutral	598	15,6
Total	3.824	100,0

51% of the participants had a negative attitude towards drug addicts, their attitudes were characterized by word choices such as hate, do not like, stay far away from, anger, disappointment, fear, and regret. 33.3% of the participants had a neutral attitude characterized by word such as just ignore, normal, and do not know. While 15.6% of the participants had a positive attitude; they had the desire to be close to drug addicts in order to offer advice, extend mercy and express concern.

Table 26 – A description of Participants' Attitudes towards the Behaviors of Drug Addicts

	Frequency	%
Negative	3.158	82,6
Neutral	666	17,4
Total	3.824	100,0

82.6% of the participants had a negative attitude towards the behavior of drug addicts, negative attitudes were characterized by expressions such as do not like, fear, desire certain actions, revolted, regret, anger, and hate. Whereas the neutral attitudes were characterized by comments such as just remain silent, normal, and I do not know; even though the behavior of addicts was characterized by actions such as stealing, lying, laziness, and others.

Table 27 – A description of Participants' Attitudes towards Drug Dealers

	Frequency	%
Negative	3.103	81,1
Neutral	618	16,2
Positive	103	2,7
Total	3.824	100,0

81.1% of the participants had negative attitudes towards drug dealers, characterized by comments such as "hate", "do not like", "distance myself from", "anger", "disappointment", "fear", and "regret". 16.2% of the participants had a neutral attitude characterized by terms such as just "ignore", "neutral", and "do not know".

2.7% of the participants had a positive attitude, characterized by a desire to draw close and give advice, show mercy and express concern.

A description of Participants' behavior of drug use

Table 28 – The Number of Incidents of Participants' Drug Use

	Cigarettes		Alcohol		Marijuana		Inhalants		Ecstasy		Street Grade Heroin		Cocaine		Pills		Methamphetamine ("shabu")	
	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%
Daily	1,687	44.12	30	0.78	15	0.39	5	0.13	3	0.08	6	0.16	3	0.08	2	0.05	4	0.1
Past week	204	5.33	186	4.86	40	1.05	6	0.16	4	0.1	4	0.1	0	0	3	0.08	8	0.21
Past month	31	0.81	127	3.32	46	1.2	2	0.05	10	0.26	6	0.16	0	0	2	0.05	8	0.21
Past Year	30	0.78	82	2.14	36	0.94	2	0.05	6	0.16	9	0.24	1	0.03	3	0.08	16	0.42
Lifetime user	145	3.79	346	9.05	216	5.65	24	0.63	68	1.78	69	1.8	27	0.71	74	1.94	74	1.94
Never use	1,727	45.16	3,053	79.84	3,471	90.77	3,785	98.98	3,733	97.62	3,73	97.54	3,793	99.19	3,74	97.8	3,714	97.12
Total	3,824	100	3,824	100	3,824	100	3,824	100	3,824	100	3,824	100	3,824	100	3,824	100	3,824	100

When compared with other types of drugs, cigarettes are the substance consumed the most by participants; 44.12% of participants acknowledged smoking cigarettes daily, another 10,71% was either occasional or have tried smoking at least once in their lifetime.

Besides smoking, the substances consumed daily by participants are alcohol with 0.78% daily drinking, marijuana (0.39%) consumed daily and street grade heroin or known as "putaw" (0.16%).

For those who used drugs in the last week, cigarettes were the substance most frequently consumed by 5.33% of the participants, followed by alcohol (4.86%), marijuana (1.05%), and shabu (0.21%).

Table 29 – A description of Participants' Reactions when Offered Drugs

	Cigarettes		Alcohol		Marijuana		Inhalants		Ecstasy		Street grade Heroin		Cocaine		Pills		Methamphetamine ("shabu")	
	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%
Reject	1,894	49.53	3,405	89.04	3,679	96.21	3,607	94.33	3,753	98.14	3,764	98.43	3,767	98.51	3,767	98.5	3,763	98.4
Not sure	282	7.37	177	4.63	45	1.18	29	0.76	25	0.65	19	0.5	17	0.44	17	0.44	17	0.44
Accept	1,627	42.55	227	5.94	87	2.28	91	2.38	30	0.78	21	0.55	13	0.34	17	0.44	29	0.76
Do not know the substance	21	0.55	15	0.39	13	0.34	97	2.54	16	0.42	20	0.52	27	0.71	23	0.6	15	0.39
Total	3,824	100	3,824	100	3,824	100	3,824	100	3,824	100	3,824	100	3,824	100	3,824	100	3,824	100

The highest acceptance rate is found among cigarette smokers. 42.55% of the participants would accept when offered cigarettes; this is probably because almost half of them were already daily smokers.

And in accordance with the percentage of participants who are users, alcohol and marijuana are the substances that also have a high percentage of acceptance 5.94% for alcohol and 2.28% for marijuana.

Cocaine and pills are the substances most often rejected by participants when offered (98.51%) whereas cigarettes were the substance that had the least percentage of rejection by participants (49.53%).

Table 30 – A description of Participants' Behavior on Communicating Information about the Dangers of Drugs to their Family

Never considered necessary	584	15.27
Never for other reasons	592	15.48
Total	3,824	100.00

41.61% of the participants acknowledged they had never communicated nor mentioned about the dangers of drug abuse to their family; whereas 27.64% of the other participants never discussed the subject clearly. 15.48% of the participants never discussed the dangers of drugs with their family for certain reasons, perhaps because they themselves did not know it well. And 15.27% of the other participants never discussed the dangers of drugs with their family because they considered it unnecessary.

A description of the expectations of participants towards tackling drug abuse

Table 31 – A description of Participants’ Expectations towards Government Initiatives for Drug Addicts

	Frequency	%
Sentenced to prison	763	19.95
Arrested	654	17.10
Removed	628	16.42
Rehabilitation	575	15.04
Take harsh action	429	11.22
Education	411	10.75
Sentenced to death	103	2.69
Do not know	92	2.41
Supervised	65	1.70
Make laws	32	0.84
Provide jobs	23	0.60
Forbid	14	0.37
Doesn't have integrity	10	0.26
Investigate the causes	7	0.18
Allow	6	0.16
Show mercy	5	0.13
Give them a place to use	4	0.10
Repair the economy	3	0.08
Total	3,824	100.00

An overwhelming number of participants with a total of 47.43% suggested addicts to be given punitive sanction (“removed”, “sentenced to death”, “arrested” and given “harsh action”). It is worth noting that only 15.04% suggested rehabilitation program for addicts.

Table 32 – A description of Participants’ Expectations for Government Punitive Action towards the Distributors of Drugs

	Frequency	%
Sentenced to prison	1,134	29.65
Sentenced to death	890	23.27
Arrested	698	18.25
Removed	478	12.50
Take firm measures	427	11.17
Do not know	65	1.70
Educate	56	1.46
Discover the causes	45	1.18
Supervise	14	0.37
Provide jobs	10	0.26
Doesn't have integrity	7	0.18
Total	3,824	100.00

Based on the table above, almost one third (29.65%) of participants suggested prison sentence for drug dealers. one thing worth mentioning here is the desire for the death sentence for drug dealers was the second most popular answer suggested by 23.27% of participants.

A description of Drug Abuse Prevention Efforts conducted by Participants

Table 33 – A description of Drug Abuse Prevention Efforts by the Participants to prevent themselves from abusing drugs

	Frequency	%
Avoidance	1,990	52.04
Not experimenting	493	12.89
Religion/Worship	470	12.29
Take care of self	406	10.62
Stay busy	128	3.35
Reject	91	2.38
Know the risks	87	2.28
Do not know	77	2.01
Be on guard	50	1.31
Fear	19	0.50
Just ignore	13	0.34
Total	3,824	100.00

Based on the table, more than half (52.04%) of the participants would prevent themselves from drug problems by avoiding or distancing themselves from drugs and drug related people (dealers and addicts). Hence, “keeping a safe distance” was the most popular answer found.

12.89% would make an effort to avoid drug experimentation, and 12.29% of the participants will prevent drug abuse through religious activities/worship.

Table 34 – A description of the Drug Abuse Prevention Efforts Participants will use to Prevent their Family from Abusing Drugs

	Frequency	%
Give advice	1,748	45.71
Avoid negative social circles	427	11.17
Good communication	420	10.98
Discuss the dangers	305	7.98
Draw close to the Lord	259	6.77
Supervision	207	5.41
Do not know	115	3.01
Enlighten	88	2.30
Take care of self	64	1.67
Be on guard	45	1.18
Just ignore	51	1.33
Forbid	44	1.15
Keep busy	31	0.81
Reject	20	0.52
Total	3,824	100.00

45.71% of the participants admitted would prevent drug abuse in their family by giving advice. 11.17% of the participants would prevent drug abuse by avoiding negative social circles and 10.98% through effective communication within their family.

Table 35 – A description of Drug Abuse Prevention Efforts Participants will use to prevent Drug Abuse in their Surrounding Community

	Frequency	%
Dissemination of information	939	24.56
Advise	748	19.56
Just ignore	572	14.96
Do not know	459	12.00
Educate	217	5.67
Avoid	171	4.47
Participate	158	4.13
Appeal	138	3.61
Pay attention to surroundings	100	2.62
Take action	76	1.99
Reprimand	63	1.65
Combat	61	1.60
Job creation	47	1.23
Routine payment of wages	31	0.81
Religion	23	0.60
Uncertain	14	0.37
Raids	7	0.18
Total	3,824	100.00

Information dissemination was prevention effort most favored by almost a quarter of participants (24.56%) for preventing drug abuse in their surrounding community. 19.56% of the participants would want to give advise the

surrounding community not abuse drugs and 14.96% admitted that they would just ignore the issues of drug abuse found in their community.

A description of Participants' Knowledge of the Existence of Drug Related Parties

Table 36 – A description of Participants' Knowledge towards the existence of Drug Addicts in the Area where they live

	Frequency	%
Yes	1,545	40.40
Do not know	1,503	39.30
Do not exist	776	20.29
Total	3,824	100.00

40.40% of the participants knew there were drug addicts in the area where they live, 39.30% of the participants did not know of the existence of drug addicts in their area and 20.29% of the participants believe that there was no drug addicts in the area where they lived.

Table 37 – A description of Participants' Knowledge towards the existence of Drug Dealers in the Area where they live

	Frequency	%
Do not know	2,220	58.05
Do not exist	1,105	28.90
Yes	499	13.05
Total	3,824	100.00

58.05% did not know whether or not there were drug dealers in the area where they live, 28.90% of the participants believe there was no drug dealers in their area, and 13.05% of the participants believe there were drug dealers in the area where they live.

Table 38 – A description of Participants' Knowledge about actions to be taken by the Surrounding Community towards Drug Addicts

	Frequency	%
Did not answer	2,279	59.60
Did not take any action	653	17.08
Other	424	11.09
Taken to police headquarters	318	8.32
More than 1 answer	77	2.01
Forced to change residence	45	1.18
Beaten	28	0.73
Total	3,824	100.00

59.60% of the participants did not answer this question because they acknowledged that there were no addicts in their area, and they did not know of the existence of any addicts. 17.08% acknowledged they would not take any action at all.

Table 39 – A description of Participants’ Knowledge about the actions to be taken by their community towards drug dealers

	Frequency	%
Do not know of the existence of any drug dealers	1,409	36.85
Did not answer	1,231	32.19
There are no drug addicts	691	18.07
Did not take any action	196	5.13
Taken to the police office	172	4.50
Others	87	2.28
More than one answer	19	0.50
Forced to change residence	12	0.31
Beaten	7	0.18
Total	3,824	100.00

Based on the table above, 36.85% of the participants did not answer this question because they simply did not know the existence of any drug dealers in their area, and 32.19% did not answer because they admitted they did not know what they should have done. 5.13% acknowledged they would not take any action at all.

DISCUSSION

Culture Standard

The diversity of Indonesian cultures found in thousands of tribes with at least 330 spoken dialects spread across more than 17,500 islands requires this study to be analyzed through cultural perspective. The cultural theory used here is the approach taken from the concept of Culture Standard put forward by Thomas (2001).

Thomas (2001) stated that, “Cultural differences do not influence behavior on a general, global, international level. They surface when people from different countries or cultures meet, communicate and cooperate. Not measures of cultural difference on general dimensions are important when acting, but cognition, emotion and habits, which are embedded in specific cultural orientation systems. It is thus an obvious consequence to examine these intercultural exchanges along with the psychic processes which influence behavior.” Before an attempt to understand the complexity of multicultural interaction, Thomas suggested a prior comprehension of the dynamics of local standard culture attached to that society. Every nation, every tribe, has their own standard culture which in themselves sub-cultures may also be present at the same time. The sub-cultures are formed as the result of the emergence of “minor cultures” within that standard culture itself. These are the basic assumptions of Thomas’ Culture Standard:

1. Central elements of the culture specific orientation system influencing the processes of perception, cognition, emotion and action. For the majority of the members of a particular culture they are regarded, for themselves and for others, as normal, typical and obligatory.
2. Personal behavior and the behavior of others is judged and regulated according to these central Culture Standards.
3. Central Culture Standards regulate wide areas of thought, evaluation and action whereas domain or field specific Culture Standards are the rule only for specific situations or groups of people.
4. The individual and group-specific manner of handling central cultural standards for behavior regulation, can vary within a certain range of tolerance.
5. Manners of conduct which outside the given limit, are rejected and discredited.

According to Thomas, the standard cultures in Indonesia setting are as follows:

1. Social Harmony: the intention to keep the pre-existed harmony within community
2. People oriented: value human relations over job or work
3. Indirect communication: opt for indirect communication and expect other people's "sensitivity or ability" to understand the unspoken
4. Conflict avoidance: as much as possible will avoid (or delay) conflict
5. Face-saving: even at fault (or find people at fault) will always "save own (or their) face" by not discussing it in public or confronting the mistake
6. Tolerant to differences: high acceptance to differences and will tolerate anything in public even at the point of desperation
7. Hierarchical-seniority driven: this is rooted in high respect to older people, both by age or by rank (at work or in the society)
8. Religious oriented: there is a high regard to religious teaching as a very important part of life, regardless they live by it or not – not only for own interest or practice, but also as a "tool" to be socially accepted
9. Short-term orientation: with regard to making decision, the orientation is "here and now" and overlook the long term consequences
10. Flexible in terms of time management: to the western culture, this is known as "rubber time" whereas to be on time is not the priority. The orientation to people becomes more important thus tolerating this so called "rubber-time" for the sake of keeping a relationship.

In addition to this, Tjitra also found the existence of a culture which bears the significance of relation and the building up of a positive peer atmosphere (see also Tjitra, 2001 as cited in Panggabean, 2004).

Analysis about the knowledge on drugs

An analysis based upon the participants' knowledge and involvement in smoking cigarettes

This research found that 50.2% of the participants were smokers, both daily and occasional smokers (not smoking daily). This result is consistent with the data published by the Department of Health in Indonesia which found that more than one half (57 percent) of households in Indonesia have at least one smoker, and almost all smokers (91.8 percent) smoke at home (Department of Health Republic of Indonesia, 2004).

This illustrates that cigarettes are the most popular addictive substance in Jakarta, subsequently in Indonesia. This means that there is one smoker of every two Indonesian and as we look at this fact from the public health perspective, the negative effects suffered by passive smokers would be immense. According to WHO (2007), cigarettes consumption in Indonesia is one of the highest in the world with 230 billion cigarette sticks consumed in 2006 whereas 25.97% mortality in Indonesia is due to tobacco related causes.

Smoking together in a social setting is one example of a demonstration of people oriented and social harmony culture. Sharing cigarettes is often used as a tool to initiate conversation, even friendship. Smoking at some point is also used to maintain a certain harmony within a social group. With the collective nature of Indonesian people, e.g. high degree of enjoyment to hang out with peers to "kill" time, cigarettes usually is consumed throughout the time spent together. And if a non-smoker comes in to join the group and refuse to (try to) smoke, this will result in the loss of harmony. In order to keep the harmony, this non-smoker will probably need to adapt to the group's behavior, or to leave the group behind if he/she has no intention to conform with the group.

The participants of this research also believed that smoking was not a form of using drugs or classified as drug abuse, perhaps because cigarettes are a legal addictive substance. Thus, the participants believed that substances sold openly are not classified as drugs, even though that substance is addictive and dangerous to the body. The nicotine contained in cigarettes is one of the most addictive ingredients that can cause addiction (Kompas, 2002). Cigarettes are known as a stepping stone or known as a “gate-away drug” for someone that finally leads to drug abuse (NIDA, 2002)

An analysis based on the participant’s knowledge and involvement in drinking alcohol

Alcohol was the second most common addictive substance used by the participants: 0.78% consumed alcohol every day, and 19.37% of the other participants acknowledged consuming alcohol at least once in their life. However, the level of rejection was high where there were 89.04% of the participants admitted will reject to consume alcohol when offered. Perhaps this occurs because there are differences in the perception of its legality; the government includes alcohol in legal substances which can be bought and sold under certain conditions.

However, according to the laws of Islam, the primary religion with the most followers in Indonesian communities, distribution and use of alcohol is considered illegal or “against faith”. Confusion occurs between the perception of alcohol as one type of drug and the allowance of alcohol to be sold openly.

Here we can clearly see that religious-oriented culture to some degree is attached to the level of social acceptance, thus social control. This has become one of the factors that somehow prevent an individual to consume alcohol in the first place. Not only there is a certain fear of sin, consuming alcohol may cause someone to be rejected from his/her social circle – especially in communities whose members are either devout or claimed to be Muslim. This, therefore, will somehow destroy the pre-existing social harmony.

Another culture that emphasizes on the importance of the creation of positive environment may also be one of the reasons why people refuse to consume alcohol. It is widely known and accepted that alcohol indeed causes both violation of public order and religious laws.

An analysis based on the participants’ knowledge and involvement in smoking marijuana

The total users of marijuana exceeded the number of users who ever used ecstasy, street grade heroin, cocaine or other drugs. 0.39% of the participants acknowledged using marijuana daily and 5.65% of used marijuana once, but not in the past year. This total is far larger than the daily use of other types of drugs that varies between 0.5% - 0.16%.

Marijuana had also the largest percentage of lifetime use compared with the use of other substance. There were 9.3% participants admitted to ever use marijuana at least once in their lifetime, whereas the use of other drugs fell between 0.8% - 2.5%, from cocaine to street heroine respectively.

From knowledge point of view, 96.26% knew that marijuana was classified as drugs, more than 93.72% knew it was addictive and 96.73% knew it was dangerous. This high level of knowledge apparently did not contribute positively to their attitude and decision making as almost one in ten participants had or still consumed marijuana.

In addition, as far as behavioral aspects when marijuana is concerned, there were 2.28% of the participants who admitted would accept marijuana when offered to them. Here we are dealing with a risk group whom will initiate use whenever offered by their peers.

An analysis based on the participants’ knowledge and involvement with inhalants

The same thing also occurred with inhalants. The glue whose brand named “aica-aibon” is a very popular inhalant substance used. It is not considered a drug because this product is sold openly and can be used for other reasons besides being abused as an addictive substance (hallucinogen).

Only 66% of the participants believed that inhalants were a type of drug; perhaps because they know or have experienced that inhalants can cause “drunkenness” and this depends on how the inhalant is used.

From the data above, apparently the participants experienced confusion towards several types of substances which can cause addiction, confusion occurred because even though it is prohibited, this substance is sold publicly (for example: smoking cigarettes, drinking alcohol or the glue aica-aibon).

One thing to note from the experience at data collection, most participants did not know or understand the word "inhalant", however when referred as "aica-aibon" participants knew it was dangerous and addictive, however they did not regard that as drugs.

An analysis based on the participants' knowledge and involvement in the use of ecstasy

After marijuana, ecstasy was the second most common illegal substance consumed by the participants in the previous month. This may occur because the cost of ecstasy is more expensive compared marijuana and with other substances. The level of consumption for ecstasy is less frequent than marijuana by one sixth.

From daily perspective, ecstasy is the fourth most consumed drugs after marijuana, street grade heroine (putaw) and ice. This is perhaps because the addiction level of ecstasy is found lower than those caused by other substances. Ecstasy was, therefore, found to be commonly consumed at night, both in rave parties and places like discotheques or bars at weekly basis, mostly on weekends.

An analysis based on the participants' knowledge and involvement in the use of street grade heroin (known locally as "putaw")

From daily use perspective, street grade heroin was the second most popular illegal substance after marijuana, used by 0.16% of the participants compared with the use of marijuana at 0.39%. This may occur because a large amount of street grade heroin can be found in various areas of Jakarta, and the cost is achievable for any economic class in the community. Besides, heroine is very addictive in nature and therefore daily use is required for those already addicted to it.

From knowledge perspective, the level of understanding the nature of heroine being dangerous, addictive and illegal was the highest. There were only 0.58% of the participants who did not know that street grade heroin was classified drugs, 1.60% of the participants believed street grade heroin is not addictive, and 0.21% of the participants did not believe that street grade heroin was dangerous. Besides that, 0.44% of the participants did not consider the use of street grade heroin illegal, and 0.29% of the participants did not consider the distribution of street grade heroin illegal.

An analysis based on the participants' knowledge and involvement with cocaine

Cocaine is the least popular substance in Jakarta as the number of respondents who did not know anything about this substance was at the highest (0.71%). This is almost twice the number of respondents who did not know what methamphetamine ("shabu") was (0.39%). One of the factor was perhaps the price of cocaine is relatively more expensive compared to the price of other substances.

The total number of respondents who abused cocaine daily was found smaller than those who used other substances (0.08% compared to 0.39% daily use of marijuana, 0.16% on daily use of heroine and 0.10% on daily use of ice).

An analysis based on the participants' knowledge and involvement with methamphetamine (known locally as "shabu")

The current use of shabu is significantly high. There were 0.10% of the participants acknowledged daily use of shabu and 0.42% had used shabu extensively in the last week and the last month.

In general, the level of knowledge of Jakarta residence – the participants of this survey – on the type of drugs and the adverse consequences that follow its use is satisfactory. The level of knowledge was not found to have positive correlation with the common practice where most participants who abuse drugs had high knowledge and understanding that a certain substance was either dangerous and/or addictive.

Analysis of the Attitude towards drug-abuse

The attitudes of the participants towards drug abuse were largely negative (84.2%) and neutral (15.8%). There was not even one participant who had a positive attitude towards drug abuse.

However, this was not the case with the participants' attitudes towards drug addicts. One third of the participants acknowledged a positive attitude towards drug addicts, caused by a feeling of pity or compassion for drug addicts. They were considered as victims who ought to be helped, even though most of their existence are usually covered up (hidden away) to avoid disgrace to their family. 51% had negative attitude whereas the rest of participants (15.6%) had a neutral attitude characterized by comments such as silence, ignorance, and indifference.

On the behavior of addicts, 82.6% of the participants had a negative attitude, and 17.4% of the participants had a neutral attitude. The negative attitudes were characterized by resentful comments such as: "do not like" or "hate"; this was because most of addicts' behavior caused financial damages to the family, friends, and the surrounding community. Drug dealers also received positive attitudes (2.7%) perhaps because of feelings of pity from the participants who considered that they became dealers not because they chose to but out of poverty and lack of opportunity in life. On top of that, 81.1% of the participants had a negative attitude with comments presented in anger, or in a direct statement of dislike. 16.2% of the participants had a neutral attitude.

To some degree, the existence positive attitude towards drug addicts and drug dealers seen through the eye of Culture Standard, shows the presence of a desire to keep social harmony within a community. Although addicts and dealer may tip over the balance of harmony within the community, in order to keep that balance, someone must take the initiative as "social balancer". Having positive attitude is believed to be one of the "balancer" needed to keep the harmony in tact. Not because they approve the behavior of addicts or dealers, but more because they pity them. From here we could once again see how the orientation on people still prevails to the point which may lead society into a altruism behavior.

The other significant factor assumed to also support this positive attitude is the religious-oriented culture which is felt heavily within the community of Jakarta. To do good for others is believed to be the true manifestation of faith, therefore "doing good" to addicts and dealers - even to the point of condoning their acts - may seem like a deed.

Analysis on the Behavior towards drug-abuse problems

Decision making theorists (Orford, 1985 ; Fishbein et al., 1994) state that either the analysis of cost/benefit or a combination of sound knowledge and negative attitudes towards drug abuse should ideally or logically lead to a decision not to use or abuse drugs. However, one in ten participants who admitted to use marijuana (in a certain period of time) had understood the health and legal consequences of its use yet still chose to do so. In this case, it appears that decision is not a product of nor it is directly influenced by knowledge and attitude. There are other influential factors at play in a decision making process.

From cultural perspective, drug experimentation is also found to be rooted in a certain culture- specific setting. In Indonesia, we suspected a "collective oriented culture" - which is based on a certain orientation to a certain individual or groups in society - may be the underlying as well as the triggering factor that causes the inconsistency between knowledge, attitude and chosen behavior. The difficulty to resist an offer (including drug offer), for example, heavily lies between the desire to be "polite" and to "keep social harmony" at the same time. This holds especially true in a hierarchal relationship when an offer comes from someone "older" or someone with certain seniority - simply, out of fear of being "offensive". This is one of the most common push factors for youth to receive or to experiment with drugs.

On the legal sanction perspective, most participants hoped that there should be legal sentencing to prison for both addicts and drug dealers. Even so, there were only 15.04% of the participants who felt it was better for the addicts to be rehabilitated instead. This is probably because most people fear to loose their structured harmony and "peace" in the presence of an addict in their family or community. By sending them away (e.g. to be rehabilitated), they can start restructuring the harmony they once had. This means that in the absence of an addict, a family as a community may stay in tact, so to speak, untainted and without any "shame"

attached to it. This shows that Indonesian culture relies heavily on the orientation to their immediate community perceived as “right” or “normal”.

As preventative behavior, half of participants made an effort to distance themselves or to avoid drugs (52.04%). Most participants chose to give advice (45.71%) their family as preventative action at home, they also recommended distancing themselves from negative social circles (11.17%). Training and activity to raise awareness was the most desired action to do to prevent the surrounding community from drug abuse. There was a perception that drug dealers were more evil or worse than drug users. Therefore, it's not surprising that respondents' second highest recommendation for drug dealers was death penalty.

This “distancing” method chosen by most participants who have no drug problem in their family is one of the proof of cultural role in keeping social harmony. A direct confrontation to people or families with drug problems is considered impolite and may jeopardize social harmony. As the result, they choose to take their own route, save themselves by distancing themselves from any drug addicts, drug situation or drug related family whom they know.

Giving advice is also one of the product of seniority or hierarchal culture. In general, Indonesian youth still appreciate advice from their senior as long as it is given in ways accepted by them – the “ways” accepted by them varies from city to city, from community to another.

An analysis of all the aspects in general

This research also found that there are no areas in Jakarta that are free of drug addicts. Perhaps this is a result of social factors. Usually an individual is not only friends with people who are in his area, but also with people from other areas. The desire to interact with others is one of the basic needs of individual as social creatures (Deaux, 1993).

The lack of caring from the community towards drug issues may occur because of the harshness of life, which must be endured by residents of Jakarta. As a result, individuals fight for themselves without caring about others. There is also a tendency to believe that information about the dangers of drugs is not necessary for them because they do not experience any problems related to drugs. As a result, many people only seek information about drugs when there is a family member, friend, or people close to them who have a problem with drugs.

This can be seen from the total percentage of participants who do not care about the existence of addicts and drug dealers in the surrounding areas where they live. And even after they know about the existence of addicts and drug dealers, they choose to do nothing about it.

SUMMARY AND APPLICATION

A picture representation of what actually occurs in the communities in Indonesia, especially Jakarta as the center of activity for Indonesia, is very much needed so that drug prevention programs based in communities can be implemented effectively and efficiently.

This research found that the Jakarta community already knows the adverse consequences of drug abuse, however, some individuals yet choose to use them. This may occur as a result of too much curiosity or not getting the right message on the dangers of drugs, whether or not they are really dangerous, as there are many addicts seem to look “fine” – if this is so, then perhaps the so called “dangers” must be taken out of proportion.

Besides that, based on the results of the interviews, it was found that there were participants who knew the technical terms used for certain types of drugs; however, they did not know the types of ingredients. There were also some participants who only knew the general terms, but did not know the slang terms for drugs so they were tricked into using them.

As a result, educational programs that only convey information about the dangers of drugs are perhaps no longer effective. The information must include not only the dangers of drug use, but also the methods for

rejecting offers of drugs. This doesn't mean that communicating information is no longer necessary; but, it's best the information given is not only the general names of drugs and their dangers, but as much as possible to communicate the most current slang for the various types of drugs.

From this research it can be summarized that there are no areas in the Special Capital District of Jakarta that are free of drugs. Jakarta communities' knowledge of drugs is already good enough (however, there is a need to provide more detailed information about drug products). Their attitude towards drugs is also negative, and they agree with giving the heaviest sentences possible to violators of the law. However, surprisingly, this knowledge and attitude doesn't in any way impact the behavior of the participants. They chose not to report drug dealers out of fear, confusion, etc.

Based on this Culture Standard concept, an effective drug prevention program can only be designed and implemented when we understand who and the characteristics of the program recipients; this includes the understanding of the state of recipients' cognitive and affective levels as well as their behaviors. Using this theory as the basis of this dynamic, many aspects of Indonesian culture-specific behaviors can be well explained within the context and culture where a drug prevention program is to be delivered.

With a limited number of literatures and anthropological studies found on Indonesia culture and how it impacts the behaviors of its people, it is really challenging to devise an indigenous prevention program. It is worth noting here that the analysis on the correlation between drug abuse and Indonesian culture in this study is at supposition phase, where much of the informed assumption drawn is made based on available literature on the Indonesian cultural study. More research is needed to follow up this study for further analysis.

From this research, it is hoped that a cultural based drug prevention program can be devised. A prevention program can be adopted using the elements that highlight peer culture, harmony keeping and religiosity. For example, an empowerment program to built social resilience may work better when diffused within peer groups instead of to individuals. Peer groups in this case can be utilized as a social "safety net" and those deviating (e.g. using drugs) from the group norm will receive social sanction from their peers.

If seniority is a common youth culture, then a prevention program should be designed around this assumption. An older respected member of a peer group can act as "change agent" who has more power to set the trend of a new positive lifestyle within that group. Junior members will usually look up to this "senior member" and out of respect, they are hoped to follow his/her foot-print. As long as senior member places important value in making positive choices, and have this diffused within the peer group, a prevention of drug abuse may find its way to influencing this young generation of Indonesia.

Having presented all this, there are, however, some limitations need to be addressed here. The participants of this survey were incidentally selected and this may cause disproportionate representation of a certain social class in the community; most of the participants were from middle to low income class, while the middle and upper class were not equally represented in this study.

In addition, the data collection method in this survey was based on self-reported questionnaires. That could in itself posed a certain constraint to this research; participants might lie during the interview about things that actually occurred – primarily about their own involvement with drugs, out of fear of being caught or reported. It is possible the total number of drug users or dealers was far more than what was found in the research; the belief of "tip of ice-berg theory" among Indonesia law enforcers suggested 10-20 times higher than what is seen or reported.

In addition, participant's idea of giving information about the dangers of drugs to the family was not well explored; a detailed clarification is needed in the future.

It is hoped there will be a continued research to improve the findings of this study. For example, an in depth research on the process of communicating the dangers of drug abuse in the family. Or perhaps, a follow up research to find the reasons why a community choose not to do anything about the existence of addicts and drug dealers in their area; this could reflect an attitude of not wanting to know which could be a result of the disappointment of the participants towards the handling of earlier drug cases. (YCAB/04)

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