The "Pague Gampong" Model in Aceh Culture on Drug Handling: A Qualitative Study

T. Alamsyah*1, Adil Candra,2 Dewi Marianthi.3

Abstract

Background: The development of narcotics abuse and psychotropic drugs (drugs) is very worrying for all countries, including Indonesia. The number of drug abuse continues to increase with higher mortality. Victims of drug abuse are not limited to the well-to-do community groups, but have also penetrated into the lower economic circles. The development of a culture-based community empowerment model is one of the approaches offered as a drug prevention measure at the village level.

Method: This research is a qualitative research with a phenomenological approach. Data collection was conducted from June to August 2019 by FGDs on seven health cadres and in-depth interviews with three health workers who were in charge of narcotics.

Results: Three themes were found, namely: Drugs are diseases that are dangerous to humans. Drugs have a physical, psychological and social impact on humans and the PagueGampong program is one way to prevent drugs in the community.

Conclusion: To improve the prevention of drug abuse in the community, the PagueGampong model is considered suitable to be applied in Aceh.

Keywords: Aceh Culture, PagueGampong, Drugs

Preliminary

Substantial criticism about the problem of drug abuse and other addictive substances and their effects reverberating from various sectors of society.1 Narcotics stands for narcotics, psychotropic substances and other addictive substances.2 Drugs are very dangerous for anyone who abuses them. Various negative effects, both physical and psychological clearly make victims of drug abusers suffer.3 Victims of narcotics abuse are not limited to the groups of people who are wealthy but also have penetrated into the lower economic community. This can occur because narcotics commodities have many types, from the most expensive to the cheapest.4 Victims of narcotics abuse is not only adults and university students but also from high school students to elementary school students.5

The number of narcotics abuse in Indonesia in 2014 was 3.8 million to 4.1 million people or around 2.10% to 2.25% of the total population of Indonesia. This number has increased when compared to 2008 which was 1.9%.6 The government through the National Narcotics Agency and the Provincial Narcotics Agency as a focal point for narcotics prevention in Indonesia has made various efforts to tackle the problem of narcotics abuse and its circulation, through prevention, community development, rehabilitation, and eradication of drug abuse. The Indonesian National Narcotics Agency, Aceh together with 1,593 rehabilitation centres managed by National Narcotics Agency have implemented a rehabilitation program for 38,427 narcotics abusers throughout Indonesia. This number has increased, where in the previous year only around 1,123 addicts and abusers were rehabilitated.6

Aceh is a miniature of drug conditions in Indonesia; even the problem of drugs in Aceh is more complex compared to other provinces. Previously, Aceh was known as the area of marijuana barns, today Aceh is known as crystal meth barns. Drug dealers make Aceh as the entry point for drugs, especially crystal meth, while also making the Acehnese people as dealers, couriers and users.8 The number of drug use place Aceh as ranks of 12th nationally as the province with the most drug users. The number of drug use in Aceh ranks 12th nationally as the province with the most drug users. Data from the National Narcotics Agency Province of Aceh states that 73,000 Aceh residents are drug users. This data is only the tip of the iceberg seen on the surface, the number could be 10 times if carried out in-depth investigation.9

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In the context of eradicating drug crimes through local wisdom, the National Narcotics Agency of Aceh province has envisaged the application of caning for novice drug users, then after that the rehabilitation is given. Handling the current drug emergency conditions does not only focus on enforcement actions, the important things the most important thing that must be considered is a precaution.


The culture of local wisdom (Pague-Gampong) is an effort in the village to ward off and fortify youths from the influence and danger of drug substances in villages in the Aceh Besar district and in particular the people of Aceh. Local wisdom is a legacy of our ancestors in the values of life that are united in the form of religion, culture and customs.

One of the local cultures, Pamage-Gampong, Aceh's village political system based on customs is the wealth or local wisdom of Aceh that has been used since the kingdom of Aceh. Local wisdom (local wisdom) is understood as ideas, values, local views (local) that are wise, full of wisdom, good value, which is embedded and followed by members of the community. Its characteristics are (1) Able to survive outside cultures, (2) Have the ability to accommodate elements of outside culture, (3) Have the ability to integrate elements of outside culture into native culture, (4) Have the ability to control, and (5) Able to give direction to the development of culture.

Based on the above phenomenon, researchers are interested in knowing how cadres and health workers view community based drug prevention using a cultural approach in Aceh.

**Method**

This research is a qualitative research with a phenomenological approach. Phenomenology research tries to explain or express the meaning of concepts or phenomena of experience based on consciousness that occurs in some individuals. Results of this qualitative study can determine the 'Pamage-Gampong' model that suits the needs and culture of the community.

The main objective of this qualitative study is to explore the cadres and health workers' views on drugs and how to prevent drugs using a cultural approach and to explore the 'Pamage-Gampong' model as a community-based drug prevention intervention. The qualitative data collection techniques used were focus group discussion (FGD) and in-depth interviews.

Subjects involved in this qualitative study were 10 participants, who were selected using purposive sampling techniques. The criteria determined by researchers are informants who have a lot of information. The research subjects consisted of one FGD group, namely health cadres who were in the work area of the Aceh Besar, Baitussalam Community Health Center. The selected cadres are health cadres responsible for drug prevention in the village. After the FGD on the cadres, the researchers conducted in-depth interviews with health workers responsible for drugs in the community health center. For completeness of information needed, researchers also conducted in-depth interviews with the subject of the latest research, the person in charge of drugs in Aceh, namely the head of drug prevention at the National Narcotics Agency in Aceh.

The instrument used in this study was the researcher himself. The guidelines used when conducting FGDs and in-depth interviews are arranged by the researchers themselves adjusted to the purpose of the study, which includes: understanding drugs, types of drugs, side effects, forms of activities carried out in drug prevention and desired models on drug prevention in community using the Aceh cultural approach.

Before being used, a research guide must first be trailed by means of source triangulation if seeking input at sources that are different from the research subject. The guiding trial was conducted by FGD on 5 health cadres. The results of the FGD were not analyzed as qualitative data, but the results of the FGD were used as a basis for making improvements to the guidelines to be used. Organizing and preparing data analysis is by making transcripts of FGD results and in-depth interviews, additional observations and other notes during data collection. Reading all data and transcript results to find general ideas conveyed by informants and other information needed. Coding and using the results of the coding process to arrange the categories and sub categories. The data analysis process was carried out by researchers using the help of an open code software program.

While the process of analysis to arrange themes, form descriptions and make themes into qualitative narratives and make interpretations, researchers conducted peer debriefing with friends who were both conducting qualitative studies.
Result

A description of the participants involved in this study as a whole can be seen in Table 1 below. Most of the health cadres are above 38 years old, all are female with an average level of high school education and one is three year-diploma, and all are housewives. While health workers and heads of narcotics prevention from the National Narcotics Agency in Aceh are above 35 years of age, higher education with more than 5 years’ work experience.

Table 1: Characteristics of Research Participants

<table>
<thead>
<tr>
<th>Characteristics of Research Participant</th>
<th>Health cadres</th>
<th>Health workers</th>
<th>National Narcotics Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td>&lt; 35 old years</td>
<td>5</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>&gt; 35 old years</td>
<td>2</td>
<td>100</td>
<td>1</td>
</tr>
<tr>
<td>Middle education</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>higher education</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not work</td>
<td>7</td>
<td>100</td>
<td>2</td>
</tr>
<tr>
<td>Female</td>
<td>7</td>
<td>100</td>
<td>2</td>
</tr>
<tr>
<td>Work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 5 years</td>
<td>6</td>
<td>29</td>
<td>1</td>
</tr>
<tr>
<td>&gt; 5 years</td>
<td>1</td>
<td>71</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL PARTICIPANTS</td>
<td>7</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

From the results of the qualitative analysis, three categories were synthesized from six sub-categories, which included: understanding drugs, the effects of drugs and activities of the 'PagueGampong' as prevention interventions for drugs. The three categories are the definition of drugs, the effects of drugs and drug prevention activities, all of which emerge from two sub-categories. The details can see from table.2 below:

Table 2: Results of FGD analysis and in-depth interviews about Community-based drug prevention with a cultural approach

<table>
<thead>
<tr>
<th>NO</th>
<th>Category</th>
<th>Sub category</th>
<th>Meaning unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Definitions of drugs</td>
<td>The drug is dangerous to humans</td>
<td>Can disturb human soul</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can cause brain damage</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Like to get angry, talk alone</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The number one destroyer in the world</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Destructive future of young people</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Addictive</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can die if get overdosed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dangerous and deadly disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The treatment is difficult</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can cause opium</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can cause unconsciousness</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nerve disease and madness</td>
</tr>
<tr>
<td>2</td>
<td>Effect of drugs</td>
<td>Physical Impact</td>
<td>Violence in the family / wife</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The brain can be perforated</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tooth disorders</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sleep disturbance (continuous sleep / insomnia)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Psychological and Social Impacts</td>
<td>Become quiet</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Excessive jolly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Become a thief</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lazy to work</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lazy to study</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dropout</td>
</tr>
<tr>
<td>3</td>
<td>PagueGampong activity that has been done</td>
<td>Activities in the village</td>
<td>Providing information about drug users to health workers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Encompassing drug users in the village</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Identifying potential risks of getting drugs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Coordinating with the village head</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Disbanding places where young people hang out at night</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Approaching the family</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Approaching teenagers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Providing information about drug rehabilitation centers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Providing drug counseling in community activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Accompanying family to rehabilitation center</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Taking the user to the rehabilitation center</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Making users who have been rehabilitated as a model for other users</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Activities at the rehabilitation center</td>
<td>General health examination</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Drug special examination</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Drug screening</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Drug counseling at rehabilitation centers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Counseling in the village</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Providing drug therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Implementation of rehabilitation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If there are further actions will be taken care at the BNN</td>
</tr>
</tbody>
</table>
From the results of the qualitative analysis above on the topic of community-based drug prevention with a cultural approach found three relevant themes to answer the research objectives, namely:

Theme 1, Drug is medicine or diseases that dangerous to humans.
Theme 2, Drug has physical and psychological impact on humans. And Theme 3, ‘PagueGampong’ activity is one way to prevent drugs in the community.

For more details, you can see from Table.3 below:

**Table 3: Themes, categories and sub categories in FGDs and in-depth interviews related to drug prevention in Aceh**

<table>
<thead>
<tr>
<th>Themes, Categories and Subcategories</th>
<th>Theme 1</th>
<th>Definition of Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td></td>
<td>Drugs are medicine or diseases that are dangerous to humans</td>
</tr>
<tr>
<td>Sub Categories</td>
<td>The drug is dangerous to humans</td>
<td></td>
</tr>
<tr>
<td>Sub Categories</td>
<td>Dangerous and deadly disease</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theme 2.</th>
<th>Drugs have a physical, social and psychological impact on humans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>Impact of Drugs</td>
</tr>
<tr>
<td>Sub Categories</td>
<td>Physical impact of drug users</td>
</tr>
<tr>
<td>Sub Categories</td>
<td>Psychiatric and social impact on drug users</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theme 3.</th>
<th>The ‘PagueGampong’ activity is one way to prevent drugs in the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>‘PagueGampong’ activity</td>
</tr>
<tr>
<td>Sub Categories</td>
<td>Activities carried out in the community</td>
</tr>
<tr>
<td>Sub Categories</td>
<td>Activities carried out at rehabilitation centres in the village</td>
</tr>
</tbody>
</table>

**Discussion**

1. **Drugs are drugs or diseases that are dangerous to humans.**

   The results showed that the public, especially health cadres, had understood the notion of drugs.

   An understanding of the meaning of drugs obtained from FGD results and in-depth interviews with participants stated that drugs are drugs or diseases that are harmful to humans. In general, drugs consist of two substances, namely narcotics and psychotropic drugs.²⁰ According to the National Narcotics Agency of the Republic of Indonesia²⁰, the definition of narcotics is a substance or drug contains natural, synthetic, and semi-synthetic which causes effects of decreased consciousness, hallucinations, excitability and addiction. (Law no. 35, 2009) Whereas psychotropic substances are substances or drugs both natural and synthetic not narcotics which have psychoactive properties through selective influences on the central nervous system that cause distinctive changes in mental activity and behavior (Law no 5, 1997). The statement about the definition of drugs obtained from research informants, when researchers ask about what they know about drugs, the respondent answers in detail to these questions can be seen in table 4 below.
Table 4. Health Cadres’ Answers on Drug Definition

<table>
<thead>
<tr>
<th>Informant</th>
<th>FGD results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cadre 1</td>
<td>Using drug can disturb the soul and make life unhealthy, it also can be addictive.</td>
</tr>
<tr>
<td>Cadre 2</td>
<td>Drugs are almost the same as marijuana, drugs can damage the user's brain</td>
</tr>
<tr>
<td>Cadre 3</td>
<td>Drugs can damage the mind</td>
</tr>
<tr>
<td>Cadre 4</td>
<td>Drug users often get angry</td>
</tr>
<tr>
<td>Cadre 5</td>
<td>Drugs are dangerous medicine, can cause insanity and mortality from due to overdose. Can get to jail if caught.</td>
</tr>
<tr>
<td>Cadre 6</td>
<td>Drugs are dangerous and deadly diseases</td>
</tr>
<tr>
<td>Cadre 7</td>
<td>The number one destroyer of drugs in all circles</td>
</tr>
</tbody>
</table>

A correct understanding of drugs by health cadres can increase the role of cadres in protecting the public from drug abuse. Health cadres are expected to play an active role and work together with all related sectors such as health centers, National Narcotics Agency and also the police if they suspect, know and see drug abuse efforts. Health cadres are also expected to be able to address education about drug abuse in the community.

This is in line with previous research by Sari on the role of student-based anti-drug abuse cadres by the Surabaya national narcotics agency. The results showed that the success of cadres' roles as peer counselors, peer educators and peer leadership was greatly influenced by aspects of health promotion by looking at the level of knowledge, attitudes and actions as well as the ability to communicate well.

2. Drugs provide physical, social and psychological impact on humans.

The impact of drug abuse on someone is very dependent on the type of drug used, personality and situation or condition of the drug user. In general, the effects of drug addiction can be seen on the physical, psychological and social in the community.

The physical impact felt by drug users is a health disorder that consists of the respiratory system, innervations, cardiovascular, integumentary and reproductive systems. The complaints that often arise in drug users are headaches, nausea, vomiting and hard to sleep. Drug users who use needles alternately also have the risk of contracting hepatitis and HIV. While other physical effects are over dosages which can cause death for drug users. The psychological impact of drug users is difficult to concentrate, loss of self-confidence, apathy, anxiety, suspicion, hallucinations and depression. In addition, drugs also have a social impact on society such as increased crime, poverty, environmental damage and the impact on increasing law enforcement in society.

The results of the study found that health cadres can mention the effects of drugs either physically, psychologically and even social impacts on the community. This was proven by the participant's statement during the FGD and in-depth interviews. The health cadres’ answers about the effects of drugs can be seen in table 5 below:

Table 5. Health Cadres’ Answers on Drug Impacts

<table>
<thead>
<tr>
<th>Informant</th>
<th>FGD Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cadre 1</td>
<td>Families can be threatened with health and life</td>
</tr>
<tr>
<td>Cadre 2</td>
<td>Because of addiction, they like to steal and some are divorced because of domestic violence</td>
</tr>
<tr>
<td>Cadre 3</td>
<td>Personality changes, from jovial to moody or so on. Likes to steal</td>
</tr>
</tbody>
</table>
Drug abuse is a complex problem in society. Adverse effects caused not only limited to physical and psychological problems of users, but also a social problem for individuals, families and communities. Community participation and role especially health cadres is a positive contribution to increase knowledge and awareness of the dangers of drugs.

According to Pratama\textsuperscript{25}, the form of participation of community leaders in the vigilance of narcotics abuse is to engage in drug abuse socialization activities, report cases to the authorities, engage in religious activities and play an active role in delivering advice on the dangers of drug abuse in the community.

The results of research by Antiprawiro\textsuperscript{26} on the role of the community in the prevention and control of drug abuse get the results that community participation has functioned as a social energy and developed as a social movement in the community. The values of religion, ethics and laws and regulations are important determinants that bind people's behavior to achieve the successful implementation of prevention and control of drugs.

3. The 'PagueGampong' activity is one way to prevent drugs in the community

Drug trafficking which has penetrated to the village level has made people worried and insecure in their own neighborhoods. Although the community has tried various ways to overcome the problem of drugs, because the activities carried out are individually causes the results obtained are not satisfactory.

Effective drug abuse prevention activities require an active role from all levels of society. Participation and collaboration of the whole community is a strategy needed to protect the village (PagueGampong) from drug abuse problems at the village level.

This is supported from the results of interviews with health cadres who are in the work area of the Baitussalam Community Health Center, Aceh Besar about activities carried out in preventing drugs in the community. Details of participants' answers can be seen in Table 6 below.

<table>
<thead>
<tr>
<th>Informant</th>
<th>What actions can be taken to prevent drugs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cadre 1</td>
<td>Providing information about the dangers of drugs to family and close friends in the community</td>
</tr>
<tr>
<td>Cadre 2</td>
<td>Rehabilitating his/her own family, and making him/her an example for other families</td>
</tr>
<tr>
<td>Cadre 3</td>
<td>Giving information to health workers what if drug users are found in the village</td>
</tr>
<tr>
<td>Cadre 4</td>
<td>Doing a selection of users in the village, then we report to health workers, also provide information on social gathering events in the village.</td>
</tr>
<tr>
<td>Cadre 5</td>
<td>Giving information to the public about the effects of drug users</td>
</tr>
<tr>
<td>Cadre 6</td>
<td>Approaching mothers who have family problems, approaching children who like to hang out until late at night</td>
</tr>
<tr>
<td>Cadre 7</td>
<td>Disseminating information at village events, that children who are drug users must be rehabilitated before being arrested by the police Delivering and accompanying them to the rehabilitation center</td>
</tr>
</tbody>
</table>

Based on the above table, it has been shown that so far the health cadres have actively participated in overcoming drug problems in the community.

The problem of drug abuse which is very complex requires handling comprehensively and integrated in all society, the 'PagueGampong' activity can be implemented as a way to deal with drug problems in the community.

The steps that can be taken for "PagueGampong" activities to build a community network against drugs are:
1. Identification and collaboration with community leaders and approach to build good social interaction.
Partnering with various community organizations experienced in drug prevention programs.

4. Conducting field assessments to study and analyse drug problems in the community

5. Developing community capacity and skills through training to produce skilled community workers in implementing drug prevention programs.

6. Develop prevention programs together at the community level by involving relevant government agencies.

This is consistent with the results of a qualitative analysis by Fanaqi27 about community participation in drug prevention in Garut Indonesia, using the theory of community participation.

The results found that there are three main reasons for the importance of community participation in the drug prevention process. First, community participation can become an 'ear' to get information about the conditions, problems and needs of the community. Second, community participation can reduce the burden of costs incurred to achieve the effectiveness and efficiency of the program in the community. While the third is community participation can prevent the rejection that arises from a small portion of other communities.

**Conclusion**

Based on the results of the FGD and in-depth interviews about drug handling in the community using a cultural approach, three relevant themes were found, namely 1) Drugs are drugs or diseases that are dangerous to, 2) Drugs have physical, social and psychological impacts on humans, and 3) 'PagueGampong' activity is one way to prevent drugs in the community.

**Suggestion**

It is expected that health cadres will be able to improve the ability and skills of the implementation of health services at the community level in drug prevention through 'PagueGampong' activities.

**References**


Aceh government. QANUN NO 8 tahun 2018.


