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Christian Nataludin
University of Indonesia, tian.nataludin@gmail.com

Palupi Lindasari Samputra
University of Indonesia, upies77@gmail.com

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Evaluation of The Drug-Free Village Program (Program Desa Bersinar) In Indonesia

Christian Nataludin[1*], Palupi Lindasari Samputra[2]

[1]National Resilience Studies, School of Strategic and Global Studies, Universitas Indonesia
[2]National Resilience Studies, School of Strategic and Global Studies, Universitas Indonesia

ABSTRACT

The Government of Indonesia has established the Drug-Free Village Program (Program Desa Bersih Narkoba – Desa Bersinar) to overcome the problem of drug abuse and illicit trade at the village level. This research aims to assess the effectiveness of the program implementation and map its constraints nationally. It uses descriptive quantitative methods on formal evaluation approaches and constraint mapping methods. We survey BNNP / BNNK's Prevention and Community Empowerment sub-coordinators throughout Indonesia, with 108 participants participating. Using the effectiveness evaluation criteria, based on the success indicators, according to the Desa Bersinar program implementation technical guidelines. The result shows that two factors explain the success of the Desa Bersinar program with an Eigenvalue of 64,118%. This means that 64.118% of the performance of the Desa Bersinar can be explained by these two factors. Nationally, the Desa Bersinar program implementation has been effective, with index at 61.99%.

***Keywords*:** Drug-Free Village; Desa Bersinar; Evaluation; Program

1. Introduction

The drug problem is one of the significant issues that have been of concern to the global community. Currently, almost every country in the world facing the drug problem. In Indonesia, the drug problem has become a chronic disease that threatening every aspect of the nation's life. It becomes a real threat to the national resilience. Currently estimated at 3,662,646 drug abusers, or 1.95 percent of the population aged 15-64 (BNN & BRIN, 2021). Up to 45,231 cases and 58,764 offenders were arrested, with indisputable evidence confiscated 10.76 tons of Marijuana, 8.03 tons of Methamphetamine, more than 1.5 Million Ecstasy pills, and cost of 30 people deaths per day (Puslitdatin BNN, 2021).

Not a single province in Indonesia was free from drug problems. Drug abuse has occurred in almost all regions of Indonesia, to the village or rural level (BNN & BRIN, 2021: 10). The Indonesia Drugs Report (2021) noted at least 933 village levels that are prone to drugs

* Corresponding author:
E-mail: tian.nataludin@gmail.com
Affiliation: School of Strategic and Global Studies, Universitas Indonesia

throughout Indonesia. The prevalence of drug abusers between rural (1.61%) and urban (2.23%) shows no longer significant difference. Moreover, the drug problem has been the most stressful in some villages in Makassar (Sumai et al., 2020).

Drug syndicates take advantage of the geographical location of rural areas – mostly under low surveillance – as locations for illicit plant cultivation, transit, or entry points for drug smuggling, storage, and distribution, especially those located on the coast, suburbs, or national borders (BNN, 2019). Siregar et al. (2019) confirm that drug smuggling is a significant problem in Aji Kuning Village, central Sebatik District, directly adjacent to Malaysia's Tawau. Polimpung et al. (2020) said that villagers tended to be taken advantage of by syndicates -because of their lack of knowledge- by giving them drugs for free until they became addicted and then forcing them to become couriers.

Villages or rural areas have a strategic role in overcoming the drug problem. It is necessary to build strong social resilience at the village level to prevent the escalation of drug trafficking and abuse in a village or rural area. When the drug abuse and illicit trafficking occur and escalate in a rural area, it will lead to the emergence of narcotics villages (kampung narkoba). Several kampung narkoba was identified such as Kampung Ambon, Kampung Boncos, Johar Baru, Kampung Berlan, Kampung Bahari, and Kampung Peninggaran in Jakarta; Kampung Beting in Pontianak; Muka Kuning, Kampung Aceh, Tanjung Piayu and Simpang Jam in Batam Island (BNN & BRIN, 2022).

To overcome the drug problem, especially in rural areas, the Government, through National Narcotic Board (Badan Narkotika Nasional/BNN), has established the Drug-Free Village Program (Desa Bersinar Program) as a policy to enhance the rural community's resiliency to drugs. The program was initiated in 2018 and became national through Presidential Instruction (Instruksi Presiden) No. 2 of 2020.

In this program, Provincial National Narcotics Board (Badan Narkotika National Provinsi/BNNP) and District National Narcotics Board (Badan Narkotika National Kabupaten/BNNK) acts as a "stimulant" to advocate, encourage and orchestrate the local governments' (provinces, districts, sub-districts, and villages) commitment to designating one or several villages to implement the program (BNN, 2019). The selected villages expected to implement the program to plan their action on the prevention and eradication of drug abuse and illicit trafficking (Pencegahan dan pemberantasan Penyalahgunaan dan Peredaran Gelap

Narkoba/P4GN) as well as anti-drug dissemination and campaigns, urine test as early detection, illegal trade identification and detection, and also provide rehabilitation services, to allocating resources (fund and facilities) and carry out the planned actions self-sustainedly by involving all elements of the village participation.

The Desa Bersinar program has been very vigorously campaigned for, and claimed to be a flagship program that will be able to suppress the drugs abuse and illicit trade in Indonesia. However, evaluation attempt related to the effectiveness of this program have not been carried out enough, especially on a national scale.

2. Literature Review

Some evaluative studies on the implementation of this program in several locations say that it has generally been held effectively (Imfyan & Amri, 2022; Lubis et al., 2022; Mardhiyah & Old, 2022; Nurlatifah et al., 2022; Sugianto, 2021).

Previous research was conducted by Imfyan & Amri, (2022), evaluating the effectiveness of the implementation of Desa Bersinar program in Sangau village, Mudik District, Kuantan Singingi Regency. Using criteria such as program understanding, target accuracy, timeliness, goal achievement, and real change. This study reports that the implementation of the Desa Bersinar program in Sangau Village has been running effectively, however, there are still some weaknesses, such as that a recovery agency has not been formed and is not yet independent in carrying out P4GN activities.

Mardhiyah & Tua (2022), who evaluated the performance of the government of Seberang Taluk Village, Kuantan Tengah District. The results of this study say that the performance of the Seberang Taluk village government in implementing the Desa Bersinar Program quite well and has reduced drug cases in this village by up to 80%. However, there are also drawbacks, namely the minimum budget allocated for P4GN activities, the working group's competence is still low, and the community's awareness is low. This makes the researchers assess the implementation of this program is still not optimal.

Subsequent research was conducted by Lubis (2022) which focused on assessing the performance of villages that had been designated as Desa Bersinar to award them. By using the Multifactor Evaluation Process Method as a decision support system in awarding Drug Clean Villages. The results of this study inform that, out of 10 villages assessed based on 5

criteria such as: call center; data on drug addicts; data on drug case suspects; nightclubs; and Number of unemployed, the score is quite good, with the lowest score of 0.533 and the highest of 0.0775 with an average score of 0.66.

These studies show that the performance of Desa Bersinar programs several villages, is quite well. However, these studies are still case studies. Besides that, the evaluation of effectiveness also does not use the indicators set out in the Desa Bersinar Program Implementation Guidelines published by the BNN (National Narcotics Agency). Whereas, BNN has formally established indicators of the success of this program on the guidelines, namely: 1) The program has been running as planned and self-sustained by each village together with the working group; 2) The community understands the negative impact of consuming drugs; 3) The village budget funds the program; 4) The village has anti-drug volunteers and anti-drug activists; 5) The village has a recovery agent; 6) Community Health Centers participate and support the rehabilitation process for drug abusers; 7) The decrease in the level of the area of susceptibility to drugs and the decrease of drug abusers; and 8) Community participation in reporting illicit drug abuse and trafficking.

Therefore, this research was conducted to evaluate the effectiveness of the Desa Bersinar program nationally by using indicators of success in accordance with the Program Technical Implementation Guidelines. The aim is to assess the success of the program nationally and map out the obstacles/obstacles in the implementation of this program. The research results are expected to be input for BNN to determine steps for improvement or improvement of the program.

3. Research Methodology

One of several ways to discover the performance achievements of implementing this program nationwide is through the National Narcotics Agency's perspective. That's because the BNN Agent only acts as a stimulant while the village community implements the program. Thus, the perspective of the BNN Agency, especially the District BNN Agent can be used to see how the performance of this program is implemented nationally, including the constraints and obstacles encountered in implementing it.

It used a descriptive quantitative method with a formal evaluation approach through the obstacle/obstacle mapping technique (Dunn, 2018). The formal evaluation approach assumes

that the proper measure of the benefits or value of a policy is the policy goals and objectives that are officially or formally announced by policymakers.

Data was collected in a survey from 30 November to 14 December 2022, with a questionnaire research instrument provided as a G-Form and sent to respondents via WhatsApp short message platform. The research subjects were the sub-coordinators of the Division of Prevention and Community Empowerment (Pencegahan dan Pemberdayaan Masyarakat/P2M) BNNP and BNNK. The population of this study consisted of 173 P2M BNNP/ BNNK sub-coordinators. Simple random sampling was used by distributing questionnaires to the entire population so that the whole population had the same probability of being selected, then 120 samples were taken (Krejcie and Morgan's minimum piece was 118, and Slovin's was 119).

The research instrument contains 13 statements developed from formal success indicators representing working groups, planning, implementation, self-sustaining, increased understanding, funding, volunteers, activists, recovery agents, involvement of community health centers, reduced vulnerability, reduced abusers, and community participation. Using a five-point Likert scale, score one is the lowest value indicating the most unsuitable conditions, while five shows very suitable conditions. All participants in this study have expressed their willingness and consent to participate in the survey through an online informed consent form. We put open questions regarding why they gave such a score to each indicator. We also ask them what constraints appear in implementing the program.

The collected data is then analysed using the Exploratory Factor Analysis (EFA) Method to determine the program performance's main factors. The analysis continues by calculating the success index's factor score and factor weights. The success index is obtained by multiplying the factor score by the Factor's quality. These indices are then classified into five categories, as table 1. The entire process of data analysis and processing in this study was carried out using the SPPS version 27 application.

Table 1. Index Criteria

Index Value	**Success Criteria**
81% - 100%	Very effective
61% - 80%	Effective
41% - 60%	Quite effective
21% - 40%	Less effective
1% - 20%	It doesn't work

4. Results

Every individual is interconnected within and across various social systems that influence each other, and decisions to use or avoid drugs occur in a social context (Meschke & Patterson 2003). The social environment has a strong influence on health and social outcomes, drug use and problems related to it are the result of complex interactions between individuals and the environment, where institutions or social structures can influence the environment and then influence drug use (Shaw et al., 2007, 1). State intervention in the social context can reduce drug abusers, encourage them to get out of drug addiction and return them to their social life (Simatupang, 2017). However, state intervention in the social context cannot be one-way only, with law enforcement or anti-drug awareness campaigns, but it also needs to involve community participation. As Machfud (2019) said, it is not enough to discipline other people, society must be empowered so that they can discipline themselves because community participation is one of the determinants of the success of efforts to deal with drug problems in a community environment (Antiprawiro, 2014). To conduct social interventions against drug abuse at the rural level by involving community participation and independence, BNN has established the Desa Bersinar program as one of some policies.

This program aims to make villages free from drug problems, where social life is peaceful and orderly, and where people strongly resist the drug perils. Desa Bersinar is a village-level area with specific criteria, in which P4GN activities are carried out massively (BNN, 2019). In essence, the Desa Bersinar Program is an effort to create a village environment free from drug abuse and illicit trafficking through P4GN activities that are carried out independently by all elements of the village. The more villages free of drugs, the less or even overcome the drug problem in Indonesia (Polimpung et al., 2020). The Increased community resilience will reduce the demand for narcotics. Illicit trafficking will paralyze because the community actively detects and eradicates illegal trade in their environment.

In this program, the BNN Agent, especially the sub-coordinator for Prevention and Community Empowerment (P2M) of the BNNP/ BNNK, advocates (commitment building) the local Government to designate one or several villages that to be Desa Bersinar. The Village elements self-sustainedly implement the Desa Bersinar program through P4GN activities (Figure 1). So, it is pretty relevant to assess the effectiveness of this program through the point of view and assessment of the P2M BNNP/K sub-coordinator.

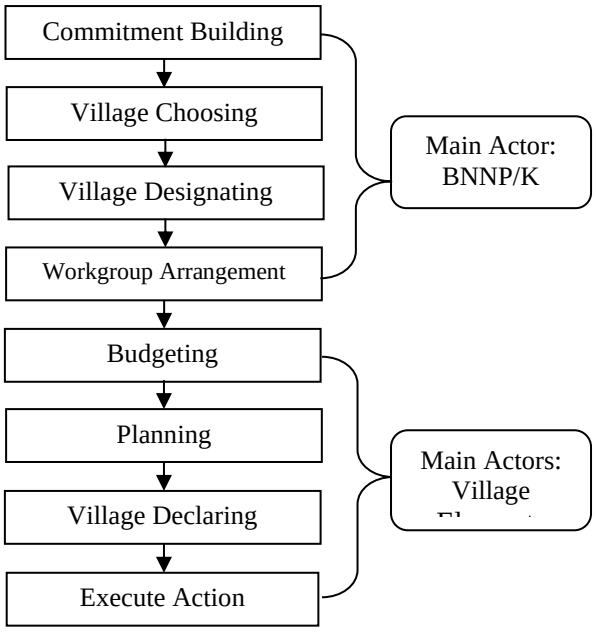
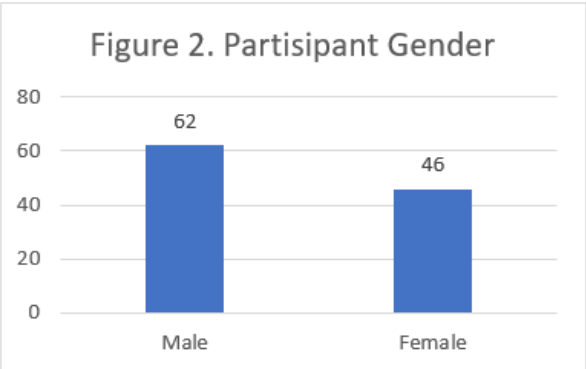


Figure 1. Desa Bersinar Establishment Steps

Source: Desa Bersinar Program Implementation Technical Guidelines

Only 108 participants were willing to participate in the survey and fill out questionnaires from the data collection. However, this did not significantly affect the study's objectivity because the entire population was allowed to participate in this survey so that all samples had the same probability of being selected and random.



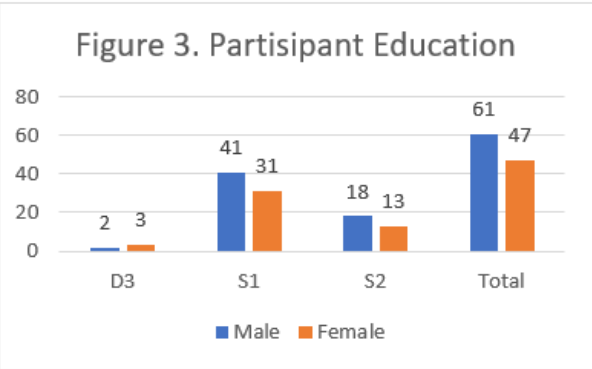


Figure 2. Partisipant Gender Figure 3. Partisipant Education

4.1. Validity and Reliability Test

Using Pearson Product Moment, an item of 13 indicators shows a calculated r value > r table (0.1576) ranging between 0.372 – 0.773 and a significance value of <0.05. The reliability test

using the Cronbach Alpha method (Table 2) also showed a reliable research instrument with a value of 0.865, more significant than 0.7. The data is valid and reliable so that we can analyse it further.

Table 2. Reliability Test

Reliability Statistics	
Cronbach's Alpha	N of Items
0.865	13

4.2. Factor Analysis

Four of the 13 initial indicators do not meet the requirements for factor analysis, and we have to exclude them during the next test. It is because they have a communality value <0.05, such as Working Group (0.381), Action Planning (0.465), Action Funding (0.476) and community health centers involvement (0.275). Meaning the four indicators have no significant correlation with the main factors. Thus, we need to redo the analysis by eliminating the four indicators.

In the second steps factor analysis phase, the KMO and Bartlet test values were 0.846 with a significance of 0.000. The MSA and communality tests show that all indicators meet the requirements with a value of > 0.5. Factor extraction using the Principal Component Analysis (PCA) method produces two main dimensions (factors) of 9 indicators, with an Eigenvalue of 52.703% and 11.416%, a total of 64.118% (table 3). The two dimensions are the most influential correlated group of indicators, while the correlation with factors in other dimensions is the weakest. These two factors can explain all variations of about 64.118%. The rest is explained by other factors that have not been identified yet.

Table 3. Factor Extraction

Component	**Initial Eigenvalues**			**Rotation Sums of Squared Loadings**		
	Total	**% of Var**	**%**	**Total**	**% of Var**	**%**
1	4.74	52.70	52.70	3.85	42.78	42.78
2	1.03	11.42	64.12	1.92	21.34	64.12
3	0.85	9.48	73.60			
4	0.59	6.58	80.19			
5	0.54	6.04	86.23			
6	0.46	5.05	91.28			
7	0.35	3.90	95.18			
8	0.29	3.22	98.41			
9	0.14	1.59	100.00			

By determining the largest loading value as the Surrogate Variable, factor rotation concluded that the first dimension (named outcome) consists of 7 indicators: Abuser, Recovery Agent, Understanding, Volunteer, Susceptibility, Participation, and Activist. In comparison, the second dimension (named output) consists of 2 indicators: implementation and self-sustaining.

Table 4. Rotated Component Matrix

Indicator Items	Factor	
	1	2
Knowledge	0.691	0.354
Susceptibility	0.833	
Participation	0.614	0.399
Abuser	0.877	0.118
Volunteers	0.659	0.365
Activists	0.655	0.308
Recovery Agent	0.765	0.279
self-sustained	0.140	0.856
Action Execution	0.254	0.763

4.3. Index Analysis

We count The Desa Bersinar success index in a weighted manner by multiplying the factor score with the factor weight on a formula:

$$Indeks = \sum_{i=1}^{k} f_i'.W_i$$

where:

f_i': standardized factor score

W_i: i factor weights.

We conduct Factor Regression on SPSS software to obtain factor scores, while factor weights are obtained by dividing the Factor's rotational variance value by the total variance value. As a result, factor 1 weighs 66.72% (42,781/64,118), and factor 2 weighs 33.28% (21,337/64,118). We standardize the score factors with the following formula:

$$f_i' = \frac{f_i - \min(f_i)}{\max(f_i) - \min(f_i)}$$

where:

f_i': standardized factor score

(f_i) : i factor score.

We attain the national index from the average index value of all respondents. As a result (table 5), the Desa Bersinar success index is 61.99% (effective category).

Table 5. National Index Calculation

Factor	Standardized Average Score	Weight Factor	Index Value
Factor 1 (Outcome)	0.6359	66.72%	42.43%
Factor 2 (Output)	0.5879	33.28%	19.56%
Aggregate Index			61.99%

4.4. Constraint Analysis

We mapping the constraints by reducing, classifying, and drawing conclusions on each indicator's answers to each open question. We concentrate all of the participant's answers to the core of the sentence. Then, is classify them by their similarity, resemblance, and proximity of its meaning. Eventually we drew our conclusions from the classification results that represent the answers of all participants.

In general, the primary constraint in achieving the success of the Desa Bersinar Program is the lack of funds to implement it. Lack of funds is the primary constraint of all indicators. There are three reasons for the lack of allocation of funds to execute P4GN actions. First, it regards the 'village funds' they received from the central Government: some villages received too little village funds, some had their fund reallocated or blocked for handling Covid-19, and some were designated as Desa Bersinar after the Village Revenue and Expenditure Budget (*Anggaran Pendapatan dan Belanja Desa/APBDes*) was approved, making it difficult to allocate budget for the program. Second, regarding the willingness of village officials to give budgets: some of them consider that community economic development, especially post-Covid-19 economic recovery and village infrastructure development, are more priority and more important than implementing the program. As the result, there is no budget allocation for the program, or the amount is very little, if any. Third, related to the budgeting mechanism, such as the absence of firm regulations concerning to budgeting P4GN action plan to the APBDes, primarily related to the proportion of village funds they can allocate, for example, budget code, nomenclature or account to allocate the budget in budgeting

mechanism. It makes them doubtful and worried about budgeting errors that could lead them to inspectorate investigations and lawsuits.

Constraints that lead to the non-optimal achievement of program implementation on each indicator are summarized as follows:

a. Carry out the P4GN Action

There are three parts of constraints to this indicator: 1) The Working Group: lack of human resources, inadequate competence, limited time of workgroup members and their business; 2) The Community: they have little or no interest in participating in the P4GN action because they got no compensation; 3) Other Factor: bad weather, including lack of support from local governments and stakeholders to add dissemination content about the impact of drugs on their activities. These constraints cause no execution of planned actions, only a few actions they can carry, or they carry it out as a formality, with a small number of participants and repeat participants.

b. Self-sustained Actions Plan Execution

Workgroup members' business and limited time; lack of commitment and sense of responsibility; lack of innovation and creativity; and lack of competence, capacity, and capability of the workgroup in carrying out the P4GN actions plan. Those are some constraints to this indicator.

What caused it? The workgroup member mostly didn't join due to their own will. Still, because the village or Government officials ordered or forced them to, they never got appropriate competency improvement or training. Even more, they got no compensation or honorarium for being workgroup members. That’s makes them unwilling, insecure, doubtful, or afraid to self-sustaining disseminate the drug perils to the public.

c. Anti-Drug Volunteers and Activist

It is hard to recruit those genuinely willing to become volunteers or activists -especially those who have competence- due to the shortage of competent human resources in the village or because they are afraid of being presumed as Police (BNN) informants. It includes the lack or absence of education and training given to them as volunteers or activists.

d. Recovery Agent

Those who become Recovery Agents are mostly the same person of volunteers or activists who received training of short intervention rehabilitation skills (Amaliah & Hermansyah, 2022). Like the anti-drug volunteers or activists, Recovery Agent has the same constraints. Moreover, recovery agents have more challenging conditions to find out drug abusers caused of low openness and low public willingness to report those close to them who abuse drugs.

e. Increased public knowledge

Constraints to increased public knowledge about the drug perils, namely: lack of dissemination and education to the community carried out; limited dissemination media used for example billboards, banners, pamphlets, billboards, etc.; the execution of P4GN actions plan did not reach out all of the village areas; lack of number or competency of human resources to execute the action plan; less attractive dissemination content. It coupled with the fact that only a few people gained the drug perils information because only the same participants attended the action. Or the community member didn't care about the program because they thought that drug problems were not worth following, or it was Government's responsibility, not theirs.

f. Decreased Drug Abusers

Low of drug abuser’s willingness to report themselves and access rehabilitation service units, the presence of negative stigma, and doubts and fear due to their lack of knowledge and understanding of the flow, process, and benefits of rehabilitation come under alcohol consumption traditions in the community. While on the other hand, recovery agents find it hard to find those who abuse drugs in a hidden or remote community, coupled with the low competence of recovery agents. All of those things are constraints that make the efforts to reduce the number of drug abusers become not easy to do.

g. Community Participation

There are two parts, first, people who are hesitant, reluctant, afraid, ashamed, apathetic, and worried about making reports of chaos and drug distribution because of low awareness, understanding, and trust in the Desa Bersinar Working Group, the Police, and BNN. Second, the reporting service units (Desa Bersinar Working Group, Village Superintendent, Police Officer, and BNN) do not adequately socialize the reporting mechanisms to the public, limiting access and media reporting available to the public, and the slow response to public reports.

h. Decreased Village Susceptibility to Drug

Accumulation of all constraints and conditions in the previous indicators, because the level of susceptibility is closely related to the number of abusers and the cases of illicit drug trafficking that occur in the villages, the role of the community in preventing and eradicating illegal trade.

5. Discussion

Even though the evaluation results show that the performance of the Desa Bersinar Program implementation is in the successful or effective category, the index value of 61.99% is at the bottom of the category range. In addition, the outcome dimension contributes twice as much as the output dimension in forming the index. Suppose the two factors outcome and output are associated with previously mapped constraints, it is plausible if the Desa Bersinar success index (61.99%) is in the success or effective category. Still, the explanatory power is only 64.118%.

Because the volunteers, activists, and Recovery Agents indicators are limited to assessing their existence, not quality. The participants' statements confirm that neither volunteers, activists, nor recovery agents were non-optimally functioning. Consequently, the Desa Bersinar success index tends to show a high score with such assessment criteria. Still, at the same time, there are many complaints about the non-optimal performance or quality of volunteers, activists, and recovery agents.

Indeed, it is not easy to empower people to be willing to participate and act self-sustainedly to make their village clean of drugs. For Example, Other similar programs' implementation as Village Community Empowerment Program (Program Pemberdayaan Masyarakat Kelurahan /PPMK), which aims to empower deprived communities by providing loans and grants, still low community participation (Wahdy et al., 2017). For this reason, as Irwan Abdullah (1997) suggested, a cultural approach must be carried out to achieve participatory development. It is because various social problems that occur in society are caused mainly by eroding cultural values. The findings of Muradi et al. (2020) support the notion that Badung Regency has the highest Drug Threat Cities Response Index (Ikotan), the only regency with a highly responsive index, because carrying out the anti-drug campaign was through a cultural and traditional approach.

6. Conclusion and Recommendations

This study's analysis results show two main dimensions characterizing the Desa Bersinar Implementation Performance: outcome dimensions and output dimensions, with an explanatory power of 64.118%. The Outcome dimension consists of 7 indicators: Volunteers, Activists, Recovery Agents, Knowledge, reduced abusers, Participation, and Susceptibility. The Output dimension consists of two hands: action execution and Self-sustained.

Nationally, the program has been successfully or effectively implemented with an index of 61.99%. In other words, the performance of Desa Bersinar implementation throughout Indonesia has achieved the goals desired and formally stated by policymakers. However, the analysis also shows that the index value is more likely influenced by the outcome dimension, especially by the volunteers, activists, and recovery agent indicators, whose assessment criteria only assess the presence, but not the quality of their existence.

It is necessary to add other indicators to increase the explanatory ability of the existing success dimensions. It is necessary to revise the assessment criteria of volunteer, activist, and recovery agent indicators which include their quality. The constraint on allocating P4GN action funds needs to be addressed, regarding that the main obstacle affecting performance achievement of all indicators is the absence and limited funds. Providing appropriate, comprehensive and continuous training to improve volunteers, activists, and recovery agent competence is necessary. It is necessary to emphasize cultural and traditional approaches to increase community participation.

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