

Conference Paper

The Empowerment of Dasa Wisma as Partners in the Prevention and Control of Drug Abuse in Teenagers in Ratu Agung Sub-District of Bengkulu City

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Teenagers are a vulnerable demographic with regards to the risk of becoming drug users. The high levels of drug abuse at a young age in Indonesia are a growing source of concern. Effective drug abuse prevention needs to start with primary prevention by individuals, families, groups and communities. This study evaluates the empowerment of Dasa Wisma and the homestead program, to identify the influence of the empowerment of Dasa Wisma through partnership on the effectiveness of anti-drug cadres and families in the Ratu Agung Sub-district of Bengkulu City. This research type is quantitative with quasi-experimental design. The design used was pre-test and post-test with control group design (quasi-experiment with control). While the treatment group who felt empowered counted 34.78%, the control group only 12.5% felt empowered, with P value = 0.00. The empowerment of Dasa Wisma affects knowledge, attitude, perception, religiosity, use of spare time, peer group, family harmony and family communication with value P = 0.00. It also affects the liveliness of anti-drug cadres with a value of P = 0.008. Dasa Wisma affects the family activeness in the prevention and control of drugs in teenagers with a value of P = 0.00. **Conclusion:** it can be concluded that the empowerment of Dasa Wisma as a partner in Ratu Agung sub-district of Bengkulu affects the prevention and tackling of drug abuse in teenagers, either by anti-drug cadres or by family.

Keywords: Empowerment, Dasa Wisma, partner, drugs

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1. Introduction

Adolescents are vulnerable populations as users of drugs, family cultures and communities that do not contradict the use of addictive substances that “legalized” in the community makes it easier for teenagers to behave using drugs. The development of drug abuse and trafficking is a common concern. Indonesia has claimed to be a drug

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emergency and Indonesia's president, Joko Widodo on 24 February 2016 at a limited meeting declared war on bookies and drugs networks. This encourages the government to make various efforts in the context of controlling the distribution and drugs abuse. Based on the results of the National Narcotics Agency research in a collaboration with the University of Indonesia health research center in 2011, it is known that the prevalence of drug abuse has reached 2.2% of the total population (aged 10-60 years) or about 3.8 s/d 4.3 million person. This increased by 0.21% when compared to 2008 (1.99%) or about 3.3 million people.

Drug abuse in Bengkulu Province is increasing from year to year starting from 2008 as many as 25,489 people, 2011 as many as 18,957 people, and 2015 as many as 25,784 people. Directorate of Criminal Drugs in 2014-2015 reported in Rejang Lebong Regency is still found many fields of marijuana and shabu which is the most drug consumed by addicts. Drug users until 2015 reached tremendous numbers, up to 4.5 million people. Tragically, 75 percent of them were students and workers. The remaining 25 percent were unemployed [1].

Problems of illegal abuse and trafficking drugs in Bengkulu Province became one of the dominant trials at the district court level of Bengkulu province from the National Provincial Narcotics Board (BNNP) data in August 2014, the number of drug inmates as many as 49,896 people, consisting of Producers: 952 people, sellers: 5,430 people, Broadcasters: 22,092 people, Containers: 2,490 people, and Users: 18,905 people.

The rise of drug abuse and illicit trafficking drugs in the community cannot be separated from the drugs network that build marketing strategies at the regional, national and international levels. Drug network that involves various elements and interests of individuals, groups and even countries. Based on this description of the strategy steps that must be developed is how individuals, families, groups and communities are not in contact with drugs and the various impacts of drug user's behavior. The prevention of drug abuse begins with primary prevention in individuals, families, groups and communities, considering the abuse and illicit trafficking Drugs are a serious threat to the survival of people and the nation, and even loss of generation can occur.

Efforts to overcome drug abuse through promotive, preventive, therapeutic and rehabilitation efforts are an integral part of the health role. Increasing the awareness of clean and healthy living behavior in the community by strengthening the network in the community in accordance with the potential and local culture in the prevention of abuse and eradication of illicit drug trafficking (P4GN). The prevention of drug abuse can be done by way of community empowerment through a space that exist in society, for example Dasa Wisma. This is in accordance with the appeal of Indonesian President

Joko Widodo who asked to be intensified creative campaign of the dangers of drugs and this campaign primarily targeting the younger generation.

Community empowerment through cross-sectoral and sectoral partnerships in preventing and control the risks of drug abuse in teenagers done by building the system in the community will generate and assist the community's independence in finding health problems in the community, then able to plan and make decisions to solve the problem of drug use behavior in teenagers, alone without or with the help of others. The empowerment and partnership strategies in the community by building work systems in the community through pre-prepared community participation with increased knowledge, ability and willingness of the community in preventing drug use behavior especially youth, so early detection of drug use behavior in individuals, families, groups and communities can be prevented and the circulation can be limited, through increasing the role and function of Dasa Wisma as the spearhead of prevention and prevention of drug abuse in teenagers.

2. Methods And Equipment

2.1. Research design and sample

The research design is used to answer research questions and to test hypotheses [2], this type of research is quantitative with quasi-experimental design. The design used was pre-test and post-test with control group design (quasi experiment with control) conducted by the researcher to the respondents, to know the influence of the empowerment of Dasa Wisma as a partner in the prevention and control of drug abuse in teenagers. The sample in this research were part of families which have teenagers in Ratu Agung sub-district of Bengkulu city chosen by simple random and who fulfilled inclusion criterion considered as represented population. 70 families with teenagers were selected as research respondents (control and intervention), 6 respondents did not follow the entire series of research so that the number of respondents who participated in all activities were 64 respondents.

2.2. Measurements

The difference between before and after intervention is assumed to be the effect of the intervention [2], this is in line with the research objective of knowing the influence of the empowerment of Dasa Wisma as a partner to the liveliness of anti-drug cadres and

family in the prevention and control of drug abuse on teens. Training on Dasa Wisma members who have been established as partners to carry out the main activities of Family Welfare Program (PKK) in the effort of the prevention and control of drug abuse in teenagers, done for one month. After the training then performed the equation of perception and ability of Dasa Wisma members in fostering families who have teenagers through questionnaires. The next stage, the Dasa Wisma members who have been trained were required to conduct educational activities, teaching and training to families who were in the target area to actively carry out activities of prevention and prevention of drug abuse in teenagers. Activities undertaken by trained Dasa Wisma members began with family data collection of family structure, knowledge, attitudes, perceptions, religiosity, use of leisure time, peer group, family harmony and family communication. Subsequent activities of routinely trained were counseling, small group discussions and consultations for families that have been determined as respondents for three months. After conducting all the activities, the trained Dasa Wisma members recorded the presence of respondents and evaluated the knowledge, attitude, perception, religiosity, use of spare time, peer group, family harmony and family communication. They also did guidance on anti-drug cadres to be more active in preventing and controlling drug abuse.

3. Results

3.1. Respondent's characteristic

The age group of respondents in the treatment group were mostly in the age group 41-50 years (23.44%), while for the control group most were in the range of 51-60 years old (18.75%) with $P = 0.249$. According to the level of education both in the treatment group and the control group, they have the same proportion, the high school graduation has the largest proportion followed by junior high school and then graduated from university and a small part of primary school with $P = 0,418$. Based on employment, most respondents do not work or as housewives (74.99.5%) and a small part are civil servants (3.12) with $P = 0.854$ means homogeneous. Based on the family type, most of the respondents have main family type (26.57%) in the treatment group and the extended family type in the control group, 28.13% with $P = 0.343$.

Based on the knowledge of drugs, some respondents both in the control group and treatment group had less knowledge of drugs by 34.38 in the treatment group and 29,69 in the control group with value $P = 0,508$. As for most attitudes support against

the prevention and control of illicit drug trafficking was 26.56% in the treatment group and 28.16% in the control group with $P = 0.742$. The perception of respondents to drugs for the treatment group was greater positive (29.69%) while in the control group between positive and negative was equal (25%) with $P = 0.588$, as well as for religiosity, peer group influence, family harmony and communication in the family had a comparable value, thus the initial condition of the respondent was homogeneous.

3.2. Dasa Wisma Programs Related to the Prevention and Control of Drugs

Dasa Wisma programs related to the prevention and control of drug abuse and illicit trafficking did not exist at first, after the empowerment of Dasa Wisma as a means of education, teaching and small group discussions that emphasize the prevention of the dangers of drugs. In the treatment group, there were more activities than the control group. In the control group, the majority did not carry out the activities under the homicidal program (77.7%), whereas in the treatment group, most of them carried out the activities in accordance with Dasa Wisma program related to the prevention of the dangers of drugs. The result of the statistical test is $p = 0,000$, meaning that there is a significant difference in the empowerment of Dasa Wisma as a means of preventing and overcoming drug abuse in teenagers before and after the provision of more positive interventions.

3.3. The influence of the empowerment of Dasa Wisma as a partner to knowledge, attitude, perception, religiosity, use of spare time, peer group, family harmony and family communication.

The empowerment of Dasa Wisma as a partner conducted by the trained Dasa Wisma members influences knowledge, attitude, perception, religiosity, use of leisure time, peer group, family harmony and family communication in the treatment group. Table 3 shows the differences in median values, minimum and maximal values of each variable in the treatment group and the control group after intervention with the P value of each variable was 0.000.

The influence of the empowerment of Dasa Wisma as a partner toward the liveliness of anti-drug cadres against the prevention and tackling of drug abuse in the working area of Ratu Agung sub-district of Bengkulu city.

TABLE 1: Frequency Distribution of Respondent Characteristics and Homogeneity Test on Treatment and Control Group (n1=n2=32)

Variable	Category	Group		P
		Treatment	Control	
Age	30 – 40	8	6	0,249
	41 - 50	15	11	
	51 – 60	7	12	
	> 60	2	3	
Education	Primary School Graduates	1	3	0,418
	Junior High School Graduates	9	11	
	Senior High School Graduates	19	14	
	University Graduates	3	4	
Occupation	Housewives	25	23	0.854
	Civil Servant	0	2	
	Private Employees	3	7	
	Entrepreneur	4	0	
FamilyType	Main Family	17	13	0.343
	Big Family	14	18	
	Single Family	1	1	
Knowledge on Drugs	Good	10	13	0.508
	Less	22	19	
Attitude on drugs prevention	Support	17	18	0.742
	Not Support	15	14	
Perception on Drugs Dangers	Positive	19	16	0.588
	Negative	13	16	
Religiosity	Good	18	16	0.409
	Less	14	16	
Spare Time	Effektive	16	18	0.579
	Less Effective	16	14	
3.2. Peer Group	Participate	13	16	0.269
	Not Participate	19	16	
Family Harmony	Harmony	14	16	0.444
	Less Harmony	18	16	
Communication	Effektive	16	16	0.876
	Less Effective	16	16	

The empowerment of Dasa Wisma as a partner affects the activeness of anti-drug cadres, before the intervention, there were 12.5% active anti-drug cadres while after the intervention changed to 90.63%. Statistical test results obtained p value = 0.000, meaning there is a significant difference in the role of anti-drug cadres before and after intervention in the treatment group. While in the control group before the intervention,

TABLE 2: Frequency Distribution of Dasa Wisma Programs Related to Drug Prevention and Control and Homogeneity Test on Treatment and Control Groups (n1=n2=32)

Utilization	Intervention					
	Pre Intervention			Post Intervention		
	P n(%)	K n(%)	P	P n(%)	K n(%)	P
Establishing Child and Teenagers Care Patterns in families and child protection through workshops and trials (Activity A)	0 (0)	0 (0)		7 (18.75)	3 (9.38)	
Increasing understanding related to the prevention of drug abuse through life skills and parenting skills. (Activity B)	0 (0)	0 (0)	1	11 (34.78)	4 (12.5)	0.000
Activities A dan B	0 (0)	0 (0)		14 (43.75)	0	
Activities A and B were not implemented	32 (50)	32 (50)		2 (2.72)	25 (77.7)	

the role of active cadres as much as 18.75% and after intervention changed to 53.12%. The statistical test results obtained $p = 0,000$, meaning that there is a significant difference in the role of the cadres before and after the intervention in the control group.

- i. The influence of Dasa Wisma empowerment as a partner of family activeness in the prevention and control of drug abuse in teenagers in the working area of Ratu Agung sub-district of Bengkulu city.

The empowerment of Dasa Wisma as a partner affects family activeness to prevent the danger of drugs, before the intervention there were 19 active respondents (59.38%) while after the intervention changed to 100% or all respondents more active again. The statistical test result obtained $p = 0,000$, meaning that there is a significant difference between family activeness in the prevention of drug dangers before and after the intervention in the treatment group. While in the control group, there were 65.63% active respondents in the prevention of drug dangers and after the intervention changed to 34.37%. Statistical test results obtained $p \text{ value} = 0.779$, meaning there is no significant difference in family activation before and after the intervention in the control group.

4. Discussion

This study aims to analyze the influence of Dasa Wisma empowerment as a partner in the prevention and tackling of drug abuse in teenagers in the sub-district of Ratu Agung of Bengkulu city. The empowerment of Dasa Wisma in the treatment and control

TABLE 3: Frequency Distribution of the Effects of Dasawisma Utilization to knowledge, attitude, perception, religiosity, use of leisure time, peer group, family harmony and family communication in the control and treatment groups (n1=n2=32)

Variable	Value	Treatment		Control		P
		Pre	Post	Pre	Post	
Knowledge	Median	8	18	7.5	10	0,000
	Minimal	5	11	5	6	
	Maximal	11	20	11	14	
Attitude	Median	30,5	51	20	32	0,000
	Minimal	21	42	34	26	
	Maximal	35	57	38	44	
Perseption	Median	35	48,5	34,5	36	0,000
	Minimal	27	37	27	30	
	Maximal	41	57	41	44	
Religiosity	Median	45	71	45	49,5	0,000
	Minimal	26	40	28	28	
	Maximal	55	80	56	62	
Use of Spare Time	Median	31	46,5	32	34	0,000
	Minimal	25	41	25	26	
	Maximal	48	54	38	46	
Peer Group	Median	32	45	33	35	0,000
	Minimal	25	36	25	25	
	Maximal	40	54	48	43	
Family Harmony	Median	31	49	31	34	0,000
	Minimal	26	38	26	29	
	Maximal	40	56	40	46	
Family Communication	Median	45,5	65,5	45,5	50	0,000
	Minimal	38	50	50	42	
	Maximal	52	69	52	60	

TABLE 4: Frequency Distribution of the Effects of Dasa Wisma Empowerment on P4GN Cadres Performance in the control and treatment group (n1=n2=32)

Role of anti-drugs cadres	Group										
	Treatment					P	Control				P
	Pre		Post		Pre		Post				
n	%	n	%	n	%	n	%				
Active Participation	4	12.5	29	90.63	0.00	6	18.75	15	46.88	0.008	
Less Participation	28	87.5	3	9.37		26	81.25	17	53.12		

group was measured respectively before the intervention by conducting the training method, mentoring, monitoring and evaluation of the Dasa Wisma members for the

TABLE 5: Frequency Distribution the Effects of Dasa Wisma Empowerment on Family Activity in the prevention and control of drug abuse in the control and treatment groups

(n1=n2=32)											
Activeness	Group										
	Treatment					P	Control				P
	Pre		Post		Pre		Post				
n	%	N	%	n	%	N	%				
Active	19	59.38	32	100	0.000	17	53.13	21	65.63	0.779	
Less Active	13	40.62	0	0		15	46.87	11	34.37		

treatment group, while for the control group was not carried out the empowerment of Dasa Wisma except counseling. The impact of Dasa Wisma was measured by assessing the activity of respondents in preventing and controlling drug abuse and illicit trafficking of drugs through measurement of knowledge, attitude, perception, religiosity, use of leisure and peer group influence. In addition, the impact of the use of Dasa Wisma was also measured from the family harmony and communication made by the family.

4.1. Respondent's characteristic

Background of family characteristics such as family type, culture, religion, race, and education, according to Peplau will influence the initial attitude between nurse as a researcher with family as client or respondent [3]. Based on the statistical test result, there is no significant difference for age, education, occupation, and family type variable in both treatment and control group. The homogeneity of respondents is important so as not to affect the application of Dasa Wisma empowerment as a partner in the prevention of drug abuse in teenagers. Mayumi [4] in his research reveals that the religion adopted by a person greatly influence the decision in taking action, including the action in health behavior, with the homogeneity of trust and education of respondents will facilitate the application of Dasa Wisma empowerment of as a partner because the variable is a variable that can have an effect on family health behavior in the prevention and control of drug abuse in teenagers.

4.2. Dasa Wisma Programs Related to the Prevention and Control of Drugs

The role of the Dasa Wisma as the smallest unit of PKK is expected to inspire people to be motivated to always be dynamic, to change the situation to the more advanced one. As in the case of efforts to improve family welfare. PKK is not a place for social

gathering and recitation, but it is a forum for community empowerment. Dasa Wisma as the smallest group of PKK group has a strategic role to realize a prosperous family. Therefore, it is hoped that Dasa Wisma will be the spearhead of the implementation of the 10 main programs of PKK and government programs. Programs of Dasa Wisma related to the prevention and control of drug abuse such as (1) to strengthen child and adolescent parenting in family and child protection through workshop and trial, and (2) to improve understanding related to prevention of drug abuse through life skill and parenting skill.

The results of the study found that homework programs related to the prevention and control of drug abuse and illicit drug trafficking originally did not exist. After the empowerment of Dasa Wisma, there was a change of Dasa Wisma program implementation, originally Dasa Wisma was only used for Al-Quran recitation and gathering activities, once empowered is used as a means of education, teaching and small group discussion that focuses on prevention and control of drug abuse in teenagers. In the control group, the majority did not carry out the activities under the homicidal program (77.7%), whereas in the treatment group, most of them carried out the activities in accordance with Dasa Wisma programs related to the prevention of the dangers of drugs. The result of the statistical test was $p = 0,000$, meaning that there is a significant difference in the empowerment of Dasa Wisma as a mean of preventing and controlling drug abuse in teenagers before and after the provision of more positive interventions.

4.2.1. The influence of Dasa Wisma empowerment as a partner to knowledge, attitude, perception, religiosity, use of free time, peer group, family harmony and family communication.

Knowledge is the result of “knowing” and this happens after the person senses a particular object. Sensing occurs through the five senses, namely: the sense of sight, hearing, smell, taste and touch. Much of human knowledge is obtained through the eyes and ears [5]. Roger in [5] states that knowledge / cognitive is a very important domain in the formation of behavior in this case the prevention of drug use in teenagers, and behavior based on knowledge will survive more lasting than the behavior that is not based on knowledge. Allen’s [6] study reveals that one’s knowledge will affect the health behavior of the person, the training program to further empower Dasa Wisma done by the researcher on the group members of the treatment group is aimed at improving health behavior towards the positive, and the behavior will persist when the individual realizes the importance Positive health behavior is very beneficial in everyday life. In

this study, the knowledge of respondents in the treatment group experienced a better improvement compared to the control group with a value of $P = 0.000$.

Attitude is a reaction or process of a person who is still closed to a stimulus or object. Attitude cannot be seen directly but can only be interpreted in advance of a closed behavior. Attitude clearly shows the connotation of the suitability of the reaction to a particular stimulus. In everyday life, it is an emotional reaction to social stimulus [5].

The results showed differences in attitude in the treatment group and the control group, after the treatment group received education, teaching and small group discussion through Dasa Wisma empowerment as a partner. The treatment group experienced an increase in post-test grade achievement from the median of 30.5 when the pre-test increased to 51 at post-test. While in the control group tends to remain with pre-test results of 30 to 32 at the time of post-test. The result of $p\text{-value} = 0,000$ statistical test means that there is a significant difference of attitude of treatment group on pre-test with attitude at post-test.

In this study, attitude measurement instruments are the same, however the question options have been categorized in the excavation of individual attitude toward drugs. So, from the results of the study showed that health education through training with Dasa Wisma as a partner and empowering people have a strong enough influence the change of one's attitude. [5], explains that attitude has three components, namely: belief (belief), ideas and concepts to an object, an emotional life or an emotional evaluation to an idea. The results of the study are in accordance with the concept wherein the treatment groups that were given health education through training, mentoring, monitoring and evaluation that initially have not believed or hesitated to the dangers of drugs, then after the emergence of new knowledge and beliefs there was a change in attitude towards the more positive. Azwar (7), argued that the formation of attitudes, such as, influenced by education. Through an educational process that involves a series of activities, an individual will gain higher knowledge, insight, expertise, and insight.

Perception is the process whereby one organizes and perceives a perceived sensation in order to give meaning to the environment. The result of the research shows respondents' perception about the danger of drugs before the intervention in the treatment group and the control group with $p = 0,588$, meaning that there is no significant difference of respondents' perception about the danger of drugs between the treatment group and the control group before the intervention so the respondents' perception of both groups is homogeneous prior to the implementation of the intervention.

After the intervention, the perception of the treatment group against the dangers of drugs changed towards positive compared to the group. Based on the statistical

test results obtained $P = 0,000$ means there is a significant change in the perception of respondents about the dangers of drugs in the treatment group compared to the control group, which means there is an influence of Dasa Wisma empowerment as a partner against the perception of respondents about the dangers of drugs. Perceptions about the dangers of drugs will determine the liveliness of a person to take precautions or in other words voicing anti-drugs. From the point of view of the modern medical system, a different perception of society to the dangers of drugs often causes problems. Because perceptions about the dangers of drugs differ on each individual, it will affect the activity of a person in preventing the circulation and abuse of drugs.

The empowerment of Dasa Wisma as a partner also influences the degree of religiosity in the treatment group that changed more towards the positive than the control group. Thouless (2000) mentions several factors that may exist in the development of religious attitudes or religiosity, namely: 1) the influence of education or teaching and various social pressures (social factors), such as through lectures held by social organizations including Dasa Wisma. Social factors in religion comprise a variety of influences on religious beliefs and behavior, from the education we receive in childhood, the opinions and attitudes of the people around us, and the traditions we receive from the past. 2) A variety of experiences that help religious attitudes, especially experience experiences on: a) Beauty, harmony and goodness in another world b) Moral conflicts (moral factors), in this experience one will tend to develop feelings of guilt when he behaves that is considered wrong by social education received, c) The emotional experience of religion (affective factor), in this case, for example, is shown by listening to the sermon at the mosque on Friday, listening to religious teachings and lectures organized by the community congregation such as Muslim community, Dasa Wisma or other community organizations.

The empowerment of Dasa Wisma as a partner influences the use of more positive spare time in the treatment group than the control group with $P = 0,000$. Treatment groups used more of their spare time for activities that support the prevention and control of drug abuse in adolescents. Spare time is described as leisure time after all the easy needs have been done. Which is where there is more time owned to do everything in accordance with the desire that is positive. This statement is supported by Brightbill who assumes that leisure is closely related to the category of discretionary time, the time spent by our own selection and judgment.

Communication and family harmony in the control group changed towards the better after empowering Dasa Wisma as partner compared to the control group with $P = 0,000$. Communication can take place anywhere and anytime, with style, and different

ways. Communication that takes place in the family is different from what happens in school or in the work environment. Because these two environments are different. The atmosphere at home is informal, while the atmosphere in school or work environment is formal. Likewise, communication takes place in society. Because every society has a norm that must be addressed, the communication that took place must be obedient norm. The basic tasks of Dasa Wisma for instance, the enhancement of understanding and the practice of good manners in the family and the environment. So, Dasa Wisma is a vehicle for family coaching will be effective to help families achieve effective communication, so that the family's duty is achieved to avoid family members against the dangers of drugs.

4.2.2. The Effect of Dasa Wisma Empowerment as a partner to the Role of Anti-Drug and Family Cadres

A cadre is someone who is perceived as having an increased willingness and ability to form a process of change. Cadre is also a reliable human resource to achieve a better improvement. The main role of anti-narcotics trainers or anti-narcotics volunteers is as a driver / manager or implementer of Prevention, Eradication, Abuse, and Illicit Circulation of Drugs in the local area operationalized through the functions and duties (8).

The empowerment of Dasa Wisma as a partner has had an impact on the activeness of drug and family cadres in the prevention and control of drug abuse in teenagers. The establishment of an anti-narcotics cadre is an activity of selecting and forming people who are able to provide anti-drug counseling in their own institutions, so that their environment becomes immune to the dangers of drug abuse. Establishment of cadre of anti-drugs extension is seen as an activity which in the implementation of the field formed the stages of activities in accordance with the objectives of the program. Increasing the activity of anti-drug cadres can be done by dissemination of information through various media both electronic and non-electronic, and Focus Group Discussion (FGD) activity is proven can increase knowledge, understanding and awareness about danger of drug misuse (9).

5. Conclusion

The empowerment of Dasa Wisma as a partner in the prevention and control of drug abuse in teenagers in Ratu Agung sub-district of Bengkulu City has had a positive impact on family activism and anti-drug cadres to be more active in fighting drugs through

educational activities, teaching and small group discussion. Wisma is used as a means and resources to increase knowledge, attitude, perception, religiosity, use of spare time, peer group, family harmony and family communication for better and become a force for the prevention and control of drug abuse in teenagers in Ratu Agung sub-district of Bengkulu city.

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Conflict of Interest

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