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Injection, Ingestion, & Misconception: Drug Use & Rehabilitation in Indonesia

Elena Silvestrini

SIT Study Abroad, elena.silvestrini@colorado.edu

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INJECTION, INGESTION, &
MISCONCEPTION
DRUG USE & REHABILITATION IN INDONESIA

ELENA SILVESTRINI

ADVISED BY KADEK JANGO PRAMARTHA
SIT STUDY ABROAD
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INTRODUCTION

When developing countries begin to work their way towards a more recognizable and first world standpoint, there are always certain social issues that must be worked out and addressed. While Indonesia is still considered a third world country, the nation is developing through its gradually increasing economy and booming tourism industry. As any other nation does in its initial stages of expansion, Indonesia has reached a major turning point in which the social issues that have plagued the country for decades must finally be attended to. Politicians, public officers, and local citizens are speaking out against injustices, inequalities, and concerning matters with the current state of their country.

One of the affairs that has begun to raise uneasiness throughout all of Indonesia can be found in both villages and major cities, between the youth and the old: drug use and addiction. Mind-altering substances have existed within Indonesia for centuries, but the last few decades have seen a sharp increase in the number of drug users, deaths resulting from drug related overdoses, and crimes caused by illegal substance possession, smuggling, dealing, and using. While penalizations for such crimes are quite severe, the number of drug users and smugglers has continued to increase. In order to address the issue of drug addiction in Indonesia to a point in which the problem is minimal or declining, we must first understand the social aspects that cause this problem to exist. Why has the use of narcotics continued to rise despite the Indonesian government's efforts to halt drug use? How has drug use spread throughout this developing country so quickly, and what are the consequences that result from widespread drug use? Has tourism played a major role in the increase in drug use? And lastly, if the Indonesian government is not succeeding in its efforts to stop drug addiction, which at this point seems to be

the case, how else can drug addicts find the resources and motivation required to quit abusing narcotics?

I. INDONESIAN DRUG LAWS

Before analyzing the extent of drug use, trafficking, and rehabilitation within Bali, one must first understand the laws regarding the topic of illegal substances in this country. Drug laws in Bali and the rest of Indonesia hold some of the weightiest penalties in all of Southeast Asia. The Indonesian government defines narcotics as “any substance or medicine derived from plants or non-plants, either synthetic or semi-synthetic, which may cause degradation or change of consciousness, sensation loss, reduction through elimination of pain, and may cause dependence.”¹ Narcotics Law in Indonesia, last revised in 2009, divides all of these controlled substances, both pharmaceutical and those with no recognized health benefits, in to three categories based on several distinguishing factors.

Group 1 drugs are considered to be the most severe, hold no therapeutic value to the consumer, and are highly addictive. This group includes substances such as heroin, cocaine, marijuana, hashish, mescaline, MDMA (ecstasy), amphetamine, methamphetamine, opium and its derivatives.² While Article 7 of the Indonesia Narcotics Law does state that narcotics may be consumed for “the interest of health service and/or science and technology development,” Group 1 drugs are excluded; narcotics in Group 1 may not be consumed for health service, and only small amounts may be used for science and technology development after being approved by the Minister and gaining recommendation from the Head of Supervisory Board on Food and Drugs.¹

Narcotics within Group 2 are still considered addictive and harmful by the Indonesian government, but are pharmaceutically useful as well. Some of the controlled substances within this category are morphine, methadone, oxycodone, and hydromorphone.² Group 3 drugs, such

¹ Draft Law of the Republic of Indonesia Regarding Narcotics, 2009. PDF.

² Aquino, Michael. (n.d.) “Drug Laws in Bali and the Rest of Indonesia” *Southeast Asia Travel*. Web.

as codeine, dihydrocodeine, and buprenorphine, are categorized similarly to Group 2 in that they are useful for therapeutic purposes, but are considered much less addictive than drugs in Groups 1 and 2. Article 53 of the Indonesia Narcotics Law allows for doctors to provide patients with narcotics from Group 2 and 3 for medicinal reasons, and allows for patients with a written prescription as proof of necessity carry and own these narcotics.¹

Penalties for possessing and trafficking these controlled substances in Indonesia, without approval of a doctor, are extremely severe when compared with other parts of the world. Carrying small amounts of certain narcotics that are legal in other countries can land you with lengthy sentences and expensive fines, and penalties increase rapidly with the amount of narcotics one possesses. The difference between raw drugs, such as marijuana, and processed drugs, such as heroin or cocaine, adds to length of sentence as well. When concerning Group 1 narcotics, possession of under one kilogram of raw drugs or five grams of processed drugs can cost the offender up to IDR 8 billion as well as 4-12 years in prison; if the amount of drugs exceeds this amount, the offender can be sentenced to life in prison. Punishment for trafficking these substances is extremely severe: 5-15 years and fines of IDR 10 billion for small amounts, and the death penalty for quantities exceeding those stated above.²

Offenders in possession of Group 2 narcotics may be reprimanded with 3-15 years imprisonment and up to IDR 5 billion in fines, while trafficking these substances is punishable by 4-12 years for small amounts and the death penalty for greater quantities. While Group 3 narcotics are seen as much less severe than the others, possession of such drugs can still cost one 2-7 years in prison and fines of IDR 3 billion.² However, trafficking Group 3 substances is not punishable by death sentence like Group 1 and 2 drugs are; the maximum sentence for trafficking is 15 years.

It is extremely important to note, however, that the sentences defined in Indonesia's Narcotics Law are not as concrete as they seem; the laws allow for judges to take extenuating conditions into account to modify sentence lengths. For instance, when a 14 year old Australian boy was arrested with a 3.6 grams of marijuana in South Bali, he was sentenced to a mere two months in prison, despite the fact that the maximum penalty for the amount he possessed could have been several years.³ The judges recognized his young age as a mitigating circumstance and allowed for a shorter sentence. Consequently, this flexibility in the law also allows room for a great deal of corruption to take place within the police force and legal system.

Throughout this research it became evident it is no secret that police in Bali often work together with major drug dealers, taking cash payoffs to keep their mouths shut. Many, if not nearly all, of the general population are aware of this fact. According to one interviewee, police in general would like to stop drug use in Indonesia, but there are two types of police: good and bad, and the bad police often work with the dealers.⁴ Another source revealed that the Bali police know who the big drug dealers are, but catch and prosecute the "small fish" dealers; the police work together with the big dealers and profit from the sales as well. This informant also referred to a nearby karaoke club as a "drug store", as in a place where illicit substances are sold freely and under the supervision of the police force.⁵

This presence of police within Indonesia's drug world is illustrated through a November 2013 article by the Jakarta Post, "Police Arrest More Than 100, Including 2 Officers, in Nightclub Drug Raids." Raiding nightclubs in search of illegal substances and their users is a common method practiced by the Indonesian police force. It is not unusual for clubs in the Bali

³ Marcus, Caroline. (5 December 2011) "Australian Boy Arrested in Bali Urges Other Teenagers to Heed Warning" *Daily Telegraph*. Web.

⁴ Anonymous Source, personal communication (pc), 10 April 2014.

⁵ Anonymous Source, personal communication (pc), 14 April 2014.

tourist hotspot Kuta, as well as clubs in the larger Java city of Jakarta, to be shut down in the middle of the night while all of its partygoers are searched for narcotics and sometimes tested for drug use. On this particular occasion, two different nightclubs in Jakarta were raided, and around 125 people were arrested for illegal drug use or possession.⁶ This number includes two police officers, as well as two Legislative Counsel Members from Bali and one from West Kalimantan, all of who tested positive for ecstasy.

Corruption regarding narcotics within the legal system exists in another form as well – many police officers and prosecutors accept bribes from the offenders. Someone caught with illegal substances in Bali, if they have the money, can easily pay to have some of the evidence against them disappear, or pay their way to a shorter sentence. For instance, in 1991 when police raided Austrian drug dealer Thomas’ bungalow in Bali and found 13 grams of heroin, he was able to pay IDR 30 million to the prosecutors and received only 8 months in jail.⁷

In Bali, the amount of money one has truly determines the length of ones sentence. In 2002 the house of Iwan Thalib, a notorious Bali drug dealer, was raided by the police, where they found 80,000 ecstasy tablets, 600 grams of cocaine, one kilogram of heroin, several kilograms of powders, as well as different machines that revealed Thalib had been running an ecstasy factory out of his home.⁷ Iwan Thalib used his large sums of cash to pay his way to a shorter sentence; a payment to the police who had executed the raid on his house halved the number of pills they reported they found, and another cut of cash caused the drugs-manufacturing charges to be dropped. Thalib was sentenced to 13 years for drug possession,

⁶ *Jakarta Globe*. (23 November 2013) “Police Arrest More than 100, Including 2 Officers, In Nightclub Drug Raids”. Web.

⁷ Bonella, Kathryn. *Hotel K: The Shocking inside Story of Bali's Most Notorious Jail*. London: Quercus, 2012. Print.

despite the fact that the death sentence could have been an option. Another more unfortunate individual, Nigerian Emmanuel, was the first person to be sentenced to death for drug charges in Bali after he was found carrying 400 grams of heroin at Denpasar's Ngurah Rai International Airport.⁷ Emmanuel had been caught with less than a quarter of the drugs Iwan Thalib was found with, but because he lacked large sums of money he received the death sentence instead of Thalib's 13 years.

The reason behind this corruption was explained perfectly by one anonymous interviewee. The salaries of police officers are extremely low; if they only relied on their monthly pay role, they would not be able to afford a house, a car, or be able to put their children through university.⁵ In reality, corruption within the legal system relates to the entire economic infrastructure of Indonesia. Experiencing a lack of money and knowing one cannot survive with that amount of money causes people from all over the world to commit crimes, and it should come as no surprise that it occurs within Indonesia as well.

II. DRUG USE AND REHABILITATION

Drug use within Indonesia has occurred for centuries, but within the last few decades the archipelago has seen a sharp increase in the number of reported drug addictions and drug related overdoses. According to Putu Teryl Adnyana, the boom in the population of drug users in Bali occurred in the early 1990's. It was around this time that the price of illegal narcotics dropped significantly, allowing access to a wider population. In the past, drug users were an elite crowd that had the luxury of being able to afford such substances; when the price of drugs decreased, many poor people began using as well. Consequently, this caused drug use to spread from the major cities, which had been the epicenter's of drug use, to small villages and rural areas.⁸

According to a study done in 2011 by Indonesia's National Narcotics Agency (BNN) and the University of Indonesia's Center for Health Research, about 3.6 million people, or 1.9% of the population, use narcotics. 1.8% of Bali's population, or 50,553 residents, are drug users, around 0.01% less than the national average.⁹

Through my research I was able to conclude that there are three narcotics that make up a group of the most popular yet dangerous illicit substances in Bali and the rest of Indonesia: heroin, methamphetamine, and ecstasy. Marijuana is still the most widely used drug in all of Indonesia, but due to the fact that it does not possess the same addictive qualities and harmful effects of the other narcotics, it will be excluded from this discussion. There are great deals of other substances that are abused in the archipelago, but this list encompasses all of the major narcotics that appear to be reaping the greatest effect on the individuals of Indonesia. Balinese

⁸ Putu Teryl Adnyana, personal communication (pc), 15 April 2014.

⁹ "Aiming at Students, A Rehab Center Is Being Prepared." Jawa Pos[Surabaya, Java] 20 Apr. 2014: n. pag. Print.

locals commonly refer to these substances, as well as many symptoms of drug abuse, using Indonesian street lingo. For instance, methamphetamine is called *shabu-shabu*, and when an individual is experiencing withdrawal symptoms they are said to be in a state of *sakaw*.⁸ It was also brought to my attention that, much like in the United States, each drug has its own community or network of users. These subgroups of drug addicts and the effects of their prevalence are described in more detail below.

HEROIN

According to Putu Teryl Adnyana, a 46-year-old NGO worker, *putaw*, the common Indonesian name for to street grade heroin, is the most destructive drug in Bali. Heroin use has indeed been sweeping its way through the streets of Indonesia for decades now, increasing in popularity while knowledge on the dangers of its effects remains relatively unknown. While heroin use is slightly less popular than other drugs like marijuana, methamphetamine, and ecstasy, the number of deaths caused from overdose exceeds any other form of drug related fatalities.¹⁰

In the United States and many more developed Western countries, heroin is often regarded as an end-stage drug, where years of experimenting with other substances lead the user to eventually turn to heroin. Westerners often think of a heroin addict as someone who has hit rock bottom, someone who cannot possibly delve any deeper into the depths of addiction than they already have. In Indonesia this is not the case; in fact, it is nearly the opposite situation that occurs. Due to cheap prices, accessibility, and lack of knowledge on the consequences, heroin

¹⁰ Pickles, Jo. (March 2006) "Youth Heroin Use" *Inside Indonesia*. Web.

can often end up being the first drug many Indonesians try. Some chronic addicts have even reported that they first used heroin when they were still high school students.¹⁰

The now widespread use of heroin, as well as a lack of understanding about the health consequences, has caused for an increase in the rates of HIV/AIDS infections in Indonesia as well. In the mid-2000's, the Ministry of Health estimated that the number of intravenous drug users in Indonesia was between 124,000 and 169,000, with over one third of them HIV positive, while a clinic that provides HIV testing estimated the number of HIV positive users to be about 1 in 2 users. Due to "poverty, necessity, and bond of sharing a criminal addiction," many heroin users form tight relationships with their drug using peers, often pooling their money to buy a larger amount of heroin.¹⁰ This also means that the group will usually be sharing one needle. This tradition of *patugan* (shared) heroin use has resulted in the transfer of different blood-borne illnesses, including HIV/AIDS and Hepatitis. When Wayan, a 39-year-old Balinese man began to recall his heroin using days, he spoke of the group of friends he would use with, the tight bond that had been formed evident in his voice. Wayan has since quit his addiction, but some of his friends were not so lucky; Wayan informed me that some of the friends he had at this time in his life are already dead.

Heroin use within Indonesian penitentiaries has resulted in the increase of HIV/AIDS infections as well. Drugs are very easy to come by within prisons; not only are they sold in great quantity at a very low price, they are sometimes even manufactured within the walls of prison. However, needles and syringes used with intravenous drugs are harder to sneak inside. Indonesian prisons are breeding grounds for heroin addiction, yet there may only be several needles for the entire prison to use. In 2005 a survey on HIV prevalence in Indonesian prisons

was done by Yayasan Pelita Ilmu, concluding that the prison of Kampung Bali had a 92% infection rate.¹⁰

METHAMPHETAMINE

Shabu-Shabu, crystalline methamphetamine, has been rising in popularity within Indonesia as of lately. According to a report by the National Narcotics Agency and the UN Office on Drugs and Crime, crystalline methamphetamine is now the greatest drug threat to Indonesia.¹¹ Police seizures of methamphetamine rose 79% from 2010 to 2011, and drug related arrests involving this narcotic continue to upsurge. According to an NGO worker in Bali, many *shabu-shabu* users work in the tourist industry and develop their habit as a way to cope with long shifts.⁸ This statement agrees with the report listed above, which states that crystalline methamphetamine use has increased greatly among crowds of laborers, students, and sex workers. Laborers accounts for 87% of crystalline methamphetamine users, and students make up the second largest group; the research done by BNN and UNODC states, “Many users use the drug to enhance performance at the workplace or at school.”¹²

One of the most dangerous aspects of methamphetamine that has caused its increase within the country is that it does not need to be smuggled in from across the seas; crystalline methamphetamine can easily be manufactured within the country at very low costs. Domestic manufacturers supply nearly all of the crystalline methamphetamine in Indonesia.¹² The availability and legality of the pharmaceutical substances used to cook meth make the act very easy for locals. The accessibility of this substance combined with an uninformed population on

¹¹ United Nations Office on Drugs and Crime. (20 February 2013). “Crystalline Methamphetamine Now Indonesia’s Primary Illicit Drugs Threat UNODC Says” Web.

¹² United Nations Office on Drugs and Crime. (February 2013). *Situation Assessment on Amphetamine-Type Stimulants*. PDF.

the dangers and threat of addiction this narcotic holds has resulted in the spread of its usage to a point that threatens the entire archipelago.

ECSTASY

While *Inex*, the Indonesian name for ecstasy, use has been declining in the past couple of years, the use and manufacture of this narcotic is still present in Indonesia. Specifically in popular tourist areas and large cities, ecstasy use flourishes; people attending nightclubs, bars, and karaoke clubs often wish to indulge in this substance for the effect it produces on the party atmosphere, allowing one to dance for hours on end. As the third most popularly used drug in Indonesia, about 1 in 5 of the 3.7 to 4.1 million Indonesians who used drugs in 2011 used ecstasy.¹² While the highest percentage of ecstasy users live in Java, Bali holds the second largest annual consumption of ecstasy, just lower than the amount consumed in Kalimantan.¹² Much like crystalline methamphetamine, ecstasy is manufactured by suppliers within the country, making it cheaper and more accessible to a larger Indonesian audience.

The popularity of ecstasy among young adults has caused great concern from the anti-narcotics agencies of Indonesia. The Situation Assessment on Amphetamine-Type Stimulants of Indonesia states that 70% of ecstasy users identify themselves as university students, and 58% are between 20-29 years of age. The high rate of usage among young, college students reveals that drug education and awareness is lacking in Indonesia. What makes ecstasy pills even more concerning is that there is no way of telling what drugs have actually been mixed in with the MDMA. Many pills may be cut with methamphetamine as well, making them even more addictive and dangerous.

REHABILITATION IN BALI

Despite the wide array of drug addictions in Indonesia, it is still evident that the use of narcotics is a social issue that has not yet been addressed to the fullest extent. There are still great amounts of people suffering from drug addiction that are unable to find the resources they may need to quit using drugs. Harsh sentences for crimes involving narcotics deter drug users from admitting they need help to officials for fear of strict reprimands and punishments. Additionally, despite the wide prevalence of drug use in Bali, the islands still lacks a rehabilitation facility.

Article 54 of Indonesia's 2009 Narcotics Law states that "narcotics addicts and victims of narcotics abuse shall be required to go through medical and social rehabilitation."¹ The law also states that drug users under the age of 17 may be sentenced to rehabilitation instead of prison time. However, "when arrested for narcotics, minors usually find themselves serving the same sentences as adults, despite laws that say their sentences should be reduced."¹³ Most of the rehabilitation centers in Indonesia are also too expensive for the majority of drug users to afford. Specifically within Bali, it is impossible to accommodate all of the island's drug users in a rehabilitation facility that does not exist. In an interview with I Gusti K. Budiarta, the Head of the Bali office of the National Narcotics Agency, it was revealed that when drug users come to their organization seeking help, they are sent to the rehabilitation ward in the Denpasar hospital, where they are given medications during the withdrawal period and receive treatment throughout the progression to recovery. This rehabilitation ward is beneficial and accommodates its residents quite well, but the ward only has room for 50 drug addicts at a time. Budiarta

¹³ Nijam, Shari. (5 January 2011) "A Looming Drug Addiction Crisis in Indonesia?" *Jakarta Globe*. Web.

explained that all other drug addicts must be sent to the government run rehabilitation facilities in Java.

There is a methadone clinic in Denpasar where recovering addicts can take doses of methadone, a substance that helps treat withdrawal symptoms. However, many doctors and recovered addicts are extremely critical of this method of recovery, stating that methadone is a drug with highly addictive qualities as well, and far too often the individual will become addicted to methadone in replace of the previous drug.

To further understand how one overcomes a drug addiction on an island that currently lacks a largely accessible rehabilitation center, one must look directly at the source – the drug users. For instance, let us examine the case of Wayan, a 39-year-old male construction worker in Bali. Wayan, a now recovered heroin addict, began using drugs 15 years ago, when he was in his early 20's. Ever since the beginning of his drug using days, Wayan embraced a certain mentality about his abilities to quit using; Wayan always felt that if he wanted to stop his heroin habit, he would just stop on his own free will, and if he wanted to keep using drugs, then he simply would continue to use drugs. Wayan strongly believed that ending his addiction had to be done naturally, without the help of any doctors or medicines. He explained that his family tried to take him to different doctors many times, but that the doctors eventually “gave up” due to his reluctance to quit using and his impartial favor towards the help these doctors were willing to supply. It was not until Wayan fell extremely sick, collapsing to a point that he declares nearly killed him, that he decided to stop using heroin. Wayan did indeed stay true to his self-help mentality, refusing to take doses of methadone to ease the process or go to a doctor. Quitting “cold turkey” without any medications or help caused this individual seven days of withdrawal symptoms, and an even longer recovery process back to a normal lifestyle.

A similar situation can be found in the case of Made, a 46-year-old Balinese man. Made began using heroin in his early 20's as well, and much like Wayan, believed that if he was ever going to quit using drugs, it had to be done without help from medication. Made was convinced to turn on the path to recovery after a close friend approached him and urged him to stop using heroin, explaining the health consequences he would suffer if he continued to use. Made chose not to take methadone or any other prescription drugs that would assist him through the withdrawal period, but did choose to check himself in to a mental hospital where his situation could be monitored.

This mindset that curing an addiction must be entirely personal is present in a great deal of recovered and non-recovered drug addicts. 54-year-old Putu explained that if one wants to stop using drugs, “you have to do it yourself, with your own willpower; no one else can help you.”¹⁴ On quitting a nicotine addiction, 26-year-old Nyoman explained that only people with “strong enough willpower” are able to quit; there are various methods that can be used to help one stop smoking, but they are only helpful if you have an inner drive to stop.¹⁵ While quitting a nicotine addiction and quitting an addiction to narcotics are two very different situations, they both present common mental and physical challenges that can be related in various ways. Putu Teryl Adnyana, a 46-year-old NGO worker, also explained his belief that because of Balinese culture, many families try to hide drug use that is occurring by someone within their family; they do not want others to find out, so they choose to conceal the addict instead. Additionally, Putu Teryl explained, “because government penalties [for drug use] are so severe, people want to hide drug use even more, even though the government is supposed to take care of drug addicts.”⁸

¹⁴ Putu (name changed), personal communication (pc), 17 April 2014.

¹⁵ Nyoman (name changed), personal communication (pc), 8 April 2014.

This unwillingness to accept help from doctors and medications may be due to the fact that having a strong desire to end ones addiction is necessary for recovery, but it can also be related to the lack of resources available to help one quit using, as well as the harsh penalties that can occur for one who admits to drug possession. If, perhaps, there had been a rehabilitation facility in Bali 15 years ago when Wayan and Made were still heroin addicts, or if the general perception on drug use had not been so unmentionable, the two men may have been more likely to accept medical help.

III. TOURISMS INFLUENCE ON DRUG USE

The use of mind-altering substances has been present in Indonesia for centuries, and the influence of other countries have always played a role on the prevalence of these drugs. At the beginning of the 20th century, the Dutch began importing opium from European countries and sold it through government run smoke shops and pharmacies. When the Japanese occupied Indonesia, they put a tax on the processing of opium at factories within the country. Coca was also cultivated in parts of Java during the 1980's, and by 1912 over 1,000 tons of coca leaves had been exported to Amsterdam for processing into cocaine.¹⁶

Nowadays the news is flooded with stories of unfortunate foreign drug smugglers and expatriate drug dealers being caught in Bali with kilograms of heroin, cocaine, marijuana, or other illegal substances, often times facing life-long or death sentences for their actions. However, the harsh penalties for drug smuggling imposed by the Indonesian government have done little to stop these smugglers from coming; in fact, drug trafficking appears to be increasing within the country.¹⁶ The corruption embedded in Indonesian society that causes many law enforcement and government officials to become involved in the drug trade, as well as the fact that only a small portion of the people who smuggle drugs into Indonesia are caught, has resulted in the expansion of drug use within the country.

As Bali is the main center of tourism in Indonesia, with more domestic and foreign tourists than any other part of the country, the impact of foreign drug trade appears to have hit this island the hardest. Through interactions with Balinese people, it became evident that many of these locals are well aware of the impact tourism has had on drug use. According to Gede, a

¹⁶ Felbab-Brown, Vanda. (6 February 2013) "Indonesia Field Report II-Bali High, Rainforest Low: The Illicit Drug Trade in Indonesia" *Brookings Research*. Web.

54-year-old restaurant owner, there is a positive correlation between tourism and drug use; tourists demand drugs, but locals suffer the consequences as well. Putu Teryl Adnyana believes that drug use is more of a problem in Bali than in the rest of Indonesia, and tourism is one of the main contributions to this. He also noted that many Balinese people who work in the tourist industry end up using drugs as well, since the crowd they are surrounded by use drugs and look to them to find the drugs. Antin, an NGO worker, believes that many tourists are already aware of the dangers certain drugs create and are therefore more cautious when using, but that the locals are more uneducated on the matter and end up suffering the major consequences.

Another interesting aspect of Indonesia's Narcotics Law that impacts tourism and drug use is the legality of psychedelic mushrooms. As this substance is illegal in many other countries, foreign tourists often flock to Bali with interest in the possibility of freely purchasing psilocybin mushrooms on the popular tourist beaches. According to Purwadi, the head of BNN's Denpasar office, mushrooms are not considered a drug due to the fact that they do not show up on urine tests.⁹ In an article recently published by the Java Post, the debate on whether or not mushrooms should be kept legal was revealed. Mushrooms have been prevalent in Indonesia since the 1960's, but they did not become a major and more popular tourist attraction until the 1980's. In popular tourist areas like Kuta, purchasing psychedelic mushrooms blended into smoothies is no different than purchasing common Indonesian meals from a *warung*.¹⁷

While many Indonesian government officials and locals believe that mushrooms should be regulated, since they can cause dangerous hallucinations and are even more threatening for youths, local Balinese populations still benefit from the sale of this substance. For locals, a small single dose sachet of mushrooms costs between 10-20 thousand Rupiah. For Caucasian tourists, the price is usually between 100-300 thousand Rupiah. Guides who take tourists to specific

warungs for mushroom sales will also profit from this raised price.¹⁷ This discrepancy in pricing allows for a huge generation of profit on the sales to international tourists, creating an easy and lucrative market for many merchant class locals and those working within the tourist industry. Local police officers have gathered up mushroom suppliers in Kuta, but have only urged them not to sell the fungi openly. Locals use mushrooms as well, and many communities are supportive of the business opportunities they present.

While the economic opportunities of the mushroom business are evidently beneficial to Balinese economy, there are still harsh impacts on the local population. The Westerner tourists' relaxed and accepting perceptions on drug use when vacationing in Indonesia can lead to many young locals to believe that using mind-altering substances is inspirational. Most tourists do not understand the impact their actions have on the local population, and using drugs freely can create a dangerous environment, especially when drug laws in Indonesia are much different than those in Western countries. Additionally, most Westerners understand the differences between narcotics groups, and are aware of how to use drugs in the safest way possible. Many young Balinese people may not understand the consequences that can result from drug use, or that some drugs are much more addictive than others.

¹⁷ Maulana, Sandijaya. "Magis "Jamur Bali" Yang Makin Diakrabi." Jawa Pos[Surabaya, Java] 13 Apr. 2014: 21+. Print.

IV. ORGANIZATIONS TRYING TO HELP

Despite the wide prevalence of drug use and addiction in Indonesia, there are several government and non-government run organizations attempting to do whatever they can to fix the situation. These different organizations offer a wide variety of valuable programs - rehabilitation, medication, counseling, and similar resources - that aim to create a healthier and more supportive environment for drug users.

BNN

Badan Narkotika Nasional (BNN), meaning National Narcotics Agency, is a nation wide government run organization in Indonesia that works to help eliminate drug use within the country. The organization is based out of Jakarta, Java, Indonesia, but has other branches located on different islands of the archipelago. The central branch of BNN works with the different narcotics agencies from countries across the globe as well. Article 64 of the 2009 version of Indonesia's Narcotics Law draws the basis for this organization, laying out the tasks and duties of BNN in the field of prevention and eradication of illegal substance use and trafficking within Indonesia. The tasks of BNN are defined in Article 70 as follows:

- a. to prepare and perform national policy on prevention and eradication against the abuse and illicit traffic of Narcotics and Narcotics Precursor;*
- b. to prevent and eradicate the abuse and illicit traffic of Narcotics and Narcotics Precursor;*
- c. to coordinate with Chief Police of the Republic of Indonesia in the prevention and eradication against the abuse and illicit traffic of Narcotics and Narcotics Precursor;*
- d. to improve the capacity of medical and social rehabilitation institutions of Narcotics addict both operated by government and public;*
- e. to empower people in the prevention and eradication against the abuse and illicit traffic of Narcotics and Narcotics Precursor;*
- f. to monitor, direct and improve people's activity in the prevention and*

*eradication against the abuse and illicit traffic of Narcotics and Narcotics Precursor; g. to cooperate bilaterally and multilaterally both regionally and internationally in order to prevent and eradicate illicit traffic of Narcotics and Narcotics Precursor; h. to develop the laboratory of Narcotics and Narcotics Precursor; i. to carry out research and investigation administration against the abuse and illicit traffic cases of Narcotics and Narcotics Precursor; and j. to prepare annual report regarding the performance of task and authority.*¹

BNN enforces these tasks in various ways. While driving throughout Denpasar and other parts of Bali, one can see various banners and posters stating the dangers of drug use that encourage prevention through propaganda. Officials also visit high schools and *banjars* across the island, giving educational presentations on drug awareness. BNN believes that it is not enough for just the police and government to work towards a drug free country; the general public must work together towards eradication as well.

While BNN as a whole has existed for many years, the Bali branch was not formed until 2011. I Gusti Budiarta, the Head of BNN Bali, believes that there are many obstacles and problems they will face in the eradication of drug use, but has an optimistic standpoint on the matter. Budiarta explained that the most effective way to reduce the supply of narcotics in Bali is to eliminate the demand; he believes that allowing drug users to go through rehabilitation instead of prison will reduce the need for drugs in Indonesia. Since BNN works together with law enforcement, Budiarta is stressing the importance of police officers protecting drug users rather than treating them as criminals; he hopes that law enforcement will begin to change their viewpoint on drug users and recognize that they are often the victims.

In fact, BNN Bali has named 2014 the Year of Salvation for Drug Users, meaning that anyone facing a problem with drug addiction in Bali should be encouraged to come to the BNN office for help through their recovery process. Those who turn themselves in will not face incarceration or criminal consequences, but instead will be sent to either the rehabilitation ward

of the Denpasar hospital or to one of the rehabilitation facilities in Java. Budiarta believes this will help change the perception of drug users in Bali, and help reduce the demand for drugs in the country. There are over 50,000 drug users in Bali, but as of now only about 600 of them have reported their addictions to BNN; with these numbers it becomes evident that BNN's efforts to allow drug users more freedom to come out of hiding will be extremely beneficial.¹⁸

It was also announced in a BNN conference in April of 2014 that the Governor of Bali has finally approved plans to have a rehabilitation center built in Bali by 2016.⁹ The government will fund the rehabilitation center, allowing addicts to attend free of charge. Since the formation of BNN's Bali division, the organization has been fighting for a rehabilitation center to be built on the island. The Denpasar hospital does not have enough room to accommodate all of the drug users, and it is much more difficult and expensive to send users to the rehabilitation facilities in Java. As of November of 2013, BNN Bali was still fighting land regulation allowing for a rehabilitation facility to be built. "We're still being held back by these land regulations. The central government requires that the local authorities give the land in a grant, while the provincial government is only offering its land on a right-to-use basis," said Budiarta for an article in the Jakarta Post.¹⁹ The governor's approval for a rehabilitation center to be built is a significant advancement in the progression towards eradication of drug addiction in Bali.

YAYASAN DUA HATI

Yayasan Dua Hati is a non-government run organization based out of Denpasar, Bali. This organization, which was founded in 1993, works to reduce the spread of HIV/AIDS through

¹⁸ I Gusti Budiarta, personal connection (pc), 15 April 2014.

¹⁹ "Bali Denied Drug Rehab Center Amid Conflicting Rules." The Jakarta Globe. N.p., n.d. Web. 12 Apr. 2014.

drug use in Bali. 46-year-old Putu Teryl Adnyana co-founded this program after recovering from his own drug addiction in the early 1990's. Before the foundation of Yayasan Dua Hati, Adnyana had begun to research the amount of drug use that occurs in Bali, and estimated that the large quantity of drug users would result in a large quantity of deaths from HIV/AIDS transmission through intravenous drug use. He also realized that very few organizations existed that cared about drug users and that the government was unaware of the dangers caused by HIV/AIDS. Along with a friend who worked in a different HIV/AIDS awareness organization, Putu Teryl Adnyana decided to create an organization that could inform drug users on the health risks of their actions and create a supportive environment for addicts.

Today, the main goal of Yayasan Dua Hati is promotion of harm reduction rather than complete elimination of drug use; it is one of the only organizations in all of Indonesia that hosts a controversial needle exchange program for intravenous drug users. Since sharing needles is very common in Bali and results in the transmission of many blood born illnesses, Adnyana believes that providing safe resources for the drug user is just as important as providing rehabilitation programs. Adnyana stated that since its foundation, his organization has faced a great deal of criticism and controversy with the Indonesian government. In the early 1990's, the government was unaware of HIV/AIDS, as well as the concept of non-government run organizations. The government was very critical of his needle exchange program because they believed it was giving the impression that drug use is acceptable in Indonesia. Yayasan Dua Hati has even had its outreach workers detained by police while taking clean needles to clients. The National Aids Commission and Indonesia's National Narcotics Agency signed a Memorandum of Understanding in December of 2003 allowing approval for needle exchange programs within

the country, but the organization has still faced predicaments with gaining understanding and endorsement from local authorities.¹⁰

Aside from the needle exchange program, Yayasan Dua Hati also provides counseling for drug addicts, recreational activities, and home visits for clients already infected with HIV/AIDS. Adnyana believes that the philosophy “only you can quit your drug addiction” is completely incorrect; as a former drug user himself, he understands that support and help from others is often essential for the abolition of a drug addiction. In counseling groups, drug users and recovered addicts can share their experiences and provide encouragement for their peers. Yayasan Dua Hati also occasionally forms partnerships with the Indonesian government for seminars on drug use and addiction. Adnyana believes that the government is currently working very hard to help drug addicts, but that great amounts of drug users are still being sent to prison. With a high prevalence of drug use within penitentiaries and no rehabilitation programs, Adnyana believes that prison is the worst possible place for drug addicts to go.

YAYASAN BALI PEDULI

Yayasan Bali Peduli is a non-government run organization with two locations, Ubud and Kuta, that works to provide testing, treatment, education, and empowerment for people infected with HIV/AIDS in Bali. Founded in 2011 by an HIV physician and clinical research, Dr. Steve Wignall, along with a group of Bali residents, the organization focuses their resources primarily towards female sex workers, pregnant women, women and children, men who have sex with men, and intravenous drug users.²⁰ Education on prevention of the spread of HIV is done in *banjars*, community groups, and schools around Bali. Medications and testing are done for free;

²⁰ "About Yayasan Bali Peduli - Yayasan Bali Peduli." Yayasan Bali Peduli. N.p., n.d. Web.

several western countries, including contributions from Bill Gates in America, fund the organization.

According to Antin, a 36-year-old Balinese woman who works at Yayasan Bali Peduli's Ubud location, about 15 people are employed in this branch of the organization. Each location has its own clinic that can provide testing and treatment for people with HIV and other sexually transmitted infections; the clinic in Ubud is named Bali Anggrek and the clinic in Kuta is named Bali Medika. Antin said that there are already over 100 HIV positive individuals who take medicine from the clinic in Ubud, but that there are only around 30 who go to the clinic in Kuta. The reason for this is because the Bali Medika clinic focuses primarily on men who have sex with men, and homosexuality is still a particularly new concept for Indonesians to grasp.

Antin also spoke about how drug use and practicing safe sex are extremely taboo subjects in Indonesia. Since very few organizations are interested in providing education on the most effective ways to prevent HIV/STI transmission, many people are still unaware of how one can obtain HIV. Most hospitals in Bali understand the hazards of HIV/AIDS, but in some areas, such as Gianyar, the hospitals do not provide adequate information to their patients. However, with the impact of organizations like Yayasan Bali Peduli, HIV/AIDS awareness in Bali is gradually beginning to rise.

OTHERS

While BNN, Yayasan Dua Hati, and Yayasan Bali Peduli were the three organizations contacted for this study project, there are other organizations working to produce a safer environment for drug users. Yakita Indonesia is a non-profit organization that has created a network of drug recovery programs across Indonesia, with special attention on residents of Java.

Yakita has several rehabilitation and drug awareness programs across Java and several other Indonesian locations, ranging from detoxification and recovery, relapse intervention, HIV/AIDS support groups, income-generating programs for addicts, youth education, to programs that work within Indonesian prisons.²¹ Yayasan Kesehatan Bali is another NGO that helps people who suffer from drug and alcohol addictions and provides education on HIV/AIDS to students. The growing concern for addicts and those who suffer from HIV/AIDS is revealed in this wide variety of organizations; one can only hope that awareness will continue to rise.

²¹ "Who We Are." YAKITA Foundation. N.p., n.d. Web. 16 Apr. 2014.

CONCLUSION

When taking a quick glance at Bali and the rest of Indonesia, drug use is not something that appears right away as a major issue. However, when one looks deeper into Indonesian society, past the beautiful layers of touristic paradise and rich cultural history, the epidemic of drug addiction and the government's war on drugs appears as a significant problem. The low price of certain narcotics has led to the spread of drug use throughout the country, allowing for people of all economic backgrounds to partake. The deeply ingrained corruption that exists within the country is evident through the government and law enforcement's participation in the drug trade, and has made the fight against drug addiction an even more unapproachable topic. The influence of tourism and Western culture has also created a society in which drug use is made to look fun and enjoyable, while Indonesians often do not understand the consequences that can result from drug use. Lastly, a lack of resources and availability of rehabilitation programs, combined with the common perception that drug use should be hid from the public and the harsh penalties that exist for drug related crimes, has created a situation in which addicts are not properly able to deal with their drug problems.

When analyzing the facts, the drug problem in Indonesia appears grim. However, there are great deals of organizations attempting to help the situation, revealing that locals are beginning to recognize the problem and struggling to fix it. There are groups of NGO's across Indonesia that provide rehabilitation programs and safe, encouraging environments for drug users. Even government run organizations like BNN are beginning to make significant advancements in improving the way drug use is perceived. Allowing addicts to attend rehabilitation programs and encouraging law enforcement to look at drug addicts as victims

instead of criminals is a major progression. Indonesia still has a significant amount of ground to be made on the road towards development, but there is enough evidence to believe that the situation will only continue to progress to a healthier state.

BIBLIOGRAPHY

PRIMARY SOURCES

- Antin, personal communication, 16 April 2014.
- Anonymous Source, personal communication, 10 April 2014.
- Anonymous Source, personal communication, 14 April 2014.
- Anonymous Source, personal communication, 14 April 2014.
- I Gusti Budiarta, personal communication, 15 April 2014.
- Gede (name changed), personal communication, 10 April 2014.
- Made (name changed), personal communication, 20 April 2014.
- Nyoman (name changed), personal communication, 8 April 2014.
- Putu Teryl Adnyana, personal communication, 15 April 2014.
- Putu (name changed), personal communication, 17 April 2014.
- Wayan (name changed), personal communication, 16 April 2014.

SECONDARY SOURCES

- "About Yayasan Bali Peduli - Yayasan Bali Peduli." Yayasan Bali Peduli. N.p., n.d. Web. 17 Apr. 2014. <<http://www.balipeduli.org/about/about-yayasan-bali-peduli/>>.
- "Aiming at Students, A Rehab Center Is Being Prepared." Jawa Pos[Surabaya, Java] 20 Apr. 2014: n. pag. Print.
- Aquino, Michael. "Drug Laws in Bali and the Rest of Indonesia - Harsh Penalties Imposed Under 2009 Drugs Law for Drug Possession and Trafficking." About.com Southeast Asia Travel. N.p., n.d. Web. 03 Apr. 2014. <<http://goseasia.about.com/od/indonesia/a/Drug-Laws-In-Bali-And-The-Rest-Of-Indonesia.htm>>.

"Bali Denied Drug Rehab Center Amid Conflicting Rules." The Jakarta Globe. N.p., n.d. Web. 12 Apr. 2014. <<http://www.thejakartaglobe.com/news/bali-denied-drug-rehab-center-amid-conflicting-rules-official/>>.

Berman, Laine. "Drug Addiction in Indonesia." Wordpress. N.p., Sept. 2003. Web. 13 Apr. 2014. <<http://www.worldpress.org/Asia/1487.cfm>>.

Bonella, Kathryn. Hotel K: The Shocking inside Story of Bali's Most Notorious Jail. London: Quercus, 2012. Print.

"Crystalline Methamphetamine Now Indonesia's "Primary Illicit Drug Threat", UNODC Says." United Nations Office on Drugs and Crime. N.p., n.d. Web. <<https://www.unodc.org/indonesia/en/2013/02/02/fats-report/story.html>>.

Draft Law of the Republic of Indonesia Regarding Narcotics, 2009. PDF.

Felbab-Brown, Vanda. "Indonesia Field Report II -Bali High, Rainforest Low: The Illicit Drug Trade in Indonesia." The Brookings Institution. N.p., n.d. Web. 08 Apr. 2014. <<http://www.brookings.edu/research/reports/2013/02/06-indonesia-drugs-felbabbrown>>.

Marcus, Caroline. "Australian Boy Arrested in Bali for Drugs Urges Other Teenagers to Heed the Warning." The Daily Telegraph. N.p., 05 Dec. 2011. Web. <<http://www.dailytelegraph.com.au/australian-boy-arrested-in-bali-for-drugs-urges-other-teenagers-to-heed-the-warning/story-e6freuy9-1226213746653>>.

Maulana, Sandijaya. "Magis "Jamur Bali" Yang Makin Diakrabi." Jawa Pos[Surabaya, Java] 13 Apr. 2014: 21+. Print.

Nijman, Shari. "A Looming Drug Addiction Crisis in Indonesia?" The Jakarta Globe. N.p., 05 Jan. 2011. Web. 14 Apr. 2014. <<http://www.thejakartaglobe.com/archive/a-looming-drug-addiction-crisis-in-indonesia/>>.

Pickles, Jo. "Youth Heroin Use." Inside Indonesia. N.p., n.d. Web. 14 Apr. 2014. <<http://www.insideindonesia.org/feature-editions/youth-heroin-use>>.

"Police Arrest More Than 100, Including 2 Officers, in Nightclub Drug Raids." The Jakarta Globe. N.p., n.d. Web. 8 Apr. 2014. <<http://www.thejakartaglobe.com/news/police-more-than-100-including-2-officers-in-nightclub-drug-raids/>>.

United Nations Office on Drugs and Crime. (February 2013). Situation Assessment on Amphetamine-Type Stimulants. PDF.

"Who We Are." YAKITA Foundation. N.p., n.d. Web. 16 Apr. 2014. <<http://yakita.webs.com/howeare.htm>>.

APPENDIX

INTERVIEW #2

Name: I Gusti Budiarta

Age: 57 years old

Occupation: Head of the Bali Branch of BNN

How long has BNN existed?

The Bali branch of BNN is fairly new; it was established in 2011. The central branch of BNN is in Jakarta, and it has existed for longer.

What kind of procedures does BNN use to try to stop drug use in Bali?

The strategy we use is trying to reduce the demand for drugs. If the demand is reduced, the supply of drugs into the country will diminish.

What is the relationship between BNN and the Indonesian government?

We work together with the police to protect drug users. Normally BNN works with police to catch the big dealers in Bali. We have a good relationship with the police; together we can exchange information to learn more about the drug trade in Indonesia. Central BNN also works together with different narcotics agencies across the world, since the drug trade is international.

What obstacles has BNN faced in prevention of drug use?

There are many obstacles and problems. BNN and law enforcement has to be smart, because drug dealers are very smart too. They have many tricks for hiding the fact that they are selling drugs.

In your opinion, what are the most effective ways to prevent drug use?

It is important to balance the relationship between the supply and demand. Law enforcement must protect the population, which means we also must protect the drug users and provide rehabilitation. Dealers should be put in jail.

So BNN supports rehabilitation programs for drug addicts?

Yes, because if the drug addicts are put through rehabilitation, the demand for drugs will go away, which will reduce the supply of drugs in Indonesia. Drug addicts are also victims that must be helped.

How are drug addicts put through rehabilitation in Bali?

There is a rehabilitation clinic in the Denpasar hospital, but there are only 50 spots for addicts. Others are sent to rehabilitation centers in Java that belong to BNN. In 2016 there will be a rehabilitation center built in Bali. The government has made a commitment to build the rehabilitation facility, because other parts of Indonesia have them but Bali does not. We have named 2014 the Year of Salvation for Drug Users, meaning that anyone who is addicted to drugs can come to us to get help. They should not be in hiding anymore; the government has to protect its population.

How do you think drug use will change after the rehabilitation center is built?

We still need to make new research about how drug use will change, but we believe it will reduce the number of addicts. We have a target that by 2015 the population of drug users will be less than 2%.

How has tourism affected drug trafficking and drug use in Bali?

Tourists come to Bali and sometimes smuggle in drugs. Tourists like to do drugs, but then locals start doing drugs as well and become addicted. In other parts of the world there are places where people can use drugs legally, but in Bali they cannot. Specifically in Holland, there are places where drugs are legal. When tourists come from this area they think they can still use drugs but they cannot.

SUGGESTIONS FOR FURTHER STUDY

My research as a whole included all areas of Indonesia, but due to the fact that I was located in Bali, a lot of my primary information was gathered in one specific location. For further research, I would recommend visiting places in Java, such as the various rehabilitation centers that exist there. A great deal of drug use occurs in Java, so gathering information from the major cities would be beneficial. I would also recommend visiting different prisons across Indonesia and interviewing inmates and guards, since heroin and other drug addictions are rampant within penitentiaries. I believe that all sections of my paper could be expanded on if given the proper amount of time, and that a great deal of research could be put in to each specific section rather than all of them at once. I would also suggest studying the religious connections to drug addiction and rehabilitation. Throughout my project, I found that there are several ways people attempt to cure drug addictions through religious methods, such as chaining themselves to a wall inside of a mosque or praying to their ancestors for strength to recover, but I was not able to expand my research on these topics.