International Drug Policy Consortium
A global network promoting objective and open debate on drug policy

IDPC Briefing Paper

Drug policy in Indonesia

Gloria Lai,[1] Fransiska Asmin[2] & Ruth Birgin[3]

January 2013

Introduction

There are estimated to be more than 100,000 people who inject drugs in Indonesia, a third of whom are living with HIV.[1] Although Indonesia has introduced and supported health-focused harm reduction services for people who inject drugs, the national policy response to drugs remains predominantly focused on the use of law enforcement measures. The new Narcotics Law #35/2009 introduces mechanisms for diverting people who use drugs away from prison and towards treatment. However significant challenges remain in developing policies and practises that best support people who use drugs, particularly due to the compulsory reporting requirements and difficulties with ensuring the availability of evidence-based drug dependence treatment and harm reduction services.

This briefing paper reviews current policies and practices that have been implemented in response to the use of controlled drugs in Indonesia, and highlights some of the key challenges and issues that remain. The paper also offers policy recommendations for addressing those challenges.

Current national drug laws

Indonesia has ratified all three United Nations (UN) conventions on drug control,[2] and subsequently adopted a primarily punitive approach to managing the supply and demand of drugs controlled under those conventions. Most of Indonesia's current drug laws were enacted in 1997 and contain severe sanctions against the use and supply of controlled drugs. This includes imposing the death penalty for certain drug trafficking offences. Although Indonesia has been classed as a 'low application state' in terms of its use of the death penalty for drug offences, there were 67 individuals on death row for drug offences as of 2011.[3]

Faced with growing concern over HIV transmission amongst people who use drugs, the government passed a new law on the use and supply of drugs – the Narcotics Law #35/2009. However, the law retains the criminalisation of drug use, which can drive people who use drugs away from essential health services.[4] It does not distinguish between people who use drugs and drug traffickers – a necessary distinction given that people who use drugs require a health rather than criminal response.[5]

1 Senior Policy Officer, International Drug Policy Consortium

2 Lecturer, School of Law, Atma Jaya Catholic University of Indonesia, and member of the Indonesian Coalition on Drug Policy Reform

3 Harm reduction consultant

Nevertheless, the law does seek to promote a more effective response to HIV and public health, with significant measures introduced to steer people who use drugs away from the criminal justice system and into treatment. As such, it allows judges to impose drug dependence treatment as an alternative to imprisonment. The Ministry of Health (MoH) is also expected to issue a new regulation that will provide for the cost of treatment to be covered by the MoH when it is ordered by a court, and even when the defendant is found not guilty.[6] To date, many judges have been hesitant to use these additional discretionary powers because of a lack of awareness about the new regulation amongst judges, prosecutors and defence lawyers. Further training is needed for judges, prosecutors and lawyers to help ensure consistency in the implementation of the new legal provisions to cases involving drug use.

Policing practices towards people who use drugs

Most arrests and charges relating to drugs are made on the grounds of dealing or possession. Data from the *Badan Narkotika Nasional* (BNN), the Indonesian narcotics agency, shows that between 2007 and 2012, 38 per cent of the 189,294 individuals arrested for drug offences were suspected of possession offences.[7]

Over the past six years, reports have emerged regarding systematic police mistreatment and abuse of people who use drugs, including beatings, burns, electrocution and sexual violence.[8] There have also been reports about widespread corruption in the criminal justice system – the police, prosecutors and judges have been known to ask for bribes from people who use drugs in exchange for lighter charges and sentences.[9]

One of the systemic factors driving corruption is the fact that a police officer is more likely to be promoted if he or she has successfully handled a greater number of drug cases. In addition to bribery, this practice has facilitated a policing culture where the entrapment of people who use drugs, such as the planting of evidence by the police, is common practice. Other structural causes of police abuse and violence include an over-reliance on confessions in the judicial system, inadequate funding for the police, and the lack of effective mechanisms to investigate complaints.[10]

The Indonesian police have engaged in an extensive process of security sector reform to address issues of corruption, inefficiency and other abuses since 1998.[11] As part of this process, the Indonesian police have partnered with international donors and the International Organisation for Migration to hold human rights training sessions for senior officers, and have developed new codes of conduct and a national Police Law in 2002.[12]

Prison and pre-trial detention

Despite provisions to divert people into drug dependence treatment, the on-going criminalisation of drug use has resulted in high rates of imprisonment of people who use drugs.[13] The Indonesian prison system is dangerously over-crowded, creating a high-risk environment for the transmission of HIV and tuberculosis.[14] In 2009 there were 429 prisons in Indonesia – including 13 prisons designated specifically for drug offences – and 140,740 prisoners (representing an occupancy level of 164.7 per cent). By January 2012, the total number of prisoners had risen to 143,539.[15]

For individuals convicted of drug offences, the pre-trial detention period is often prolonged and likely to lead to bribery, harassment and abuse from law enforcement officers.[16] People who use drugs in Indonesia can be legally detained for up to nine months before sentencing,[17] although in practice most are detained for between two and

four months.[18] Lengthy terms of detention mean that people dependent on drugs can suffer from withdrawal and associated health risks.[19] Legal aid services are available to some detainees to assist with securing the necessary treatment services, but only where NGOs have sufficient resources to do so. As such, the UN Special Rapporteur on Torture has recommended that Indonesia reduce the duration of pre-trial police detention to a maximum of 48 hours, in line with international standards. Where extended custody is necessary, detainees should be transferred to a pre-trial facility under a different authority, and protected from unsupervised contact with law enforcement investigators.[20]

The Ministry of Law and Human Rights, which has overall responsibility for prisons, reported that the number of individuals imprisoned for drug offences increased significantly from 7,122 (10 per cent of all prisoners) in 2002 to 37,295 (26 per cent of all prisoners) by the end of September 2009.[21] In 2010 there were reported to be 1,341 prisoners in the 13 prisons designated for drug offenders. However, people who use drugs are spread throughout the prison system and cannot be readily identified.[22] In 2010, 37 per cent of women and 25 per cent of men in prison were reported to use drugs, the majority administering their drugs by injection.[23] The widespread availability of drugs in prisons, coupled with the high-risk environments created by overcrowded closed settings, make this group particularly vulnerable to the transmission of HIV and other communicable diseases.[24] HIV prevalence among prisoners who inject drugs was estimated at 12 per cent for women and 8 per cent for men.[25] Yet, by January 2012, only 200 prisoners were receiving antiretroviral therapy (ART) in Indonesian prisons.[26]

More than a third of the 813 people who died in Indonesian prisons in 2006 had been convicted of drug offences.[27] Government statistics show that HIV, tuberculosis and other infectious diseases were associated with high mortality rates in prisons between 2005 and 2009.[28] In 2005, the Ministry of Social Justice and Human Rights launched the first *National Strategy for Prevention and Control of HIV/AIDS and Drug Abuse in Indonesian Correction and Detention Centres (2005–2009)*.[29] During the five years of the Strategy, national guidelines were developed on voluntary counselling and testing, case management and HIV care, support and treatment. In addition, several training workshops were delivered and prison-based 'AIDS teams' were established.[30]

Compulsory reporting and treatment

The Narcotics Law #35/2009, along with Government Regulation #25/2011, introduced requirements for the compulsory reporting of all people dependent on drugs over the age of 18. People dependent on drugs are required to report themselves to designated institutions for treatment and rehabilitation, including community health centres (CHCs) operated by the MoH. The MoH has designated 129 health facilities (mental health hospitals, general hospitals and CHCs) as reporting facilities, alongside two non-medical facilities operated by BNN. These facilities process the registration of people dependent on drugs and, at a minimum, provide basic interventions such as counselling. All facilities also have the capacity to assess clients using a modified version of the Addiction Severity Index,[31] thereby allowing treatment providers to design individualised treatment plans and, in some cases, judges to determine whether or not a person who uses drugs is dependent or not. The families, parents and guardians of people who use drugs are also legally required to report them to these institutions. Failure to self-report can result in penalties ranging from a fine of Rp2 million (US$ 200) to six months' imprisonment. Failure of family members to report a relative who uses drugs may result in penalties ranging from a fine of Rp1 million (US$ 100) to three months' imprisonment.

Article 19 of Government Regulation #25/2011 provides for the MoH to send the registration data to BNN, which will be responsible for storing it in a database.[32] Details to be reported include the name, age, drug use history (period of use, type of drugs, routes of administration), and the economic and education background of people who use drugs. However, the relevant ministries have not yet agreed on a process for how BNN should collect, store and use the data on people who reportedly use drugs.

Although allegedly intended to increase access to drug dependence treatment, the compulsory reporting system has raised major concerns among civil society groups about the potential harms that could arise from this practice, including potential misuse of data by law enforcement officers to investigate suspected drug offences, and the further stigmatisation of people who use drugs. Given widespread reports of harsh punishment and abuse committed by law enforcement officers,[33] people who use drugs require assurances and protective mechanisms against any harm, stigma and harassment which may result from compulsory reporting. Even with these assurances in place, there is a substantial risk that the new requirements for compulsory reporting may drive people who use drugs further away from essential health services and force them to hide their drug use and associated problems from family and friends. Indeed, international evidence shows that fear of coercion can deter individuals from accessing essential health services, even when they are offered at no cost.[34]

The new 2009 Narcotics Law also allows for people who use drugs to be forced into treatment without their consent.[35] Existing laws stipulate that individuals who are arrested or reported for drug use, and assessed as drug dependent, can be ordered to undergo forced rehabilitation for a term of six months to one year.[36] People who use drugs who are arrested and assessed as not dependent on drugs may be sentenced to prison. Given that people who use drugs recreationally and do not commit other crimes are not harmful to society, and imprisonment does not deter continued drug use, sentencing such individuals to prison is a costly, ineffective and inappropriate measure. There is subsequently an urgent need to establish evidence-based and appropriate responses to recreational drug use in the laws, regulations and policy practises in Indonesia.

Many studies have shown that long-term behavioural change among people who use drugs is best achieved when they make a decision to change of their own will.[37] As a result, the United Nations Office on Drugs and Crime (UNODC) and other key international agencies have strongly recommended the closure of compulsory drug treatment centres across Asia, and the establishment of proven, community-based, voluntary drug dependence treatment programmes that comply with international health and human rights standards.[38] UNODC has specifically stated:

> *Many countries provide long-term residential treatment for drug dependence without the consent of the patient that is in reality a type of low security imprisonment. Evidence of the therapeutic effect of this approach is lacking, either compared to traditional imprisonment or to community-based voluntary drug treatment. It is expensive, not cost-effective, and neither benefits the individual nor the community.*[39]

Harm reduction and drug dependence treatment

The HIV epidemic in Indonesia has shifted from a low prevalence epidemic driven by sexual transmission in the 1990s, to a concentrated epidemic driven by injecting drug use in 2000.[40] More recently, survey results have indicated that sexual transmission is once again becoming a leading mode of HIV transmission – in 2011, 16 per cent of all new HIV cases were attributed to injecting drug use compared to 54 per cent

in June 2006.[41] HIV prevalence amongst people who inject drugs is estimated to be 36 per cent, while 77 per cent are estimated to have hepatitis C.[42]

The initial response to HIV amongst people who use drugs was led by civil society and supported by international aid agencies.[43] In the late 1990s, the Indonesian government had limited awareness about harm reduction interventions such as Needle and Syringe Programmes (NSPs) and Opioid Substitution Treatment (OST). However, these interventions have since been proven to be effective in preventing HIV among people who inject drugs,[44] and government agencies have begun to work more intensively towards increasing the accessibility and availability of services.

In 2004, the National AIDS Commission (KPA) coordinated the 'Sentani Commitment' – an agreement between key stakeholders to implement ART, NSP and OST in six priority provinces.[45] This commitment was further reflected and scaled-up in the *National AIDS Strategy 2007-2010* and the *National Strategic Plan for 2010-2014*,[46] and Indonesia has succeeded in expanding the coverage of evidence-based harm reduction interventions. However, implementation has been inconsistent across provinces as a result of the decentralisation of fiscal and implementation authorities to the district level (see Box 1 below).[47]

Needle and Syringe Programmes[49]

From just one site in 1998, NSP coverage had increased to 194 sites by 2011.[50] These services have become available from an increasing number of CHCs since 2004. However, the uptake of these services by people who inject drugs and their effectiveness have yet to be evaluated. The 2011 *Injecting Drug User Behaviour and Service Satisfaction Survey* found low levels of needle sharing and high levels of sterile needle use amongst NSP clients.[51] Other studies have shown some reluctance from people who inject drugs to obtain injecting equipment from CHCs because of police harassment, safety concerns, transport limitations, service opening hours, and out-of-pocket expenses.[52] It has been estimated that only 23 per cent of people who inject drugs access NSPs each year in Indonesia.[53] Nonetheless, the latest HIV grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) include targets to provide 80 per cent of people who inject drugs with outreach services (including safe injection advice), and to provide 60 per cent of people who inject drugs with adequate supplies of sterile needles and syringes.

Opioid Substitution Therapy[54]

OST started at a very low scale in 2002, with buprenorphine available only through a limited number of general medical practitioners. In 2003, methadone was introduced in two pilot projects in Jakarta and Bali with support from the World Health Organisation (WHO) and the MoH.[55]

Box 1. Decentralised government in Indonesia[48]

In Indonesia, one of the major policy developments since the late 1990s has been the decentralisation of fiscal and implementation authority from the national to the district level. The aim of this reform was to improve the responsiveness and accountability of the government at the local level, but it has also posed challenges. In the area of drug control, BNN and the MoH have met with difficulties in ensuring the consistent implementation of laws and policies across Indonesia's 33 provinces, and in developing collaborative working relationships between law enforcement and health ministries at all levels of government. This has led to nationwide inconsistency in the enforcement of laws by police and judicial authorities, and the availability and quality of drug dependence treatment and harm reduction services.

The response was intensified in 2006 when the President issued Presidential Decree #75/2006 to restructure KPA, strengthen the national leadership on HIV prevention, and expand the participation of government sectors and civil society. The three OST programmes which existed in 2005 were expanded, and by mid-2011, methadone was provided to 2,500 clients across 68 clinics.[56] In 2012, there were 77 methadone programmes available in sites including CHCs, hospitals, and prisons. The Global Fund's HIV grants include targets to provide methadone to more than 7,000 new clients.

Despite the fact that OST provision has significantly scaled up, only 2.4 per cent of people who inject drugs had access to OST programmes in 2011.[57] This is significantly below the 40 per cent coverage recommended by UN guidelines to make a meaningful impact on HIV transmission risks.[58] A concern raised by civil society organisations is the cost associated with OST, which has made it inaccessible for many people who need it. Although the MoH provides methadone free of charge, the CHCs charge a standard OST treatment fee per day of Rp5,000 (US$ 0.50) for clients, and hospitals charge Rp15,000 (US$ 1.60) per day to cover operational expenses.

Other drug dependence treatment programmes

Drug treatment practices in Indonesia have substantially changed in recent years. Private sector treatment emerged in the mid-1990s and adopted methods including ultra-rapid detoxification, medicated management of withdrawal symptoms, and therapeutic communities. In 2011, BNN reported that there were 369 treatment and rehabilitation facilities in the country[59] which can be classified as one of three types: one-stop centres (with in-patient, detoxification, treatment, rehabilitation and aftercare services), outreach centres (providing ambulatory treatment and rehabilitation in collaboration with NGOs and CHCs), and community-based centres.[60]

BNN's role with regards to drug treatment is to coordinate, supervise and support the operation of facilities run by the government, the private sector and the community.[61] The *Presidential Instruction on Rehabilitation 2011* states that all treatment services should be evidence-based and of a high quality, while respecting human rights and dignity.[62] However standards of care across the range of rehabilitation and treatment programmes vary greatly throughout Indonesia. As part of the new Narcotics Law, the MoH was designated as the focal point for health issues (Article 1), the classification of drugs (Article 5-8), the availability of drugs for medical use (Article 9-52), and setting standards (and monitoring) for rehabilitation and medical treatment programmes (Articles 53-59 and 60-63).[63]

In 2012, MoH received a significant budget to implement the new measures contained within the Narcotics Law #35/2009, and it has produced guidance materials on standards for drug treatment and rehabilitation for all service providers. In addition, a government regulation on *Implementation of Mandatory Reporting of Narcotics Dependents* introduced new rules on treatment and rehabilitation.[64] Medical and social rehabilitation institutions are now required to meet certain standards regarding the expertise of staff, and must establish operating procedures in line with MoH standards. However, BNN has developed a different set of standards and criteria for rehabilitation in its compulsory drug treatment centre known as the 'Lido'. In 2012, the Ministry of Social Affairs (MoSA) also established separate standards for the delivery of social rehabilitation services.[65] In addition, the definition given by the Narcotics Law on medical rehabilitation – 'an integrated process of treatment activity to release the addict from Narcotics dependence' – raised concerns that it might be interpreted by some stakeholders as excluding the provision of critical harm reduction measures such as OST and NSP.[66] There is therefore an urgent need to clarify and consolidate these different regulations in order to ensure consistency and best practice.[67]

Box 2. Nahdlatul Ulama

Nahdlatul Ulama is one of the largest independent Islamic organisations in the world. It acts as a principal recipient for a major HIV grant from the Global Fund to establish drug rehabilitation centres for people who inject drugs in Indonesia.

Concerns have been raised about the organisation's capacity to provide quality, evidence-informed and humane rehabilitation services, primarily due to its ideological bias against people who use drugs. This issue was highlighted when the Chairperson of the Nahdlatul Ulama Board, responding to news of a fatal traffic accident in Indonesia that allegedly involved someone under the influence of drugs, issued a statement that 'drug addicts… deserve severe punishment, namely death'.[69] Subsequent advocacy action lead by PKNI (the national network of drug user organisations) resulted in the Chairperson expressing a softer approach, along with words of support for HIV prevention and rehabilitation for people who use drugs.

The new Narcotics Law states that therapy and rehabilitation services may be delivered through a 'religious or traditional approach'. It is uncertain whether this permits drug treatment based on a religious or traditional approach' but not on medical and scientific evidence. As of 2011, there were 102 rehabilitation centres operated by community and religious organisations (including Nahdlatul Ulama – see Box 2 below). These centres provide non-medical drug treatment to around 1,100 people across 21 provinces using therapeutic communities, 12-step programmes, and spiritual or religious methods. There are also currently six drug rehabilitation centres run by the government based on the therapeutic community model, and the MoSA has set a target to reach 21,613 individuals by 2014 (with 11,101 individuals to be rehabilitated by 2012).[68]

The costs associated with drug dependence treatment remain a significant barrier for many people who use drugs. The MoSA funds basic services to clients in these centres, and develops staff capacity and infrastructures. Individuals ordered to attend rehabilitation programmes through court decisions are not charged if they are referred to one of these government centres, but must pay a fee if they are sent to one of the centres operated by community and religious organisations. Individuals seeking treatment at a government facility of their own volition are required to pay a fee unless they qualify for social welfare provision.

Antiretroviral therapy

By 2010, only 6 per cent of eligible people who inject drugs were receiving ART in Indonesia.[70] There remains an urgent need to reduce the financial costs of HIV treatment and care, ensure greater collaboration between the police and healthcare centres, and address the unmet need among this population, especially in light of the latest evidence in support of HIV treatment as a means of reducing transmission risks.[71]

Prison services

Since 2004, prison-based harm reduction programmes have been implemented in collaboration with international NGOs, including Family Health International and the HIV Cooperation Programme for Indonesia (funded by AusAID).[72] The Global Fund also funds MoH to implement a comprehensive HIV educational programme for prisoners, in collaboration with WHO, UNODC and national agencies such as BNN.

The MoH runs OST and ART programmes in prison settings, but no prisons in Indonesia currently provide NSPs. Kerobokan prison in Bali has been used as a model example of this

approach, and provides prisoners with condoms, OST, ART and bleach to clean injecting equipment (in the absence of sterile needles and syringes).[73] By 2011, nine prisons were providing OST[74] and by January 2012 a total of 192 prisoners were receiving ART.[75] The targets set as part of the Global Fund grants for addressing HIV risks in Indonesia include the scale-up of harm reduction services across 48 prisons.

Funding for HIV-related services

Government contributions to the overall HIV response have increased since 2005 and, by 2010, 42 per cent of the budget for addressing the HIV epidemic was covered by Indonesian domestic resources.[76] As the principal policy coordinating body for the government's response to HIV, KPA receives a large portion of its funding from the Global Fund,[77] whose support has been a key factor in the scale up of harm reduction interventions in Indonesia. Through successful proposals to the Global Fund in Round 8 (2008) and Round 9 (2009), Indonesia has been granted a total of US$ 212 million to implement HIV-related services from 2009 to 2015. KPA has been designated as a principal recipient for these funds, with responsibility for managing onward grant-making.[78] In 2011, approximately 26 per cent of the KPA budget was earmarked for HIV prevention measures amongst people who inject drugs.

BNN, the MoH, the MoSA, civil society groups and KPA also receive funding from the Indonesia Partnership Fund (funded by the United Kingdom), the Global Fund and the Indonesian Government to support the provision of community-based drug dependence treatment. The majority of funding for drug dependence treatment is officially channelled through the two government ministries.

Finally, Indonesia is one of five countries selected as part of the Community Action on Harm Reduction (CAHR) project[79] – a four-year programme of work led by the International HIV/AIDS Alliance and funded by the Dutch Ministry of Internal Affairs. The project aims to improve HIV and harm reduction services for people who inject drugs and their families – reaching more than 180,000 people who inject drugs across Indonesia, China, India, Kenya and Malaysia. It is built upon a strong focus on capacity building of community-based organisations and the meaningful engagement of people who use drugs. In Indonesia, the key implementing partner is *Rumah Cemara*, a civil society organisation founded by people who use drugs in 2003.[80]

Civil society engagement

Ensuring adequate and sustainable access to NSP, OST and ART requires a reduction of the stigma and discrimination attached with drug use.[81] Over the past decade, there has been remarkable growth in the capacity of civil society organisations representing people who use drugs. These organisations have engaged in local and national advocacy campaigns, and many of them directly provide harm reduction services. They often receive funding from international donors such as the Global Fund, and have played pivotal roles in the development of Indonesia's HIV response as well as efforts to promote drug policy reform.

Two organisations in particular have helped to ensure the participation of people who use drugs in governmental decision-making processes: *PKNI* (the national network of drug user organisations)[82] and *Jangkar* (the national network of organisations promoting harm reduction)[83] . In 2011, they joined with the *Indonesian Association of Addiction Counsellors* and *Rumah Cemara* to form a new advocacy coalition named 'Commitment Indonesia' with the purpose of better integrating and coordinating national advocacy efforts for drug policy reform.

Recent civil society initiatives have focused on the implementation of the Narcotics Law

#35/2009 to ensure that it is in accordance with international evidence, best practice and human rights standards. Local-level drug user organisations and harm reduction service providers have begun meeting with the police to negotiate treatment access in detention facilities, and to raise concerns about individual cases of human rights violations committed by the police.[84] The *Indonesian Coalition for Drug Policy Reform* formed in 2011 to raise concerns about the new compulsory reporting requirements violating the privacy and other human rights of people who use drugs. It has been urging government agencies to ensure that people who use drugs are offered appropriate, evidence-based treatment rather than a prison sentence, as provided for under the new law.[85]

Recommendations

Indonesia's commitment to harm reduction in recent years has been an important step forward, and the Narcotics Law #35/2009 has significant potential for addressing the challenges and barriers faced by people who use drugs. However, significant challenges remain. On the basis of consultation with government and civil society representatives in Indonesia, and international best practice, the International Drug Policy Consortium recommends the following measures to strengthen Indonesia's drug policy response:

- Review the legal requirements for compulsory reporting to ensure that those who report are able to access a range of evidence-based drug dependence treatment options, without fear of undue intervention and human rights violations by police.

- Ensure that the rights of an individual to privacy and medical confidentiality are upheld if a database is established for the collection and storage of registration data from people who use drugs. Protective mechanisms should be instituted, including in legislation and internal policies, to prevent against the misuse of such data.

- BNN, the MoH, the MoSA and KPA should ensure the effective coordination of government efforts, and engage civil society organisations, in reviewing the range of drug dependence treatment and rehabilitation programmes available throughout Indonesia. The existing standards of these services should be evaluated as a first step toward developing national treatment standards that are consistent with international law, evidence and best practice. Adherence to these standards should be closely monitored for all treatment providers – including government and non-government providers.

- BNN, the MoH, the MoSA and KPA should coordinate their efforts, and work together with civil society organisations, to develop and implement national standards for other services for people who use drugs, including harm reduction services, especially in prison settings.[86] Standards should include the provision of (or routine referral to) associated services such as HIV testing and counselling, NSP, OST and ART.

- Provide comprehensive training for law enforcement officers, lawyers, prosecutors and judges on effective and appropriate ways to respond to individuals who use drugs and the related harms. Such training should extend beyond senior level to operational level police officers, and focus on police interactions with local communities, as senior police officers are often shifted to new areas of work.[87]

- Invest more resources in ensuring adequate coverage of NSP, OST and ART amongst people who inject drugs – both in community and prison settings – to reduce HIV transmission and other associated health harms

Acknowledgements

IDPC wishes to thank Anna Bunn, Lecturer, School of Business Law and Taxation, Curtin University; and Ajeng Larasati, Human Rights, HIV and Drug Policy Programme Coordinator, LBH Masyarakat, Jakarta, for their valuable contributions.

The International Drug Policy Consortium is a global network of non-government organisations and professional networks that specialise in issues related to illegal drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. It produces occasional briefing papers, disseminates the reports of its member organisations about particular drug-related matters, and offers expert consultancy services to policy makers and officials around the world.

Endnotes

1 Harm Reduction International (2012), *The global state of harm reduction 2012: Towards an integrated response* (London: Harm Reduction International), http://www.ihra.net/global-state-of-harm-reduction-2012

2 Indonesia has ratified the UN Single Convention on Narcotic Drugs (1961), the UN Convention on Psychotropic Substances (1971) and the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988)

3 Jawa Pos Group Online (21 November 2012), *Kejaksaan Segera Eksekusi Terpidana Mati*, http://berita.plasa.msn.com/nasional/jpnn/kejaksaan-segera-eksekusi-terpidana-mati (in Indonesian Bahasa only)

4 Article 127, Narcotics Law #35/2009, http://dl.dropbox.com/u/64663568/library/Indonesia%20Narcotics%20Law%202009%20Eng.pdf. See also: Caveat (September 2009), *Indonesia's Monthly Human Rights Analysis*, **4**(1)

5 United Nations Office on Drugs and Crime (2007), *Drug dependence treatment: Interventions for drug users in prison*, http://www.unodc.org/docs/treatment/111_PRISON.pdf

6 Regulation #2415/2011. Article 103(1)(a) and Article 103(1)(b) of the Narcotics Law #35/2009, at: http://dl.dropbox.com/u/64663568/library/Indonesia%20Narcotics%20Law%202009%20Eng.pdf 7 BNN claims that in the period 2007-2012, 73,357 individuals (38 per cent) out of a total of 189,294 individuals were indicted for the use of drugs. The data was collected by Indonesian Police, Directorate of Drug Offences. March 2012.

8 The Monitoring Network of Human Rights Violation against People who use Drugs (2012), *Stop imprisonment, time for rehabilitation – Monitoring & documentation report of police abuse against people who use drugs in Indonesia 2007-2011, 4 Provinces in Java*, http://www.scribd.com/doc/91902457/9/Harm-Reduction-Approach-in-Indonesia

9 Davis, S., Triwahyuono, A. & Alexander, R. (2009), 'Survey of abuses against injecting drug users in Indonesia', *Harm Reduction Journal*, **6**: 28, doi:10.1186/1477-7517-6-28, http://www.harmreductionjournal.com/content/6/1/28

10 Rahmawati, A., Azca, N. (2006) 'Police reform from below: Examples from Indonesia's transition to democracy', Democracy, Conflict & Human Security: Further Readings, International IDEA, **2**: 53-67, http://www.idea.int/publications/dchs/upload/dchs_vol2_sec2_2.pdf

11 International Crisis Group (2001), *Indonesia: National police reform*; Meliala, A. (2002), *Challenges to police reform in Indonesia* (USINDO Open Forum); Rahmawati, A., Azca, N. (2006) 'Police reform from below: Examples from Indonesia's transition to democracy', Democracy, Conflict & Human Security: Further Readings, International IDEA, **2**: 53-67, http://www.idea.int/publications/dchs/upload/dchs_vol2_sec2_2.pdf; Mesquita, F., Winarso, I., Atmosukarto, I., Eka, B., Nevendorff, L., Rahmah, A., Handoyo, P., Anastasia, P. & Angela, R. (2007), 'Public health the leading force of the Indonesian response to the HIV/AIDS crisis among people who inject drugs', *Harm Reduction Journal*, **4**: 9, doi:10.1186/1477-7517-4-9, http://www.harmreductionjournal.com/content/4/1/9; Transparency International (2010), G*lobal corruption barometer*, http://www.transparency.org/policy_research/surveys_indices/gcb/2010/results

12 See, for example: Chief of National Police Regulation #8/2009 on human rights approaches in implementing national police tasks, http://icjrid.files.wordpress.com/2012/05/perkap-no-8-tahun-2009.pdf (in Indonesian Bahasa only)

13 Asa, S. (August 2009), *Legal services and human rights in the management of HIV & AIDS in Indonesia: Background paper for the national stakeholder meeting on HIV and law Jakarta, Indonesia, 19 August 2009*, http://www.idlo.int/Publications/HIV_Law_Indonesia_%20BackgroundPaper_Aug2009.pdf

14 AP/Miami Herald (2008), *UN calls on Indonesia to expand drug treatment, curb spread of HIV/AIDS in prisons*

15 Pers. Comm. Gray Sattler, UNODC Jakarta (February 2012); International Centre for Prison Studies, http://www.prisonstudies.org/info/worldbrief/wpb_country.php?country=95

16 The Monitoring Network of Human Rights Violation against People who use Drugs (2012), *Stop imprisonment, time for rehabilitation – Monitoring & documentation report of police abuse against people who use drugs in Indonesia 2007-2011, 4 Provinces in Java*, http://www.scribd.com/doc/91902457/9/Harm-Reduction-Approach-in-Indonesia

17 There is no appeal mechanism to challenge detention periods. However, the accused might file a pre-trial hearing if he/she is arrested or detained against the law. According to Article 54 of the Indonesian Criminal Procedure Code, the accused has the right to legal counsel at every stage of the process, from investigation to trial. Those who could

be sentenced with the death penalty or 15 years' imprisonment or more, or those who are deemed 'poor' and could be sentenced to five years in prison, should be appointed legal counsel free of charge (Article 56, Indonesian Criminal Procedure Code). In practice there is a shortage of legal aid services that prevent the fulfilment of these requirements.

18 Davis, S., Triwahyuono, A. & Alexander, R. (2009), 'Survey of abuses against injecting drug users in Indonesia', *Harm Reduction Journal*, **6**: 28, doi:10.1186/1477-7517-6-28, http://www.harmreductionjournal.com/content/6/1/28

19 Submission of LBH Masyarakat, Harm Reduction International & Asian Harm Reduction Network (2011), *UN Universal Periodic Review. Thirteenth session of the UPR Working Group of the Human Rights Council. Human rights violations associated with Indonesia's anti-drug laws*, http://lib.ohchr.org/HRBodies/UPR/Documents/session13/ID/JS1_UPR_IDN_S13_2012_JointSubmission1_E.pdf

20 Nowak, M. (2008), *Report of the Special Rapporteur on torture and other cruel, inhuman and degrading treatment or punishment, Addendum: Mission to Indonesia. United Nations General A/HRC/7/3/Add.7*; United Nations Office on Drugs and Crime, International Labour Organisation, United Nations Development Program (2012), *HIV prevention, treatment and care in prisons and other closed settings: A comprehensive package of interventions*, http://www.unodc.org/documents/hiv-aids/HIV_prisons_advance_copy_july_2012_leaflet_UNODC_ILO_UNDP_Ebook.pdf

21 Indonesia National AIDS Commission (2012), *Republic of Indonesia country report on the follow up to the Declaration of Commitments on HIV/AIDS (UNGASS): Reporting period 2010-2011*

22 AIDS Data Hub (2010), *Evidence to action: Indonesia country profile at a glance*, http://aidsdatahub.org/en/country-profiles/indonesia; National AIDS Commission Republic of Indonesia (2010), *Republic of Indonesia country report on the follow up to the Declaration of Commitment on HIV/AIDS (UNGASS): Reporting period 2008 - 2009*

23 Directorate of Corrections, Ministry of Justice and Human Rights (2010), *Summary: HIV and syphilis prevalence and risk behaviour study among prisoners in prisons and detention centres in Indonesia*

24 Wodak, A. (June 2011), *OST programme review in Indonesia* (Geneva: World Health Organization)

25 Directorate of Corrections, Ministry of Justice and Human Rights (2010), *Summary: HIV and syphilis prevalence and risk behaviour study among prisoners in prisons and detention centres in Indonesia*

26 Pers. Comm. Gray Sattler, UNODC Jakarta (February 2012)

27 HIV Prevention and Care Program in Prison in Indonesia. Department of Law and Human Rights. Directorate General of Correctional Institution, Jakarta (2007)

28 See: http://napzaindonesia.com/hari-aids-sedunia-hiv-dan-dampak-buruk-pemenjaraan.html

29 Winarso, I., Irawati, I., Eka, B., Nevendorff, L., Handoyo, P., Salim, H. & Mesquita, F. (2006), 'Indonesian national strategy for HIV/AIDS control in prisons: a public health approach for prisoners'. *International Journal of Prisoner Health*, **2**(3): 243-249

30 National HIV and AIDS Action and Strategy Plan 2010-2014, Indonesia; Winarso, I. (2008), 'Moving toward universal access to prevention and treatment in prisons', *Presentation at International Harm Reduction Conference, Barcelona*; National AIDS Commission Republic of Indonesia (2010), *Republic of Indonesia country report on the follow up to the Declaration of Commitment on HIV/AIDS (UNGASS). Reporting period 2008 - 2009*

31 McLellan AT, Luborsky L, Woody GE, O'Brien CP (1980). An improved diagnostic evaluation instrument for substance abuse patients. The Addiction Severity Index. Journal of Nervous and Mental Disorders, 168 (1):26-33.

32 Government Regulation #25/2011, http://www.presidenri.go.id/DokumenUU.php/618.pdf (in Indonesian Bahasa only)

33 The Monitoring Network of Human Rights Violation against People who use Drugs (2012), *Stop imprisonment, time for rehabilitation – Monitoring & documentation report of police abuse against people who use drugs in Indonesia 2007-2011, 4 Provinces in Java*, http://www.scribd.com/doc/91902457/9/Harm-Reduction-Approach-in-Indonesia

34 Harm Reduction International (2010), *Briefing Paper 2 – human rights and drug policy: Drugs, criminal laws and policing practices*

35 Narcotics Law #35/2009 (Article 128); Submission of LBH Masyarakat, Harm Reduction International & Asian Harm Reduction Network (2011), *UN Universal Periodic Review. Thirteenth session of the UPR Working Group of the Human Rights Council. Human rights violations associated with Indonesia's anti-drug laws*, http://lib.ohchr.org/HRBodies/UPR/Documents/session13/ID/JS1_UPR_IDN_S13_2012_JointSubmission1_E.pdf

36 Government Regulation #35/2009, Article 10

37 Broadstock, M., Brinson, D. & Weston, A. (2008), *A systematic review of the literature: The effectiveness of compulsory, residential treatment of chronic alcohol or drug addiction in non- offenders* (Health Services Assessment Collaboration); International Drug Policy Consortium (2009), IDPC Drug Policy Guide, Section 2.3, http://idpc.net/sites/default/files/library/IDPC%20Drug%20Policy%20Guide_Version%201.pdf

38 World Health Organization (2009), *Assessment of compulsory treatment of people who use drugs in Cambodia, China, Malaysia and Viet Nam: An application of selected human rights principles*, http://www.wpro.who.int/publications/docs/FINALforWeb_Mar17_Compulsory_Treatment.pdf; UNICEF East Asia & Pacific Regional Office (2010), *Statement on the care and protection of children in institutions in Cambodia*, http://www.unicef.org/eapro/UNICEF_Statement_on_HRW.pdf; Joint United Nations statement – Compulsory drug detention and rehabilitation centres, http://dl.dropbox.com/u/64663568/alerts/Joint-Statement_Compulsory-drug-detention-and-rehabilitation-centres.pdf

39 United Nations Office on Drugs and Crime (2009), *Discussion paper – From coercion to cohesion: Treating drug dependence through healthcare, not punishment,* http://www.unodc.org/docs/treatment/Coercion_Ebook.pdf

40 UNESCO (June 2010), *Education sector response to HIV, drugs and sexuality in Indonesia*; HIV and IDU Policy Development in Indonesia, *National AIDS Committee Indonesia,* '2nd Bi-regional Partners Meeting on Harm Reduction among IDUs'

41 *The Response to HIV and AIDS in Indonesia 2006-2011: Report on 5 Years Implementation of Presidential Regulation No. 75/2006 on the National AIDS Commission* (October 2011)

42 Harm Reduction International (2012), *The global state of harm reduction 2012: Towards an integrated response* (London: Harm Reduction International), http://www.ihra.net/global-state-of-harm-reduction-2012

43 Setiawan, M., Patten, J., Triadi, A., Yulianto, S., Terryl, A. & Arif, M. (1999), 'Report on injecting drug use in Bali (Denpasar and Kuta): Results of an interview survey', *International Journal on Drug Policy* 109-116, http://www.ijdp.org/article/S0955-3959%2898%2900071-1/abstract

44 World Health Organization, United Nations Office on Drugs and Crime & Joint United Nations Program on HIV and AIDS (2009), *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*, http://www.who.int/hiv/pub/idu/idu_target_setting_guide.pdf; Mesquita, F., Winarso, I., Atmosukarto, I., Eka, B., Nevendorff, L., Rahmah, A., Handoyo, P., Anastasia, P. & Angela, R. (2007), Public health the leading force of the Indonesian response to the HIV/AIDS crisis among people who inject drugs', *Harm Reduction Journal*, **4**: 9, doi:10.1186/1477-7517-4-9, http://www.harmreductionjournal.com/content/4/1/9

45 Sentani Commitment, National AIDS Commission of Indonesia (KPA), http://www.papuaweb.org

46 UNESCO (June 2010), *Education sector response to HIV, drugs and sexuality in Indonesia*

47 Background Paper prepared for the International Development Law Organisation, for the National Stakeholder meeting on HIV & Law in Jakarta, 19 August 2009. *Legal services & human rights in the management of HIV & AIDS in Indonesia.*

48 World Health Organization (2007), Review of the health sector response to HIV and AIDS in Indonesia (SEARO)

49 World Health Organization (2004), Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users, Evidence for action technical papers (WHO)

50 Mesquita, F., Winarso, I., Atmosukarto, I., Eka, B., Nevendorff, L., Rahmah, A., Handoyo, P., Anastasia, P. & Angela, R. (2007), 'Public health the leading force of the Indonesian response to the HIV/AIDS crisis among people who inject drugs', *Harm Reduction Journal*, **4**: 9, doi:10.1186/1477-7517-4-9, http://www.harmreductionjournal.com/content/4/1/9; Mathers, B.M., Degenhardt, L., Ali, H., Wiessing, L., Hickman, M., Mattick, R.P., Myers, A., Ambekar, B. & Strathdee, S.A. (2009), *HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage, for the 2009 Reference Group to the UN on HIV and Injecting Drug Use*

51 National AIDS Commission (2011), *Summary Report. Injecting Drug User Behaviour and Service Satisfaction Survey. Clients of NGOs, Community Health Centres and Hospitals in Bali, Banten, DKI Jakarta, Central Java, East Java, West Java and Yogyakarta*

52 Submission of LBH Masyarakat, Harm Reduction International & Asian Harm Reduction Network (2011), *UN Universal Periodic Review. Thirteenth session of the UPR Working Group of the Human Rights Council. Human rights violations associated with Indonesia's anti-drug laws*, http://lib.ohchr.org/HRBodies/UPR/Documents/session13/ID/JS1_UPR_IDN_S13_2012_JointSubmission1_E.pdf; National AIDS Commission (2011), *Summary*

Report. Injecting Drug User Behaviour and Service Satisfaction Survey. Clients of NGOs, Community Health Centres and Hospitals in Bali, Banten, DKI Jakarta, Central Java, East Java, West Java and Yogyakarta

53 Mathers, B.M. *et al* (2010), 'HIV prevention, treatment, and care services for people who inject drugs: A systematic review of global, regional, and national coverage', *The Lancet*, **375**(9719): 1014-28, http://www.lancet.com/journals/lancet/article/PIIS0140-6736%2810%2960232-2/abstract

54 World Health Organization (2005), *Effectiveness of drug dependence treatment in preventing HIV among injecting drug users* (Geneva: WHO)

55 Mesquita, F., Winarso, I., Atmosukarto, I., Eka, B., Nevendorff, L., Rahmah, A., Handoyo, P., Anastasia, P. & Angela, R. (2007), 'Public health the leading force of the Indonesian response to the HIV/AIDS crisis among people who inject drugs', *Harm Reduction Journal*, **4**: 9, doi:10.1186/1477-7517-4-9, http://www.harmreductionjournal.com/content/4/1/9

56 Wodak, A. (June 2011), *OST programme review in Indonesia* (Geneva: World Health Organization)

57 Wodak, A. (June 2011), *OST programme review in Indonesia* (Geneva: World Health Organization)

58 Joint United Nations Program on HIV and AIDS (2008), *Financial resources required to achieve universal access to HIV prevention, treatment, care and support. Interventions for HIV prevention, treatment and care among people who inject drug: methods and assumptions recommended by the working group Methodological Annex – IX*, http://data.unaids.org/pub/Report/2007/20070925_annex_ix_idu_interventions_en.pdf

59 BNN (December 2011), *The drug situation and counter measures*

60 BNN (December 2011), *The drug situation and counter measures*

61 *Country Report of Indonesia: The 6th Meeting of the AIPA Fact-Finding Committee (AIFOCOM) to Combat the Drug Menace 10 - 14 May 2009*, Le Meridien Chiang Rai Resort Chiang Rai, Thailand

62 BNN (December 2011), *The drug situation and counter measures*

63 Narcotics Law #35/2009, http://dl.dropbox.com/u/64663568/library/Indonesia%20Narcotics%20Law%202009%20Eng.pdf

64 Government Regulation #25/2011, http://www.presidenri.go.id/DokumenUU.php/618.pdf (in Indonesian Bahasa only)

65 Social Ministry Regulation #3/2012, http://ngada.org/bn103-2012.htm. (in Indonesian Bahasa only)

66 Lawyers Collective HIV/AIDS Unit (2009), *Drugs, treatment and harm reduction, A preview of law and policy in South and South East Asia*, http://aidsdatahub.org/dmdocuments/Legal_Review_Tripti.pdf

67 World Health Organization (2002), *The practices and context of pharmacotherapy of opioid dependence in South East Asia and Western Pacific Region*, WHO/MSD/MSB/02.1, http://www.who.int/hiv/pub/idu/pharmacotherapy_opioid_asia_pacific/en/index.html

68 The Ministry of Social Affairs Report, p. 3.

69 Pecandu Narkoba Layak Dihukum Mati, (25 January 2012) 'Drug addicts deserve the death penalty', *Republika*

70 Mathers, B.M. *et al* (2010). 'HIV prevention, treatment, and care services for people who inject drugs: A systematic review of global, regional, and national coverage', *The Lancet*, **375**(9719): 1014-28, http://www.lancet.com/journals/lancet/article/PIIS0140-6736%2810%2960232-2/abstract

71 Please visit the Avert website: http://www.avert.org/hiv-treatment-as-prevention.htm

72 National AIDS Commission (2010), *Republic of Indonesia country report on the follow up to the Declaration of Commitment on HIV/AIDS (UNGASS). Reporting period 2008 - 2009*

73 Irawati, I., Mesquita, F., Winarso, I. & Hartawan A.P. (2006), Indonesia sets up prison methadone maintenance treatment, *Addiction (News and Notes)*, **101**(10): 1525

74 Wodak, A. (June 2011), *OST programme review in Indonesia* (Geneva: World Health Organization)

75 Pers. Comm. Gray Sattler, UNODC Jakarta (February 2012)

76 *The response to HIV and AIDS in Indonesia 2006 -2011: Report on 5 years implementation of Presidential Regulation No. 75/2006 on the National AIDS Commission* (October 2011)

77 Mesquita, F., Winarso, I., Atmosukarto, I., Eka, B., Nevendorff, L., Rahmah, A., Handoyo, P., Anastasia, P. & Angela, R. (2007), 'Public health the leading

force of the Indonesian response to the HIV/AIDS crisis among people who inject drugs', *Harm Reduction Journal*, **4**: 9, doi:10.1186/1477-7517-4-9, http://www.harmreductionjournal.com/content/4/1/9

78 *The response to HIV and AIDS in Indonesia 2006 -2011: Report on 5 years implementation of Presidential Regulation No. 75/2006 on the National AIDS Commission* (October 2011)

79 For more information, please visit the project's website: www.cahrproject.org

80 For more information, please visit: http://www.aidsalliance.org/Pagedetails.aspx?id=484

81 World Health Organization (2006), *Treatment of injecting drug users with HIV/AIDS: Promoting access and optimizing service delivery* (Department of Mental Health and Substances Abuse Management of Substances Abuse, WHO), http://apps.who.int/iris/bitstream/10665/43357/1/9241593725_eng.pdf; World Health Organization & United Nations Office on Drugs and Crime (March 2008), *Discussion paper: Principles of drug dependence treatment*, http://www.unodc.org/documents/drug-treatment/UNODC-WHO-Principles-of-Drug-Dependence-Treatment-March08.pdf

82 For more information, please visit: http://pkni.org/

83 For more information, please visit: http://www.jangkar.org/

84 Davis, S., Triwahyuono, A. & Alexander, R. (2009), 'Survey of abuses against injecting drug users in Indonesia', *Harm Reduction Journal*, **6**: 28, doi:10.1186/1477-7517-6-28, http://www.harmreductionjournal.com/content/6/1/28

85 See: http://www.napzaindonesia.com/sirabin-desak-pemerintah-tidak-menggunakan-standar-ganda-lagi.html

86 Caveat (September 2009), *Indonesia's Monthly Human Rights Analysis*, **4**(1)

87 Rahmawati, A., Azca, N. (2006) 'Police reform from below: Examples from Indonesia's transition to democracy', Democracy, Conflict & Human Security: Further Readings, International IDEA, **2**: 53-67, http://www.idea.int/publications/dchs/upload/dchs_vol2_sec2_2.pdf

Ministerie van Buitenlandse Zaken

Supported, in part, by the Community Action on Harm Reduction Project funded by the Ministry of Foreign Affairs of the Netherlands (BUZA)

With the support of Persaudaraan Korban NAPZA Indonesia (PKNI)

OPEN SOCIETY FOUNDATIONS

Funded, in part, by a grant from Open Society Foundations

International Drug Policy Consortium
Fifth floor, 124–128 City Road, London
EC1V 2NJ, United Kingdom

telephone: +44 (0)20 7324 2975
email: contact@idpc.net
website: www.idpc.net