

Riza

# The Indonesia National Rehabilitation Movement.docx

No matches found

This submission did not match any of the content in our databases.

**Excluded search repositories:**

None

**Excluded from document:**

Bibliography

Quotes

Citations

Small Matches (less than 15 words)

**Excluded sources:**

None

The Indonesia National Rehabilitation Movement: Where are we moving to? Eunike Sri Tyas Suci,\* Riza Sarasvita,\*\* Mushlihah,\*\* & Diah Setia Utami\*\* 108 Eunike Sri Tyas Suci dkk., The Indonesia National Rehabilitation Movement producing amphetamine commonly called shabu. 2 Many of them were home industries. One most tragic situation is that the finding of amphetamine-type stimulant (ATS) factory in Cipinang narcotic correctional facility in 2013. This hidden factory was managed by the inmates who conducted the business inside the facility.<sup>3</sup> President Joko “Jokowi” Widodo was very concerned about this. During his general lecture at Gadjah Mada University—the oldest university in Indonesia—in December 2014, he stated that Indonesia faces an emergency over drug use and launches Indonesia Darurat Narkoba or Indonesia Drug Emergency.<sup>4</sup> As a consequence, he defended executions of drug traffickers, including the Bali Nine Australian Andrew Chan and Myuran Sukumaran. He assumed that this is a part of shock therapy to warn other traffickers about the seriousness of Indonesia in dealing with the issue. During his term, there were 14 traffickers had been executed in two rounds in 2015. The third round is likely to be done this year. As for drug users, President Jokowi mentioned that there are about 4.1 millions drug users and about 40 – 50 of them dead every single day. This claim was based on the interpretation and conclusion of the survey conducted by the National Narcotic Board (BNN). The BNN has run the surveys in 2004, 2008, 2011, and 2014 that produced various findings, including the estimated number and prevalence of drug users. A number of scholars have responded to his claim on the term “drug emergency” that was based on the prevalence of drug users in the country. President Jokowi interpreted the meaning of drug users similar to drug addicts who need rehabilitation, and therefore he assumed that all 4.1 million users should be rehabilitated. Suci, Fransisca, and Tampubolon<sup>5</sup> evaluated the BNN’s 2014 survey and explained that the initial meaning of drug user in the survey was those who ever used drug in the last 12 months; they might be using it once or twice during a social occasion. Based on this definition, it was estimated that there were about 4.1 millions drug users in the country. Out of the number, about one million were estimated to be drug addicts who need rehabilitation. Furthermore, the prevalence of drug users in Indonesia in 2014 was not much different from the one in 2011, which was about 2.2 percent. Furthermore, Suci et al. compared the 2014 2 Tempo.Co., “Bisnis Narkoba Di Indonesia Capai Rp. 13 Triliun” <https://m.tempo.co/read/news/2015/03/04/063646930/bisnis-narkoba-di-indonesia-capai-rp-13-triliun>. 3 Kompas.com, “Inilah Kronologi Pengungkapan Pabrik Sabu di LP Cipinang” <http://nasional.kompas.com/read/2013/08/17/0402245/Inilah.Kronologi.Pengungkapan.Pabrik.Sabu.di.LP.Cipinang>. 4 Rahman, Muhammad R. “Presiden Jokowi: Indonesia sudah darurat narkoba” <http://www.antaranews.com/berita/468342/presiden-jokowi-indonesia-sudah-darurat-narkoba>. 5 Suci, Eunike S.T., A. Fransiska, L.H. Tampubolon, “Long and Winding Road: Jalan Panjang Pemulihan Pecandu Narkoba”, (Jakarta: Penerbit Buku Kompas, 2015). Jurnal Peradilan Indonesia Vol. 5, Agustus 2016 – Januari 2017: 107-119 109 BNN survey to the 2014 annual report of UNODC, and found that the stagnant trend in Indonesia was similar to the one worldwide. Both Indonesia and global data show that the prevalence of drug users was relatively stable from year to year. While the prevalence of drug users in Indonesia was between 2.15 – 2.25% out of the population at risk aged 10 – 59 years old, the global prevalence was between 4.6 – 5.2% out of the population at risk aged 14 – 64 years old. Therefore the claim that Indonesia is facing an emergency situation over drug use needs to be re-evaluated. Irwanto et al.<sup>6</sup> said that there was a gap in knowledge where the Indonesian government misinterpreted data. The lack of evidence leads to the punitive lawenforcement approach to both drug traffickers and users. As for the users, they are required to self-report themselves as drug users to the assigned institutions (IPWL) and get treatment and rehabilitation based on the assessment at the first visit. This compulsory

self-report is the focus of the Government Regulation (PP) No. 25 in the year 2011. Those who failed the regulation will face the risk of being arrested when they are caught by the police. It shows that Indonesia is trying to move from criminalization to de-criminalization approach. The forced selfreporting and criminalization for those who did not report likely failed to reduce the prevalence of drug use. Suci, Fransiska, and Tampubolon<sup>7</sup> evaluated the PP No. 25/2011 and found that the implementation of the regulation did not work well. Community health centers that were assigned to receive self-report drug users (IPWL) hardly found new cases. The lack of socialization of the new regulation leads to the fear of being arrested, and therefore drug users did not come to report. The very low number of new cases made the IPWL reported the cases based on the number of current drug users who came to the center for methadone maintenance program. Based on the meetings with community organizations at the grass root levels, we concluded that the regulation on the compulsory self-report has failed to encourage drug users to access rehabilitation services. Following the claim of Indonesia Darurat Narkoba and the urgent need to rehabilitate 4.1 millions drug users, President Jokowi instructed the National Narcotic Board (BNN), Ministry of Health, Ministry of Social Affairs, and the National Commission on AIDS (KPAN) to launch a national movement to reach and to rehabilitate 100,000 drug users in the beginning of 2015. The number will be doubled in 2016 (200,000) and doubled again in the following year (400,000). During the socialization, BNN explained that the 4.1 millions drug users consist 6 Irwanto, et al. "Evidence-informed response to illicit drugs in Indonesia," *Lancet*, Vol 385: pp 2249- 2250, 2015. <sup>7</sup> Suci 2015, op. cit., p.151. <sup>110</sup> Eunike Sri Tyas Suci dkk., *The Indonesia National Rehabilitation Movement of 1.6 millions experimental or recreational users, 1.4 millions of regular users, and 1 millions of addicts.*<sup>8</sup> It is expected that by providing such target program number year by year, Indonesia will finally achieve the 2015 dream of being free from drugs. The slogan of "Indonesia Bebas Narkoba 2015" (Indonesia free from drugs) was derived from the 33rd ASEAN Ministerial Meeting in July 2000 to realize a Drug-Free ASEAN by 2015.<sup>9</sup> In order to achieve that ambitious target, in 2011 the Indonesia former president, Susilo "SBY" Bambang Yudhoyono, instructed to have a national policy and strategy on the prevention and eradication of illicit drugs 2011-2015, commonly called "Jakstranas P4GN," that stands from the Kebijakan dan Strategi Nasional Pencegahan dan Pemberantasan Penyalahgunaan dan Peredaran Gelap Narkoba. The presidential instruction was stated in the Inpres No, 12/2011 on the implementation Jakstranas P4GN.<sup>10</sup> This is another movement showing the lack of decision maker in understanding the real issue of drug use. The government does not consider the possibility of relaps and those who want to stay using drugs occasionally. Annual survey of BNN reported that, the latest trend of drug use is methamphetamine, or locally called shabu-shabu, and most users of this type of drugs are workers. They used shabu-shabu to stimulate their physical stamina<sup>11</sup>. This reason indicates that many users consciously use drugs for good and to stay productive in the society. They might not need to take rehabilitation program because they know when and how much they consume shabu. The economic burden makes them think to consume stimulant so that they could bring home more money, especially those who are bread winners. By launching the compulsory rehabilitation program, the government ignores the domestic consequences of sending drug users to a rehabilitation center. The government, however, does consider the likelihood that the more drug users get rehabilitated, the more chances to reduce relapse and finally reduce the prevalence of drug users. As for the national movement to rehabilitate 100,000 drug users, the government realized that the public rehab facilities can only provide about 20,000 drug users.<sup>12</sup> Therefore, the involvement <sup>8</sup> Liputan6, "BNN Targetkan Tahun Depan Rehabilitasi 200 Ribu Pecandu Narkoba," (2015). [http:// news.liputan6.com/read/2231735/bnn-targetkan-tahun-depan-rehabilitasi-200-ribu-pecandu-narkoba](http://news.liputan6.com/read/2231735/bnn-targetkan-tahun-depan-rehabilitasi-200-ribu-pecandu-narkoba) <sup>9</sup> UNODC Regional Centre for East Asia

and The Pacific, Drug Free ASEAN 2015: Status and Recommendations, (2008). 10 Instruksi Presiden Republik Indonesia No. 12/2011 tentang Pelaksanaan Kebijakan dan Strategi Nasional Pencegahan dan Pemberantasan Penyalahgunaan dan Peredaran Gelap Narkoba Tahun 2011- 2015. 11 Pusat Penelitian Data dan Informasi (Puslitdatin) BNN. "Survei Prevalensi Penyalahguna Narkoba pada Kelompok Rumah Tangga di 20 Provinsi", (Jakarta: Puslitdatin, BNN, 2016). 12 Minutes Meeting on the rehabilitation coordination between BNN, MOH, and MoSA. December 2014. Jurnal Peradilan Indonesia Vol. 5, Agustus 2016 – Januari 2017: 107-119

111 of community based facilities is highly supported. The government has allocated the available services and funding to cover 100,000 drug users. The rehabilitation services include public health facilities (i.e., general hospital, mental health facility, and community health centers), public rehabilitation facilities (i.e., Lido), and community based rehabilitation facilities. They provide both walk in and in-patient services. The initial number to rehabilitate drug users was actually one fourth of the final targeted one, which was 28,545 people. This number has been listed in the 2015 national budget expenditure plan (APBN) for the 2015 fiscal year. During the budget revision session, the BNN and the Ministry of Social Affair proposed to add more drug users to cover, from 7,220 to 74,650 drug users and from 5,975 to 10,000 drug users respectively.<sup>13</sup> This means that the target number of the BNN was more than ten times than the initial plan, while the target of the Ministry of Social Affair was almost doubled. The Ministry of Health and the National Commission on AIDS stayed the same, which were 15,000 and 350 drug users respectively. The total number of 100,000 was listed in the revised APBN for the same fiscal year. Table 1. The national rehabilitation movement for 100,000 drug users

Institution	TARGET	NUMBER	APBN	2015	APBNP	2015	TOTAL
1. National Narcotic Board (BNN)	7,220	67,430	74,650	2. Ministry of Health	15,000	-	15,000
3. Ministry of Social Welfare	5,975	4,025	10,000	4. AIDS National Commission (KPAN)	350	-	350
TOTAL	28,545	71,455	100,000				100,000

Note: APBN = National Budget Expenditure Plan; APBNP = Revised National Budget Expenditure Plan

By the end of 2015, the BNN reported that out of 74,650 targeted drug users, they could reach and rehabilitate 38,427 drug users, or 51.5% of the target number.<sup>14</sup> The ministry of Social Affair reported 100% achievement, while the National Commission on AIDS over target and rehabilitate 375 drug users.<sup>13</sup> SP DIPA-066.01.1.681642/2015 <sup>14</sup> BNN, Laporan Akuntabilitas Kinerja Instansi Pemerintahan Badan Narkotika Nasional 2015 (unpublished). <sup>112</sup> Eunike Sri Tyas Suci dkk., The Indonesia National Rehabilitation Movement

Ministry of Health has not finished with the final report yet.<sup>15</sup> Based on the BNN press release at the end of 2015, the Ministry of Health has rehabilitated 7,362 drug users.<sup>16</sup> Overall, there were 56,164 drug users had been rehabilitated, which was about 56% of the target. With the above explanation on the complex problem of the ambitious movement on rehabilitating 100,000 drug users, this study attempts to evaluate the process of rehabilitation program at the community based rehabilitation facilities as well as public facilities under the BNN coordination. The implementation of the program faces some challenges, including the lack of appropriate preparation at the local level—provincial and district levels—, the likelihood of forced facility and forced rehabilitation. The specific objectives of the study were: 1) The supportive and the barriers of rehabilitation program, 2) Identify problems during the implementation, and 3) Identify the emerging issues of drugs B. Methods This was a cross sectional qualitative study employing eleven focus group discussions (FGDs) in eleven provinces, one FGD in each province. The selection of eleven provinces was based on the existence of public and community based rehabilitation facilities that were supported by BNN. They are Aceh, North Sumatra, South Sumatra, Special Capital City District of Jakarta (DKI), West Java, Special District of Yogyakarta (DIY), East Java, West Kalimantan, South Sulawesi, Bali, and East Nusa Tenggara (NTT). It is important to note that one participant of the FGD in Yogyakarta was a representative from a community based facility

located in Solo, part of Central Java provinces, but very near to Yogyakarta. The eleven provinces include four provinces in Java Island and seven provinces outside Java. We notice different social and structural context of Java and nonJava islands because historically Java is more developed than other islands; and therefore Java is more populous than the rest of the country. Lately, Java is even the most populous island on earth. With the population of about 145 million in 2015, Java is home to 56.7 percent of the total population of the country.<sup>17</sup> The participants of FGD included representatives from the provincial/district level of the National Narcotic Board, the Department of Health, and the Department of Social Affairs. Beside those public offices, representatives from 15 Personal communication. <sup>16</sup> BNN, Press Release Akhir Tahun 2015. <sup>17</sup> "Java," <https://en.wikipedia.org/wiki/Java>. Jurnal Peradilan Indonesia Vol. 5, Agustus 2016 – Januari 2017: 107-119 113 the community based rehabilitation facilities that received funding from BNN were also invited. The FGDs were held in October 2015, soon after developing the instrument, the guideline, and the Informed Consent. Fourteen participants from various stake holders (government offices and community based organizations) were involved in the preparation stage. During data collection stage, facilitators of the FGDs were from BNN, Ministry of Health, and the university researcher. We used content analysis to analyze the verbatim.

C. Findings and Discussion It is worthwhile to note that, while BNN was the one at the front line promoting the national movement to rehabilitate 100,000 drug users, the implementation reported in the press release was based only on their target number which was 74,650. The press release was actually the annual report of all BNN activities for the year 2015. The board has five deputies: eradication, prevention, community empowerment, rehabilitation, and law & network. As mentioned previously, the target of 100,000 was shared by BNN, Ministry of Health, Ministry of Social Affairs, and the National AIDS Commission. Although the national movement was declared and signed up together by them and other ministries in January 31st 2015, there is no combined report about the implementation of the program. Since the study focuses on the implementation of BNN program, there are some points to be noted. First, BNN has four government rehabilitation facilities that are scattered in four provinces: Lido (West Java), Baddoka (South Sulawesi), Tanah Merah (East Kalimantan), and Batam (Riau). By the end of 2015, they have rehabilitated 1,593 drug users.<sup>18</sup> Second, the assigned institutions to receive compulsory self-report (IPWL) belong to BNN, Ministry of Health, and Ministry of Social Affairs. The BNN's IPWL had rehabilitated 424 drug users.<sup>19</sup> Third, rehabilitation service was not only provided by the IPWL. There were two types of institutions non-IPWL: the public institutions and the community based institutions. There were 196 community based institutions supported by BNN, others supported by the Ministry of Social Affairs (see Table 2) <sup>18</sup> BNN Press Release 2015, op. cit., p.4. <sup>19</sup> BNN Press Release 2015, op. cit., p. 33. <sup>114</sup> Eunike Sri Tyas Suci dkk., The Indonesia National Rehabilitation Movement Table 2. The implementation of BNN program on the rehabilitation Institution # drug users

Institution Type	Number of Institutions	Number of Drug Users
BNN-owned rehab institution	4	1,593
BNN's IPWL		424
BNN public non-IPWL		23,210
Community-based rehab supported by BNN	196	13,200
<b>TOTAL</b>		<b>38,427</b>

Based on the FGDs to the eleven provinces, the study analysed the result according to the objectives. However, based on the general observation we found that there were polarizations in the way participants responded the questions. First, participants from the community-based rehab institutions were likely to be more critical to the government policies than those from the government institutions. Second, participants from Jakarta were likely to be more critical than those from other provinces. Third, participants whose facilitators were independent or non-BNN officers were likely to be more critical than those whose facilitators were BNN officers.

1. Supportive and the barriers of the rehabilitation program The study found that participants of the FGDs were polarized between supporting the national movement to rehabilitate

100,000 drug users or against it. Some supportive opinions from the participants were: 1) the awareness that Indonesia is facing a serious drugs problem and agreed that the government claims Indonesia Darurat Narkoba (Indonesia Drug Emergency). It is likely that the intense information from the mass media and social media about drug trafficking—including the most recent news that government officers and leaders were found using drugs—made participants realized the seriousness of the problem. Therefore, they support the national movement to rehabilitate 100,000 drug users; 2) some participants who agreed with the slogan Indonesia Darurat Narkoba also thought that the issues of illicit drugs and drug abuse have long been problems in Indonesia, so that the situation has come to emergency level; 3) there was a positive impact of the slogan Indonesia Darurat Narkoba, because people are now becomes more aware of the issues on illicit drugs and therefore they are more careful in what they are doing. According to the health believe Jurnal Peradilan Indonesia Vol. 5, Agustus 2016 – Januari 2017: 107-119 115 model (HBM) perceived threat is one way to change individual behavior. Beside supportive statements from the participants, the study found some barriers of the program. 1) Rehabilitation is still perceived a sectoral program of departments and commissions. The Ministry of Health, the Ministry of Social Affairs, the National AIDS Commission, and the BNN developed their own programs, an ego sectoral complex, resulting in possibilities of developing overlap programs. There is a need to develop a cross-sectoral program to avoid overlaps of programs and over budgeted program. Stake holders need to incorporate the roles of other component, such as Ministry of Education and Ministry of Human Resources. The very difficult stage of rehabilitation process was the after care when former drug users re-enter the community to continue their school or to find a job. There should be opportunity for them to have a better life and supportive environments. 2) Related to the above, some participants said that other barriers is that there is no clear regulation about aftercare program, such as finding job or schooling. 3) It is likely that changing the head of an institution will change the policy. There usually are new programs, new modules to develop, new trainings and socializations. This answer came up partly because of the change of the head of the BNN in 2015, where the current head mentioned to change the policy. 4) There is no clear regulation about aftercare program, such as finding job or schooling. 5) Related to the previous barrier, stigma and discrimination to ex. drug users made them difficult to build a new life. 6) There was no monitoring program rehabilitation. 2. Problems during implementation There were at least four most problems mentioned by the participants from different provinces. First, rehabilitation institutions tend to be target oriented, because BNN central office supported financially to rehabilitate drug users under their supervision. The study found an institution hired a person to find drug users in their area and persuaded them to get rehabilitation. Other case was that drug users who are not addicted were forced to take rehabilitation program, because the central BNN office will provide funding. The lack of socialization of the program on rehabilitating 100,000 drug users made the users threatened and reluctant to report themselves to get rehab. The assurance that they will not be arrested is very important, so that they come to the facilities voluntarily to get rehabilitated. Second, some institutions complained with the number targeted for their province or district, as the number looked so ambitious. Especially in the East Nusa Tenggara, it is likely that they fail to rehabilitate the target number because 116 Eunike Sri Tyas Suci dkk., The Indonesia National Rehabilitation Movement the province has no problem with illicit drugs. Instead they have problems with alcohol because drinking alcohol is part of their culture. East Nusa Tenggara has traditional alcoholic drinks such as sopi, arak, tuak and moka. They drink in ceremonies when a person proposes to get married, when couples get married, or when a person dies. The target to rehabilitate 1919 drug users was in question because they did not know how the government set up that number in a province that most of the people drinking

alcohol.<sup>20</sup> Third, the study found miscommunication between community-based rehab institutions and the local narcotic board. Since the program to rehabilitate 100,000 drug users was funded by the BNN central office in Jakarta, local institutions had to report drug users who were rehabilitated in their place directly to Jakarta. The local BNN office did not receive a copy of their report so that they experienced difficulties in monitoring the activities in their areas. On the other hand, community-based institutions thought that they had to report only to the central BNN office because the central office provided the funding. Furthermore, the local rehab institutions did not give information to the local BNN office due to confidentiality and the fear of drug users of being arrested, while the local BNN office requested the name and identity of drug users. The regulation from the Ministry of Internal Affairs (Permendagri) No. 39/2012 said that those who receive the funding or grants from the government should report the names, addresses, and the amount of funding they received. Fourth, the national movement on rehabilitating 100,000 drug users lack to pay attention to the families of those rehabilitated. Families are actually secondary victims of drug abuse. However, their social and psychological supports could be integrated in the rehabilitation processes. Based on the FGD in Jakarta, for example, we found a report that some drug users were reluctant to take in-patient rehabilitation program because they have families to take care of. They were thinking about who will take care of their children. Also, the re-entry program does not include preparing families to welcome home their loved one. Many feel scared and ashamed for having a drug addict family member, and they need supports. Emerging issues of drugs The last objective of the study was about the emerging issues of drugs. Participants from Jakarta reported that there was a time when drugs were hardly found in the markets. Many drug users stopped using drugs and waited for months until the drugs are available again, others changed their use to the 20 The RISKESDAS Report for NTT 2008 shows that the prevalence of alcohol in this province was 17.6%. In Ngada District, it was as high as 38.3% in Ngada District, while the nationally the prevalence is only 3.2% (Balitbangkes, 2009). Jurnal Peradilan Indonesia Vol. 5, Agustus 2016 – Januari 2017: 107-119 117 old fashion drugs such as heroin, suboxon, lexotan, and methadone. When the supply of ATS was available, the prices were much more expensive. The second emerging issue reported by participants from several provinces was the trend to use a new type of drugs called “gorilla” that was undetectable by government officers. The name is taken from the cover of the cigarette commonly called “tembakau super cap gorilla.” This new type of drugs is very popular because of the price is affordable and people can buy it online. This special cigarette is actually part of synthetic cannabinoids imported to Indonesia since 2007. D. Conclusion The Indonesia government is very concerned on the increasing number of drug users in the country and started to practice de-criminalization approach by providing rehabilitation services for drug users. Unfortunately, misinterpretation of data led the government to develop an ambitious program to rehabilitate all drug users. The national movement to rehabilitate 100,000 drug users was perceived a compulsory program to users, because otherwise they are potential to be arrested. It is interesting to know that some participants of the study are very supportive to the program while others against it. The pros were likely to be those from the government offices, while the cons were from the community-based rehab institutions. There were at least four problem in the implementation of the program, including the orientation of targeted program instead of providing quality services, the lack of contextual situation of the provinces so that the central office set up the number of drug users to be rehabilitated without considering the local cultures, mis-communication between local BNN office and the communitybased rehab institution on the reporting, and the lack of integrating families in the program. The study also found two important emerging issues: the increasing price of amphetamine and the new type affordable drugs called “tembakau super cap gorilla.” The study

recommends the government to apply transdisciplinary approach in developing a better program. This approach incorporate all stake holders, key persons, social workers at the grass root level, and lay people to work together developing a program that fit to the need of drug users. It needs better communication across department and intuitions. The focus on providing accessible and available quality rehab services should be over the target orientation. This ensures drug users to access the services voluntarily and free from stigma and discrimination.