Evidence-informed response to illicit drugs in Indonesia

To address the serious harm caused by drugs to individuals and the community is an important public health priority and one that all countries, including Indonesia, must tackle.

The Indonesian Government, led by President Joko Widodo, has heralded its commitment to evidence-based policy making. The public health community welcomes this commitment; however, as researchers, scientists, and practitioners, we have grave concerns that the government is missing an opportunity to implement an effective response to illicit drugs informed by evidence.

A close examination of the nature and extent of drug use in Indonesia reveals substantial gaps in knowledge and a scarcity of evidence to support forced rehabilitation and the punitive, law-enforcement-led approach favoured by the government.
Opioid overdose and infectious diseases, including HIV transmitted through unsafe injecting practices, are the primary causes of drug-related deaths worldwide.\(^1\) In the past 10 years, Indonesia has taken positive steps forward by introducing strategies such as opioid substitution therapy, needle and syringe programmes, and increased access to HIV treatment. Substantial evidence\(^2\) supports the effectiveness of these interventions in reducing fatal overdose and HIV transmission, morbidity, and mortality. However, these interventions have yet to be implemented to scale in Indonesia, and this delay is preventing the realisation of their potential benefit.

Meanwhile, there is evidence that criminalisation of people who use drugs and punitive law-enforcement approaches have failed to reduce the prevalence of drug use and are fuelling the HIV epidemic.\(^3\) Compulsory detention and rehabilitation of drug users has been shown to be ineffective in sustaining reductions in drug use.\(^4\)

The Indonesian Government has frequently cited National Narcotics Board studies from 2008\(^5\) and 2011,\(^6\) which estimate drug-use prevalence to be 2.6% in the general population (equivalent to 4.5 million people) and as many as 50 deaths per day from drug-related causes. We have serious concerns about the validity of these estimates for the following reasons: the details and methods of these studies are not publicly accessible; from information that is available, the recruitment methods appear to have been inappropriate, resulting in an unrepresentative sample and results that are not generalisable; differentiation between different types of drugs and frequency and patterns of their use were inadequate to identify problematic drug use; definitions of addiction were inconsistent with accepted criteria for drug dependence; and the unorthodox method used to indirectly estimate drug-related mortality is unreliable.

We call on the Indonesian Government to scale back punitive strategies that are ineffective and counterproductive and instead expand evidence-based interventions, such as opioid substitution therapy, needle and syringe programmes, HIV treatment, and care for people who use drugs; invest in the collection of better quality data on the scale and nature of drug use in Indonesia, without which an effective and appropriately targeted response cannot be developed; and form a national committee on drug use, comprising the National Narcotics Board, Ministry of Health, Ministry of Social Affairs, Ministry of Law and Human Rights, service providers, and community representatives, to review drug-related data, set priorities, recommend evidence-informed actions, and monitor progress. We support a transparent, peer-reviewed process for collecting data on drug-use indicators, and a commensurate evidence-based policy response.

We declare no competing interests.

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