



## RESEARCH ARTICLE

## The Ambivalence of Drug Policy in Indonesia: Law Amendment but “War on Drugs” and Punitive Approach Remain

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**ABSTRACT**

Indonesian Government, including under the current President Prabowo Subianto’s administration, generally still employ “war on drug” or punitive approach including strict imprisonment to drug users and the application of death sentence to drug convicts. However, there are dynamics in the establishment of drug policy in the country. The first Indonesian Narcotics Law (Law Number 22 year 1997) was amended and the Indonesian Government and Parliament introduced a newer law on narcotics i.e. Law Number 35 year 2009 and there are debates and process in the Indonesian parliament to propose changes to the 2009 Narcotics Law advocating rehabilitation rather than imprisonment for drug users. This article argues that though the 2009 Narcotics Law does introduce some positive measures e.g. addressing health concerns through the requirement to provide medical-health and social rehabilitation for individuals who are dependent on drugs, the 2009 law in fact still preserves most of the spirit of Indonesia’s “war on drugs” and therefore the need for more progressive law urgently required. It is also noteworthy that though the Indonesia government still applies a punitive and repressive approach to drug use and drug dealing, the Government acknowledges the increasing contribution of risky drug use practices to HIV epidemics. Since 2003 the Government had initiated a process that allows for the provision of harm reduction programs in the country. These phenomena indicate the ambivalence of the Indonesian Government in dealing with drug issues and drug-related problems in the country.

**INTRODUCTION**

Drug use and drug dealing are sensitive and complex issues in Indonesia and frequently triggered controversies and public debates. In 2015, just two months after being sworn in, Indonesia’s seventh president, Joko Widodo, declared a state of emergency on drugs and ordered the execution of 14 people for drug-related offences. Many were sentenced without the minimum procedural and evidential guarantees required for fair trials. Despite domestic and international protests, the revival of the death penalty and refusal to grant clemency were touted as necessary measures to deter drug traffickers, reduce drug demand, and prevent drug-related deaths in the archipelago nation (Fransiska, 2019; Nasir, 2016a; Nasir, 2016b; UNODC, 2023).

Under the current Prabowo Subianto’s administration in Indonesia, most of the spirit of Indonesia’s “war on drugs” and punitive approach remain, though there are several progress and initiatives taken by several ministers, particularly Minister of Legal Affairs, proposing changes to the current Narcotics Law, advocating for rehabilitation rather than imprisonment for drug users. The initiative to prioritise rehabilitation programs for drug users would help alleviate overcrowding in the country’s prisons, which are currently operating well above capacity. The proposal also aligns with Indonesia’s broader legal overhaul under the new Criminal Code (KUHP), set to be implemented in January 2026. The new code is designed to promote restorative justice and rehabilitation rather than punitive measures inherited from the colonial era (The Jakarta Globe, 2024).

This article aims to explore the dynamics of drug policy in Indonesia, the magnitude and the impacts of drug use among young people, including the intersection between risky drug injection practices with the epidemics of HIV in the country. The study also examines the nature of drug policy in Indonesia which, like most other nations, is still focusing in criminalising and punishing drug users. This is followed by the presentation of the initiation, development and limitations of existing drug-related harm reduction programs in Indonesia.

## **METHODS**

This research was carried out employing a critical-analytical method and a library approach. For this purpose, the theoretical research literature was first compiled by mapping and examining medical, health, epidemiological, jurisprudential and legal sources related to the subject. Then, by analysing and summarising the findings from the literature, the study aims are answered and finally the general conclusion is presented. The method of collecting information was to collect copies and systematically analyse relevant literatures, articles, books and reports related to the fields of drug issues, drug dependence, medical jurisprudence, medical law and the dynamics of drug policies. The method of logical-critical reasoning was used to analyse the data.

## **FINDINGS AND DISCUSSION**

### **Drug use in Indonesia**

Regardless of different levels of development, for a long time most societies have used various forms of mood-altering substances for diverse reasons, including for recreational, healing or spiritual purposes. Like many other societies, the use of these substances is not a new phenomenon in Indonesia. Although the use of intoxicants is expressly forbidden within Islam (approximately 85 percent Indonesians are Muslim), studies highlight that the consumption of varied forms of these substances is common among many ethnic groups in the archipelago (Chandra, 2012), including among ethnic groups in which Islam is a dominant religion (Rush, 2017). Furthermore, Stamford Raffles, an early British lieutenant-governor of Java, made a note in 1817 of the common use of home-brews, marijuana, betel nut and even opium among people in this island as well as in neighbouring islands (Berman, 2013).

The use and the trade of opium in Java were first recorded in the Dutch colonial era in the 17th century (Rush, 2007). Arriving in Southeast Asia nearly a century after the Portuguese, the Dutch soon became active in the region's opium commerce. Chandra (2012) maintains that the Dutch established a permanent port at Batavia (now Jakarta) in 1619 and in cooperation with local sultans began importing opium from Bengal (India) in 1640 to supply Java's increasing opium demand. As the Dutch East Indies Company (VOC) won monopoly rights for Java's populous districts, the Company's opium imports from India rose sharply from 617 kilograms in 1660 to 72,280 kilograms only 25 years later (Chandra, 2012). Rush (2017) claims that the Company enjoyed impressive profits from the trade of opium. According to Rush, the Dutch East Indies Company purchased opium cheap in India and sold high in Java, enabling the Company to have approximately 400 percent profit on shipments in the 1670s. Opium was later proved to be an essential trade good that attracted Asian merchants to Java and to other islands in the archipelago. By 1681, opium represented 34 percent of the cargo on Asian ships sailing out of Batavia's port (Rush, 2017). At this period of time, the Dutch colonial administration noted that there were more than 1,000 opium dens in Batavia and more than 100,000 registered opium users, most of whom were Javanese (Berman, 2013)

With such a long history of contact with drug taking and drug dealing, it is not surprising that there are high levels of drug use and drug-related harms in the contemporary Indonesia. A national survey conducted by the Indonesian National Narcotics Board in 2023 found that approximately 13 million people (6 percent of the total population) had consumed illicit drugs at least once in their life time, 3.2 million of these (1 percent) used drugs on a regular basis and approximately 25 percent of those who use drugs regularly were dependent and injecting drugs. It is noteworthy that the vast majority of those who take drugs in Indonesia are young people, aged between 15 to 35 years (Indonesian National Narcotics Board, 2023).

With the permeable borders of its numerous islands and the fact that Indonesia is geographically close to the Southeast Asian Golden Triangle (main source of opium in the region) as well not greatly distant from Afghanistan (another source of opium), it is not surprising that since the late 1990s

Indonesia has become a great market for heroin, and currently also a rising market for amphetamines (Berman, 2013; Mesquita *et al.*, 2017; UNODC, 2023). The Indonesian National Narcotics Board (2023) reports that cannabis is the most common drug taken by young people, followed by heroin, Amphetamine Type Stimulants (ATS), hashish and cocaine. Furthermore, there is increased availability as well as young people's greater access to night or party drugs such as ecstasy in Indonesia. The use of sedative hypnotic drugs and drugs of inhalation as well as the practice of poly-drug taking are also common among young people in urban areas (Indonesian National Narcotics Board, 2023; Guinness, 2019; Mesquita *et al.*, 2017)

### **Drug use and HIV in Indonesia**

As in other countries in South and Southeast Asia, risky injecting practices such as the sharing of needles and other injecting paraphernalia are common among injecting drug users in Indonesia (Devaney, Reid, & Baldwin, 2022; Lorete, 2021; UNAIDS, 2023). It is therefore not surprising that there are rapidly increasing numbers of drug injectors in the country who are infected with HIV and Hepatitis C Virus (HCV). The Indonesian Ministry of Health (2024) states that there were 526,841 reported cases of people living with HIV in the country and more than half (52 percent) are aged between 20 and 29 years old. Unsafe drug injection practices e.g. the sharing of needles and other injecting paraphernalia remain the significant route of transmission (UNAIDS, 2023)

Considering the tendency of underreporting of HIV cases in Indonesia, UNAIDS (2023) estimates the number of people living with HIV and AIDS in the country ranges from 700,000 to 1,000,000. Since early 2000, risky drug injection practices, in tandem with unsafe sexual practices, are the important routes of HIV infection in Indonesia (Ministry of Health, 2023). UNAIDS (2023) has identified a shift of HIV epidemics in Indonesia since early 2000 from 'low prevalence' to 'concentrated prevalence' implying the HIV prevalence is less than one percent in the general population but more than five percent among vulnerable groups such as injecting drug users, female sex workers and their clients as well as men who have sex with men (MSM).

### **Drug policies in Indonesia**

#### **Repressive and punitive approach**

Like many other countries across the world, Indonesian's responses to drug use have been characterised by moral panic and a repressive and punitive approach. For example, in 2000, along with other members of the Association of Southeast Asian Nations (ASEAN), Indonesia signed the ASEAN pledge to achieve a utopian 'Drug-Free ASEAN' by 2015 (Davis, Triwahyuono, & Alexander, 2019). The application of a repressive and punitive approach became more apparent after the launch of Indonesia's 'national war on drugs' in 1997 in accordance with the announcement of the first Indonesian law on narcotics (Law Number 22 year 1997) and the first law on psychotropics (Law Number 5 year 1997). These include application of the death penalty in illicit substance-related cases (Davis *et al.*, 2019; Fransiska, 2019). These laws on narcotics and psychotropic were introduced in the late term of Soeharto's authoritarian regime and the meanings embedded in both laws and the ways they have been enforced have generated various forms of problems for drug users (Davis *et al.*, 2019; Fransiska, 2019; Smith, 2021). It is worth noting that these two laws make little distinction between drug use and drug dealing. The laws categorise both actions as deserving severe punishment.

Davis and colleagues (2019) maintain that the Indonesian laws on narcotics and psychotropics allow sweeping arrests and lengthy prison sentences for traffickers, dealers and individuals found in possession of drugs. Those found guilty of being involved in drug trafficking and drug dealing may be sentenced to more than nine years in prison or even the death penalty in certain circumstances. Those found in possession of even a small amount of narcotics may face up to nine years in prison, including pre-trial detention periods that can persist for months. Moreover, both Indonesian laws on narcotics do not provide detailed guidelines for sentencing based on the amount of narcotics in possession, so judges usually exercise broad discretion in drug cases and frequently issue draconian sentences (Davis *et al.*, 2019; Fransiska, 2019; Smith, 2021). Although the Supreme Court (2011) has released the circulation letter as the guidance regarding the maximum possession of daily use for the drug dependence, this policy cannot succeed to avoid the punitive punishment against the drug dependence because of some reason. Firstly, this letter only considered in the level of judges, but not

in the level of investigation and prosecution under police and prosecutor level. Secondly, as a recommendation letter, this guidance is not powerful enough to ensure all judges follow the policy. Thirdly, although the judges will use the letter as their guidance to make a decision, this policy cannot directly applicable, because most of the time the drug user should have ability to proof themselves as a drug dependence by delivering the confirmation letter from the rehabilitation centre.

Additionally, government officials' statements frequently indicate an aggressive approach toward drugs and drug users. For example, in 2012, the Minister for Youth and Sport maintained that drug takers may be dealt with through street justice, thus giving official sanction to actions outside of the law (Berman, 2013). Parallel to the Minister's harsh stance, communities' oppressive attitudes toward drug and drug users can be seen through banners commonly found in many big cities and small towns in Indonesia with harsh slogans such as 'Drugs: Indonesia's number one enemy', 'Destroy drug takers and dealers', 'Death to all drug users and dealers' and 'Drug-free community'. Berman (2013) notes that in mid 2012, a crowd of more than 2,000 people in Jakarta took an oath to launch a war against the distribution and the consumption of drugs.

Communities' punitive attitudes toward drug use can also be viewed through the emergence of populist and militant organisations including GERAM (the People's Anti-Addiction Movement) that declared it had hundreds of martial-arts fighters announcing their readiness to combat to the death in the 'jihad' against drugs. Another militant organisation is GANAS (the Anti-Narcotics Movement) which is aimed to monitor court hearings process and frequently decorates the court with strong antidrug banners. Furthermore, under the new law, the involvement of "civil society" has a broader role, moreover they has obligation to report the suspicious demeanour relates to the issue of drugs by texting or sharing info to the law enforcement agency.

GRANAT or the National Anti-Narcotics Movement is another example of militant organisation to fight drug use in Indonesia. GRANAT was initiated by Henry Yosodiningrat, a former lawyer, who spent three years trying to assist his son to overcome his dependence on *putaw* (street grade heroin). When Yosodiningrat's attempts failed, he attacked several drug dealers and suppliers as a one-man army. He destroyed the homes of drug dealers and harshly tortured them as well as confiscated their drug stocks and took them to the police. With thousands of members and volunteers in early 2012, GRANAT often searches out drug activity and builds posts in several cities in Java where residents can report suspicious and drug-related young people's activities. Berman (2013) highlights that, not surprisingly, these grass-roots militant organisations employ threatening acronyms for their names i.e. GERAM means 'raging' or 'furious', GANAS means 'cruel', 'wild', 'savagely', or 'vicious', and GRANAT means 'grenade'.

There are many other militant organisations including Islamic vigilante groups who declare their harsh stance toward drugs and drug users. These Islamic hard-liner groups frequently claim that the drug and HIV epidemic in Indonesia is caused by "an attack by the ideologies of the capitalist-secularist Western nations" (Berman, 2013). According to Berman, they also view drug dealers as greedy capitalists lusting after ever-increasing profits and whose aim is to weaken young Muslims across the world, including young Muslims in Indonesia. These organisations claimed that "with damaged lifestyles, bodies, minds, intellects, and with their social skills weakened, capitalist nations can easily enslave Muslim societies in the future ... Any self-respecting Muslim, therefore, cannot sit in silence and witnessing the destruction of the younger generation" (Berman, 2013).

The oppressive nature of the Indonesian laws on narcotics and communities' harsh responses toward drug users clearly indicate a utopian aspiration for a free drug society and a misleading understanding that a repressive and punitive approach will significantly reduce drug taking and drug-related crime. Numerous studies have revealed that instead of decreasing drug use, drug-related harms and offences, an oppressive approach frequently generates and exacerbates vulnerabilities particularly among young people in urban-poor neighbourhoods (Davis, Burris, Metzger, Becher, & Lynch, 2015; Dolan, Merghati, Brentari, & Stevens, 2017). Unnecessarily strict and repressive regulations evidently impede access to essential social supports and health services including treatment and rehabilitation. The fact that punitive drug laws hinder drug users' access to

essential services make these laws uniquely ‘criminogenic’, tending to push those who are dependent on drugs to be engaged in crime or offences (Bewley-Taylor, Hallam, & Allen, 2019; Dolan, *et al.*, 2017; Gray, 2001; International Drug Policy Consortiums, 2021; Shaw *et al.*, 2017; Stevens, 20019) to support their drug dependency. Furthermore, Bourgois maintains that it is unrealistic to understand better the current drug epidemics and drug-related harms that they produce without acknowledging the iatrogenic consequences of punitive and “carceral drug policy” (2013, p.36).

It is worth mentioning that there is little evidence supporting the notion that harsh punishment, including lengthy detention and imprisonment, may deter drug use and drug-related offences among young people (International Drug Policy Consortiums, 2021; Stevens *et al.*, 2019). A plethora of studies has even demonstrated that funding for drug treatment and rehabilitation is many times more cost-effective than imprisonment (Hunt, 2016; Hunt *et al.*, 2014; Jurgen, Ball, Verster, 2019; Rivers *et al.*, 2016). Repressive and punitive drug policies may also exacerbate HIV epidemics since drug injectors access to important services such as needle and syringe exchange program and methadone maintenance treatment may be hindered, providing fertile ground for engagement in risky injecting practices (DeBeck, Small, Wood, Li, Montaner, & Kerr, 2009; Hunt *et al.*, 2014; International Drug Policy Consortiums, 2021; Jurgens *et al.*, 2019). Furthermore, oppressive drug policies will increase the risk of detention and imprisonment among drug users. The Indonesian National Narcotics Board (2022), for example, acknowledges that the number of drug-related criminal cases significantly increased from 17,355 in 2018 to 22,630 in 2021 and the vast majority of these cases will end up in a lengthy imprisonment. However, it should be noted that studies have shown that HIV-risk behaviours (such as the sharing of needles and other injecting equipment as well as having multiple sexual partners with a low level of condom use) are more common in overcrowded prisons in many countries (Buavirat, Page-Shafer, van Griensven, Mandel, Evans, *et al.*, 2023; Hammett, 2016; International Drug Policy Consortium, 2021; UNAIDS, 2023; Werb, Kerr, Small, Li, Montaner, & Wood, 2018).

A cohort study of injecting drug users in Vancouver, Canada, revealed that having been imprisoned in the last six months was independently associated with a greater than 2.5-fold risk of HIV infection (Tyndall, Currie, Spittal *et al.*, 2023). Furthermore, in Russia, which has the second highest rate of imprisonment in the world behind the United States, a qualitative study of injecting drug users in the country’s three prisons revealed the crucial role of correctional institutions in the spread of HIV in which the study participants reported high levels of syringe sharing and other HIV-related risk behaviours (Sarang, Rhodes, Plat *et al.*, 2016). The common practice of HIV-related risk behaviours among injecting drug users in Indonesian prisons was also reported (Reid & Costigan, 2019). In addition, the widespread practice of torture, abuse, harassment, ill treatment and other forms of violation of human rights by police toward drug users during their detention and imprisonment should be highlighted (Davis *et al.*, 2019; Fransiska, 2019; International Drug Policy Consortiums, 2021; Perry, 2019; UNODC, 2023).

### **Law amendment but punitive approach remains**

Between 2000 and 2004, drugs were not categorised by the Indonesia Government as a major issue to be addressed and were discussed mostly in terms of welfare and protecting young people, including from HIV infection, thanks to the spirit of reformation after the end of Soeharto’s authoritarian regime (Davis *et al.*, 2019; Fransiska, 2019; Perry, 2019). However, since 2005, the then President Soesilo Bambang Yudhoyono has considered narcotic use a serious national problem that endangers security as well as the religious and moral values of the nation (Perry, 2019). It is in this environment that in September 2009 the first law on narcotics (Law Number 22 year 1997) was amended and the Indonesian’s government and parliament introduced a new law on narcotics i.e. Law Number 35 year 2009. Though the new law does introduce some positive measures such as addressing health concerns through the requirement to provide medical and social rehabilitation for individuals who are dependent on drugs, the law in fact still preserves most of the spirit of Indonesia’s “war on drugs” (Fransiska, 2019). The rehabilitation centres that pointed by the Indonesian Ministry of Health (Government Regulation, 2011) cannot replace the punitive approach to the health and human rights approach. Until now, the mechanism regarding the rehabilitation centres complicate the issue because there is no integrated and comprehensive system among the

governments agencies, such as the ministry of health, social ministry, National Narcotic Board as well as the law and human rights ministry to guide the health services to run the rehabilitation program.

Contrary to what drug reform groups such as the Indonesian Coalition for Drug Policy Reform (ICDPR) were hoping, the new law maintains the death penalty for some drug offences as well as continues to criminalise drug dependency. It also makes it a crime for parents to fail to report their drug-dependent children to authorities (Fransiska, 2019). The law also states that a drug user can be legally detained up to 72 hours, while the previous law only allowed detention for a maximum 24 hours. Moreover, the new law transfers responsibility for fighting drug trafficking from the government to civil society.

Though the Indonesian Government claims these changes are an essential move in order to save the younger generations from drugs, several human rights and non-government organisations working on drug and HIV prevention criticise the lack of reform in the new law. The Indonesian Coalition for Drug Policy Reform for example has warned that the article in the new law on narcotics transferring responsibility for fighting trafficking from the government to civil society could lead to vigilante and street justice (Davis *et al.*, 2019; Fransiska, 2019). The Coalition also offers criticism of the new law that maintains the death penalty as contrary to the purpose of modern criminal charges that aim to rehabilitate individuals involved in offences rather than punish them for their actions (e.g. Fransiska, 2021; Perry, 2019).

## **Harm reduction programs in Indonesia**

### **Limited scale and individualized harm reduction programs in Indonesia**

Despite the fact that the Indonesia Government applies a punitive and repressive approach to drug use and drug dealing, the Government also acknowledges the increasing contribution of risky drug injection practices to HIV epidemics. Since 2003 the Government had initiated a process that allows for the provision of harm reduction programs in the country. Harm reduction programs are defined as broad strategies designed to assist at-risk population who are current users of illicit drugs to anticipate and/or avoid high-risk situations for themselves or others (Grund, 2015; Pauly, 2018). These interventions are intended particularly to minimise the risk related to the consumption of drugs and to prevent HIV and other blood-borne viral (BBV) infections (Crofts, 2015). There is significant evidence that harm reduction approaches, such as needle and syringe exchange (NSP) and methadone maintenance treatment (MMT) are effective in reducing risks associated with drug use (Bravo, Royuela, Barrio, de la Fuente, Suarez & Brugal, 2019; Loxley, Toumbourou, Stockwell *et al.*, 2004; Pauly, 2008; *Strathdee & Vlahov, 2021*).

There are no legal barriers against the implementation of harm reduction programs in Indonesia, however, prejudicial interpretation and misinterpretation of the expired law on narcotics (Law Number 5 year 1997) have resulted in generating constraints, including in the realm of the prevention of HIV and other drug-related harms (Mesquita *et al.*, 2017). Several public statements from authorities also clearly promoted and supported harm reduction programs. Provincial authorities, such as the Vice-Governors of Greater Jakarta, West Java, Bali, South Sulawesi as well as district and city levels of governments, are publicly supportive of harm reduction, including the commitment of their provinces', districts' and cities' budgets to support the scaling up of the response (Mesquite *et al.*, 2017). These political and financial commitments are essential since a shift from centralistic to decentralisation policies has occurred in Indonesia since 1999 following the downfall of Soehartos's regime has given a bigger role to provincial, city and district levels of governments (Aspinall, 2016; Mesquite *et al.*, 2017).

Even though political resistance has arisen from some sectors of the police, politicians and religious leaders who prefer to maintain a focus on law enforcement, in 2017 there were 41 non-government organisations working in the field of harm reduction (Mesquite *et al.*, 2017). Among these, 16 were organising needle and syringe programs targeting 4,500 people who inject drugs on a monthly basis. Furthermore, there were more than 1000 community health centres (*Puskesmas*) which offered needle and syringe exchange as well as methadone maintenance treatment. However, compared to the large number of injecting drug users in Indonesia, these harm reduction programs are clearly limited and urgently need to be scaled up (UNAIDS, 2023). UNAIDS maintains that the existing harm reduction programs in Indonesia are estimated to cover only three of ten injecting drug users in the

country. It is also noteworthy that, like in many other countries, harm reduction programs in Indonesia are still highly individualised, overemphasising individual factors for behavioural changes, and do not sufficiently address social and structural barriers militating against the practice of safer behaviours (Nasir, 2016b; Nasir & Rosenthal, 2009a, 2009b).

Indonesia's harm reduction programme - underfunded, but surviving alongside its harsh drug control regime - is chiefly credited with reducing HIV rates among injectors from 53 percent in 2007 to 21 percent in 2023 (UNAIDS, 2023). Indonesia is also home to some of Asia's most successful voluntary, community-based treatment programmes. More draconian measures could finally tip the balance and undo these gains (UNAIDS, 2023).

### The way forward

If the current Indonesian President Prabowo Subianto is truly interested in championing the interests of ordinary Indonesians, he would immediately decriminalise drug possession for personal use, which would keep non-violent drug users out of the country's congested prisons, preserve family unity, save the state money, and offer people a second chance at a productive life. President Subianto should look to Portugal success story which removed criminal penalties for drug use and reallocated a greater share of resources from drug-related law enforcement to healthcare in 2001, has seen dramatic decreases in drug use rates, crime, HIV infections, and drug-related deaths.

Next, Subianto's administration should scale up harm reduction programmes recommended by the United Nations and proven to cut problematic drug use and related harms. These include expanding access to life-saving naloxone for people at risk of overdose, providing clean needles to prevent the spread of blood-borne viruses such as HIV, offering less dangerous drugs such as methadone to allow drug-dependent persons to stabilise their lives, and increasing access to voluntary, community-based drug treatment. Investing in these interventions would make a lot more sense than shooting drug pushers. Modelling projections show that the redirection of just 7.5 percent of current global drug control spending by 2025 would achieve a 94 percent cut in new HIV infections among drug users and a 93 percent drop in HIV-related deaths (UNAIDS, 2023)

## CONCLUSION

This article had shown the ambivalence of drug policy in Indonesia, the magnitude and the impacts of drug consumption among young people in Indonesia, including the association of risky drug injection practices with HIV epidemic in the archipelago. The study had also discussed the nature of drug policy in Indonesia including the law amendments of the 1997 Indonesian law on narcotics. It is noteworthy that even though the 1997 law has been amended and the 2009 law was enacted but the punitive and repressive approach to drug use and drug dealing remain.

However, despite the fact that the Indonesia Government still applies "war on drugs" or a punitive and repressive approach to drug use and drug dealing in 2009 Narcotics Law, the Government also recognises the increasing contribution of risky drug injection practices to HIV epidemics in the archipelago. Therefore, since 2003 the Government had initiated a process that allows for the provision of harm reduction programs in the country but the small scale and the individualised nature of these harm reduction programs limited their effects. These phenomena indicate the ambiguity of the Indonesian Government in addressing drug drug-related problems in the country. Those who are in favour of evidence-based drug policy in Indonesia and beyond expect that the current promising initiatives to amend the 2009 Narcotics Law will continue and facilitate a more supportive environment in dealing with drug related issues in the country.

## COMPETING INTERESTS

The author declares that he has no competing interests.

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