

RELIGIOUS PERSPECTIVES ON PEOPLE WHO USE DRUGS AND HARM REDUCTION SERVICES IN INDONESIA



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Title:

Religious Perspectives on People Who Use Drugs and Harm Reduction Services in Indonesia

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FOREWORD

The Elton John AIDS Foundation is delighted to partner with Lembaga Bantuan Hukum Masyarakat on this important piece of research that provides a unique insight into the relationship between religious leaders and people who use drugs in Indonesia.

The role of religion and religious leaders in responding to the HIV epidemic can be complicated and multifaceted. Religious perspectives regarding people who use drugs can contribute to stigma and discrimination, which undermine public health efforts. It is still relatively rare for religious leaders to support people who use drugs to access harm reduction services. However, and as this report evidences, if we can challenge stigmatising narratives and support models of collaboration, then religion could become a powerful tool in increasing access to harm reduction services and helping to end AIDS.

This research supports the argument that religious institutions and communities could play a vital role in supporting people who use drugs in Indonesia. Many people who use drugs surveyed identify as religious, and many respondents have hopes of being supported by their religious leaders and organizations. A number of inspiring case studies also highlight how faith leaders are working to support people who use drugs in their communities. Despite this potential, there are several barriers to overcome. Few people trust their local religious leader in terms of disclosing their drug use and some people experienced stigma and discrimination when participating in religious ceremonies.

The Elton John AIDS Foundation is committed to supporting people who use drugs to access effective harm reduction services, free from stigma and discrimination. This documentation, the first of its kind in Indonesia, is an important step in uniting religious actors and people who use drugs with the ambition to reduce stigma and increase access to life-saving harm reduction services.

The Elton John AIDS Foundation would like to thank everyone who took part in this study, and we hope this research will spark further investment into this important and relatively unexplored area.

PREFACE

Indonesians place great importance on religion, with 98% believing religion is very important in their lives and 96% believing that belief in God is associated with goodness (Connaughton et al., 2020). This is a great potential that can be utilized as a force to encourage religious institutions to give more attention to the phenomenon of drug use problems in Indonesia. That is, at the level of outreach to involvement as a stakeholder in drug policy in Indonesia.

Anecdotal information obtained in North Sumatra shows that Catholic and Buddhist religious organizations conduct outreach practices and participate in opening health support services or support groups for people who use drugs there. Religious approaches do have their own way of dealing with the recovery process of people who use drugs, and may be more effective if done together with community organizations and the community itself.

Before moving on to such collaboration, it is necessary to have empirical data evidence that can serve as a foundation for cross-sectoral cooperation. This includes further documentation of the significant role of religious institutions and religious leaders for people who use drugs, also known as drug victims and clients of harm reduction services. This research is the first scientific documentation in Indonesia about people who use drugs' perspectives on religious institutions, ranging from hopes for collaboration to experiences of stigma that people who use drugs have felt. It also captures the perspectives of religious institutions as well as religious and community leaders to find gaps between 'religious perspectives' and the experiences of people who use drugs themselves.

This research is the beginning of a movement that will collaborate with religious elements, through institutions or religious and community leaders, in responding to concerns about the drug problems in Indonesia. At this moment, Community Legal Aid Institute (Lembaga Bantuan Hukum Masyarakat) and communities of people who use drug, that have more flexibility to conduct research, are presenting this research result with great expectation to Indonesian stakeholders in developing Indonesia Narcotics policies. This research publication will certainly be the initial "gong" and "siren" of the sporadic movement that has been carried out so that in the future, it can be continued with participatory collaborative work with the communities of people who use drugs.

EXECUTIVE SUMMARY

Indonesian social institution has a main function to keep the citizens in balanced by collaborative working with the society. Social institutions have many sectors such as in the law, family, health, religion, economic, education, and politics. They have their respective roles in maintaining the stability of the national order in Indonesian society.

Social problems are commonplace in society, for example, problems faced by people who use narcotics, psychotropic substances, and other psychoactive substances (NAPZA). These problems contributed to the majority of inmates in Indonesian prisons for more than a decade. Evaluations of existing interventions that have led to the conviction of many drug users are continuously being conducted. However, drug offenders continue to be overrepresented. So far, there are social institutions that appear to provide interventions, such as legal, health and social institutions, but in fact, they are still lacking.

Indonesians believe that religion plays an important role as daily basic and consider that belief in God is associated with good values¹. These results are also supported by this study which documents the perceptions of people who use drugs about their religion. The research was conducted by the Legal Aid Society (LBHM), with support from the Elton John AIDS Foundation. Through quantitative and qualitative approaches, the research also captured the experiences of stigma and discrimination of people who use drugs in their relationships within religious institutions or religious leaders. A total of 198 survey participants from among people who use drugs were involved in this research and 12 resource persons were involved in the Focus Group Discussion (FGD), who were representatives of religious leaders from around the hotspots and religious leaders representing national-level religious institutions in Indonesia.

1 Tamir, Christine; Connaughton, Aidan; Salazar, Ariana Monique, 'The Global God Divide', *Pew Research Center*, 2020, p.13 <https://www.pewresearch.org/global/2020/07/20/the-global-god-divide/>

As people who use drugs are also Indonesian citizens, the general perception of religion among people who use drugs is mostly positive. This can be seen from the percentage of people who use drugs who feels that religion is important, which is 55%, and the percentage of people who use drugs who consider religion very important, which is 40%. This opinion is also supported by another variable from the questionnaire that captures how far religion helps people who use drugs in dealing with substance use problems. There were 19% of people who use drugs stated that religion was helpful and a further 20% agreed that it was very helpful for themselves. The dominance of these responses illustrates the hope of people who use drugs towards religion, religious teachings, belief in God, and the religious institution itself.

However, the significance of religion for people who use drugs is not directly proportional to how religion, through religious institutions or religious leaders in the community, has not adequately protected people who use drugs from stigma and discrimination. There are still people who use drugs who are disclosed to the congregation without consent (4%), expelled from religious congregations (1%), used as bad examples in sermons (7%), and banned from attending religious services or meetings (2%). By being permissive of these percentage values, we are perpetuating the bad practices experienced by people who use drugs by religious institutions and leaders in society. Other injustices experienced by people who use drugs are also well documented in this research report, as well as how people who use drugs survive by relying on minimal support groups.

The discrimination experienced by people who use drugs does not stop there, with further impacts that can widen the distance between religious groups and people who use drugs. This research documents the adverse impacts experienced directly by people who use drugs as a result of stigmatizing and discriminatory religious narratives, both in relation to their relationships with others and with themselves. In relation to their relationships with others, it was found that 45% failed to attend religious gatherings, with 41% choosing not to attend social gatherings. Not seeking health care and not seeking social support were also dominant responses with 37% and 35% respectively.

Then another adverse impact experienced was in relation to themselves, it was found that participants tended to self-stigmatize. As many as 77% of participants felt guilty because of their status as people who use drugs. Then, as many as 71% finally had difficulty telling their personal conditions to others. Feelings of shame and worthlessness were also dominant responses with 69% each. The increasing distance is presented in the midst of people who use drugs, leading to further jeopardizing their lives and safety, is certainly detrimental to families in particular and society in general.

The loss or disappointment experienced by people who use drugs does not stop them from reaching out to religious gatherings, compulsory worship, or enriching religious literacy. Although the dominant response to these activities was during religious holidays, they should still be seen as a potential outreach by religious institutions. Through FGDs, good practices were also obtained from religious leaders and community leaders who live around hotspots. Pasar Manggis, known as a hotspot in South Jakarta, has a long story of stabilizing and managing community members who are people who use drugs. Before the intervention of harm reduction, stigma and discrimination were attached to people who use drugs so that families expelled and ostracized people who use drugs. Thanks to the consistency of community influencers there, who worked together with the local Public Health Center, after more than a decade it was finally possible to realize a free community-based rehabilitation center as well as holistic education and assistance to families in Pasar Manggis to be able to provide basic care to their family members who use drugs. Another positive story came from a religious leader in the Boncos area, the biggest drug trafficking hotspot in West Jakarta. Through collaboration with Atmajaya University with the GEMAPULIH program, Boncos was able to regulate and treat members of its community who are people who use drugs. Then it becomes more concrete by seeking employment for these people who use drugs. In addition to social and health assistance, religious leaders there also often hold religious events or recitations attended by people who use drugs in Boncos. The recitation often invites speakers who are supportive and can embrace people who use drugs so that they do not feel marginalized and can be well-functioned as community members.

The gap between the needs of the people who use drugs and religious companions or spiritual trainers is very real. The support of religious institutions is an important thing that is expected to be present in the midst of the people who use drugs. In this study, 43% of people who use drugs expected religious institutions to play an active role in helping them. As many as 33% of people who use drugs expect outreach and guidance from religious institutions. The need for guidance and outreach is also in line with the hope to be no longer discriminated against by religious groups (12%) and to be able to understand and accept the people who use drugs for who they are (12%). The needs of people who use drugs were also captured through the indecisiveness of people who use drugs to be able to practice the teachings of their religion. 39% felt they could implement and 39% felt they could not implement religious teachings.

The documentation of religious perspectives on people who use drugs has never been done before in Indonesia. This scientific documentation is the first of its kind and expected to become a policy consideration and revitalization of religious institutions to be more serious in reaching out to people who use drugs. Furthermore, in general, it will begin to spark the interest in conducting research with the same vibes and mutual reinforcement. The ultimate objective is one: to reduce stigma and discrimination against people who use drugs in Indonesia.



I. INTRODUCTION

a. Background

Indonesians put religion as an important aspect of their lives. According to PEW research in 2020, 98% of Indonesians believe that religion is very important in their lives and 96% consider that belief in God is associated with good values.² Sermons and teachings from religious figures can influence public and stakeholder opinion regarding one group. One group that is still often marginalized due to intolerant narratives is people who use drugs. The National Narcotics Agency (*Badan Narkotika Nasional/BNN*), the government agency responsible for drug issues in Indonesia, stated that drug use is against religions in Indonesia.³ Religious narratives are designed to encourage people who use drugs to 'repent' by ceasing to use drugs (abstinence).

Religious views often influence people's opinions on rehabilitation services for people who use drugs. Harm reduction services, which have been shown to contribute to a reduction in the HIV prevalence of people who use drugs from 60% in 2012 to 30% in 2015,⁴ are not considered the 'right' way to rehabilitate because they conflict with the idea of avoiding/eliminating drug use and risky sexual relationships.⁵ On the other hand, many Recipient Institutions for Mandatory Reporting (*Institusi Penerima Wajib Laport/IPWLs*) use religious methods to treat drug dependence.⁶

2 Tamir, Christine; Connaughton, Aidan; Salazar, Ariana Monique, 'The Global God Divide', *Pew Research Center*, 2020, p.13 <https://www.pewresearch.org/global/2020/07/20/the-global-god-divide/>

3 Muhammad Fadhlansyah, 'Narkotika Ditinjau Dari Sisi Berbagai Agama Di Indonesia', *BNNP Malut*, 2020. <https://malut.bnn.go.id/narkotika-ditinjau-dari-sisi-berbagai-agama-di-indonesia/>

4 Yohanes Gentar, 'Timah Panas Di Tengah Kegagalan Harm Reduction', *PPH Unika Atma Jaya*, 2020. <https://pph.atma-jaya.ac.id/berita/artikel/timah-panas-di-tengah-kegagalan-harm-reduction/>

5 Abdullah Syafei, 'Terapi Rumatan Metadon Bagi Pengguna Narkotika Suntik Dalam Tinjauan Hukum Islam', *Tesis*, 2016, 1-153.

6 Ajeng Larasati, Dominggus Christian, and Yohan Misero, 'Pemetaan Pemulihan Ketergantungan Narkotika Di Indonesia', 2017, 1-2.

These sorts of narratives have the potential to thicken the stigma that people who use drugs already carry. People who use drugs are one of the groups that are often stigmatized as someone who disturbs the society.⁷ Narratives that people who use drugs are people who commit illegal acts or are sinners are still commonly found in the media.⁸

The stigma directed toward people who use drugs affects their self-acceptance. A study found that females who use drugs chose to stay away from family and health services to reduce the harm caused by the stigma they received.⁹ A study conducted in Bali also mentioned that stigmatization in the form of government sanctions decreased the motivation of people who use drugs to start methadone treatment.¹⁰

No research has specifically examined religious-based stigma against people who use drugs. Even though many people who use drugs identify themselves as adherents of certain religions or beliefs, it is very likely that the narratives given by religious figures also influence their self-perception. This study aims to examine how religious narratives position people who use drugs and their influence on people who use drugs' self-stigmatization. It is hoped that the results of this research can become an advocacy tool to encourage more tolerant narratives towards people who use drugs or for harm reduction services in Indonesia.

7 I Putu Diatmika, 'Pengaruh Stigma Pada Outcome (Pengalaman, Motivasi Dan Hambatan) Klien Di Prtm Sandat Rsup Sanglah', 2016, 1–58. https://simdos.unud.ac.id/uploads/file_penelitian_1_dir/8c95e866f5a84832d7688dce6bcc81b0.pdf

8 Reni Novita Sari, 'Dosa Besar Yang Ditimpakan Bagi Pengguna Narkoba Menurut Islam', 2020. <https://www.dream.co.id/dinar/dosa-besar-yang-ditimpakan-bagi-penyalahgunaan-narkoba-menurut-islam-2006020.html>

9 Catherine Spooner and others, 'Impacts of Stigma on HIV Risk for Women Who Inject Drugs in Java: A Qualitative Study', *International Journal of Drug Policy*, 26.12 (2015), 1244–50. psychological wellbeing and physical health; and for populations in terms of health inequalities. Indonesia has experienced a rapid growth in injecting drug use and HIV and little is known about drivers of HIV risk among Indonesian women who inject drugs. The purpose of this paper is to describe and consider the multiple impacts of stigmatization of injecting drug use on injecting behaviors among women who inject drugs in Java. Methods: In-depth interviews were conducted with 19 women who inject drugs in Java. Mean age was 25 years, all but one was employed or at college. The interviewees were Indonesian women. Results: Significant stigma around women's drug use was reported from multiple sources in Java including family, friends and health services, resulting in feelings of shame. To avoid this stigma, most of the study participants hid their drug use. They lived away from family and had few friends outside their drug-injecting circle, resulting in isolation from mainstream society and harm-reduction services. Sharing of injecting equipment was restricted to a small, closed circle of trusted friends, thus limiting possible HIV transmission to a small number of injectors. Conclusions: The stigmatization of drug use, particularly of drug use by women, in Indonesia appears to have contributed to significant shame, isolation from mainstream society and high rates of sharing injecting equipment with a small group of trusted friends (particularly the partner <https://doi.org/10.1016/j.drugpo.2015.07.011>

10 I Putu Diatmika, *Op.Cit.*

b. Problem Statement

Based on the aforementioned background, this research seeks to answer the following three questions:

1. How do religious narratives in Indonesia position people who use drugs?
2. How does religious-based stigma affect people who use drugs in Indonesia?
3. What are the roles of religious leaders and religious organizations in drug harm reduction services?

c. Research Objectives

1. Seek information on how religious leaders in Indonesia view people who use drugs.
2. Find out how influential religious-based stigma is among people who use drugs in Indonesia.
3. Identifying the support that religious leaders can provide to people who use drugs.

d. Research Methodology

This study used two approaches (quantitative and qualitative) to reach the objectives on different subjects. Both approaches were used to obtain answers to the three research questions. The quantitative approach targeted participants from the group of people who use drugs. Meanwhile, the qualitative approach targeted participants from religious stakeholders at the national and local or hotspot levels.

The quantitative approach was conducted using a survey method and purposive sampling of 198 (one hundred ninety-eight) participants. The determination of this number is based on the minimum sample draw in quantitative research,

which is 30 (thirty) participants¹¹ plus 10% reserves from each religion category. Thus, each religion group will be represented by 33 (thirty-three) people who use drugs. The six religion categories sampled are Hindu, Buddhist, Muslim, Catholic, Confucian, and Christian. While the sampling reference is done by tracing the population figures of religious believers in Indonesia through the link of the Ministry of Religious Affairs of the Republic of Indonesia.¹² This was done to find out the areas with the largest religious population and to attract survey participants intentionally at that location. Based on data as of June 13, 2022, the largest number of people for Islam is in West Java province, Hindu in Bali province, Christian in North Sumatra province, Buddhist in DKI Jakarta province, Confucian in Bangka Belitung province, and Catholic in East Nusa Tenggara province.

At the beginning of the research, the six provinces were still confirming local partners to become local field implementers. At a later stage, the data collection process in two areas representing Catholic religion groups, namely East Nusa Tenggara and Confucian in Bangka Belitung, could not be fulfilled¹³. Thus, another location was chosen to get participants from the two religion groups, namely West Kalimantan. This doubled the number of participants from West Kalimantan, representing both the Confucian and Catholic religion groups.

The qualitative approach was conducted using the Focus Group Discussion (FGD) method. Two FGDs were conducted to obtain information from religious stakeholders. Namely, a group of resource persons who hold structural positions in religious organizations in Indonesia, and a group of resource persons from religious leaders who are in the midst of society. The total number of resource persons involved in this research was 12 (twelve).

11 Idrus Alwi, 'Kriteria Empirik Dalam Menentukan Ukuran Sampel', *Jurnal Formatif*, 2.2 (2012), 140–48. <https://media.neliti.com/media/publications/234836-kriteria-empirik-dalam-menentukan-ukuran-60ddb857.pdf>. Accessed on June 28, 2022 at 14.00.

12 <https://data.kemena.go.id/statistik/agama/umat/agama>. Accessed on June 13, 2022 at 14.00.

13 The Confucian religion group in Bangka Belitung was informed that there was only one Methadone client, while the Catholic representative partner in East Nusa Tenggara was unable to confirm the technicalities of the research ahead of the data collection schedule.

There were criteria set for the participants involved in this study, both for the survey and FGD methods, which were:

Table 1. Inclusion Criteria for Research Participants

Criteria for Survey participants	Criteria for FGD participants
<ol style="list-style-type: none"> 1. Participants have diverse gender identities, not limited to women and men; 2. Participants are adults or above 18 years old; 3. Participants are active drug users (defined as using regularly on a daily, weekly or monthly basis) or are clients of harm reduction services at local health facilities; 4. Participants belong to one of the 6 religious categories defined by the Indonesian government; 5. Participants are willing to voluntarily take part in the survey without coercion or promises from anyone; 6. Participants resided in the province where the study was conducted. 	<ol style="list-style-type: none"> 1. The resource persons were state officials in certain ministries or religious organizations in Indonesia; 2. The resource person is a religious figure who is in contact with vulnerable populations; 3. The resource person is an expert on one particular religion out of the 6 religions that exist in Indonesia; 4. The resource persons were willing to be actively involved in giving their views openly in one FGD meeting held online.

The duration of data collection, which began at the end of August 2022 until October 2022, discussion guidelines and questionnaires were the tools used by the research team in collecting primary data. The discussion guideline document was prepared independently by the research team by taking into account the research questions and secondary data support from the literature review. Meanwhile, the questionnaire used in the survey was formulated by the research team from several allied research questionnaires such as the Stigma Index for PLHIV (*ODHIV*) in 2020, HIV/AIDS stigma and religiosity among African-American women, research on beliefs and opinions regarding personal relationships and self-stigma of drug users, and religious beliefs related to stigma in the view of health care providers. These four studies and surveys inspired the research team to develop the questionnaire, as well as further refinement by the research team and readability testing of the questionnaire.

This research, which was carried out in 2022, experienced obstacles, which made the research have limitations, some of these limitations include:

- 1. Scope of research.** The research is dominated by the strength of primary data, which comes from FGDs and surveys conducted with people who use drugs. No specific theological study was conducted, or the research team's ability to professionally interpret certain texts or interpretations of religious documents, so it is possible that in parts of religious texts, there are biases or distortions in interpreting them that are appropriate or inappropriate. This needs to be narrated as one of the principles of openness of scientific research, namely regarding the limitations of the research team on one particular topic in the research;
- 2. Inequality in the number of female and male participants.** The number of female and male participants was planned to be equal in order to maintain a balance of gender participation in the survey. However, this right could not be achieved, and the researcher also documented the phenomenon of females who use drugs in the field. During data collection and interviews, the following were documented: potential participants felt insecure, they felt disturbed if other people knew they used drugs, and they experienced limitations in making appointments with interviewers. However, the females who use drugs participants in closed settings, namely in prisons or rehabilitation centers, could be reached, and their participation in this study was well documented;
- 3. Discrepancies between personal religious preference and the Indonesian national identity card (KTP).** The interviewers found during the pilot testing of the questionnaire that there was double counting of religious documentation, such as people who use drugs registering themselves on the state document (*Kartu Tanda Penduduk/KTP*) as a Christian religion group and being recorded on the KTP as a Christian religion group but on their personal beliefs and desire to be identified as part of the Confucian religion group. To anticipate this, the research team added questionnaire items that accommodated both, and applied that the religion group preference expected by the research participants would be the sole identification in

this study. These different questionnaire questions were added to provide a sense of comfort to the participants in the example above, so that there would be no discrimination against these personal choices;

4. Survey locations that were not accommodated by local partners or did not meet the quota of survey participants.

There were two religion groups that used the research location reserves, namely the Confucian and Catholic religion groups. The first choice of the Confucian religion group was in Bangka Belitung. After cross-checking the network and data on people who use drugs or harm reduction clients, only 1 potential survey participant was obtained, requiring the first backup location to replace him, namely West Kalimantan. As for the Catholic group, the first choice was East Nusa Tenggara, but until the deadline for the start of the activity, the required enumerators had severe communication barriers that made it impossible to collect data at that location. As the first backup for the Catholic religion group, West Kalimantan is the province in the backup location;

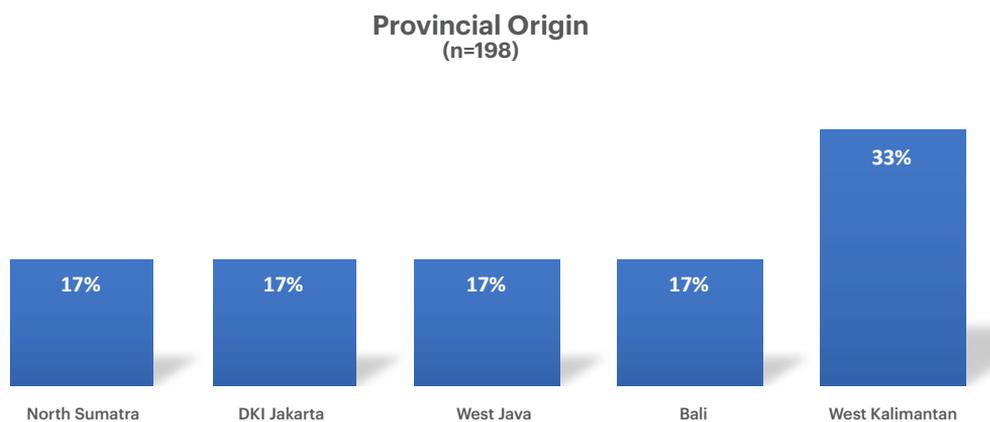
5. Use of receipts as electronic money backup for participant incentives.

Research ethics prohibit giving money directly to research participants as incentives, however, the field enumerator team suggested preparing a backup plan in case participants did not have an electronic money account. It was considered by the enumerators that survey participants did not even have smartphones, so cash and receipts could be a backup plan. This was implemented in this study with the caveat that efforts to discuss electronic money with participants were made in advance, but if this was not possible, cash and physical receipts became administrative documentation for the research.

e. Demographics of Research Participants

Based on the chosen quantitative and qualitative methodology, the demographic distribution of survey participants (quantitative) was obtained as follows. The domicile of survey participants was divided into provinces representing certain religious groups, each religious group represented by 33 (thirty-three) people who use drugs or are clients of local Harm Reduction services.

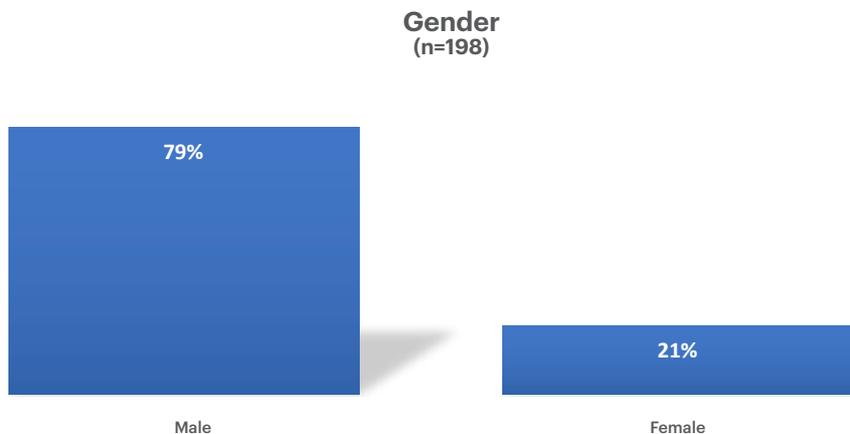
Figure 1. Domicile of Survey Participants



In Figure 1 above, the survey participants who came from West Kalimantan were 33%. While participants from the other four regions each amounted to 17% or equivalent to a total of 33 (thirty-three) participants per religion category. Especially in the West Kalimantan region, the number of participants is higher than the others because it represents two religion groups, namely Confucian and Catholic.

Figure 2 shows that four of the five participants interviewed were male (79%), and the remaining were female (21%). This is in line with the proportion of male and female clients of the Harm Reduction program. That the number of females who use drugs is smaller or often referred to as the hidden population because it is difficult to reach by the program.

Figure 2. Gender of Survey Participants



Considering the vulnerability of people who use drugs to the criminal justice system and the risk of imprisonment, this study also identified the experience of imprisonment.

Figure 3. Imprisonment experience

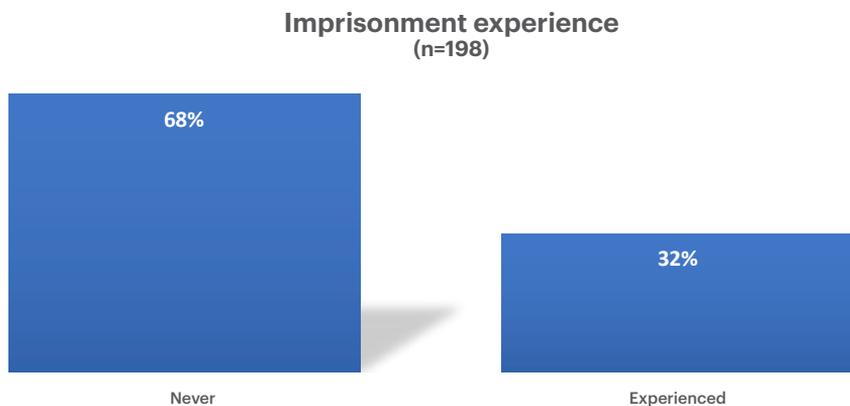
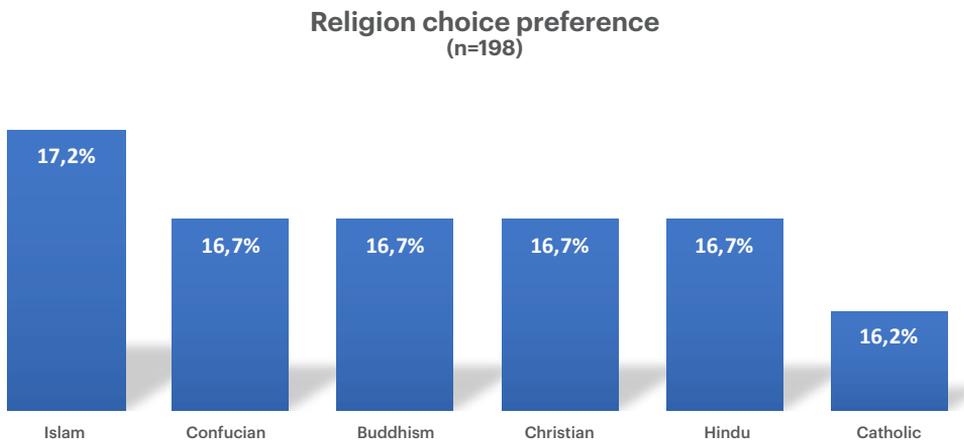


Figure 3 above shows that one in three participants had been imprisoned (32%). While the remaining 68% stated that they had never been imprisoned

This research focuses on the religious perspectives of religious institutions, as they also participate in providing support to people who use drugs like social and health institutions. Therefore, religious preference was also asked of participants. There were two questions measured on the questionnaire, the religion identified by the national identity card (*Kartu Tanda Penduduk/KTP*) system and also the religious preference practiced by the participant on a daily basis, which is different from the KTP data. Therefore, religious preference will be used in this research, which will then be used as a basis for more in-depth religious experiences and with religious institutions or religious leaders.

Graph 4. Preference for Religion Choice



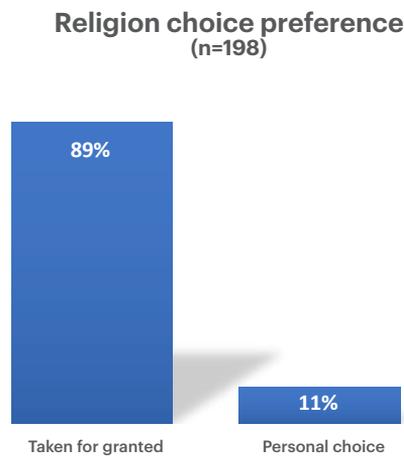
In figure 4 above, the participants who were successfully interviewed came from 6 religion categories such as Confucian, Buddhism, Hindu, Christian, each with 16.7%, then Islam with 17.2% and 16.2% who were Catholic. The four religion categories that have the same percentage are represented by the same number of samples in accordance with the research design, namely 33 people. While the other two religions have a difference of one person each, this is due to participants from the Catholic religion category choosing themselves to be identified as Muslim.¹⁴ This phenomenon also often occurs in Buddhism and Confucian groups, which have overlapping adherents, so a special approach is

¹⁴ The questionnaire in this research accommodates religious categories in two questions, one is identification of religion group based on ID card and the other is based on personal preference. It was found that while the enumerator intentionally selected a participant from the Catholic religion group, the participant chose to be identified as a member of the Muslim religion group. This made the total number of participants in the Muslim religion group 1 person more than the other religion groups, while the participants in the Catholic religion group were 1 person less than the other religion groups.

needed to accommodate this phenomenon. Participants were also asked about their reasons for choosing that religion, whether their religious preference was the same as their ID card or different.

Figure 5 below shows that, in relation to the selection of religion preferences, there are conditions where it is possible that the participant's identity card is different from the beliefs or preferences expected by the participant, so that the participant provides a reason for choosing that particular religion.

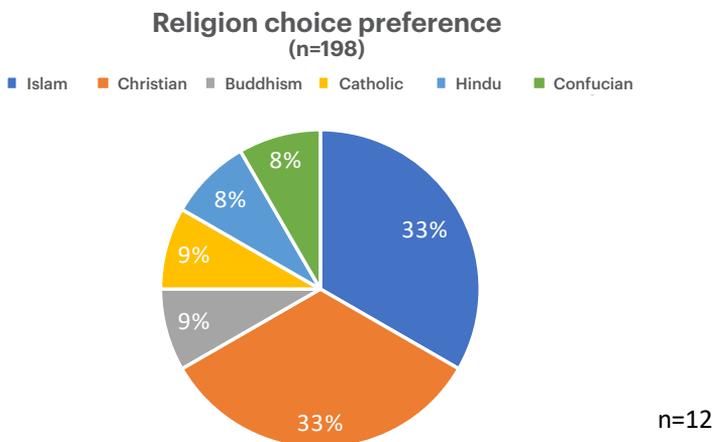
Figure 5. Reasons for Choosing Religion Preference



From figure 5 above, most participants (89%) stated that family was the reason for choosing a religion preference. That is because the family has first embraced a particular religion and then followed by the participant. Then there were 11% of participants who stated that the reason for choosing their religion preference was personal belief.

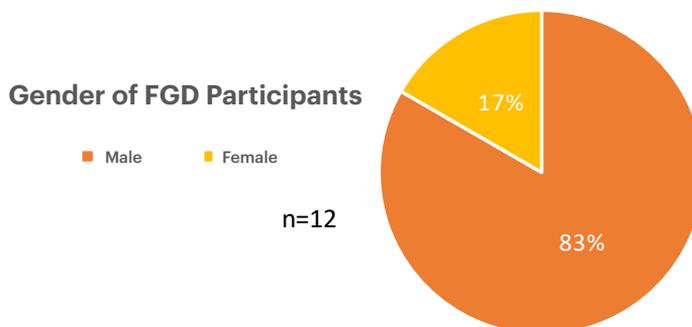
In line with the chosen qualitative approach and the inclusion criteria of the research participants, data collection through FGDs was conducted with resource persons from two groups. The first FGD session was with local or hotspot religious leaders or coordinators of religious institutions around the hotspots, while the second FGD session invited resource persons from several national-level religious organizations.

Figure 6. Religion of FGD Participants



The discussions sought the presence of religious leaders, both from the hotspot level and the national level, from 6 (six) religious categories with an equal number of compositions. However, in the process there were challenges and some religious leaders could not be contacted. The representation of each religious figure can be seen in graph 6 above.

Graph 7. Gender of FGD Participants



In addition to uneven religious representation, this research also faced challenges in the proportion of gender involvement in FGD participants (Figure 7). The challenge was that not many female religious leaders were actively involved at the hotspot level, and at the national level, researchers could not control who would be delegated by religious organizations at the national level. This ultimately resulted in an imbalance in the gender representation of FGD participants.



II. RELIGIOUS NARRATIVES ON PEOPLE WHO USE DRUGS

Discussing the problem of drugs, Indonesia is one of the countries that is quite eager to fight drug trafficking. All efforts are made by the Indonesian government to protect the younger generation. Starting from interventions from the legal side to aspects that are close to the community, one of which is religion. The role of religion is seen as very important in providing spiritual guidance related to preventing the dangers of drug abuse to the community. This is a logical consequence when Indonesia embraces the principle of divinity as one of its ideologies.

Regarding this matter, BNN RI realizes the important role of religious leaders to play an active role in dealing with drug problems, one of which is in preventing drug abuse.¹⁵ Drs. Anjan Pramuka Putra, S.H., M.Hum.,¹⁶ said that based on the results of a survey conducted by BBN RI, 78% of respondents said that religious leaders have a huge influence in shaping the character of their people to avoid the bad influence of drug abuse.¹⁷ Therefore, religion is considered to be an alternative that can be used as a solution in preventing drug abuse.

The issue of drugs is now a common phenomenon that may intersect with religious beliefs and practices. It is not surprising that religious beliefs are one of the ways to go because they have a high likelihood of influencing the way people think, act and make decisions.

In one of the literatures, it was concluded that there is an interconnectedness in the relationship between religion or individual spirituality in viewing addiction treatment.¹⁸ In this light, religious groups have the conviction that addiction

15 Humas BNN, 'BNN Ajak Seluruh Keagamaan Berperan Dalam Pencegahan Penyalahgunaan Narkoba', 2019. <https://bnn.go.id/bnn-ajak-seluruh-keagamaan-berperan-dalam-pencegahan-penyalahgunaan/>

16 A retired police officer who previously served as Deputy Prevention of BNN RI.

17 Jennifer T. Grant Weinandy and Joshua B. Grubbs, 'Religious and Spiritual Beliefs and Attitudes towards Addiction and Addiction Treatment: A Scoping Review', *Addictive Behaviors Reports*, 14.November (2021), 100393. <https://doi.org/10.1016/j.abrep.2021.100393>

18 *Ibid.*

should be treated with more spiritually-based treatments, in this case by religious leaders.¹⁹ However, in general, higher levels of religiosity seem to give a more negative view of the addiction condition that people who use drugs tend to have.

This research attempts to capture the true perspectives of religious leaders on drug use and harm reduction services. Each religion has its own arguments.

Protestant Christian

One of the religious leaders from HKBP Rawamangun stated that the problem of drugs is indeed very influential in people's lives. People who use and abuse drugs are considered to be deviating from religious teachings. One of the verses used to justify this argument is God's words, "Love your neighbor as yourself (Matthew 22:39)." Through this verse, users are considered not to love themselves, and thus will not be able to love others. In addition, people who use drugs are considered destructive to society because they can influence others to use drugs as well.

In line with the above understanding, religious leaders from GEKARI North Jakarta stated that people dealing with drugs are slaves of drugs themselves. Being a servant of drugs also means being a servant of sin because they are considered to worship something other than God.²⁰ People who use drugs are considered as people who only think about drugs, especially when they can't hold their addiction (*sakau*).²¹ However, it should be underlined that it is the substance that is dangerous, not the person, that should be watched out for.

Another view emerged from one of the religious leaders, who also takes on the role of reaching out to people who use drugs, in the Pasar Manggis area. According to him, God does not come for people who are healthy, but God comes for people who are sick.²² People who use drugs are often

19 *Ibid.*

20 Romans 6 verse 16

21 Focus Group Discussion of Religious Leaders, August 31, 2021

22 Luke 5 verses 31-32 "Then Jesus answered them, saying: "It is not the healthy who need a healer, but the sick. I did not come to call the righteous, but sinners to repentance."

underestimated, when in fact they are victims, who must be helped to get out of their problems. When assisting in the field, it is often found that at first there are those who do not know why they have to use drugs, so they just follow their friends; just want to know because they are curious; or even become victims of deception from the real drug syndicate.²³

Islam

Regarding the drugs themselves, Islamic religious leaders in the Boncos area, Bambu Selatan, stated unequivocally that in Islamic teachings, every intoxicating thing is haram. Looking at the nature and effects of the drugs, then it is haram. However, is the condition of haram something absolute? According to him, haram can change depending on the situation and conditions. The condition in question is when it is used for medical needs.

In line with this, since 1976 the Indonesian Ulama Council (*Majelis Ulama Indonesia*/MUI) has also issued a fatwa on Drug Abuse which in essence states that drugs are haram. In the fatwa there are also several decisions taken, namely recommending the President of the Republic of Indonesia to be more rigorous and intensive in overcoming victims of drug abuse, as well as encouraging several parties such as religious scholars; teachers; *mubaligh*; religious, educational and social organizations, to take an active role in education and declare a “war against drugs.”²⁴

In addition to this fatwa, in 2014, MUI issued a new fatwa which in essence is about MUI’s decision regarding the appropriate punishment for people dealing with drugs.²⁵ The punishments are *had*²⁶ and/or *ta’zir*,²⁷ up to the death penalty.

23 Focus Group Discussion of Religious Leaders, August 31, 2021

24 MUI Fatwa 1976 point 5

25 MUI Fatwa No. 53 Year 2014 on Punishment for Producers, Dealers, Traders, and People Who Misuse Drugs.

26 *Had* is a punishment that has been determined in terms of type and amount. If any provision is violated, the perpetrator is punished with the punishment specified in the Qur’an, not to be increased or decreased. Thus, hadd is an absolute right for Allah. In this case, the ruler or leader only has the right to implement the provisions contained in the provisions of *syara’* (hukum).

27 *Ta’zir* is a criminal offense and its punishment is regulated and determined by the government or leader.

Catholic

In the Catholic worldview, drug abuse is considered an act that is contrary to Christian teaching. This is because such actions are considered to lead to the destruction of religious life, society and the state. Specifically, this opposition was also outlined in the Encyclical (Circular Letter) of Pope John Paul II on the Social Teaching of the Church Today in 1991. In essence, according to the church's social teaching, consumerism is described as an attempt to fulfill needs based solely on taste, but not thinking about one's own image as God's intelligent creation.²⁸ Since drugs are a departure from the concept of consumerism, they are totally prohibited by the Catholic religion.

This position was confirmed by the Indonesian Bishops' Conference on Drugs on November 15, 2013. The Shepherd's Letter states to, "Be defenders of life. Fight drug abuse!" So Catholic teaching is strongly against drug abuse, but not for medical reasons.

Currently, the threat of drug abuse is considered to have reached a very alarming level and shows a serious increase, and has even developed into a crime related to other crimes. However, according to one religious figure from FKUB, a representative of the East Jakarta Catholic Religious Council, it is important to look at the parties involved in the cycle of drug abuse, including producers, dealers and victims. Their roles are certainly different, so the attitude of religious leaders in dealing with them should also be different. Producing drugs illegally is a crime that cannot be justified for any reason. Circulating drugs illegally is also a crime because dealers spread danger to the lives of fellow human beings.

In drug problems, victims must be seen as people who need help to get out of their situation. As such, the treatment of producers and dealers and victims of misuse should not be confused. The police (or in some situations the BNN) should be involved in prosecuting producers and dealers. However, handling victims should be the responsibility of religious organizations, religious leaders, families and communities. So, it is important to accept and embrace victims of substance abuse, not shun them.

²⁸ Encyclical of 1991 Point 36: "...Thus drugs, as well as pornography and other forms of consumerism, which abuse the frailty of the weak, are intended to fill the spiritual void, which has arisen in the meantime."

Hinduism

Everything created by God must have positive and negative values. In Hinduism, there is such a thing as *Sad Ripu*, including *mada*, which is drunkenness. This means that he has used drugs out of place. Drugs also have a positive side, namely for humanity, medicine. What if there were no drugs? One cannot perform surgery. Only there are things that need to be considered, one of which is the level of use.

Then there is *Sapta Timira* (the seven darknesses), there is drunkenness, causing unreasonable courage. These are the bad sides that we are born with, but they are considered controllable. Therefore, the Vedas, as a holy book, play an important role.

The 5th Veda *sloka* 4 of chapter 16 states that, "A human being who is unconscious or ill due to the influence of something negative (in this case drugs) tends to have the characteristics of a monster such as anger arrogance, rudeness. This is his ignorance." The next *sloka*, "People who have an evil nature do not understand what to do, what is appropriate, do not take care of the inner and outer self, for them there is no such thing as righteousness or good behavior". If one cannot control one's evil nature, one tends to do negative things.

Based on this understanding, it is inevitable that victims of substance abuse will be ostracized in the community, which in turn will cause them to lose their rights in employment, education, social life, and so on. There is a need for treatment that is appropriate to the victim's condition. The criticism is that handling through the criminal justice system and prioritizing a punitive approach does not make them better, but rather worse, both physically and psychologically.

Buddhism

In Buddhism, morality and ethics are important. In the Buddhist scripture, Tripitaka, there are five basic precepts (Pancasila) that must be practiced and applied in life. In the 5th precept, it regulates the practice of avoiding things that can eliminate self-awareness.²⁹ In this case, drugs come into it.

How does Buddhism view people who are victims of drug abuse? As human beings who have a sense of solidarity and humanity, it is important to take an active role by providing help to victims of drug abuse. Thus, Buddhism teaches not to shun or punish them. People who use drugs have diverse backgrounds. The problems they face leading to addiction cannot be seen as one-sided. Family, work, and social issues can all be triggers.

Thus, religious organizations and religious leaders have an important role to play in conveying to all people the dangers of drugs and how it will harm themselves. It's not just about taking preventive measures by educating people, but also embracing those who are already dealing with drugs. Taking on the role of helping them is a logical consequence of focusing on changing people's morality and ethics for the better.

Confucian

The main teachings of Confucianism emphasize the practice of devotion which is written in the Shijing book, which reads, *"Indeed, the practice of devotion is the main virtue. From it, religious teachings develop."* Then, there is also a teaching in Confucianism that specifically discusses drugs, namely *"Anyone who refuses not to use drugs and promises not to abuse drugs is actually a holy path."* For Confucianism, people who abuse drugs belong to a group of people with low morals. This is because drugs are something that can have a fatal impact on our physical and psychological well-being.

29 Buddhist's Pañcasila consists of:

1st Precept: I resolve to train myself to avoid killing living beings (*Pāṇātipātā veramaṇī sikkhāpadam samādiyāmi*);

2nd Precept: I am determined to train myself to avoid taking things that are not given (*Adinnādānā veramaṇī sikkhāpadam samādiyāmi*);

3rd Precept: I am determined to train myself to avoid immoral acts (*Kāmesu micchācārā veramaṇī sikkhāpadam samādiyāmi*);

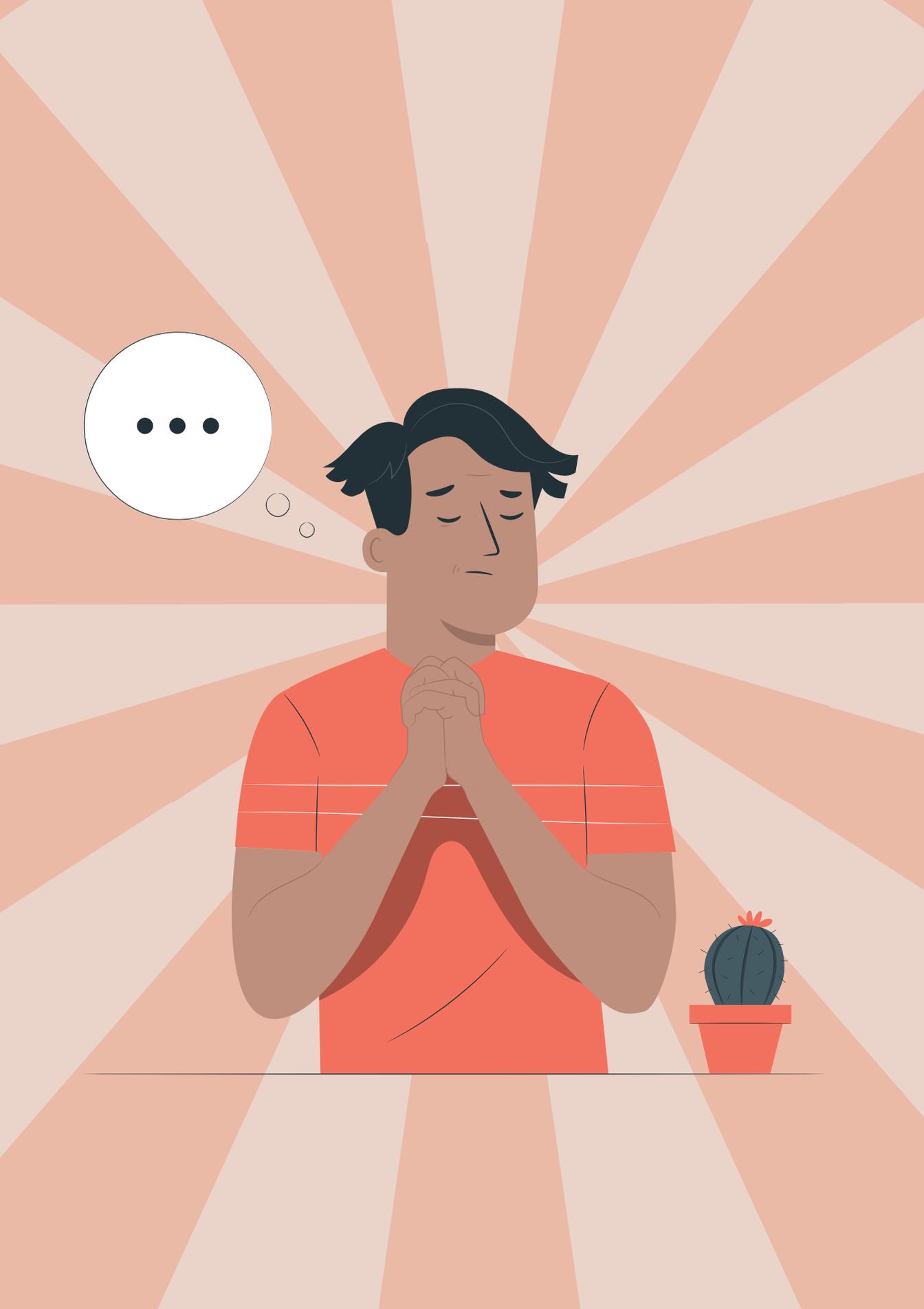
4th Precept: I am determined to train myself to avoid lying and (*Musāvādā veramaṇī sikkhāpadam samādiyāmi*); and

5th Precept: I am determined to train myself to avoid drinks/foods that weakens consciousness (*Surā-meraya-majja-pamādaṭṭhānā veramaṇī sikkhāpadam samādiyāmi*).

There are two practices of devotion that need to be known. **The first** is the beginning of the practice of filial piety, which means we must be able to take care of our bodies, not to damage them. **The second** is the end of filial piety, which means we must keep our parents' good names and glorify them. In this case, drugs are regarded as something that damages the body, so it is not allowed because they can also damage the filial piety to parents. Filial piety to parents is also an act of filial piety to God. So, someone who is unable to take care of themselves by abusing drugs and ends up tarnishing the honor of their parents, then that person is considered to have deviated from the teachings of Confucianism.

However, this does not mean that they must stay away and refuse to practice their faith in the teachings of the Confucianism. Religious leaders still have an important role in embracing and guiding people. In the scriptures, it is said that, "*One who already knows a mistake and does not want to correct it is really a mistake.*" So, as long as there is still a chance and desire to improve, then everyone still has the opportunity to return to God's way. The role of religious organizations and religious leaders is to demand them, not avoid them.

From the description above we can see that the views are quite diverse, all have their own interpretations and arguments. However, they are still wrapped in the same understanding, namely that in the teachings of the religion they adhere to, the use and abuse of drugs is something that is not in line with the teachings of any religion.



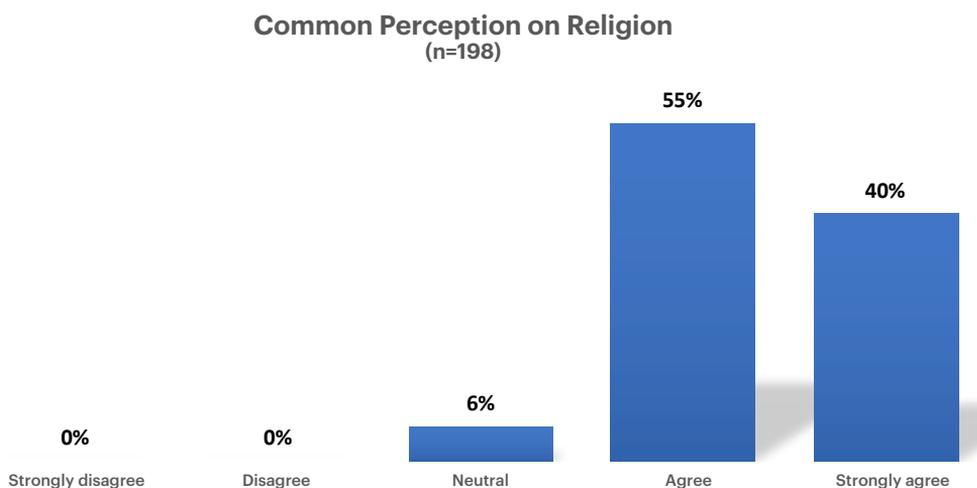
III. THE INFLUENCE OF RELIGIOUS NARRATIVES IN THE DAILY LIFE OF PEOPLE WHO USE DRUGS

a. The Role of Religious Values for People Who Use Drugs

Just as Indonesians believe that religion is very important to themselves, so do people who use drugs. The religious teachings embraced by drug users in Indonesia have a positive and significant role, this can be seen in the graph below which was responded to by participants.

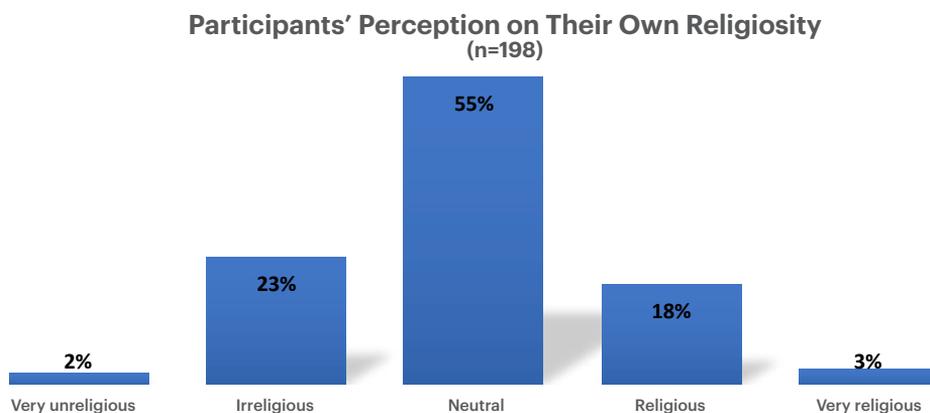
Figure 8 below shows that most participants felt religion was important. There were 55% who stated that it was important, and 40% that it was very important. As many as 40% of participants have felt the positive impact of religion on themselves so they feel religion is very important to them. The remaining 6% were neutral and there were no negative responses from participants regarding religion.

Figure 8. Common Perception on Religion



Furthermore, they were also asked about the subjective perception of their religiosity. More than half of the participants answered neutrally against their level of religiosity, which was 55%. The smallest percentage was in the group who felt that they were very non-religious (2%), followed by participants who rated themselves as very religious (3%) and religious as much as 18%. The last group is those who consider themselves non-religious, at 23%.

Figure 9. Religiosity of People Who Use Drugs



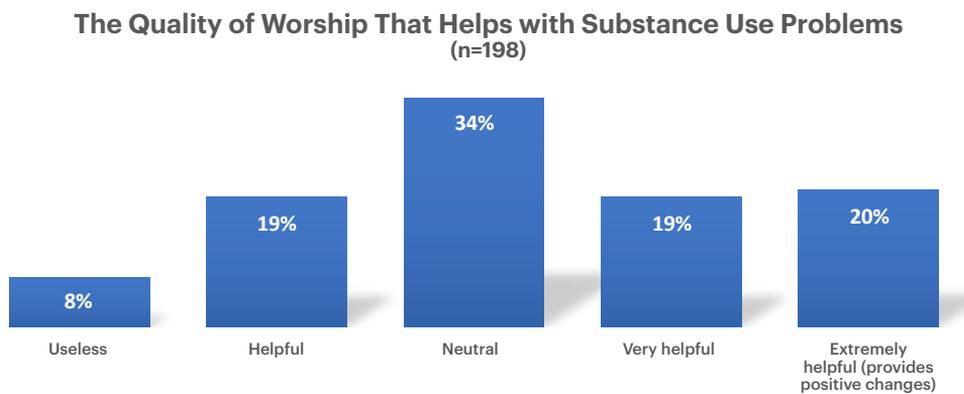
In this study, participants' religious qualities were also measured through the frequency of their participation in religious activities and worship (Figure 9). Responses from survey participants are shown in Table 2 below.

Table 2. Religious Activities of People Who Use Drugs (n = 198)

Religious/worship perceptions or activities	Never	Once a year	On religious holidays only	Once a month	Almost every week
Attend congregational religious services (with devotees)	12%	17%	30%	14%	27%
Conducting other religious activities outside of mandatory worship	51%	11%	16%	10%	13%
Reading scriptures or religious literature	47%	17%	11%	10%	14%

Table 2 shows that people who use drugs also believe that religion is important to themselves, as seen in congregational worship activities on religious holidays, which received a dominant response from 30% of participants. However, the more profound religious activities, such as participating in events or activities outside of mandatory worship (51%) and reading religious literature (47%), are dominated by the answer of never. However, 10% of participants still carry out both activities with the same frequency, which is at least done once a month. Other participants also performed both activities at different frequencies. That is almost every week, on religious holidays only, and once a year.

Figure 10. The quality of worship has a positive impact on substance use



The important role of religion for people who use drugs is also evident in figure 10 above. Apart from neutral percentages, positive responses dominated participants' answers regarding their views on religion. That the choice of 'religion is extremely helpful' and the choice of 'religion is very helpful', to which 39% of participants responded. They reflect participants' belief in religion, religious values or religious teachings can be an auxiliary medium to help with the problem of drug use. For comparison, the availability of religious institutions and their quality will be presented in the next sub-chapter of discussion.

As derivative evidence of faith and religious belief for participants, it is presented in table 3 below.

Table 3. Religious Activities of People Who Use Drugs (n = 198)

No.	Positive religious experiences/teachings that affect people who use drugs	Yes	No	Irrelevant/refuse to answer
1.	Religion teaches to give affection	98%	1%	1%
2.	Religion teaches the equality of humankind	97%	2%	2%
3.	Local religious leaders make an effort to embrace	46%	43%	11%
4.	The presence of religious youth groups that invites to collective activities	54%	35%	12%
5.	Feeling comfortable and can enter the places of worship at any time, including during hours of worship	96%	2%	3%
6.	Having faith in God will help in all hardships	100%	0	0

In absolute terms, it is believed that:

1. Religion teaches to give affection, indiscriminately perceived by 98% of people who use drugs.
2. The notion of equality of people, indiscriminately with no views on people who use drugs as inferior to humans in general, is believed by 97% of people who use drugs.
3. Outreach experiences by local religious leaders are only felt by 46% of people who use drugs.
4. More than half of people who use drugs (54%) feel that there is a religious youth group that invites them to collective activities.
5. 96% of people who use drugs feel comfortable entering places of worship, especially during congregational hours of worship.
6. People who use drugs as a whole believe in the existence of God and that God, through their respective religions, will always help the hardships people who use drugs face.

b. People who Use Drugs: Alone with Their Hardships

A religion providing a breath of fresh air for people who use drugs turns out to be ineffective enough to lift them from the layers of hardships they encounter. Although there are so many suggestions and hopes that positive values can help people who use drugs, there are still many obstacles experienced by people who use drugs to function socially, like society in general. The irony is that some of these obstacles come from a religious perspective. Whether through regulatory instruments or scripture citations used to prohibit the behavior, the subjective stigma of religious figures, other discrimination that occurs in real life, as well as the lack of legal knowledge and the ability to work together to defend themselves. This section will discuss how people who use drugs face these hardships with minimal support systems.

People who use drugs have serious vulnerabilities to the narcotics laws in force in Indonesia. It is evidently seen in table 4 below, where most participants (63%) stated that they did not know about the applicable legal rules or regional regulations that regulate, protect, and facilitate people who use drugs to maintain their dignity and life safety.

Table 4. Legal knowledge and advocacy collaboration

Legal knowledge and advocacy collaboration	No	Yes, in the past year	Yes, before the past year
Know the laws or regional regulations that protect people who use drugs	63%	14%	23%
Put up a fight against perpetrators of stigma and discrimination against themselves	70%	14%	16%
Provide assistance (put a fight) to perpetrators of stigma and discrimination against other drug users	70%	14%	17%
Provide assistance to (general) people facing stigma and discrimination	65%	17%	18%
Take part in campaigns against stigma and discrimination against people who use drugs	83%	9%	8%

Legal knowledge and advocacy collaboration	No	Yes, in the past year	Yes, before the past year
Encourage community leaders to act against stigma and discrimination against people who use drugs	81%	10%	9%
Encourage politicians to act against stigma and discrimination against people who use drugs	92%	3%	6%
Speak to the media or journalists about stigma and discrimination against drug people who use drugs	94%	5%	1%

Similar to the collaborative practices of people who use drugs in voicing out or advocating to fight the stigma and discrimination they face, the majority of people who use drugs did not. It can be seen from the dominance of 70% of drug users who did not fight against the perpetrators of stigma and discrimination against themselves, 70% choose not to provide assistance to others, and 65% do not provide assistance to others in general. Furthermore, 83% of participants did not participate in campaigns against stigma and discrimination, and 81% did not encourage community leaders to act against stigma and discrimination. 92% did not encourage politicians to fight stigma and discrimination, and 94% did not speak to the media or journalists to voice out opposition to stigma and discrimination. The difficult position of people who use drugs clearly requires an extension of the hand to provide legal, health care, and human rights information. Also, to help people who use drugs to work together to advocate to fight stigma and discrimination.

The hardships faced by the above people who use drugs are also accompanied by the phenomenon of 'solitude' experienced. Table 5 below shows that participants only disclose their status to fellow drug users (94%), others in their communities (74%) and other communities of people who use drugs (58%), as well as family or close relatives (92%). Meanwhile, only 27% of religious leaders or local religious leaders were notified. This slightly reflects that religious figures are not the main group informed of the status of their drug abuse.

Table 5. Trusted parties

Parties who know the status of people who use drugs	No	Yes
Other people who use drugs know	6%	94%
Family or close relatives	8%	92%
Other people in the community (community members)	26%	74%
Community network members or other peer support communities (KDS)	42%	58%
Religious leaders or local religious figures, or religious organizations	73%	27%

The trusted parties in table 5 above are not necessarily the parties to the people who used drugs for help. Based on table 6 below, out of the five groups, only three of the majority of groups will be asked for help, namely, other people who use drugs (64%), family or relatives (82%), and other people in the same community of people who use drugs (*Kelompok Dukungan Sebaya/KDS*) were selected by 56% of participants. Meanwhile, the majority (53%) of participants were reluctant to ask for help in community networks or other KDS. In comparison, the reluctance to ask for help from religious groups was felt by 80% of people who use drugs.

Table 6. Parties asked for help

Groups to look for when in need of help	No	Yes
Fellow people who use drugs	36%	64%
Family or relatives	18%	82%
Other people in the community (community members)	44%	56%
Community network members or other peer support communities (KDS)	53%	47%
Religious leaders or local religious figures, or religious organizations	80%	20%

Apart from the social vulnerability experienced by people who use drugs, they also face other problems. Starting from the lack of legal knowledge, ability and advocacy activities carried out, lack of trust in people around them, and the small circle that can be asked for help, people who use drugs also experience self-stigma problems. These problems can also significantly develop into an

act of discrimination that is felt daily by the people who use drugs. Positive responses (Yes, in the last year and Yes, before the past year) will be counted into a unified positive response to the phenomenon asked of participants.

Table 7. Self-stigma and Discriminatory Treatment Experienced by People Who Use Drugs

Self-stigma and harassment towards people who use drugs	No	Yes, in the past year	Yes, before the past year	Irrelevant/unanswered
Feeling excluded from social gatherings	45%	12%	38%	5%
Feeling abandoned by the circle of friends	39%	14%	44%	2%
Feeling excluded from religious gatherings	60%	4%	20%	17%
Feeling excluded from family activities	43%	18%	34%	5%
Feeling very cautious about the status as people who use drugs	11%	57%	29%	3%
Feeling very at risk of having people who use drugs status	8%	58%	34%	1%
Name-calling from family members	63%	12%	24%	1%
Name-calling from religious circles	82%	2%	9%	8%
Name-calling from others (strangers)	74%	6%	18%	3%
Feeling not as good as others	28%	36%	33%	4%
Feeling bad about themselves	29%	30%	40%	1%
Feeling disgusted with themselves	46%	24%	29%	1%
Experiencing verbal abuse	62%	11%	25%	2%
Experiencing blackmail	81%	3%	14%	2%
Experiencing physical abuse	82%	2%	14%	3%
Experiencing job refusal	68%	5%	12%	16%
Experiencing a change of duties or refusal of a promotion	67%	2%	8%	23%
Spouses experience discrimination in the work environment	63%	3%	5%	30%

Based on table 7 above, it can be seen that:

1. Half of the people who use drugs (50%) felt excluded by the social environment;
2. As many as 58% of people who use drugs felt excluded from the circle of friendship;
3. One in four people who use drugs (24%) felt excluded from religious gatherings;
4. As many as 52% of people who use drugs felt excluded from family activities;
5. The vast majority of people who use drugs (86%) felt they should be cautious with their status as people who use drugs;
6. The majority of people who use drugs (92%) felt very at risk with their status as people who use drugs;
7. As many as 36% of people who use drugs have experienced name-calling from family members;
8. A small percentage, however, remains the case, that 11% of people who use drugs have experienced name-calling in a religious environment;
9. As many as 24% of people who use drugs have experienced name-calling from strangers;
10. There are 69% of people who use drugs feel they are not as good as others;
11. The majority of people who use drugs (70%) feel bad about themselves;
12. More than half (53%) of people who use drugs feel disgusted with themselves.

In people who use drugs, bad experiences also happen and have been experienced. Both towards themselves and their partners, as shown in table 7 above:

1. 35% of people who use drugs experienced verbal abuse;
2. 17% of people who use drugs experienced extortion;
3. 16% of people who use drugs experienced physical abuse;
4. 17% of people who use drugs experienced severe rejection;
5. 10% of people who use drugs experienced a refusal of promotion;
6. 8% of spouses of people who use drugs experienced discrimination in the work environment.

People who use drugs in other areas also feel the vulnerabilities experienced above, both from within themselves and by the social components of society and family. The state’s presence in penitentiaries also does not provide enough approachable facilities to people who use drugs in detention centers and prisons. Figure 11 below shows apart from the 68% of participants who have never been imprisoned, and there is a response towards religious services inside the prisons. Most participants (23%) answered that there was no religious service while in prison, 2% responded well, and 5% answered quite well. This finding, of course, must also be noted by the religious service stakeholders, especially those responsible in *closed settings* such as penitentiaries or prisons.

Figure 11. Overview of Religious Services in Prisons

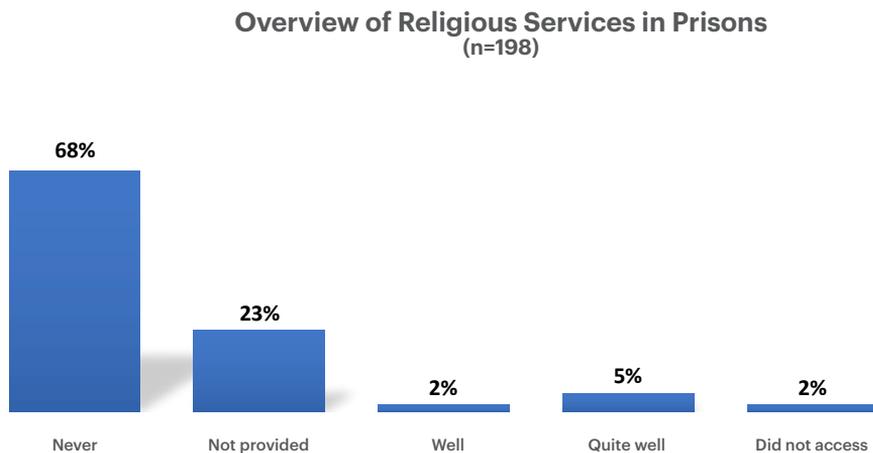


Table 8. Trying to Find Help and Get the Help Needed

Seeking Help from Religious Leaders		Getting Needed Help from Religious Leaders	
No	76%	No	77%
Yes	24%	Yes	23%

Furthermore, we asked all participants about their reasons for not seeking help, or seeking help from religious leaders. The open answers given were then categorized into several large groups. Table 8 above shows that the participants who were successfully interviewed were 77% of people who use drugs that

claimed to have never received help from local religious leaders. The remaining 23% admitted to getting help from religious figures. This situation occurs because it has not been properly informed that addiction has many stages of overcoming the recovery from addictions.

Table 9. Reasons Not to Seek/Seek Help from Religious Leaders

Reasons Not to Seek Help from Religious Figures		Reasons to Seek Help from Religious Leaders	
Ashamed if their status caught on	22%	Looking for a solution	16%
Did not think about it	19%	Wanting to be better	8%
Feeling unhelpful	17%		
Scared	13%		

Table 9 above shows that 22% of participants did not seek help for fear of embarrassment if their status as people who use drugs was discovered. Then as many as 19% did not think about seeking help from a religious leader, and 17% because they felt it to be unhelpful. However, some ended up choosing to seek help from religious leaders because 16% want to find a solution to their problems and 8% because they want to be better.

Figure 12. Rejection reasons from Religious Figures and Negative Responses (n = 198)

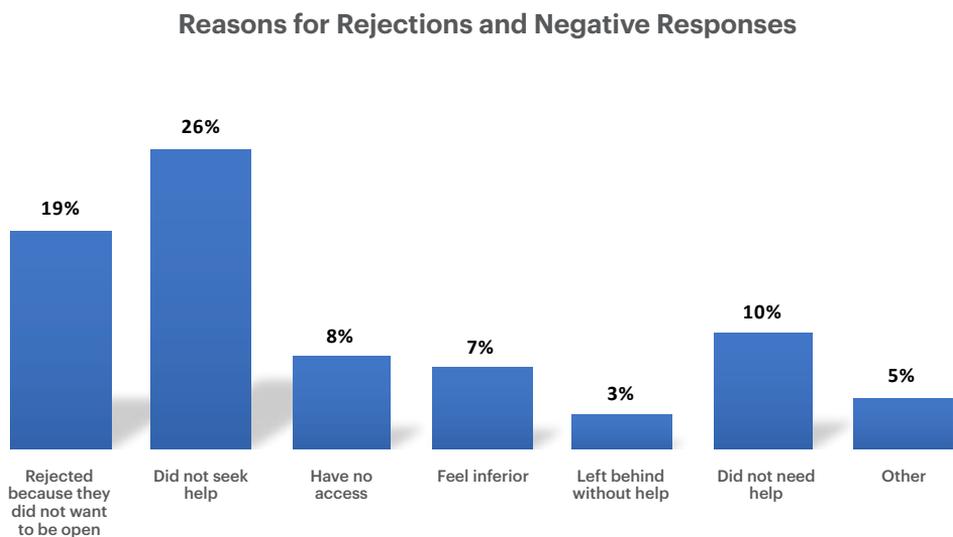
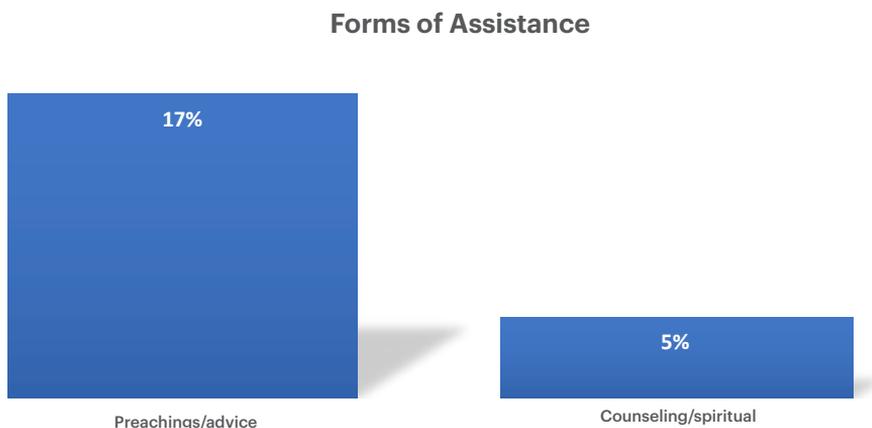


Figure 13. Forms of Assistance Obtained from Religious Leaders



Participants also responded to what forms of assistance were provided and if they applied for help that was granted. In addition, the participants also expressed the reasons for the rejection experienced by the participants or the negative responses that eventually arose from the participants when thinking about seeking help from religious leaders. From figure 12 above, it shows that 26% of participants did not ask for help at all, 19% were rejected on the grounds that they did not want to be open, 10% said they were irrelevant/unnecessary, 8% did not have access, 7% refused on the grounds of feeling inferior, 5% for other reasons and as many as 3% no assistance was given. However, of all the participants involved, it can be seen in figure 13 that there are still those who seek help from religious leaders and get such assistance. As many as 17% received help in the form of preachings or advice, and 5% received help in the form of counseling/spiritual power.

The next outreach effort is to be carried out institutionally by religious elements within the community. The first is the *hotline* service provided by religious institutions. This service is intended for members of the public or congregations who need immediate assistance from religious institutions.

Table 10. Facility Services by Religious Institutions

Facility Services by Religious Institutions	No	Yes	Irrelevant
Mental health hotline	72%	20%	8%
Room facility provision	72%	21%	7%
Treatment rehabilitation services or support programs for recovery	85%	9%	6%
Collaboration with APH	81%	13%	6%
Specific support for people who use drugs	79%	17%	4%

Table 10 above shows that 72% stated there was no mental health hotline service, 20% said yes, there was such a service, and the remaining 8% stated that it was irrelevant or inappropriate. Next is the facilitation of space by religious institutions to the community of people who use drugs or through peer support groups (*Kelompok Dukungan Sebaya/KDS*) of the community. The table above shows the facilitation of rooms. There were 72% of participants answered unavailable. The room facilities specifically for KDS are not available. But they only provide room facilities for overall needs. A further 21% of participants responded that religious institutions provide a special place, and the remaining 7% answered that it is irrelevant. The table above shows that 85% of participants did not receive either rehabilitation services or support programs from religious institutions. A further 9% said they had received support, and the remaining 6% answered irrelevant.

Next, those religious institutions serve as a bridge for collaboration with Law Enforcement Officers (*Aparat Penegak Hukum/APH*) in providing education related to drugs to the congregation and local KDS. Based on the table mentioned above, it can be concluded that people who use drugs have never experienced collaborative services facilitated by religious institutions, together with APH, in meeting the knowledge needs of people who use drugs (seen at a percentage of 81%). Meanwhile, another 13% responded that they had experienced the service of collaboration through religious institutions. In this questionnaire question, participants responded to the support they received from religious institutions or groups. This finding found that most people who use drugs did not get assistance from religious institutions, which was 79%. Another 17% felt they had the support of religious institutions. Although most

participants responded not to receive support from religious institutions, people who use drugs felt that they still had their hopes and faith in God. This notion can be seen from the participant’s responses to the two big questions below.

Table 11. Negative Religious Experiences with Others Regarding People Who Use Drugs Status

Negative religious experiences with others regarding people who use drugs status	Have ever	Never
Prohibited to conduct worship and participate in religious gatherings	2%	98%
Forced to undergo rituals such as <i>ruqyah</i> (exorcism) or the like	9%	91%
Disclosure of people who use drugs status without consent	4%	96%
The experience of complicated marriage administration	3%	97%
Expelled from congregational membership	1%	99%
Made into a negative example in preachings	7%	93%
Prohibited from holding certain positions in religious communities	22%	78%

Negative religious experiences with others regarding the status of people who use drugs show a low rate. From table 11 above, the highest number, 22%, experience being prohibited from holding certain positions in religious communities. Next is the experience of being forced into rituals such as *ruqyah* or the like as much as 9%. The other negative religious experience was the complication of the administration of their marriage. And 1% had experienced being expelled from congregational membership because of their status as people who use drugs.

Table 12. Responses to Negative Experiences in Relation to Others

Responses from Negative Experiences	No	Yes	Irrelevant
Attending social gatherings	41%	55%	4%
Conducting religious services	31%	61%	8%
Attending religious gatherings	45%	49%	5%
Seeking healthcare	37%	59%	4%
Applying for a job	25%	59%	16%
Seeking social support	35%	58%	7%
Isolating themselves from friends and family	68%	24%	9%
Deciding not to have sex	79%	3%	19%

From the negative experiences experienced by each participant, several responses eventually arise regarding their relationship with others. In table 12, 45% said they ultimately chose not to attend religious gatherings. Furthermore, the response to not attending social gatherings was 41% of participants. Then not seeking health assistance and not seeking social support also became the dominant response, with 37% and 35%, respectively.

Table 13. Responses to Negative Experiences in Relation to Oneself

Responses from Negative Experiences	Yes	No
Difficult to tell personal conditions to others	71%	29%
Staying away from or stopping doing worship activities and religious gatherings	32%	68%
Feeling dirty for being people who use drugs	50%	50%
Feeling guilty for being people who use drugs	77%	23%
Feeling ashamed of being people who use drugs	69%	31%
Feeling worthless due to being people who use drugs	69%	31%
Feeling inferior due to the behavior of others	50%	50%
Others treat people who use drugs as outcasts	46%	54%
Other people feel uncomfortable being around me	45%	55%
Other people are disgusted to be around me	31%	69%

In addition to negative religious experiences related to relationships with others, negative religious experiences also impact themselves. Interestingly, participants' responses to themselves were higher when compared to their relationships with others. As can be seen in table 13, most participants ended up having self-stigma against themselves, with 77% feeling guilty about being people who use drugs. Then as many as 71% shut themselves down, and it is difficult to tell their personal condition to others. As many as 32% stated that as a result of their negative experiences, 32% responded by staying away from or stopping worship activities and religious gatherings. The figure is quite high. From table 13 above, it can be seen that people who use drugs, often experience more than one adverse impact on themselves.

Figure 13. Reasons for Not Seeking Resolution

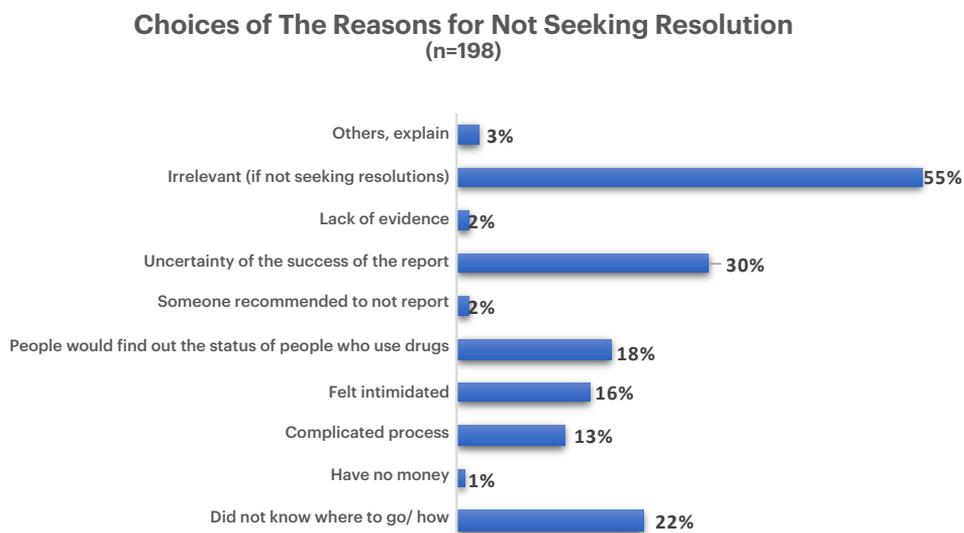


Figure 13 above shows that 55% did not give a reason not to seek resolutions because the respondent's answer was irrelevant or did not make a resolution attempt. Furthermore, 30% reasoned that they were not sure it would work, 22% did not know where/how to go, and 18% feared that people would find out their status. There were 16% of participants who felt intimidated, 13% felt the process was complicated, 3% for various reasons, 2% each answered for lack of evidence, and someone advised against reporting. Then there are 1% who responded that they did not have enough money because they think it costs a considerable amount in this case.

c. Self-Resilience and The Hopes of People Who Use Drugs in Indonesia

Stigma based on religious narratives is often encountered. This encounter is inseparable from the condition of Indonesian society, which is mostly adherents of certain religions or beliefs. Today, however, many religious leaders and faith-based organizations have begun to express support for certain

issues. For example, one of the studies concluded that even though religious leaders have poor knowledge and a high stigma against People Living with HIV (PLHIV/*Orang dengan HIV/ODHIV*), they still provide great support for PLHIV.³⁰ Therefore, efforts are needed to increase knowledge and eliminate the stigma so that religious leaders can provide support in line with PLHIV treatment.

Coherently, previous studies have found that in each region, there has been a change in perceptions of HIV-AIDS cases from religious communities in responding to HIV-AIDS. This change occurs institutionally or individually, whether it is the general public or religious leaders.³¹ However, in practice, the reception is still not fully carried out. In certain social relationships, stigma and discrimination still occur.

The issue of HIV and AIDS is a serious and complex issue considering that HIV is not only about medical or health problems but also concerns social and religious matters.³² HIV transmission is medical, while stigma and discrimination are social and religious issues. Research by Kusworo et al. found that community assistance has increased awareness and concern of young Faith Based Organization (FBO) activists on the HIV problem in the Prigen District.

In some of the literature found by researchers, the discussion of stigma and support for reducing adverse effects based on religious narratives focuses only on PLHIV. Specific research on people who use drugs has yet to be found. Although it is undeniable that in the discussion of PLHIV, people who use drugs, specifically *Penasun* (*pengguna narkotika suntik/injectable drugs users*), often intersect with the discussion because they are part of a key population of HIV AIDS.

Support for the people who use drugs is ultimately lopsided compared to the negligence of religious institutions and health and social elements who dare to come forward on the front lines to protect drug people who use drugs from

30 Manurung, Imelda F.E, et al. "Religious Leader's Knowledge, Stigma, and Support for People Living with HIV and AIDS (PLHIV) in Kupang." *IAKMI Public Health Journal Indonesia*, vol. 1 no. 1, 2020, p. 11. <https://doi.org/10.46366/iphji.1.1.9-14>.

31 Anna Marie Wattie, and Nono S.A Sumampouw. "Gerakan Organisasi Keagamaan Melawan HIV/AIDS di Indonesia: Penilaian Pada Wilayah Jawa Tengah dan Bali." *Journal of Islam and Plurality*, vol. 3 no. 1, 2018, p. 132.

32 Kusworo, Nyoko Adi, et al. "Penguatan Peran Faith Based Organizations (FBO) dalam Pencegahan dan Penanggulangan HIV dan AIDS melalui Peran Aktif Young Relegiuos Leader di Tretes Prigen Pasuruan." *Jurnal Pengabdian Kepada Masyarakat*, 2018, p. 151.

various life-threatening threats. On this occasion, a government program called harm reduction, the approach of reducing adverse impacts in handling drugs and HIV AIDS, was introduced. The program aims to prevent the spread of a double epidemic of drugs and HIV AIDS among injectable drugs users. In addition, adverse impact reduction strategies also contribute to long-term goals such as stopping narcotic use through substitution therapy and rehabilitation. Therefore, reducing negative impacts is an important strategy in achieving public health more broadly. This strategy must pay attention to Indonesian society's socio-cultural, religious, and personality factors.³³

Adverse impact reduction programs generally can be described as having a fluctuating graph. From being disapproved of to being fully supported, it now looks dim again. The program was initially opposed because it was thought to have increased heroin use through injections among *Penasun*; besides, injections and methadone therapy were felt incapable of curing addicts of their addiction.³⁴ The long journey of the Harm Reduction program has finally paid off, been accepted, and even entered into government policy due to many lobbying and advocacy efforts. A series of political decisions, including a memorandum of understanding between KPAN (*Komisi Penganggulangan AIDS/Commission on AIDS Control*) and BNN, a Decree of the Minister of Health, and SEMA (*Surat Edaran Mahkamah Agung/Supreme Court Circular*), have strengthened the *harm reduction* program in Indonesia.

However, the *war on drugs*, which began to intensify in 2015, marked the beginning of the end of the *harm reduction* program.³⁵ Therefore, the deterioration of *harm reduction* cannot be avoided. Used syringes became a reason for law enforcement to imprison *Penasun*. Article 111³⁶ dan Article 112

33 Sunit Agus Tri Cahyono, and Trilaksmi Udiati. "Manusia di Titik Nol: Meredam Pandemi Ganda Napza dan HIV-AIDS melalui Harm Reduction." Jakarta, Balai Besar Penelitian dan Pengembangan Pelayanan Kesejahteraan Sosial (B2P3KS), 2014, p. 19.

34 Anton Muhajir. Laporan Pelaksanaan Harm Reduction di Bali: Mencegah Korban Berjatuh. Denpasar, Yayasan Kesehatan Bali, 2020, p. 69.

35 Yohanes Gentar, *Op.Cit.*

36 Law No. 35 of 2009 on Narcotics, Article. 111 section (1 and 2)

- (1) Any person who, without rights or against the law, grows, maintains, possesses, stores, controls, or provides Class I Narcotics in the form of plants, shall be punished with a maximum imprisonment of 4 (four) years and a maximum of 12 (twelve) years and a fine of at least IDR 800,000,000.00 (eight hundred million rupiahs) and a maximum of Rp8,000,000,000.00 (eight billion rupiahs).
- (2) In the case of the act of planting, maintaining, possessing, storing, controlling, or providing Class I Narcotics in the form of plants as referred to in section (1), weighing more than 1 (one) kilogram or exceeding 5 (five) tree trunks, the perpetrator shall be punished with imprisonment for life or imprisonment for a minimum of 5 (five) years, and a maximum of 20 (twenty) years and a maximum fine as referred to in section (1) plus 1/3 (one-third).

of the Narcotics Law³⁷ always pose a significant risk to people who use drugs. The possession of narcotics carried by users when they want to buy narcotics becomes evidence that is used as a basis for law enforcement to arrest and treat users as criminals. The threat of punishment is also quite high, namely a minimum of 4 (four) years or a fine of eight billion (Law No.35/2009). This notion later became a source of overcapacity in detention centers and prisons in Indonesia .

In the end, fluctuations in the approach to health and social elements continue to experience holdbacks and obstacles. Therefore, stronger collaboration is needed in the community, together to overcome the problem of drug users and their surroundings. The effort also does not necessarily run alone. As the only affected group, people who use drugs have a strong spirit through their self-resilience. Research documents the resilience of the people who use drugs amid vulnerability and discrimination and the lack of *support systems* for people who use drugs. Six options were provided for the following questions. However, the researchers grouped those responses into positive and negative, as shown in Table 14 below.

Table 14. Resilience Of People Who Use Drugs

Self-Resilience of People Who Use Drugs to the stresses of the situation	Negative response		Neutral	Positive response		Irrelevant/ refused to answer
	Very bad	Quite bad		Quite good	Excellent	
Self-confidence situation	9%	29%	14%	31%	16%	2%
Self-esteem ability	4%	22%	9%	43%	23%	1%
Ability to value others	2%	10%	8%	40%	39%	1%
Ability to control <i>stress</i>	10%	25%	8%	43%	13%	1%

37 Law No. 35 of 2009 on Narcotics, Article 112 section (1 and 2)

- (1) Any person who without rights or against the law possesses, stores, controls, or provides Class I Narcotics instead of plants, shall be sentenced to a minimum imprisonment of 4 (four) years and a maximum of 12 (twelve) years and a fine of at least IDR 800,000,000.00 (eight hundred million rupiahs) and a maximum of IDR 8,000,000,000.00 (eight billion rupiahs).
- (2) In the event that the act of possessing, storing, possessing, or providing Class I Narcotics or not the plants as referred to in section (1) weighs more than 5 (five) grams, the perpetrator is sentenced to life imprisonment or imprisonment for a minimum of 5 (five) years and a maximum of 20 (twenty) years and a maximum fine as referred to in section (1) plus 1/3 (one-third).

Self-Resilience of People Who Use Drugs to the stresses of the situation	Negative response		Neutral	Positive response		Irrelevant/refused to answer
	Very bad	Quite bad		Quite good	Excellent	
Ability to have intimate relationships	2%	15%	11%	42%	28%	2%
Ability to find love	3%	18%	11%	43%	23%	2%
The desire to have children	2%	3%	20%	19%	51%	7%
The desire to have personal and work achievements	4%	8%	4%	36%	46%	3%
Ability to help the community	3%	14%	18%	44%	18%	3%
Ability to practice religious teachings	18%	21%	21%	28%	11%	2%
Mental state, of people who use drugs, compared to last year	6%	12%	7%	56%	19%	1%
Ability to take a role in society	5%	19%	23%	34%	18%	2%

Some important points that can be drawn from the table above include the following:

1. The majority of drug users (47%) have positive self-confidence.
2. The majority of drug users (66%) are able to value themselves.
3. The majority of drug users (79%) are able to value others.
4. The majority of drug users (56%) are able to control pressure or stress.
5. The majority of drug users (70%) are able to have an intimate relationship with their partner.
6. The majority of drug users (66%) are able to find love with their fellow human beings.
7. The majority of drug users (70%) have the desire to have children.
8. The majority of drug users (82%) have the desire to achieve their personal and work achievements.
9. The majority of drug users (62%) believe they can play a role and help the community.

10. Narcotic users (39%) feel indecisive about being able to practice religious teachings. This section specifically requires intervention from religious elements, both institutionally and Religious Figures who are in the field.
11. The majority of drug users (75%) feel they have a better mental state than the previous year.
12. The majority of drug users (52%) believe they are capable of taking a role in society.

The major point that has the potential for *faith-based organizations* to maximize to be present for drug users is the uncertainty that drug users still feel about their religious teachings. Undoubtedly this uncertainty is based on loopholes that can still be maximized so that people who use drugs can function properly as members of society.

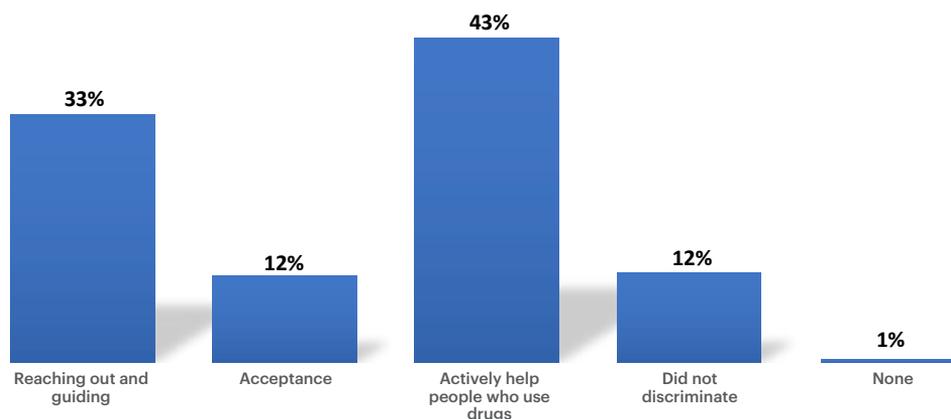
The next point is the optimism of people who use drugs to be able to take a role in society, and this is the hope to start a life without stigma and discrimination.



IV. THE ROLE OF RELIGIOUS LEADERS IN THE PEOPLE WHO USE DRUGS' NEEDS

Specifically, through this study, people who use drugs also expressed their hopes toward religious institutions in Indonesia, local religious leaders, and existing religious communities.

Figure 14. Hopes of people who use drugs for faith-based organizations in Indonesia



From figure 14 above, 43% of participants expected religious leaders to play an active role in helping them. 33% suggested religious leaders embrace and guide them, 12% suggested that religious leaders should not discriminate, and 12% suggested that religious leaders should be more accepting of drugs victims. Meanwhile, 1% of participants did not give any suggestions. These great hopes and expectations can certainly be seen as an entry gap and require special attention from faith-based organizations in Indonesia to strengthen the nation, especially in the population of people who use drugs.

The above hopes and expectations certainly do not emerge for no reason.

There are various kinds of good or bad experiences that we have seen in the data above. But what have religious leaders done to people who use drugs? Is it following the needs of people who use drugs, or is it actually misdirected, even doing nothing?

In the FGD that invited community leaders and religious leaders, there were parties that fully support people who use drugs to function properly in the community and recover from their drug addictions. Religious leaders from Pasar Manggis are working with local health centers to tackle the problem of drugs use. Then, with the help of *Puskesmas*, a harm reduction mechanism was finally introduced in the Pasar Manggis environment. This movement of religious leaders was carried out with other members of the PKK (*Pemberdayaan Kesejahteraan Keluarga*/Family Welfare Empowerment) group to embrace all people who use drugs in their environment. Peer Support Group (*Kelompok Dukungan Sebaya*/KDS) meetings are held monthly to embrace a faith-based approach to people who use drugs. One of the topics in the KDS meeting was accommodating every problem and anxiousness people who use drugs face.

Such KDS exists like a light at the end of the tunnel. The caring sense of religious leaders and their colleagues paid off. The people who use drugs feel welcome. The humanization of people who use drugs rose along with the movement carried out by religious figures. Sharing media is available, although many parents initially find it difficult to accept that their children use drugs. However, the rate of rejection of parents towards their children who use drugs has decreased and is more likely to do acceptance. In addition to the KDS mechanism, another effort made is to form rehabilitation services that are familial in nature. It is important to put forward an approach that is relational in the heart and does not underestimate people who use drugs.

In addition to the relational approach, efforts to reduce adverse impacts are also related to health. One of the important efforts is to educate drug users through information about safer ways to use substances. This point is considering that there is an element of life safety for people who use drugs. Therefore, providing sterile syringes is one of the efforts to reduce the risk of HIV and Hepatitis C transmission so that there is no exchange of needles between users. This action

is certainly carried out not as an effort to legalize the use. It is an effort to control the use of drugs and break the chain of the spread of HIV and Hepatitis C due to the unsafe use of syringes. In this effort, of course, it cannot be done alone, so cooperating with puskesmas is one of the right steps because Puskesmas is one of the health services that run the Harm Reduction program, especially the Sterile Syringe Service (*Layanan Alat Suntik Steril/LASS*). Puskesmas has access to a supply of syringes and can provide duty letters for companions, one of which is religious leaders, as a satellite LASS service run by the local Puskesmas. Thus, its usage patterns are more controllable, and access to needed health services, including drugs dependency recovery services, becomes more open.

A religious figure has also made another positive effort from the Boncos hotspot. He has been engaged in the issue of drugs use since 2007. On the occasion of sharing, he said that outreach to people who use drugs is very difficult. This hidden population criterion makes the group exclusive and refuses to meet with strangers outside their community. The important point is to consider drug users not as enemies but as brothers and sisters who need to be embraced. While that doesn't necessarily make them abandon drug use, at least a model approach like this makes them more comfortable and trustworthy to local religious leaders.

Another thing that religious leaders in Boncos have done related to efforts to reduce the adverse effects on drug users is to collaborate with Atmajaya University to form the Movement of People Caring for HIV/AIDS (*Gerakan Masyarakat Peduli HIV/AIDS/Gemapuli*). In this activity, religious leaders and their colleagues also provided sterile syringe services as a satellite of the LASS program at the nearest sub-district. In addition, the mentoring role carried out by him with local religious leaders is to help residents who actively use drugs or have used it when it is difficult to find a job. One way is by providing local self-service parking lots to manage.

However, from the FGDs that have been carried out, there are still religious leaders who still do nothing to reduce the adverse impact on people who use drugs. The reasons are also varied. From not understanding the problem of drugs and feeling that drugs are not the authority of religious institutions to

throwing responsibility on institutions considered more comprehensive, namely education and law enforcement. These reasons are the main basis for the eventual end of religious figures and institutions not taking part, even tending to be indifferent. There is no special program intended for the recovery of people who use drugs. Of course, these assumptions are false and very unfortunate. Through this research, it is proven that reducing the adverse effects on people who use drugs through religious figures and religious institutions also has a responsibility and tends to be significant.

The two good practices of religious figures in Pasar Manggis and Boncos areas above are important bridges for people who use drugs to be able to reflect on the role of religion in themselves, religious leaders, and public figures who do not consider people who use drugs as enemies or people who should be excluded, but rather as members of society who must be embraced. Religious values, believed by people who use drugs, can be perfectly reflected in both figures. More individuals must act together like the two figures who are an extension of God's hand to embrace people who use drugs.

V. CONCLUSIONS AND RECOMMENDATIONS

Stigma based on religious narratives is often encountered. This stigma is inseparable from the condition of Indonesian society, which is mostly adherents of certain religions or beliefs. Not a few religious leaders and faith-based organizations began to express their support for certain issues because religion has a significant role in an individual's personal life. In some countries, the religious approach is one of the approaches used to reduce the adverse effects on drug users. Religious leaders and religious organizations are considered to have an important role in reducing the negative effects arising from drug use. However, this study found that most religious organizations and figures have not focused on taking on this role.

Through primary data, interviews through FGDs, and perception surveys of people who use drugs, it can be concluded that:

1. The religious narrative in Indonesia puts people who use drugs in a difficult position, where explicitly the texts and values taught by religion do not prohibit people who use drugs, but neither are there enough programs that embrace and accommodate the needs of people who use drugs;
2. The distortion between pure religious values and the practices brought by people, such as religious figures or other religious leaders, occurs against people who use drugs. For example, many respondents responded positively that religions teach people to love each other,. Nevertheless, there is still discrimination against the use of drugs (e.g., they are used as bad examples in religious sermons). This situation then more or less affects how people who use drugs should be sure to enter a religious environment and speaks up so that they can ask for help with the religious group;
3. There are good practices carried out by individuals, religious leaders, and individuals in the community through education to households and

collaboration with local health centers and universities. This practice based on harm reduction program in Indonesia. However, the practice is practiced by only a handful of people, while most of the rest still need to be aware of the importance of religious groups entering this population. Through the reduction of adverse impacts in particular, the health approach needs to be included in structures so that it is not only the realm of health, social, and legal work.

From this research, in general, LBHM gives recommendations to the Government of Indonesia and stakeholders in narcotics policy issues through related institutions as follows:

Ministry of Religious Affairs, Religious Regional Offices in the Province, and Religious Services under the Local Government:

1. Together with the Ministry of Health, Ministry of Social Affairs, BNN, and POLRI to become *stakeholder* in handling services to reduce the adverse impact of drugs in Indonesia;
2. Start to map, educate, and revitalize the Religious Harmony Forum (*Forum Kerukunan Umat Beragama/FKUB*) together with Public Health Center (*PUSKESMAS*) to specifically conduct outreach to people who use drugs and provide public services or religious needs needed;
3. Through the Local Government, together with the Provinces/Regency AIDS Prevention Commission, they can collaborate and build Peer Support Groups (KDS) as a forum for reducing stigma and discrimination in the community. Along with conducting joint religious studies to increase religious literacy and reduce discrimination against people who use drugs.

Civil Religious Organizations and Religious Figures:

1. Creating a healthy environment for harm reduction policy advocacy, specifically among religious civil organizations, through working group or coalition. This working group will be involved in multidisciplinary harm reduction advocacy in Indonesia, as well as, included in enrichments

related to capacity building, study comparisons, and discussions with FBOs in other countries to develop a fit evidence-based approach to harm reduction services in Indonesia, as linier with religious values.

2. Make a personal approach to each community member related to a person's status as a people who use drugs;
3. Identify the problems faced and the needs related religion or beliefs of people who use drugs;
4. Conduct programs and work plans in religious organizations, or religious leaders, for people who use drugs that focused on recovering and reducing the adverse effects that adhere to the principles of evidence-based, humanist, and voluntary;
5. Conduct reviews on internal rules related to the issue of drug use in communities that have stigmatized and discriminated narratives, publish internal rules that encourage inclusive narratives, and provide support for the recovery of people who use drugs.

Civil Society Organizations Engaged in Policy Advocacy Issues:

1. Further involvement in religious components or religious groups that are opposed to people who use drugs in studies and public discussions conducted to obtain a different perspective in general;
2. Document and establish network with local religious leaders who have the potential to support the movement to reduce the adverse effects of drugs, as well as participating in harm reduction campaigns;
3. Publish more scientific studies, from sharing perspectives and multi-disciplines, about faith-based organizations in Indonesia to gain potential that can be developed to continue to maintain awareness and to end stigma and discrimination against people who use drugs;
4. Collaborate actively between the community and religious organizations and spread positive stories to eliminate stigma and discrimination against everyone in Indonesia.

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