“DUIT JIN DIMAKAN SETAN”
(“Illegal money being spent for something bad”)

A Study on Patterns and Behaviours among Drug Abusers in
Urban Poor Jakarta

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SUMMARY

Over the last few years drug abuse in Indonesia has grown swiftly. Recent figures indicate that the number of drug abusers has reached 2-4 million. Based on the record of drug addict hospital patients, there were estimated to be 82,257 drug abusers in Jakarta alone. Most of them were between 15-29 years age, which means they fall under the category of “young people” as defined by UN. However, this is only the tip of the iceberg. It may not reflect the actual figure of the abusers because not many Indonesian addicts can afford the costs of being treated in a hospital.

Empirical data show that the profiles of drug abusers cut across classes: poor, middle class and rich families. The fact that the drug abuse problem is embedded in socially, economically, and politically defined contexts, has made it a complex and intricate issue.

Because there have been no clear answers available regarding Indonesian drug abuse, particularly in urban poor community, this study seeks to answer this query. It was conducted in Kampung Bali, the urban poor neighbourhood in the very heart of Jakarta and popular as a drug dealing site. The objective of the study is to understand how the drug abusers, their family, and their community perceive drug abuse, and how they bring themselves to seek treatment. It is done in an exploratory and descriptive study, in May 15th – June 26th 2001.

The findings show that the onset of drug abuse in Kampung Bali has interrelated factors. It not only stems from poverty, but also influenced by the feeling of powerlessness the victims feel in adjusting to the accelerated process of development. Drugs were seen as an instant path to get rid of this powerlessness, to escape from the kampung myth, and also to resist the establishment. However, these circumstances have trapped many young people in a vicious circle: instead of coming out of their poverty, they end up as drug abusers.

As drug abusers, people tend to pool money, sharing drugs and needles. This in a medical context increases their risk of transmitting infectious diseases, although drug abusers and their family see it in a different perspective. Because to Indonesian society drug abuse is haram (forbidden), and the law specifies that drug abusers can be jailed, people have mixed thinking about drugs. People have a love and hate relationship toward drugs and fall under victim to self-stigmatisation. This situation influences how they perceive drug abuse, the risk, and their attitude toward treatment.
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Chapter 1

INTRODUCTION

Over the past six years drug abuse in Indonesia has mushroomed (Kompas, 2001). Not only has the variety of drugs been changing, but also the profile of drug abusers has increasingly cut across socio-economic classes. We are confronted with a multifaceted phenomenon: the increasing threat of HIV to drug abusers and their sexual partners, other infectious diseases and the realisation that how drug abuse is dealt with is embedded in a socially, economically, and politically defined context. The serious consequences of these dynamics are the reason why I have chosen drug abuse as my research topic.

In the following chapters I will elaborate these interrelations, starting with the size of drug abuse problems in Indonesia and the role of Kampung Bali—my study area—in drug dealing. I chose Kampung Bali because I was interested in drug abuse in urban poor neighbourhoods and particularly wished to understand how the drug abusers, their family and their community perceive drug abuse.

In the second chapter, I intend to give a more precise description of the thesis: the objectives of the study, the methods and the research problems. I will explain my findings in the following chapters and close by elaborating them in the conclusion with some recommendations.

In this thesis, I use the term "drug abuser" to define drug user, since I learned that this term fits into my study. Stimmel (1993:22) states that drug abuse can be defined as the use of any illicit drugs that can result in physical, psychological, economic, legal, or social harm, either to oneself or to others. I also use the term drug dealer to define a person who sells drugs and drug broker to define a person who becomes a mediator between a drug dealer and a drug abuser.

Drug abuse: a growing problem

Over the last few years, drug abuse has grown swiftly. Although there are no exact figures, some of the data below give an idea of how the problem has magnified. Bakorlak Inpres 6/1971 (the government agency which copes with narcotic abuse) for example, said that there were 88,000 drug abuser cases—based on the bed occupancy
rate by drug abuser patients in the hospital—in Indonesia in 1988 (Irwanto et al 1999:8).

Recently, drug abusers were estimated to have reached 1-2% of the Indonesian population (Utomo et al 2001:2). If the Indonesian population was 203.5 million people in 2000, this means there were approximately 2-4 millions drug abusers. This estimation is approximately the same with Djoerban (1999:93) and Irwanto et al, who said that there were about one million drug abusers in 1998.

The team of rapid assessment and response on injecting drug abusers reports that in 1999 there were about 82,257 drug abusers in Jakarta alone (Sarasvita et al 2000:19). This figure is based on the record of drug addict hospital (RSKO) patients. The assessment team also found that most of the drug abusers were between 15-29 years of age. Therefore, if there were 3,374,922 people in Jakarta under the age group category 15-29, there was one drug abuser among 45 Jakarta inhabitants between the age of 15-29 years.

The data from Cipto Mangunkusomo Central Hospital in Jakarta for example, shows that the 134 overdose cases registered in the emergency room in 1996-1997 were patients between age 16-30 years, some of whom had overdosed on ecstasy (20.9 %), opiates (6 %), and nipam or nitrazepam (3.7 %) (Djoerban 1998:89).

The cases increased in 1998, where 118 overdose cases were registered. According to Nanang Sukmana from Pokdisus (a study group on HIV/AIDS and drug abuse) at Cipto Mangunkusumo Central Hospital, more than 50 percent (62 cases) had overdosed on ecstasy and opiates. In 1999, the number of overdose cases increased to 203. More than 80 per cent had overdosed on opiates and amphetamines. Most of the overdose cases can be treated, but 11 patients died because of infections.

Some of the key informants in the hospital admitted that the number of drug users being treated there was only a tip of an iceberg; it may not reflect the actual figure of the abusers in Jakarta, let alone at the national level. The high cost of treatment and various limitations, as we shall see in the next chapters, has prevented drug abusers and their family from getting needed help and care. Zubairi Djoerban, the Executive Chairman of Pokdisus, said that on average he treats about four drug abusers as new patients every week in his private practice in 2001. They are referred from other psychiatrists because of their complications, mainly HIV/AIDS and hepatitis infection.

1 cf. website of Statistic Indonesia: www.bps.go.id
The community has perceived it as a problem, as it is getting more and more people seeking drug abuse treatment. It is not only for drug abusers and their family anymore, but the nation’s youth quality of life as well because most of them fall under the category young people as defined by the UN for boys and girls between the age group 15-24.\(^3\)

The increasing number of drug abusers being treated at Cipto Mangunkusumo central hospital—a public hospital where the treatment cost is relatively affordable—indicates that the economic profile of the drug abusers seems to span all income groups as well. Samsuridjal Djauzi, an internist and chairman of a non-profit organisation that helps people with HIV/AIDS and drug abusers called the Yayasan Pelita Ilmu, mentioned that at first drug abusers came from the middle class and higher income groups who rarely seek treatment in public hospitals. When they overdosed they went to the private hospital where the services are much better, with cost of treatment is at least double that in a public one.

Despite this the number of patients treated in such hospitals is high. Between 1997-1999, IM Hospital and AG Hospital (the hospital names are confidential) treated 743 cases and 1,120 cases. MMA hospital within one year treated 251 cases, and TH hospital treated 286 cases in 1999 (Kompas 2001).

The growing number of drug abuse treatment centres in Jakarta also indicates that drug abuse has become a problem. Recently at least 25 detoxification treatment centres have been opened by hospitals or drug abuse clinics and 26 rehabilitation centres. The cost of detoxification starts from about Rp 100,000 (Fl 23.26) for conventional method to Rp 15,000,000 (Fl 3,333.33) for rapid detoxification. The rehabilitation centres cost is about Rp 3,000,000 (Fl 666.67) each month (Sarasvita 2000:17).

**Historical roots of drug abuse in Indonesia**

The factors that have led to the current situation seem to be multi-related: those can be traced from the history of drugs in Indonesia. It is interesting to note that the use of addictive substances is really nothing new. The Javanese word *madat* (opiates) shows that Javanese people have used addictive substances for a long time.

\(^2\) cf. website of Statistic Indonesia mentioned above.

\(^3\) cf. website of WHO: www.WHO.org
In 1617, notes from Dutch explorers showed that local Chinese, nobility, and even ordinary people used opiates in Indonesia. Paku Buwono IV, a king of the Kasunanan Kingdom in Solo, Central Java, wrote about the severity of the impact of opiates in his writing edict *Wulang Reh* in 15th century (Irwanto *et al*, 1999:5). VOC even had monopoly agreements with all the local Indonesian governments at that time, such as Sultan Amangkurat II in Yogyakarta-Central Java (1677), Sultan Banten in Banten-West Java (1681), Sultan Cirebon in Cirebon-West Java (1682), and Sultan Palembang (1777). In 1862, the colonial government developed an opiate plantation in Java and Sumatra.

The pattern of drug abuse changed several times late in the 20th century. Around the 1970s, the use of morphine grew. Many young people began to take the substance through injection, or they made incisions on their arms and put the morphine there. People called them *morfinis*, meaning people who use morphine. There were 2,000-3,000 morphine abuser cases at the hospitals in Indonesia in 1971, which led the government to establish a drug addict hospital in 1972. The term "morfinis" since then has become the generic term to refer to somebody who uses drugs in an abusive way. Other terms include “*kena obat*” (being hit by drugs) and “*kecanduan*” (being addicted).

Parallel to the remarkable economic growth in Indonesia about two decades ago (1970-1990) there was a trend for young people join an anti-establishment subculture group. This subculture was identical to the hippie lifestyle where morphine, cannabis, and alcohol were used. Users at that period were into polydrugs: cannabis, morphine, alcohol, barbiturates, sedatives and tranquillisers (Irwanto *et al* 1999:7).

Since the 1980s, more drugs have become available in terms of quantity and variety. The most popular were cannabis and psychotropic drugs. At about the same period alcoholic drinks were varied and easier to purchase despite the government bans. The mix of drug abuse and alcoholism created a number of social problems. There were several prevention programs at that moment, and adolescent magazines spearheaded campaigns against drugs. However, there was no adequate regulation and drug abuse grew continuously.

Ten years later, the pattern changed with the arrival of amphetamine-based drugs. In the last five years, morphine has become popular again in the heroin form. Heroin (diacetylmorphine) is a morphine derivative with three to five times the potency of morphine (Stimmel 1993:144). Compared to the period of the 1980s and the early
1990s, nowadays most of the drug abusers are intravenous drug abusers (Irwanto et al., 1999:10).

There’s a wide array of illegal drugs and substances available in the country. One is the stimulant, *methylenedioxy amphetamine*, more popularly known as “ecstasy” or “XTC”. Amphetamines are well known as *shabu* among drug abusers. Other stimulants such as *methamphetamine* and *cocaine* are common as well. They also use opiate drugs—popular as *putauw*—such as opium, methadone, heroin, and *rohypnol*; hallucinogens drugs such as LSD (*lysergic acid diethylamide*) and PCP (*phencyclidine*); and inhalant substances. Data show that recently most Indonesian drug abusers use heroin (*putauw*) and sometimes amphetamines (*shabu-shabu*). The director of the drug addict hospital (RSKO) said that since 1996 almost all RSKO patients use heroin. The number of patients has also increased dramatically. “Usually we only had 7-10 out-patients. Now we have 20-30 out-patients every day,” he said (Tiras 1998).

The increase of drug abuse during the Indonesian authoritarian government in the Orde Barn era (1965-1998) cannot be separated from the political situation. The ruling elite was powerful and almost untouchable by law. Moreover, they had many privileges in various sectors, including in the health services. Only those who had connections to this class would get priority to treatment. Drug traders were almost untouchable since there were senior officials, lawyers, and military people who backed up the drug-marketing operators. When the Orde Baru regime dissolved in 1998 due to the prolonged economic crisis, there was a chaotic situation that led to the ignoring of drug problems in Indonesia. Drug abuse cases increased sharply, and Indonesia was caught unprepared by the onset of drug abuse.

The situation has worsened since Indonesian culture itself is largely unsympathetic towards drug abusers. They are seen as outcasts who bring shame to their families and communities. Islam, the major religion, offers no consolation either. The Majelis Ulama Indonesia (MUI), the national religious council, has issued a *fatwa* (a binding ruling in religious matters) that declares drug abuse as *haram*, forbidden. Hence, instead of being helped by society, drug abusers are usually discriminated against. Public and private schools force their students to undergo testing for drugs, and expel those found to be positive. The legal system is even more harsh: a 1997 law on

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4 cf. website of info narkoba: www.kompas.com/infonarkoba/narkoba.htm
narcotics— Undang-Undang No. 22—specifies that drug abusers can be jailed from one to four years, depending on the substance they use (Redaksi Sinar Grafika, 1998:41).

The impact of drug abuse on the family

What all this means is that in Indonesia the families of drug addicts not only have to deal with personal tragedy, they also have to struggle with the shame of being ostracised by their community, their religious leaders and the legal system. The country’s economic crisis has magnified the dimensions of the tragedy. When Indonesia’s economy collapsed in 1998, the rupiah lost three quarters of its value against the US dollar. With the price of a kilo of rice jumping from Rp 800 to Rp 2,000 the average per capita income of Rp 4.1 million in 1998⁵ (Rp 341,666 each month) became inadequate.

Financially stretched as it is, a family that discovers that one of its members is a drug addict faces economic as well as personal catastrophe; particularly a family that can barely afford to pay for therapy or medication. Indonesia’s health care is not free and medication is costly. Detoxification treatment costs at least Rp 100,000 to Rp 15,000,000 (Fr 22.22 - Fr 3,333.33) and the cost of rehabilitation centres start from about Rp 1,000,000 (Fr 222.22) each month.

The treatment cost increases if the drug abuser is infected by communicable diseases such as hepatitis, tuberculosis, and HIV/AIDS. Other complications such as cardiac endocarditic and kidney malfunction are not only lethal but also very expensive and difficult to treat. Data show that in June 1999 there were six HIV/AIDS cases among drug abusers. One year later, in May 2000, there were 54, a nine-fold increase. By the end of October 2000, most HIV/AIDS patients were drug abusers. Of the 46 HIV/AIDS cases, 40 cases happened among drug abusers.⁶

McBride et al (2000:68-69) show the high price that society has to pay for the situation. Such costs involve those relating directly to drug abuse such as drug treatment and resources lost due to morbidity and mortality as well as secondary, and non-health cost consequences such as law enforcement and crime. Moreover, sustained drug use is related to a higher incidence of a variety of physical illnesses that demand costly treatment in and of themselves, with additional cost due to alcohol, illicit drugs,

⁵ cf. website of statistic Indonesia mentioned earlier.
and mental health co-morbidity. The average per case additional cost for all health conditions related to alcohol, illicit drugs, and mental health co-morbidity has been estimated at US $3,320.

According to Djoerban, most of his patients with HIV/AIDS, hepatitis, and tuberculosis complication have to spend at least Rp 3,500,000 (Fl 813.95) for treatment every month. They are also periodically hospitalised, which frequently costs Rp 3 – 5 million (Fl 697.67 – 1162.79) for 7-10 days of treatment. Unfortunately, some of them die within two years after having treatment. This is a tragic outcome for a family, which has already mustered all resources to get the best care and treatment. Even if the patient’s life is saved, the chronicity due to the damage in his or her internal organs will often affect the overall quality of life.

Rimba, one of my core informants in Kampung Bali had to spend approximately Rp 5,000,000 (Fl 1162.79) when he stayed in the lowest class in a public hospital for about one month. He was diagnosed as having HIV/AIDS, cirrhosis, bacterial endocarditic, pulmonary disease, hepatitis C, and kidney problems, which in turn are associated with an increased rate of mortality. His life has been saved, but he will have to get outpatient treatment for the rest of his life.

His liver malfunction makes his legs swell and he cannot walk. Moreover, his chronic illnesses make him an invalid and his limited recovery prospect disrupt the family harmony. The relatives not only get the burden of having to take care of him but they also have to pool their resources to afford the treatment. This is one more grim aspect of the country’s drug problem.

Kampung Bali: the tip of Jakarta’s “golden triangle”

Kampung Bali is popular among drug abusers. If the world has Myanmar-Thailand-Laos as a narcotics golden triangle, Jakarta has Kampung Bali-Jalan Jaksa-Baturaja. This is an area where drug transactions—particularly heroin—are frequent. The Head of the Narcotics Unit in Jakarta Police Department or Polda Metro Jaya admitted that those areas are the most seriously affected by drug abuse (Gatra 1999).

Baturaja is 4 km from Kampung Bali. In that area, people can obtain drugs easily. A dealer whispering offers in a code will approach anyone who passes by the area: “Do you want ‘01’?” This is a code for heroin or putauw. Jalan Jaksa or Jaksa

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6 Report from Indonesian Health Department.
street, about 2 km from Kampung Bali, is a popular spot for “backpack tourists.” There are plenty of guesthouses, motels, cafes, and restaurants where drug transactions can be done. (Gatra 1999 and Sarasvita 2000:23).

The pattern of smuggling drugs into Indonesia is called shot-gunning: sending as many drug couriers as possible by plane at the same time. Smugglers who can escape from the airport, will contact the drug dealers at the first level. An investigative report by the Kompas national newspaper (2001) mentions that there are four levels of drug dealers. The lowest level is the drug dealer who meets customers directly.

Kampung Bali is located in the very heart of Jakarta. It is bordered on the east by the skyscrapers on Jalan Mohammad Husni Thamrin—the main street of Jakarta. To the east are the Millenium Hotel and Jayanti Plaza. A ten minutes’ walk from Kampung Bali are all the trappings of a modern city: McDonald’s, Sarinah department store, Jakarta Theatre, and even Hard Rock Café. Opposite Jalan Thamrin, on the west side, is Pasar Tanah Abang, an old market place that was established as early as 1735 (Krausse 1975:44). To put it briefly, Kampung Bali is a typical shantytown in a fast-growing metropolitan city surrounded by symbols of modernity which are physically reachable but at the same time are untouchable for most of the kampung inhabitants. The tumult of developmental going-on hardly affects the people’s life in this area.

For the purposes of distributing drugs, Kampung Bali’s central location makes it ideal. The drug transactions usually happen in the afternoon, and there are various ways in which they are carried out. Customers can contact a drug broker (joki) to obtain drugs for them or go directly to the dealer’s house.

The kampung and Kaum Betawi

Krausse (1975:31-39) defines kampung as those residential areas where the inhabitants with low socio-economic status and substandard housing constitute a clear majority. The word kampung comes from the Javanese word for native section of a city. To the Dutch colonial administration, ethnic distinctions were the principal basis for social ranking in Jakarta during the 17th and 18th centuries, with the lower classes living in quarters known as kampung. They were mostly working class immigrants who referred to their place of origin, as for example Kampung Bali, Kampung Ambon, Kampung Manggarai.

7 The map of Kampung Bali is provided in Appendix 7
Balinese slaves who originally composed the majority of Kampung Bali were later replaced by Islamic Indonesians, a significant portion of whom came to make up the so-called Kaum Betawi, an ethnic group referred to as Jakarta Asli or the original people of Jakarta. The Kaum Betawi were formed by cultural and racial contributions from all cosmopolitan population elements which had first inhabited the area when it was called The Kingdom of Jacatra, and then it became Batavia. (Milone 1966: 250-263). Kaum Betawi were strongly Islamic and their customary laws were influenced by Islamic elements (besides colonial government regulations), although they were also said to enjoy certain forms of gambling and drinking that could be influenced by Chinese and Dutch colonizers. Some of the elements of Jakarta's present day culture, such as the Jakarta dialect (among Jakarta) and street slang (bahasa prokem) are derived from the Betawi. This street slang is widely used by drug abusers.

Jakarta's growth as a modern metropolis—in 1961 its population was 2.9 million; by 1981 this had grown to 6.5 million and by 1999 10 million—an pushed the Betawi to the outer fringes of the city, replacing their kampung and market gardens with high-rise buildings, parks, toll roads and bypasses. Those Betawi who managed to remain at the city's heart sold their land and houses to immigrants from Sumatra, Jawa, Sulawesi and even Nusa Tenggara, ending up as tenants of small houses on the alley side of the kampung. Now the Betawi comprise only half of the population in Kampung Bali.

Kampung Bali has one main road, which is about 6 meters wide, with small alleys—about 1-3 meters wide, sometimes even less than that—connecting all the roads everywhere. This maze of alleys, which always confuses newcomers, is a perfect environment for drug dealers and abusers. When the police sweep the area the dealers and their clientele can always disappear into the alleys.

Socially, the kampung is divided between those who live by the main roads and those who live along the narrow alleys. Alley dwellers are poorer than those who live by the roadside. Their houses are small and cramped, hot during summer and often flooded during the rainy season. Most of the people who live in these houses, in fact, prefer to hang out in the alleys most of the time. Every household has electricity, but running water is a rarity. Water is drawn from a well or public pumps. Some households share a well and even a bathroom. People from the household, who cannot

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8 cf. website of Statistics Indonesia mentioned above
afford it, use a public MCK (*Mandi Cuci Kakus* -- literally, "bathing, washing, toileting").

Kampung Bali has 13,754 inhabitants\(^9\), organised into 10 RW and 90 RT\(^{10}\) spread over a 73.4 hectare area. Generally, people in Kampung Bali work in informal sectors: they provide contractual labour, operate stalls in front of their houses (warung), engage in trades as motorcycle taxi drivers (*tukang ojek*), wash clothes manually (*buruh cuci*), rent out rooms or houses, build or repair houses, and repair electronics. There are also people working in formal sectors such as teachers, public servants, and the military.

Since most of the inhabitants are Moslem, there are several mosques and women reading Koran groups in Kampung Bali. The kampung's rough reputation seems to have no influence on their religious life. Kampung Bali society—people with a strict religious lifestyle—live together with drug abusers, drug brokers, and drug dealers.

**The roots of drug abuse in Kampung Bali**

Nobody is sure precisely when Kampung Bali became a centre for drug trafficking. According to a certain people, it started around 1995 when drug dealing became a path to instant wealth. When drug business grew rapidly, the dealers started recruiting young people in their neighbourhood to be drug brokers or small drug dealers. What the people in the kampung possibly failed to understand was that the drugs would victimise their children. The people who worked for the dealer wound up becoming addicts themselves. By the time the community realised what had happened, it was too late.

Yayasan Pelita Ilmu\(^{11}\), a non-profit organisation that has a community-based drug treatment program in Kampung Bali, estimates that 20-30 people in every RW are

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\(^9\) cf. appendix 5

\(^{10}\) The RT (neighbourhood association) is the smallest municipal organisation in the community. The RTs are placed under direct control of a larger unit, the community association or RW. Though RTs and RWs are community organisations with voluntary leaders, they have to report their community activities to the highest official of a sub-district or *kelurahan*.

\(^{11}\) Yayasan Pelita Ilmu (the Pelita Ilmu Foundation) is among the first non-government organisations (NGOs) that deal with HIV/AIDS problems in Indonesia. Two medical doctors and a public health expert set it up on December 10, 1989. The foundation has two major programs that are support programs and prevention program. It built the first shelter for people living with HIV/AIDS in Indonesia. It also held several life-skill training for the young people as part of their effort to deal with poverty.
drug abusers, 10 per cent of whom are females. Most of them are young people who do not go to school or have a job. They have used drugs for 2-7 years, mostly heroin and amphetamines. Data in the Anti Narcotics and Drugs Guard Post (Posko Antinarkoba) in Kampung Bali show that, until April 2001 there were 37 drug abusers caught by the police, as well as 15 drug dealers, and 12 people (18-30 years old) who died.

Kampung Bali’s problem has spread to adjacent neighbourhoods. Almost all sub-districts in Tanah Abang now have drug abuse problems, as is reflected in the patients who come to the Kampung Bali community health care centre (Puskesmas) which provides free detoxification. They are inhabitants of the Kebon Melati sub-district, Kebon Pala, Karet Tengsin, Cideng, and Petojo Selatan.

Worst hit is Kebon Kacang to the north, a kampung of 15,132 people organised into 151 RTs and 11 RWs living in conditions little better than those in Kampung Bali. There is the usual warren of alleys, tiny houses sharing toilet and washing facilities. What makes Kebon Kacang (71 hectares) different from Kampung Bali is that it has a lot of food stalls where customers can buy a popular Betawi dish called nasi uduk (rice cooked in coconut milk and served with fried chicken) and noodle soup (soto mie). Customers go there by car so every evening there are many vehicles parked on the kampung’s wider alleys.

When dealers in Kampung Bali showed their prosperity, people in Kebon Kacang were tempted to deal with drugs as well. A key informant estimated, there are at least 5 BDs in this area who can supply ten grams of heroin every day. Unfortunately, as in Kampung Bali, the people in the neighbourhood themselves became customers. Data for the year 2000 show nine people from Kebon Kacang dying of drug overdose.\(^\text{13}\)

\(^{12}\) Data from Kebon Kacang Sub-District, cf. appendix 5
\(^{13}\) Data collected by Yayasan Pelita Ilmu
Chapter 2

RESEARCH PROCESS

Research background

The explosive growth of drug abuse in Indonesia provides many possible topics for study. I originally thought of focusing my efforts on rehabilitation centres in Jakarta as the peak of drug abuse problems in Indonesia. Then Samsuridjal Djauzi, Chairman of Yayasan Pelita Ilmu—a non profit organisation aimed at helping people with HIV/AIDS and drug abusers, invited me to look at what his organisation was doing: running a community based program in Kampung Bali to cope with illicit drugs. This was a revelation for me because I used to think drug addiction was only a problem of the rich and the middle classes—it had not occurred to me that it afflicted the poor as well. I decided to make this the focus of my study as so far few studies had been done to reveal the onset of drug abuse in urban poor communities.

Djauzi explained the program in detail to me when I started my fieldwork. Yayasan Pelita Ilmu runs the program in co-operation with the Kampung Bali community primary health care (Puskesmas) run by the government. His organisation started collecting data from November 2000 until January 2001. Then they established a treatment program in February. The treatment program focuses on detoxification, which is currently done in Puskesmas Kampung Bali.

Detoxification is the process by which the daily dose of a dependency-producing substance is slowly diminished (Stimmel 1993:26-48). The detoxification in Kampung Bali is mainly based on codeine, in combination with chlorpromazine and tramadol, since they are quite inexpensive. Codeine is an alkaloid of opium, a mild analgesic widely available in combination with acetaminophen, aspirin, and many commercial cough medicines. Together with tramadol, it allows a gradual withdrawal with minimal discomfort. Chlorpromazine works as an antidepressant. This combination, according to a key informant who is a medical doctor, cannot be found in manuals for drug abuse treatment. Obviously this is a kind of strategy applied to deal with a considered serious problem in a resource-limited situation.

The detoxification cost is Rp 132,000 (Fl 30.70) per person, covered by the Yayasan Pelita Ilmu, hence drug abusers can have it for free. That cost includes Rp 3,000 per person as a fee to Puskesmas Kampung Bali for having treatment there. Drug
abusers have to follow the detoxification program for seven days. Since the Puskesmas is closed on Saturday and Sunday, the doctor in Puskesmas gives the patients medicine for three days during the patient visit on Friday.

According to Djauzi, the detoxification program was launched as a campaign to the community that there is a way out for drug abusers who do not want to resume their habit. Previously most of the parents were desperately unable to deal with their children’s drug abuse. Some even preferred to buy their children the drugs rather than commit them to treatment. They could barely afford to pay for therapy or medication and some of them could only watch their children die.

Realising that eliminating drug use is difficult to achieve in Kampung Bali neighbourhood, Djauzi uses this program as the first step to initiate a harm reduction program\textsuperscript{14}, such as campaigning HIV/AIDS prevention. Hence the outreach workers who perform the home visit do not only aim to approach drug abusers and their family to have free treatment in Puskesmas Kampung Bali, but to inform people to use needles properly as well. Yayasan Pelita Ilmu has three outreach workers: Aulia, Agus, and Akram. They also carry out the home visit after the treatment to discourage people from starting their habit again.

Some of the drug abusers get the information about a free treatment program in Kampung Bali from the outreach worker’s home visit, but most of them get it from people who have undergone treatment. The news about free detoxification spreads quickly and many drug abusers from the neighbourhood kampungs come to seek treatment. In general the drug abusers and their family acceptance are positive, since most of them are poor and cannot afford the cost of treatment.

It was not easy to introduce the program to Kampung Bali community. According to Djauzi, “Drug dealers thought we were going to ruin their business,” and they threatened the outreach workers. Agus, one of the workers told me, “When we were talking to some people on a bench, somebody approached us, showing his golok (machete) and warned us to mind our own business.”

\textsuperscript{14} Harm reduction is a strategy to reduce those complications of drug abuse amenable to change: such as HIV infection, while getting off drugs is the ideal in the long term (Beyrer 1998:148). Assisting addicts to reduce needle sharing is harm-reduction, as is needle exchange, another approach to reducing the spread of HIV among addicts. In Indonesia harm-reduction strategies are still politically problematic. The arguments against needle-exchange program typically resorted to unproven assumptions that providing needles condones drug abuse: it promotes drug abuse since using is made safer. Conversely several NGOs have operated an underground needle exchange program and the government, so far, has turned a blind eye to the exchange as they have recognised its utility.
That incident, which happened two months before I started my fieldwork, led Djauzi to advise me not to do my research in Kampung Bali unaccompanied. He recommended that I always go with one of the outreach workers. He also suggested that in order to overcome the reluctance of the Kampung's inhabitants to talk to strangers (who are suspected of being police informants), by talking about health issues first.

I realised the soundness of his advice on the first day of my fieldwork. Kampung Bali is not a neighbourhood I could venture into alone: not only was it a bewildering maze of alleys, it was also full of addicts shooting themselves with drugs in plain view. My arrival excited curiosity as well. Each time I visited a house to talk to the people inside, other people would suddenly appear and walk back and forth along the alley in front of the house. One or two would actually poke their heads into the door, listening to our conversations. Understandably the families were wary talking to me, even if I was accompanied by an outreach worker.

Once, when I was talking to a core informant, a crowd gathered in front of the person's kitchen. Suddenly a man appeared and shouted at the crowd, “Go away, go away.” (“Bubar, bubar.”). Aulia, my companion, indicated to me to keep my cool. My informant’s mother pretended to hear nothing and continued talking. Later I understood what was happening: the crowd that had gathered was trying to use drugs. The man who shouted was a BD or drug dealer who did not want me to see what they were doing.

Because of such difficulties, I made sure to visit each of my informants at least twice, once to make them familiar and comfortable with my presence (I'd talk to them about harmless topics such as the price of rice, what they ate that day, et cetera), the second time to actually ask them about the drug abuse situation.

The staff of the Puskesmas Kampung Bali itself mostly welcomed my presence, particularly Bambang Eka, a physician and the Head of Puskesmas Kampung Bali. He gave me all the drug abusers medical records to read, though it was not easy to decipher his handwriting. He also allowed me to observe his sessions with his drug abuser patients. It seemed that he really wanted to show me that he and his staff have been working seriously to treat drug abusers.
Methodology

Research questions

Having observed the problem, I decided to study drug abusers in Kampung Bali from an anthropological point of view, focusing at the drug abuse problem in the Kampung Bali neighbourhood. More specifically: to focus on the problems of the drug abusers and their family.

The research was led by the questions about the behaviour of drug abusers, how the community and their family perceive them, and how they bring themselves to seek treatment. This study seeks to answer some of these queries.

Specifically, this study seeks to understand how drug abusers in the Kampung rationalise, justify, and deal with their addiction, why they choose to reduce drug use or attend a treatment program, and how their families and community perceive their behaviour. Answering these questions involves providing contextual background: a sense of the extent of drug use, underlying socio-economic and cultural factors, the economic profiles and lifestyles of the abusers. The complete objectives and research questions are provided in Appendix 2.

Type of study

There were some limitations when I performed my study. Firstly was the short duration of the research—six weeks: May 15th – June 26th, 2001. This restricted me to a small-scale study. Secondly, there were no clear answers available regarding Indonesian drug abuse, particularly in the urban poor community. Therefore I decided to do an exploratory and descriptive study to answer my research queries.

As this study is not a kind of case control, it did not involve interviewing a group of people that was representative of the population. I limited my study to drug abusers and their family, while I still focused on treatment as my entry point. Within those limitations, I intended to arrive at insights about drug abusers and their family’s view and underlying ideas on the drug abuse practices, how they interpret it, and how they seek a solution to that situation.

The study was based on a hypothesis that because drugs are so readily available in that area and people do not have any job, many young people fall into drug abuse.
**Sampling method**

The selection of study units used convenience sampling, aiming at maximum variation. The study units were selected from a study population: drug abusers who are involved in detoxification treatment at primary health care centre (Puskesmas) in Kampung Bali. Among those, I made four distinctions based on their treatment experience to obtain as complete as possible an insight into drug abuse and treatment perceptions in all its variations (see Appendix 3, Table 1).

Sampling criteria included gender. However, since there are fewer female drug abusers than males (according to Yayasan Pelita Ilmu only 10 per cent of drug abusers are female) the female drug abuser samples are less than male drug abusers. Other criteria like age, education, and period of drug use were not used for selection. However, I managed to get my informants from the various ages and education levels. When doing my sampling I tried to get an equal number of study units as well, although I did not really succeed in that.

A drawback of convenience sampling is that the sample may be quite unrepresentative of the population being studied. Some units, such as drug abusers in Kebon Kacang area may be over-selected, since most of them were starting to seek treatment at Puskesmas Kampung Bali while I was doing my research. Therefore I tried to get more representative samples by looking for some core informants who had completed their treatment series before I did my research. Bambang Eka, the head of Puskesmas Kampung Bali, chose them for me and then Aulia and Agus—both of whom are Yayasan Pelita Ilmu outreach workers—introduced me to them.

Bias might occur since I chose my sampling based on the drug abusers who were seeking treatment at Puskesmas Kampung Bali. The drug abusers who sought treatment at other centres or drug abusers who preferred to be treated at home were under-selected. To eliminate this bias, I interviewed two core informants who did not want to seek treatment. Another bias is that my research only covers the drug abusers from poor families, since the drug abusers from street-side or middle class up rarely visit Puskesmas. The idea that Puskesmas is only intended for poor people makes the people from the middle class up look for other health treatment facilities when they have health problems.

The short periods of my research should be considered a factor, that the certain conditions at that moment would influence my informants’ attitude toward drug use and their treatment seeking behaviour. I did my research in a short period—May 15th – June
26th, 2001—when the drug price was expensive and the police were busy launching a battle against drug abuse.

**Core Informants**

I had 13 drug abusers as study units—members of the drug abuser population who engaged in treatment—and nine drug abusers’ relatives: those whom I identify as core informants. In total I had 22 core informants who included nine male drug abusers, four female drug abusers, five parents, two siblings, and one drug abuser’s daughter. Most of my drug abuser informants are unemployed, still, except one core informant who got a job after finishing his treatment course. I decided not to interview any spouses of the abusers, because I already had two couples (husband and wife) as my core informants. The impression I got from my interviews with the couple was that once one spouse uses drugs, the partner would soon use it after. If the partner objected to the addiction, the couple could end up divorcing.

Here, I would like to share my experience approaching core informants as well. I did not stay in Kampung Bali for safety reason throughout my study, apart from an overnight stay in Puskesmas Kampung Bali. To reduce this limitation, every day I came early in the morning and go home in the evening. Frequently I started my day at Puskesmas, talked to the patients there while waiting for the drug abusers. It was easy to recognise them, since they always got a specific card, different than the general patient card. On this card there was information that the patient was still under treatment by Puskesmas Kampung Bali and the Yayasan Pelita Ilmu.

This card is actually to protect the patient from the police, since in Indonesia people who have drugs illegally can be caught. However, almost all the drug abuser patients did not grasp the function of the card, so some of them ruined it while they were washing their clothes, or even lost it.

During my fieldwork, patients from Kebon Kacang, the neighbouring kampungs of Kampung Bali, started visiting Puskesmas Kampung Bali. When I talked to them, I realised that their problem were really similar to those Kampung Bali. Most of them were no longer continuing school, unemployed, and became drug abusers and drug brokers (*joki*) as well. Therefore I decided to include them in my study.

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15 In a 1997 law on narcotics (Undang-Undang No.22) there are articles about treatment and rehabilitation. Drug abusers have to undergo treatment and through their treatment periods they can possess narcotics. Drug abusers who do not want to seek treatment or drug abuser’s parents who do not bring them to seek treatment can be jailed for 6 months – 4 years.
I was lucky when I met Mas Karyo (41). He went to Puskesmas Kampung Bali with his wife, Atun (35). As usual, the first time I just asked about general topics. When they introduced themselves as a husband and wife, I asked them about their children. Atun looked happy when I talked a lot about comics and cartoons on television. Later I told her that I have kids and they are the same age as hers and so we just talked animatedly until the doctor called her name.

On the following day, with the ice broken, I told them that I wanted to study about drug abusers and asked them to be my core informants. They agreed. Since Mas Karyo used to be a leader of a drug abuser gang in his area, he introduced me to all his members. "Easy. They used to be my members. In my days of greatness, they helped me to pack and distribute (drugs)," he said. Mas Karyo used to be a drug dealer. Miing, a community member I encountered said that Mas Karyo has poisoned the children in the area with his drugs.

Therefore some of my core informants I got through Mas Karyo as my "gatekeeper". I hung out with all of his gang members most of the time, visited their house, and sometimes just at around for hours to listen to their family story.

The completed data of core informants and their relatives is provided in Appendix 3: Table 1 and Table 2.

**Key informants**

Aside from the core informants, I also had key informants: people who can provide general information about the local situation and drug abuse problem in general. They included physicians, an anthropologist, a Moslem religious leader (ustadz), NGO staff, and community members in Kampung Bali and Kebon Kacang.

One of my prominent key informants is Samsuridjal Djauzi. When I drew up my fieldwork proposal I realised Djauzi would play a key role. He is a physician who deals with a lot of drug abusers in Cipto Mangunkusumo Central Hospital and in his private practice, the chairman of Yayasan Pelita Ilmu and grew up in Kampung Bali until he graduated from medical school. His sister and her family still live in their old house, so he often visits Kampung Bali.

"I've known a lot of drug abusers since their childhood, or at least I know their parents because they are my friends," he told me. Djauzi not only gave me a medical overview of drug abuse, but also provided me with material about the history of
Kampung Bali, how it looked when he was young, and the profiles of the other informants I approached to do the study.

My second key informant was Bambang Eka, head of the Puskesmas Kampung Bali. His experience working in a shipping company, sailing around Southeast Asia, gave him the background to talk to drug abusers in their jargon. His informal way to approach the drug abusers — he remembers every drug abuser’s name and their habits, and particularly their perception that he has supernatural abilities — makes many drug abusers in Kampung Bali respect him. After being checked by Eka, some of them said that they felt a warm energy flowing into their body.

In the course of the study two other of my core informants asked him to provide them with a charm immersed in water (didoain). Eka had to prepare two bottles of mineral water to bring to their house. Some of his own patients ask him for charms to heal sickness, to protect the house from the bad things and to get rid of problems. An interesting illustration of his supernatural power appeared when Rimba was in the hospital. Eka asked Aulia — the outreach worker — to bring him Rimba’s T-shirt. After checking the T-shirt he predicted that Rimba’s life would not last long.

I never did a formal interview in the sense of sitting down and asking him a list of questions, as he does not like to talk officially. However, every day he had time to discuss with me and about many things: from his experience working abroad until the drug problems in Kampung Bali. He also assisted me in finding other people to interview. In a sense, his style had allowed me to carry on the participant observation.

Some doctors with whom I spoke in Cipto Mangunkusumo Central Hospital, particularly Nanang Sukmana and Zubairi Djoerban, also provided me with some useful information. Conversely, some of my key informants in Kampung Bali and Kebon Kacang asked for their anonymity. “I’ll be in trouble. There are drugs dealer who can make our life difficult,” they said. To get an overview about drug abuse I got involved talking to some of community members and other drug abusers as well, though I did not include them as my formal informants.

In total I have 9 key informants. The complete data of the key informants is provided in Appendix 4, Table 3.
Data Collection Techniques

**In-depth interview**

I interviewed each core informant at least twice. With Aulia or Agus to introduce me to the informants, our first sessions were devoted to breaking the ice, talking about everyday topics. The second interview, two to three days after the first, was where I started asking my fieldwork questions. Occasionally I needed a third session as a follow up.

For the drug abusers whom I approached at the Puskesmas Kampung Bali, the first interview was done while they were waiting for treatment or medicine. The second interview was always done at their home, so I could observe their daily life and talk to their family as well. The second interview was usually the longest one, about 2-3 hours. The third interview, if it was needed, could take place at home, in the alley, or places where the abusers hang out.

Aulia warned me that it was not advisable to use a tape recorder for the interviews. "It will make your core informant afraid, because it could be used as a proof for police to catch them," she said. The police had caught some of my core informants and their families were understandably sensitive about being interviewed.

Later on I also realised that with people always poking their heads inquisitively during my interviews, being seen using a tape recorder could lead to problems. I did not take notes either, for the same reasons. Every time each interview ended I therefore wrote down key words and phrases as soon as I could. Sometimes I did it at Puskesmas, on the way home, but sometimes I had to do it the following morning since I was so tired and stressed.

To help me remember the conversations, I only planned to interview one informant a day. This proved difficult to organise because it could happen that I would run into some informants unexpectedly. For example one morning while waiting for one of my social worker companions I met and talked with one of my core informants at the Puskesmas. At the afternoon I went to another informant’s home for a scheduled interview. After that, on the way back Puskesmas I passed by one of my informant’s homes and met his mother who asked me to stop by and chat, which meant another session.
Participant Observation

My fieldwork was based in Puskesmas Kampung Bali. I arrived there each morning at 9:00 (when it opened) and chatted with the patients. Usually I started visiting my informants from the Puskesmas, returning there after each day’s work. To avoid medicalisation I tried to talk in their jargon, hung out with them, and did most of the interview that had been done outside of the Puskesmas.

Usually patients go to the Puskesmas to treat a headache, stomach-ache, cough, flu, and hypertension on their own, or just to bring in their sick child. On Mondays, the day set aside for immunisations, there are plenty of children. Every chance I got I talked to the patients about the drug abuse problem and they proved surprisingly knowledgeable about it. They told me whose kids are drug addicts, who are drug dealers, and the popular spots for shooting up. This showed the popularity and magnitude of the drug abuse in Kampung Bali.

The Puskesmas itself is built of brick and looks well maintained with white walls and green doors and windows. Puskesmas Kampung Bali has eight rooms and two toilets. The biggest room functions as a general medicine examination room, equipped with two beds, one table and chairs, storage, and a fridge. The staff does not stand on formality, as this is the way to deal with kampung people. Anyone can talk freely to the director, something unusual in Indonesia, whose culture stresses formal relationships and respect for authority. Here the people are willing to assume other roles to get the job done: the dentist is willing to help prepare medicine when she has no patients.

During the first weeks, I found out that drug abusers usually come after 11 am. This happened for two main reasons: they were ashamed to be seen by other patients and they got up late. If I did not have any interview appointment, usually I accompanied them home after the treatment or just followed them hanging out.

My interviews with drug abusers from Kebon Kacang were less tense than my interviews in Kampung Bali. Since I entered that area with Mas Karyo, nobody suspected me of being a police informant. Whenever I did my interview, there were no people trying to interrupt it. One of my respondent relatives even invited me to talk about his daughter’s mental disorder, which did not have any relation to my research topic at all.

I also fully participated when one of my core informants had to be hospitalised for almost one month in Cipto Mangunkusumo Central Hospital. Yayasan Pelita Ilmu
paid all of his hospital costs. I visited him almost every day. Therefore Aulia and I had
to help buy medicine in the pharmacy, send his blood sample and his sputum sample to
the laboratory (and take them back on the following days), and sometimes buy food and
drink for his mother who accompanied him in the hospital.

In Cipto Mangunkusumo Central Hospital, patients have to go around
unattended by nurses or staff when they go to have treatments or take laboratory tests.
Therefore their family usually accompanies them. In my core informant case, since
Yayasan Pelita Ilmu paid all the costs, Aulia (and I) had to do it every day. Sometimes
it was so exhausting, since in one day we had to go to the three different labs, waiting
for hours for the medicine, and listen to a complaint about my core informant’s
behaviour.

Rimba’s roommate’s wife, for example, was complaining that Rimba showed
his penis to her at night, when everybody was asleep. I suggested she complain to the
doctor, and in a few days her husband was moved into another room. Some of the
hospital staff was complaining too, since Rimba often disobeyed restrictions such as
eating hot and spicy food, spitting on the floor, peeing on the bed, et cetera. It stressed
me out as well every time I had to visit him, since I had to take off my shoes when I
entered him room. I was afraid that my bare feet might have cuts and I could get
infected by it.

Sometimes I really wanted to accompany him and to encourage him to hang on
– his health was in a very bad way by then. His legs were swollen so he could not walk;
he could not breathe and sweated all the time. Sometimes I hated him because he was
so demanding: he did not want to swallow his pills without our help, for example. On
the first day in the hospital before his relative showed up, he asked me for help to pee,
to buy food, and then to defecate. I bought food and helped him to eat it, but I was so
frustrated with the other requests. Fortunately when I was trying to overcome these, his
relative came. I was saved just in time.

To complete an overview of those neighbourhoods, I stayed overnight at the
Puskesmas Kampung Bali. The Puskesmas officially closed at 14.00, but it was kept by
Mak Ee’ family, one of the Puskesmas staff who lived behind the Puskesmas. By the
time I arrived, there were no interesting things happened. Some of the Puskesmas
patients told me drug transaction and drug use mostly happened in the afternoon.
“After *maghrib*, nobody hangs out,” he said. They usually stay at home watching television, or sleeping. *Maghrib* is one of the Moslem praying times. It is usually at around 18.00, after sunset.

On the contrary, the Kebon Kacang neighbourhood seemed livelier at night. A lot of food stalls started to open at 18.00 and scores of cars parked on the street-side. The alley where I usually hung out with my drug abusers gang was full of dangdut, a popular music among the lower class people in Indonesia, which has a dominant traditional drum rhythm.

**Focus group discussion**

It was not possible to hold a formal focus group discussion with drug abusers in Kampung Bali, as they cannot endure to stay in a formal setting. The experience of Yayasan Pelita Ilmu in holding a life skill training program shows how difficult it is to handle an official meeting with them. At that time five of my informants had agreed to participate. The program started at 10 am but no one of my informants showed up. Finally two of my informants came at 3 pm when Aulia picked them up. Two other respondents also came late at about the same time, accompanied by their mother. Other than that, they went home at the same day, long before the program finished. I decided to have an informal focus discussion, since it was possible to initiate a discussion in a ‘natural setting’, such as when people get together to talk (Hardon *et al*, 1995:179).

What I did instead was to go to the places where the people I thought were interested in hanging out. My observation shows they started to hang out at 11.00. Therefore for several days I visited their favourite food stalls in the morning, until I got a group to start a discussion.

One day, when the sun was not so hot, I found two of my core informants were having breakfast there. While I was chatting with them, my two other core informants came with their two friends. Together with the food stall owner and one community member who also a relative of my informants, I had 8 people there: a perfect group for a discussion.

During our talk, I just brought up the topic, particularly about how they see their addiction and their perception about treatment, and Aulia helped me to keep the discussion flowing by provoking people to talk more. They talked a lot: sometimes they teased each other, pointed out their “bad” characters. While we were talking for almost two hours, some of us continued smoking, drinking tea, and eating fried banana (*pisang*...
Reflection on the topic and research process

One of the difficulties with putting across the message about drug abuse is that the problem is more complicated than I used to think. As a journalist, I was inclined to take just a picture of drug abuse problems as an instantly comprehensible message rather than to seek the underlying ideas and beliefs those create the onset of a drug abuse. Learning medical anthropology made me see the interrelation between drug abuse and the people’s social-economic and cultural context. Through these new perspectives I have tried to understand the magnitude of the problems, and presented the results of my efforts in an exploratory and descriptive study.

Carrying out this kind of study in fact is not far from my journalistic background. Both profession attempt to gain insight into a problem by investigating people’s views, observing and interviewing, and recording what is heard and seen. However, there are still differences that occasionally made me forget to capture every detail that reflects the emic point of view and thus understanding the web of culture being studied.

The journalistic adage that “name makes news”, that a journalist is naturally interested in the rank of a source (perhaps more than in what is actually said), also differs from an anthropological study where every informant—whoever he/she is—is important. Their views and gestures have to be explored to gain more understanding of their underlying ideas and beliefs. Those paradigms caused me to be always aware about my data collection as well as I started learning to pay attention to the unsaid. During the last period of my research, I still struggled to complete my data as well, since I was afraid that the way I think as a journalist would discourage me from collecting sufficient data for my study. I was never sure that my findings would sufficient enough to write a good ethnographic report.

For these reasons I decided to record every piece of information, which I thought would be relevant to my topic as complete as possible. By doing this, some changes from my original plan were unavoidable. Previously I intended to focus on drug abuser’s perceptions about treatment. However, after some time in the field I realised that things are more complicated than I imagined: the drug abuse is very much
influenced by social-economic condition and the local culture. Finally, this study is more focused on the drug abuse culture than treatment seeking behaviour.
Chapter 3
A STRATEGY FOR SURVIVAL

The swift growth of drug abuse in Kampung Bali cannot be separated from the social economic situation in that area and in Jakarta in general. As the prime beneficiary of the economic development in 1970-1990, Jakarta was receiving a disproportionate amount of foreign and domestic investments. The physical changes at the city centre initially increased. The members of Kampung Bali, Kebon Kacang and the surrounding areas that could hold out, suddenly found themselves in the midst of a building boom. The kampung dwellers found themselves caught in a vacuum: having lost a community but not yet having accessed to a modern city either.

Jellinek (1991:94) expresses the situation as something that is unreachable by the kampung people. Fences were erected around the modern buildings, and guards stood at the gateways scrutinising whomever entered. Kampung dwellers were intimidated and believed that all the facilities were only for Jakarta’s elite. Kampung dwellers felt like aliens in their own town. The path over which they had freely travelled or places from which they had traded were suddenly out-of-bounds.

The adage that knowledge is power gives people an image that only through education can people gain access to all the facilities. This image gives a dream to young people who have a better education than their parents to access it by getting a formal job in multi-storey buildings that surround their kampung neighbourhood. In fact, the formal sectors are dominated by people who have at least an academic diploma. Unfortunately the kampung young people’s education is insufficient to compete with others.

The majority of my core informants for example, are unemployed and did not continue their study after finishing junior high school or senior high school. The reason is not only did their parents have insufficient money to afford a higher education but also an attitude against education is root in Betawi culture, which associates formal school with Dutch colonialism and Christianity (Castles in Kleden-Probonegoro 1996:126). With their educational background, it is really difficult to get a job, particularly in formal sectors. Until May 2001, Indonesian unemployment figures were
33 million people\textsuperscript{16}. Although there are still chances in informal sectors, not so many are people interested. All are based on the experience that Jakarta’s policies were opposed to informal employments such as trishaw (becak) riding and street trading (Murray 1991:12) and the image of a middle class for being working in formal sectors.

The subordination of the kampung people since Dutch colonialism is the other situation, which can be seen as a triggering factor for the growth of drug abuse as well. The Indonesian authority’s system of patronage which always treats them as second class, a group of people who know nothing, are uneducated, and always need to be cared for, makes people accept their powerlessness and leads kampung people to adapt to their situation with communal solidarity and avoidance of authority (Murray 1991:9-24).

Therefore when drugs boomed in 1995’s and offered an opportunity to have a better life, many of them took the opportunity. This is a chance to have a better life, to afford all the modern day amenities and most important provides a survival strategy from their subordination. All throughout the community there seemed to be no objection as to what was going on.

Following Scott’s framework (1985:289-303) it cannot only be seen as a survival strategy, but also as a resistance to an oppressive power that has subordinated them for years. Cambridge dictionary defines the word to resist as to fight against something or someone, which according to Scott resistance is an effort to defeat appropriation. This resistance could be individual or collective, unorganised or organized, public or anonymous.

This is what I will try to discuss in this chapter, focusing on the day-to-day survival in Kampung Bali, from the drug abusers, their family, and their community.

\textbf{Survive with easy money}

Living in the metropolitan Jakarta is hard without money in hand as nothing is for free\textsuperscript{17}. Despite the fact that the basic needs of my informants—such as a place to stay and something to eat—are provided by the family, there are still other things to be

\textsuperscript{16}Taken from Rizal Ramli, Indonesian’s former Economic Minister’s speech on television on May 28th, 2001.

\textsuperscript{17}The saying among urban poor in Jakarta, “steppmother is malicious, but a metropolitan city is much more malicious” (sekejam-kejamnya ibu tiri masih lebih kejam ibukota) shows how difficult it is to live in Jakarta the metropolitan without money. Mostly the prices are higher than in other cities and people have to pay for almost everything: public bath, drinking water, and even keeping shoes in mosques.
bought: cigarettes for example, or snacks and soft drinks. The lure of their surrounding (supermarkets, McDonald’s, department stores) makes them need money even more. Narayan et al (2000: 40) notes that with opportunities so limited, many are driven and drawn into livelihood activities that are to various degrees dangerous, illegal, and antisocial, including theft, drug dealing, sex work, trade in women and children, and child labour.

To earn their spending money (uang rokok, means money for cigarettes) and later on to obtain drugs, some of my respondents work as a polisi cepek (a person who guide vehicle drivers in making a turn in the streets), timers (those who ask for money from the public transport), or joki (drug brokers). These things that are considered illegal from the etic perspective but are a kind of welfare distribution from their emic perspective. The story below illustrates the issue of survival.

Herkules sits in an open shed on the Jalan Wahid Hasyim street-side, watching his friends helping the drivers make a turn. Jakarta’s people usually call them polisi cepek—which literally means a Rp 100 police—since the driver usually gives Rp 100 (FL 0.02) to them. That name, hence shows the different view between outsiders and insiders. For the average outsider they are just people who ask for money by doing little things since drivers can make a turn without their help. The polisi cepek themselves prefer to call it markiran, which means they offer help to drivers to park.

That day was not really busy. At noon there were not so many cars passing by but Herkules and his friends did not care. Markiran is part of their way to pass the time. In fact they can get money that way. “It’s better than doing nothing,” said Doel. He was on duty that day with Herkules and Unang, one of their gang members.

The saying “time is money” cannot be applied here. While most Indonesians usually get up at 6 am, my respondents wake up at 10.00. Some of them don’t have any breakfast at home. Mandra’s mother told me that she never cooked breakfast. She and her husband just drink coffee or tea. Mandra and Jaenab, his wife, skip breakfast and have lunch earlier at their favourite food stall: a small stall built on the drainage ditch on the alley-side. A short wall on the opposite alley side is used as a bench.

They can have rice, fried tempe (fermented soybean cake), tahu (bean curd), or a piece of fried banana. Sometimes people eat pangsit too; a kind of noodle prepared with chicken and fried wonton, ordered from a mobile vendor. This is a place where most of my informants in that area usually hang out: Belina, Jaenab, Mandra, Mas
Karyo, Atun, Doel, Herkules. They can spend hours there: talking, smoking and drinking.

In the afternoon, when they get bored, they just go home and sleep. Sometimes they watch a television program, or just do nothing (*bengong*) at home. The others start hanging out in the afternoon. Therefore, I always encountered people at that food stall every time I passed by. In the evening, some of them stay at home, some people continue hanging out, and some people obtain money as *polisi cepes*, parking boys, or timers.

A timer is different than a *polisi cepek*. As a timer, my informant goes to Jalan MH Thamrin, the main street in Jakarta where all the public busses pass by. At the corner of the Jalan MH Thamrin and Jalan Wahid Hasyim intersection—just in front of McDonald’s, the timer collects money from all public busses. When the bus is full of passengers, the driver has to pay at least Rp 500 (Fl 0.11). If there is no passenger, the drivers only give Rp 200 (Fl 0.04).

Everybody has his own schedule to be a timer. Herkules, for example, can be seen there at 8-10 pm with his two friends. Once I observed him doing his job, he carried a small plastic bag to keep the money. A *kenek* (assistant to a driver) was throwing a Rp 500 coin or two Rp100 coins, when the bus passed by. Herkules and his friends collected all the coins from the street. Nobody paid any attention to what they were doing. The crowd of people, who were waiting their bus there, just did not care.

It was Friday night. Several public transports passed by. Most of them were full of people who had just finished their work before the weekend. However, they only collected Rp 12,400 (Fl 2.76) that time, and every person got about Rp 4,000. “The peak hour is in the morning. We can get Rp 20,000 in two hours,” he said. As a *polisi cepek*, they would get the same amount—Rp 12,000—for at least 10 hours.

Part of my interview with Herkules ensues:

**Question (Q):** Why do you ask for money from the bus driver?
**Answer (A):** Because they pass by our area. They should share it with us.

Q: What would happen if the driver didn’t want to pay?
A: I won’t let him pass by.

Q: What would happen if they reported it to the police?
A: Ah, police like to ask for money too.

Herkules’ view represents the principle behind his struggle: equity to share welfare. Asking money from the bus driver, as well as collecting Rp 100 from every car
which makes a U-turn, is a way of distributing money to them. Even though this act is considered a violation of the norms and values of the community, following Scott’s framework it can be categorised as a resistance, since the concept of resistance could begin with self-interested material needs. This is the effort to defeat appropriation, the self-interested core of a routine class struggle. Some bus drivers do not like it very much, since there are some other Herkuleses along their routes but nothing can be done. They call a timer a tukang palak (a person who forces others to give them money) however they just surrender and said that it is a matter of sharing or zakat (bagi-bagi rezeki). Zakat is a form of religious charity required by Moslem law.

To be a parking boy is another way to collect money. Food stalls in Kebon Kacang, give them an opportunity to get easy money. Every car has to pay at least Rp 500. However, my core informants rarely do it since other gangs have occupied the parking area. “We can only help people park in front of the soto mie stall. But, since that stall is on the main street, we have to share it with a formal parking man,” explained Doel.

Herkules finished his junior high school 13 years ago. He is the eldest of eight children. “He has many brothers and sisters. We have no money,” explained his mother when I visited his house. His mother is a widow. Her husband died several years ago. Hercules’ brother and sister, who work at a small company, support their family life. They live in a small two-storey house, about 15 square metres. Their late father’s picture hung on the wall above a 14 inch blurred colour television.

Besides being a timer or a polisi cepek, he doesn’t have anything to do. “It’s difficult to get a job,” he gave me as a reason. He hangs out most of the time, and the money he gets is for his own. Hercules is not alone. Most of my informants never continue their education until college. From 13 core informants, only two people dropped out from an academy, four people completed senior high school, six people completed junior high school, and one person completed primary school.

Most of my informants have a better education than their parents; however, it is still insufficient to enter a formal job. They are unable to compete with people who are more educated and self-driven to work hard. Following the Dutch ethnographer and folklorist Arnold van Gennep (1960:11), they can be defined as people in a liminal situation, one of three phases that he proposed. Liminal is a transition phase, which occurs when a person has been detached from the old status (pre-liminal or separation), but has not yet been attached to a new one: the post-liminal or incorporation
symbolically completes the passage. Young people in Kampung Bali have left the phase to which their parents with their limited education belong, but their education is not sufficient to attach to a new phase. In other words, pre-liminal status is identical with poverty and low class people and the formal sector that is identical with prosperity, is the post liminal phase.

**Escaping from the kampung myth**

Some of the young people here tried looking for a job, but none of them were successful. Their lack of education makes it difficult for them to get what they want to. If there are any opportunities, they often fail to compete with urban migrants who are (generally) more motivated to work, obedient, and accept every kind of job. Kaum Betawi—who influence a lot of Jakarta’s kampung culture—are choosy: better to be an office boy than a cleaning boy, better to be a clothes washer than a maid, better to be a kampung guard than working for a household (Saidi 1994:24-56). This has given rise to a popular myth that Betawi people are not hard workers, which makes it even more difficult for them to be given a chance.

Most of my core informants have such a perception about having jobs. A job, according to their view, is working at an office and wearing formal clothes. "Kerja kantoran," is their word in Bahasa Indonesia. Nobody is interested in working in Pasar Tanah Abang for example, where there are lot of shops that need attendants to serve customers. "The salary is too small," said Rimba, explaining his reluctance to be a shop-staff.

Rimba’s brother works as a shopkeeper in Pasar Tanah Abang, one of the biggest markets in Jakarta where people can buy anything from rice to electronic goods. He gets Rp 250,000 (FI 55.56) a month. Every day—he only has one day off a week—he starts his work at 9 am and finishes at 5 pm. “It’s not worth, it’s too tiring,” Rimba said. He wants to work in a big company. He wants to go to a multi-storey building early in the morning and go home in the evening. “I don’t have to be suffering under the sun and sweating.”

Another one of Rimba’s brothers works at a Babe Saman food stall. When I interviewed him, he didn’t mind to explain his works there. “I do many things. Serve the customers, prepare drinks, foods, and sometimes wash dishes.” However, when I visited Babe Saman to try his famous nasi uduk, Rimba’s brother seemed ashamed. Not
until after I finished my dinner there did he then show up. Later I saw him hiding in a VCD rental-shop nearby.

Jaenab never wants to be a trader. One day a clothes trader just came to Puskesmas Kampung Bali when I talked to her one morning. She brought a pile of sarongs, and offered to sell me one. When she had just left, I asked Jaenab if she had ever thought of working like her. “No. I don’t have any talent to be a trader,” she replied.

Jaenab’s mother-in-law is an arisan collector. Arisan is a rotating credit association and runs as a neighbourhood lottery. She collects money from the traders in Pasar Tanah Abang, announces the lottery winner every week and gets a commission from it. Jaenab does not want to follow it either. “I’m not as patient as mama is to do that,” she said.

Rawit does not want to be a cloth washer like her mother either. She keeps her fingernails long and all covered with red nail polish. “She wants to work at a beauty salon. That means she has to take a course first. But we don’t have money to obtain that course,” explained her mother.

The image that flows from the concept that knowledge is the key to power, gives them a dream to get a better job. The modern office blocks along Jalan MH Thamrin that are associated with the Jakarta elite and success symbols, completed their dream to get rid of their subordination as a kampung boy. Kampung people are always associated with a low class group and have been treated as a group of people who know nothing and have been uneducated since Dutch colonialism. The word kampungan, for example, is still being used to refer to a person who does not have any proper manners, is outdated, and uneducated.

Working in a multi-storey building, with a modern elevator and full air conditioning is associated with the upper class. Therefore, working as a shopkeeper, a cloth trader, or an arisan collector is not given any recognition at all. Rimba’s brother, who was hiding when I went to Babe Saman food stall, shows his embarrassment for being a food-stall keeper. Even though he gets Rp 10,000 a day for working at 06-11 pm, it is not a remarkable job. Therefore, when Yayasan Pelita Ilmu offered them the opportunity to earn money by opening a kiosk in a mall for polishing shoes or to be a soft drink vendor, nobody took up on the offer.

However, to be a polisi cepek, timer, or parking boy, is not a shameful job, since they are not considered permanent. “It is just collecting small change to buy snacks,”
said Yapto ("Itu sih kumpulin uang kecil buat 'jajan'"). Jajan is a word to buy extra things aside that what has been provided at home such as snacks and cigarettes. In addition, the word jajan is also used to refer to a married man who patronises a prostitute.

**Joki: an easy survival way**

For people in Kampung Bali, life is vicious. Normal day-to-day conditions are wretched. It is therefore understandable that when the drug period boomed and offered what seemed a way out of their problems—to be a drug broker (joki) or a small drug dealer (BD kecil)—many unemployed people took the opportunity. Working in the illegal drugs business does not require any skill: there is no need for a high educational background or skill. They could get money easily, and enjoy all the modern day amenities: television, a fridge, motorcycle, and McDonald’s.

Additionally, working as a joki changes nothing in their current day-to-day habits. They can still wake up late, hang out, and there is no “low level” work to do. Customers (called PS from the word pasien or patient in English) are the ones who actively contact a joki (drug broker) or BD (a short version from bandar, meaning drug dealer). Customers can go directly to the drug broker or dealer’s house, and in a few minutes get their BR: a short name from barang or drugs (it literally means goods). A customer can also approach people who hang around (nongkrong) at street-stalls, benches, to buy drugs for him. As long as the PS has cash money in hand, the drugs can be obtained within minutes.

A customer can drive by in a car, approach a polisi cepek—a person who helps the driver to make a turn on the street, lower the speed, open the car’s window, and ask, "Ada BR?" (“Any goods?”). If the polisi cepek replies yes, the customer drives down the street, makes a U-turn and by the time he comes back the polisi cepek will have the stuff ready. It is easy and fast and hard to detect with all the traffic in the street.

According to Jaenab, when drug prices were good and many customers (PS) came to Kampung Bali or Kebon Kacang, she could get at least Rp 50,000 (Fl 11.11) a day plus free drugs to be used together when she had a nice customer. Nowadays, she gets only Rp 10,000 – Rp 20,000. “It is difficult now. Not as many PS come, since drug dealers have spread to all over Jakarta,” she said.
The family themselves turn a blind eye to the exchange. Atun, whose husband used to be a drug dealer, said: “I never asked where the money came from. As long as my husband gave me money, I accepted it, and I spent it for the family.”

Rawit’s mother did the same thing. Every time her son gave her money, she never asked how he got it. Since he is now in jail, her oldest son continues the job. She never said anything about it. So does Rimba’s mother, who runs a *ketupat sayur* (a Betawi style dish, made from rice and vegetable, usually for breakfast) stall in front of her house every morning. She just accepts money from drug abusers who want to use drug in her house: a two-storey rented house used by 3 families. She lives in a 12 square metre room on the second storey with her family. Dealing with drugs is not only an easy way for young people to survive. It has also become the principal way for the family to escape from their economic problems.

**Survival within family**

All my respondents live with their parents. The Betawi culture, which stresses the need for a family to stick together and help each other, makes the house even more crowded. Saidi (1994:44) explains that Kaum Betawi will never let their family leave their house suffering. Their extended family system will accommodate members who are unemployed or who earn a little money. “We should do anything to help our family, even if means using our legs as a head” (“Biar kepale jadi kaki, kaki jadi kepale, kudu inget sanak beraya”) is the Betawi saying which is still being practised. No matter how poor, they prefer to help each other with what they have.

Therefore, one tiny house can be filled with a lot of people. Hercules’ house, for example, has nine people. Acong, one of my core informants, lives with his four siblings and his father. Atun lives with her husband and her two children in her parent’s house with one brother. Rimba lives with his mother, his sister, and his two brothers.

“His salary is too small. It is only enough for his own expenses, so I let him stay with me until he can manage to be independent,” that was Hasan’s mother’s reason why she let Hasan’s brother stay at home, although he works as a guard in a small private bank.

Except Acong’s, Belina’s, Yapto’s and Mandra’s father, all of my core informants’ parents don’t have any regular job. Rawit’s father, for example, sometimes assists builders. If there is no order, he just stays at home. So Rawit’s mother, becomes *buruh cuci* or a clothes washer. However, this is not a regular job either.
If somebody asks her to wash, she comes early in the morning to that person's house, takes the clothes, washes them at home, spreads them out in the sun, and in the afternoon she comes back with a pile of ironed clothes. Usually she gets Rp 20,000 (Fl 4.44) from every household. "But now it is difficult to get an order. Every household has a maid. The rented rooms where I used to work have a maid too. It is getting harder to get money and all the prices are going up. They never go down," she sighed.

To prepare simple food—rice and vegetables—for the whole family, at least she has to spend Rp 10,000 (Fl 2.22) a day. The situation makes them skip their breakfast. They get up late—Rawit is even still sleeping at noon—and just drink coffee or tea until lunch time. I had never seen the mother cook, even though I visited Rawit's house four times. Later Rawit told me, they prefer to buy a side dish since it is cheaper. Her mother just provides rice.

Rawit's house is made from hollow bricks, with two small bedrooms and a kitchen. Her bathroom and toilet are made from bamboo in front of the house. The roof is very low and it is dark in the middle of the day. No light comes through. Rawit's mother lives with her husband and her two kids in a house approximately 16 square metres large. The youngest child is still in prison. "He got caught for selling drugs," she said shortly.

However, the house is still too small for the family. They go out most of the time. "My house is crowded. Narrow. I would be bored just to stay at home," Rawit explained when I met her at the food stall near her house. She was sitting there drinking bottled tea (teh botol). Her mother was around too, chatting with the stall vendor.

Hasan lives in a similar situation. He lives with his brother and his mother. His house is even smaller than Rawit's house: 12 square metres, divided into two rooms, a living room and bedroom. A tiny kitchen, about 2 square metres, is added in front of the house. They go to a public toilet for Rp 5,000 (Fl 1.16) a month whenever they need to bathe or go to the washroom.

Hasan's mother was squatting in front of kerosene stove, frying mixed vegetables, when I visited her house. Hasan's sister was squatting beside her, stirring rice. They were busy cooking pastel and lontong, two kinds of Indonesian snacks, for a school meeting on the following day. "If I don't get any snack orders like these, how can I stand to live—though I get a little money only for doing this. Everything is so
expensive now. Yesterday, I bought flour for Rp 4,000 (per kg). I don’t know I’ll get any profit or not, since I can only sell it for Rp 500 each,” she sighed.

Hasan’s mother still gets a pension from her late husband, who used to be an army officer. Every month she takes the pension from a bank for Rp 400,000 (Fl 88.89). This money goes to Hasan since he is unemployed now, to support Hasan’s sister since she has a family, and to maintain their daily costs. Hasan’s brother, who works as a guard in a small private bank, supports her mother a little.

The Betawi loyalty to relatives extends to those who are drug abusers as well. Even though they were hardly happy to discover their kids using drugs, they never had any idea to expel their kids from their house. “I get angry with him everyday. I curse him. I shout at him, but he doesn’t listen to me. I’m tired,” sighed Hasan’s mother again. She became mad, because since Hasan had gotten used to use drugs he spent all the family resources and never helped her with household tasks.

Every night, Hasan, his mother, his brother, and sometimes his nephew sleep on the only bed in their bedroom. During the dry season—from May-October—their house is really hot. There is no ventilation except the doorway. There is no chair inside, and a small refrigerator in the living room makes the room even narrower. The refrigerator does not seem to function well, since she put all the mineral water cups outside.

“It must be hot. I’m sorry my house is too narrow. Wait a minute, I’ll get a fan from my daughter’s house for you,” she said that when she saw me sweating. In a few minutes, she disappeared and brought back a tiny fan. Hasan—who just came back from hanging out—helped his mother plug in the fan.

A community’s survival

Although the drug abuse pattern developed throughout kampung alleys, all through the community there seemed to be no objection raised as to what was going on. According to Ninuk Kleden-Probonegoro (antropologist and key informant), it is not seen as a moral offence for some of the community members. This state of mind stems from the Betawi’s way of thinking. In her research about Betawi culture—that influences the perspective of urban kampung people—she found out two typologies of Betawi people: mualim and lay people. Mualim are Betawi people who follow the Islamic norms and lay people who do not. For lay people, following the Islamic principles and norms is an idealistic thing. For them helping each other and solidarity,
is much more valuable. In her research among the Betawi theatre (lenong Betawi) community, she found out that even though most of them are Moslem, they rarely pray, fast, are proud to do something bad, and even share their husband and wife. They separate religious life and reality (Kleden-Probonegoro 1996:211).

As a result kampung lay people try to rationalise this problem instead of considering it a moral offence, by saying that they just sell drugs or help people to obtain drugs. “It’s just a supply and demand transaction, no force exercised,” Rawit’s mother said. Or Hasan’s mother, although she cursed Hasan, she always gave him money whenever he needed it. “He is better asking me money to obtain drugs than stealing someone else’s,” she said. Or Rimba’s mother, who lets people use drugs in her house.

Within that structure, it can be understood why the Kampung Bali community tolerates or even allows the drug dealings to happen in their area. Selling drugs—voluntarily obtained by customers—is considered better than stealing or robbing. Therefore, even though there are some people who can be categorised as Betawi mualim, they did not do anything to prevent the spread of drug abuse. As Sasono in Murray (1991:24) puts it, “They can’t make the laws and regulations, and because of that they’re very often forced to choose between not eating at all, or eating but flouting regulations.”

When the drug business grew rapidly and customers came to Kampung Bali night and day, community members were still thinking that they are outsiders who became the consumers. The image from Indonesian movies and television series “Metro 77” which always uses kids from broken homes or rich families with a western lifestyle to illustrate drug addicts, gives people a false stereotyping of drug abusers as well (Irwanto et al 1999:7). It made people unaware of the consequences of drug abuse. In fact they failed to realise that drug would victimise their children. Samiun, a hajj, for instance, who called people to prayer through a mosque loudspeaker every evening, faced a bitter fact: his son died last year because of an overdose. “He was a good boy. He just could not resist his friends offer,” he said.

Conversely, their experience of powerlessness—some people’s houses were demolished and replaced by modern buildings (Jellinek 1991:127)— have made kampung people adapt to their situation with communal solidarity and avoidance of authority. The bad police image among Indonesian people—easy to be bribed,
unsympathetic to the poor, and difficult to deal with—makes people do not want to get involved with the police either.

Year after year, people learn to mind their own business, as long as that situation does not influence their family life. In Jakarta dialect, there are so many expressions that are based on this point of view. One of the popular phrases is “Gue nggak mau ambil pusing.” This phrase literally means “I don’t want to get a headache because of it” or in simple way, “I don’t want any hassles.”

The other phrase is “Lu lu, gue gue.” This phrase literally means, “You are yourself and I am myself.” People often use it to express the distance between “your business” and “my business” or in other word, “Mind your own business.” Recently, young people in Jakarta would like to say, “EGP”. This is the short term for the phrase “Emang Gue Pikirin” which means I don’t care.

Ibu Farida (mother Farida), a teacher, a pious community member, is an example. She chooses to remain silent and never tries to report to police, even though she knows that her opposite alley-sider is a drug dealer. “I don’t want to bother. It’s better following our community way, lu lu, gue gue.” The same expression came out from some people whom I approached at Puskesmas Kampung Bali. “I don’t care about it as long as they don’t disturb my family.”

Samiiun once tried to remind his nephew for not selling drugs. The following day he found out his door had been streaked with excrement. “I was really offended. I lost my boy and they still insulted me in such a way. I will care about what they are doing.” An ustadz—Islamic teacher—whom I met in a mosque there, was aware of this violation. “I don’t want drug dealers to intimidate my family or burn my house. That is why I prefer to be silent.”

The community attitude can be seen as a survival strategy as well. On the one hand they do not want to deal with an authority system that has been treating them as a subordinate people; on the other hand to protect their family from the threat of the drug dealers: their own neighbours who used to live together in harmony. In fact, they also see that most of the drug dealers and drug abusers will be released if they can provide a certain amount of money to the police.

Indeed, the mualim people and the majority see it as a deviance: those who act in ways that disrupt the social order, the opposite of conformity to cultural norms (Nanda and Warm 1997:248-249). In the dictionary of anthropology, deviance is a
general category of non-normative behaviour that includes crime, psychopathology, rebellion, or simple violation of social conventions.

The drug abuse phenomenon in Kampung Bali, can be called a deviance from Islamic values that drugs are forbidden (haram). This is triggered by social economic factors and the position of kampung people as an oppressed people. As mentioned before, the Indonesian economic growth in 1970-1990 had an effect on Jakarta’s development: a growth of middle class people, a group of educated people who get the benefit of the economic boom, and left the kampung people behind. As mualim belong to subordinate social groups as well, they are reluctant to report this deviance to the authorities. They have developed their own informal mechanism to deal with this situation: the avoidance of the deviants, gossip, and call them words with negative connotation.

The community avoids the deviant by keeping its distance, following the saying mind your own business but gossiping about the sudden prosperity of bandars and jokis. “It is obvious. If he can renovate his house but nobody know what his job is, he must be a drug dealer,” said Samiun who has been living in Kampung Bali since he was born. People in Kampung Bali noticed that people lived better as a BD. “See that house, that house, and that house. In my alley, there are 5 alley residers who became BDs,” he pointed several houses to me that were near his own.

The public prohibits their children from playing with the “deviant” people, and gives them as many activities as possible to keep their children busy. The children of bandars, jokis, and even drug abusers are always teased by their peers as they have “bad” parents. “The children in my Koran reading group often quarrel about their parents’ job,” said an ustaz—an Islamic teacher in Kampung Bali.

Their hidden resistance to the deviant people expresses in the word they use for drug dealers and brokers as well. Bandar for instance, a word to refer to a drug dealer, is an Indonesian word bearing a negative connotation. According to the dictionary, bandar means a person who directs or finances illegal or underhand activities. Bandar is usually used to refer to a gambling operator.

Joki, the word that refers to a drug broker, is derived from the English word jockey. It means to get into more advantageous position than other people using any methods you can. Joki is often used to refer to a person who secretly helps someone write a test to enter university. Since the local government restricts a private car with
less than three passengers entering Jalan MH Thamrin and Sudirman in the morning—to reduce traffic jam—there are some jokis too who deceive that regulation. In this context, joki is a person who becomes a temporary passenger of a private car to enter Jalan Thamrin and Sudirman.

Most of all, those rationalisations and expressions can be seen as a way out for the people—drug abusers, their family, and the community—to console themselves. They have to survive, since every day life in kampung is a struggle for survival and these are their strategies to deal with their reality and normative consents.

Conclusion

The kampung people have a long story of being subordinated. Since Dutch colonial times, they have been treated as a group of uneducated people who know nothing, a group belonging to the lowest class. The impersonal development of Jakarta even has made them more powerless and marginalized, unable to adjust to the accelerated process of development.

The situation of the young people puts them in a liminal situation: they’re better educated than their parents, but not sufficiently educated to get good jobs, particular in the formal sectors—jobs associated with a higher social class. It’s easy to understand how, when the drug trade started to grow, people took advantage of what they thought to be an instant path to wealth and status. There is no concern that engaging in such a trade violates community norms and values, in fact the community itself prefer to keep silent than report it to the authority.

Following Scott, their attitude toward drugs can be seen as a resistance. However, there is a difference between Scott’s work and what is going on in Kampung Bali. If in Scott’s work the hidden resistance is very clearly delineated—the peasants, as the lowest class in Sedaka (Malaysia) against the rich farmer and government policy, the resistance of the people in Kampung Bali is multifaceted. Some people get involved in the drug abuse to overcome their powerlessness, to escape from the kampung myth, and to resist the establishment. This is supported by their family who see it as a struggle for their material needs, or as the Indonesian puts it, to get a mouthful of rice (mencari sesuap nasi).

The community itself lets it happen because of its own distrust of dealing with authority. However, since it is considered haram, the community also see it as a
deviance. Therefore they also have a hidden resistance to drug abuse by avoiding the
deviants, expressing it in the words they use for drug dealer and drug brokers and
gossiping the suddenly prosperity of drug dealers.
THE EXTENT AND FORM OF DRUG ABUSE

While people in other areas have to cover a distance to obtain drugs, people in Kampung Bali and Kebon Kacang can get them everywhere almost 24 hours a day. In Kampung Bali there are six popular alleys for selling drugs: these alleys of Kampung Bali 3, 13, 25, 28, 29, and 30. Alley 28 for example, is the most popular spot with about seven drug dealer houses there (interview with Samiun, key informant). However, it is difficult to get the exact figures of the drug dealer population, since people were wary to talk openly about it.

Most drug abusers live in the same alley or have a close relationship with a drug dealer. It seems that proximity is one of several factors, which may have led people to become drug brokers or drug abusers. The other factor is the drug affordability. People can obtain drugs for a relatively small price and even if their money is not enough, people can pool money with their peers to obtain it. Such factors can make people easily prone to become drug abusers. Conversely, peers can also be a factor to avoid drugs as well as marriage and family support.

Sloboda (2000:29-34) mentions that some factors put a child at risk for drug use. These include genetic and biological factors, individual personality and emotional characteristics, parenting and family dynamics, academic failure and antisocial behaviour, relationship with other particularly peers, and environment condition. On the other hand, peers can help to reduce drug use as well. An increased perception of a friend’s intolerance to the use of drugs is a powerful mediator found to reduce drug use.

This chapter discusses the extent and form of drug use, what factors may have led to drug use, drugs availability, and the context of drug use.

Taking drugs just for fun

Lahaye’s study in Manipur district, India (1999:55-69) shows drug abusers have many reasons for taking drugs. Some of them blamed others—as one’s husband practiced an extramarital sex or one’s family had broken, some said because of their curiosity, and some said to have fun and pleasure. This was something that closely resembled my findings below, except the drugs availability which is unique in Kampung Bali and Kebon Kacang.
Some of my respondents became drug brokers (jokis) first before they started using drugs. Herkules and Doel for example, used to be Mas Karyo’s drug brokers. Mas Karyo is Doel’s brother-in-law, who turned out to be a drug dealer in 1995. Every day, Doel and friends helped him to put it into small plastic bags. At that moment, one gram of heroin only cost Rp 180,000 (Fl 40) and 0.5 gram was enough for one day.

To get a new customer, usually a drug dealer has a tester: a small amount of drugs can be tried for free. On the other hand, since every joki has their own customers, they usually have a “good” relationship as they have built trust for doing illegal activities according to the law. Some customers will offer their drugs to be used together. “I just tried it for fun, but then I couldn’t stop,” said Doel, who started using drugs in 1996.

Doel is a drug abuser. Abuse begins as experimental use, progresses to casual use, and then moves along the continuum to a more serious pattern of use such as addiction. Following Stimmel (1993:21-24) drug abuse is in the fifth level of pattern of mood altering drug use form from an eight-stage continuum: from non-use to addiction. Doel’s pattern can be seen below.

Since drugs were easily obtainable, and to get money was easy as well, Doel never tried to stop, not even when he got a job in a VCD shop in Kota—a central business district. He had become too far involved. Every morning, just before he went to work, he would shoot himself up first. At work, he shot himself up at least once. Soon after he got home in the late afternoon, he had his following shoot. Understandably it was really difficult for him to manage working and using drugs at the same time. After five months working, he got fired for being absent too often.

Rimba, Yapto and Belina have the similar pattern. Their relationship with their customers gave them an opportunity to start using drugs. All was done without any particular reason, just for fun, just to try, all that can be simplified in one word: iseng. In combination with getting bored, no activity, not in the mood, and the availability of drugs, iseng becomes one of the main triggering factors for starting to use drugs. Most of my core informants use this word to explain their reason for using drugs, even though the combination is different from one to another.

Belina for example, said that she often got bored at home as well, particularly after she lost her job. “My shop where I used to work was burnt down during the riot in 1998. Since then, I have had nothing to do,” she said. She never tries to get another job,
since her father—with whom she lives—is used to giving her money. Her mother lives in Bogor, a small city 120 km from Jakarta, with her second husband. Belina’s father earns money by renting the first storey of their house to Iraqi refugees for Rp 600,000 (Fl 133.33) a month, paid by the UN. They occupy the second floor. Belina’s father still works at a private company as well, so she lives more securely than my other core informants.

Belina still gets bored at home, however. Her brother is rarely at home. When her customer offered to share his drugs with her, she accepted it. “Just for fun. If you don’t have anything to do, you won’t be in the mood after all,” she said as her reason. Atun, Acong and Sabeni, are not jokis. They have their own reason for using drugs, even though they have the same word to express it: bete. This slang word usually means not in the mood, but it can be an expression for something that one does not like either.

Acong, for example, said that he was often bete since his mother passed away three years ago. “He really misses his mother, since he had a close relationship with her,” his father explained. Atun, has a different bete feeling. “I was not in the mood seeing him having affairs. Then I challenged him, if you like to have a relationship with drug abusers, I can use drugs as well.” Or Sabeni, who often has a feeling of bete as well because of his mother. “She always talks to me in a harsh voice, she misunderstands me. That makes me bete and start using drugs.”

There was no other choice to escape from their bete. There is no soccer field, badminton field, and even a ping-pong table to play. Watching a movie in the cinema nearby, requires at least Rp 15,000 (Fl 3.49) for the ticket. A picnic in Ancol Fantasyland or to Beautiful Indonesia in Miniature (Taman Mini Indonesia Indah)—the popular playground in Jakarta—is even more costly.

Things were really different 30 years ago, when Samsuridjal Djauzi, my key informant, used to lived in Kampung Bali. According to him, there were plenty of soccer fields at that time, also badminton and volleyball fields. “We played all kinds of sports when we returned from school. We also had sport competitions to celebrate independence-day,” he added. The river along Kampung Bali 25 and 30 also used to be clear so children could play there. Nowadays, the river is so dirty and smelly. There are no empty spaces in the kampung neighbourhood either, since they are all occupied by the people. They are devoid of excitement. Drug abuse is affordable excitement.
Therefore, people in Kampung Bali and Kebon Kacang prefer to use heroin, as it is categorized as a mood altering drug that can make the user relax and happy (Stimmel 1993: 149).

This situation is supported with the availability of drugs. Mas Karyo, Atun’s husband and Doel’s brother-in-law, used to be a drug dealer. Rawit’s brother is also a drug dealer. For Hasan and Sabeni, drugs are available just next door since in front of their house there are active drug dealers. Therefore, even though they aren’t jokis, the lure for using drugs is present every day. Once they have a problem, they easily end up as drug abusers.

The affordability of drugs is another factor. Jaenab for example, who becomes a joki to fulfill her drug demand, could get Rp 50,000 a day. That money is enough to get drugs for her and her husband, Mandra. Nowadays, even though she only gets Rp 10,000 – Rp 20,000, she can still obtain drugs by pooling money with her friends. Though the amount of drugs is not sufficient anymore—the heroin price is Rp 400,000 per gram now—it is still enough to cover their craving periods.

Pooling and sharing

Pooling drugs is popular among drug abusers. Yapto, a joki, explained their mode. He just hangs out on the food stall near his house, after he returns from school. His customers or PS—who usually come from other areas but who know each other—will approach him there. It has been mentioned before that some PSs like to share their drugs with their jokis so they can use drugs together. Other PSs just pay the jokis and use it somewhere else. When the first type of PS has enough drugs, Yapto will invite his friends to have fun together. If he has the second type of PS, Yapto shares his money with other jokis to obtain drugs for themselves.

Pooling in Jakarta dialect is patungan. In drug abuser slang, patungan is PT-PT. The slang of drug abusers usually involves shortening the word, or converting the original word by adding the word auw. Heroin for example, is based on the word putih (white, the colour of heroin). Pakauw is based on the word pakai (use), and sakaw is based on the word sakti (sick) to express a withdrawal syndrome. Putauw is then shortened to PT, bandar (a drug dealer) becomes BD, barang (meaning goods) becomes BR, and pasien (from the English word patient, used in the drug context to mean customer) becomes PS.
According to Mas Karyo, they call their customers PS, since they always need drugs, particularly when they have a withdrawal syndrome, or sakaw, or sickness. In other words, as a BD and a joki, they can help people who become sick to be “cured” by providing drugs. They are playing doctor. This role allows them to feel the power in a patron-client relationship and forget their own powerlessness as kampung people (see chapter 3).

Their modes of obtaining drugs are varied. Most of my core informants always go via PT-PT to obtain drugs. Some of them get money to buy it as a joki, and the others get money as a polisi cepek, or timers, penjaga sepatu (a person who guards shoes and sandals for people in mosques), from their parents, or by selling goods.

The price of heroin or PT is Rp 400,000 (Fl 88.89) per gram or gauw in drug abuser slang. This price has doubled from what it was in 1996, when drugs could be obtained for Rp 180.000 (Fl 40) per gram. In Kampung Bali and Kebon Kacang, every gram of heroin can be divided into 8-10 packages for 0.125-0.1 gram, and it can be obtained for Rp 35,000 - Rp 50,000 (Fl 8.14 - 11.11) depending on the quality of drugs, which is actually difficult to be proven on the street trading. Sometimes, it even can be divided again into smaller packages and can be obtained for Rp 20,000 - Rp 30,000 (Fl 4.44 - 6.67). Drug abusers called the smallest packages pahe. This is a short term for paket hemat, which means a budget package.

The word pahe itself in Betawi dialect means thigh, but it became popular when McDonald’s fast food restaurant started using it as a short term of paket hemat. This popular fast food has launched pahe menus since Indonesia’s economy collapsed in 1998. However, it is still difficult for a drug abuser in Kampung Bali and Kebon Kacang to obtain a pahe by his/herself. Therefore they have to share. About 2-3 people can share a pahe. “But it won’t give you a ‘kick’. It just covers up the body’s craving,” explained Mas Karyo.

To kick or nendang is a slang for to get high. To fly after using drugs, my informants usually said giting, beker, or teler. To cover up or nutup, literally means to close or to cover something. For drug abusers, nutup means enough to make the body’s craving for drugs disappear.

This pahe is only for putauw, or PT, or heroin. The other drug, shabu-shabu (a slang for amphetamine) is not as expensive as heroin. The price of amphetamines are Rp 180.000 per gram (Fl 40). The amphetamines are not as popular as heroin among
drug abusers in Kampung Bali and Kebon Kacang, even though some drug dealers still sell it. "Once you know heroin, amphetamines are nothing," explained Doel.

Usually, drug abusers have their own group to share drugs and needles. Hercules, for example, often shares money with Acong, Doel, and Amat (pseudonym), since their houses are in the same alley. Jaenab, Mandra, and Hamid (pseudonym), are in a different group of pooling money for the same reason. Belina has her own group. However, their group of sharing is fluid: they can change their partner all the time, depending on who is available at that moment. "Once I have money, I look for people to share. Sometimes I just join in since I don't have money at all. But it cannot happen too often," said Jaenab.

Money, once again is the most powerful thing. Somebody who has money or drugs will be surrounded by others. Once a group of drug abusers was very late visiting the Puskesmas. "I knew what was going on. Amat had a 'big' patient today, so everybody joined him to share drugs. Look, they are so 'fresh' now," explained Atun.

Sharing drugs is sometimes followed by sharing needle as well. Generally they share a needle between 2-4 people, but some people keep a syringe for themselves. They obtain syringes in Pasar Tanah Abang for Rp 3,000 - Rp 3,500 (Fl 0.67 – 0.81) each. This is actually a disposable syringe, but they use it several times. Sharing a needle is not only cheaper, but it is also more practical and faster, since they don't have to mix heroin in water several times. Once they mix it, they just put it into a syringe and shoot it in turn. When the ritual shooting is finished, they try to clean it up in a simple way: rinse it with water. Usually they use the rest of the water that they have been used to make heroin liquid, and some of them try to rinse it with hot water, which they heat in a spoon.

However, not all drug abusers prefer to use drugs together. Some of my respondents just pool money and then take their part home though it is a bit difficult to divide that drug again—usually they use a paper from a magazine to keep the smaller package. Atun for example, prefers to use it privately: in her bedroom. She usually uses it together with Mas Karyo, her husband. "I'm ashamed to be seen using drugs," she said. Her shame was associated with stigma, which is discussed in the following chapter.

Other drug abusers use it everywhere: in a quiet alley, in an empty parking lot, in a market, in kitchens, bathrooms and attics. Often the addicts post a lookout while
their companions shoot up. By the time I've finished my work here, I had gotten used
to see them using drugs. My first encounter was with three teenage boys. In Jakarta's
afternoon heat, they squat in a circle beside a motorcycle parked in a dead-end alley.
They are dressed in old t-shirts, short pants and sandals, and are plunging a syringe into
the back of their hands.

Choice of using drugs: ngedrag or nyipe

Recently, several techniques for using heroin have been developed. The first
choice is known among drug abusers as ngedrag. Ngedrag is a short term from chasing
the dragon, the word that is internationally used by drug abusers and in Indonesia it is
adapted as nge-dragon, and even become shorter as ngedrag. Drug abusers put heroin
on a piece of aluminium foil—usually taken from a cigarette box—and then they use a
candle to burn it underneath the foil. Heroin will sublime to smoke, and drug abusers
suck it through a plastic straw, a shell of a pen, or a roll of Rp 100 bank note. This
equipment is popular among drug abusers as a bong—sometimes they make it from a
small bottle as well.

Belina and Atun prefer to use the first technique, since they are afraid to shoot
their arm and afraid of being detected as drug abusers. Both of them inhale the heroin
smoke in their bedroom. “I'm afraid to be caught by police. That is why I never keep
any equipments or drugs home,” Belina said.

The second technique is to sniff heroin directly through the nose. However, this
is not a popular technique, since it could cause a nosebleed for the beginner. The third
technique is to shoot it into the body, which is popular among drug abusers as nyipe.
According to Djoerban from a group of HIV/AIDS and drug abuse study at Cipto
Mangunkusumo Central Hospital, nyipe is also an adapted word from IV (intravenous)
which is in Indonesian pronunciation is e-va. In Betawi dialect this becomes nyipe.

Heroin should be mixed with water first, and then injected intravenously. Most
of my respondents choose the third technique. To get a perfect heroin liquid, drug
abusers usually refine the heroin by using two telephone cards before they mix it with
water in a spoon. Usually drug abusers shoot the drug in their arm, but Doel has a
specific way: he shoots it above his elbow. “So people can’t tell that I’m a junky,” he
said. He has started to use drugs using that way since he worked at the VCD store.
Since a budget package is not enough to make them fly, some of my informants mix their heroin with *bintang tujuh* powder or *panadol*. *Bintang tujuh* is a brand name for medicine powder for headache while *panadol* is brand name for an analgesic. According to Mas Karyo, some drug dealers have already mixed it in their budget packages, and sometimes they even mixed it with glucose. “I’m sure many drug abusers have diabetes now. That never happened when I was a drug dealer. All my PSs knew that the drugs I sold were pure,” said Mas Karyo.

To maximise the effect drug abusers prefer to shoot themselves. “Sharing a budget package doesn’t give any influence by *ngedrag*. Chasing the dragons only covers up a body’s craving only,” Doel explained. By injecting drugs, drug abusers can fly sooner than inhaling as well. Several seconds after injection, a flush and warmth are felt throughout the body, followed by drowsiness. People who choose to inhale drugs need several minutes to get high. In drug abusers term: they are “flying” and indifferent to the people around them. Next comes a high that can last for two hours, followed by a feeling of relaxation, when the abusers may feel in control over their body. In Rawit’s expression, “It gave me great pleasure.”

Injecting 0.1 gram heroin is enough to fly. The higher the heroin dose, the better heroin quality, the longer they can fly. “The higher we are flying, the lower we bend over our head. The most excited thing is when our head touches the ground. It’s unbeatable,” Mas Karyo said.

However, he realised that it only happened in the past: when the heroin price was still affordable. Nowadays, most of my core respondents use it just to cover up their bodily craving. After they use it, they will feel better: relieved from their bodily pains while they were craving. “No fly. We just feel that our body have become fresher,” said Belina. In Atun words, “It made me feel OK so I could start doing the household chores.”

Most of my respondents said although they take drugs every day, they don’t have any particular amount of drugs. “If we have a lot of money, we buy a lot of drugs. If not, we just use it to cover up our bodily craving.” Buying a lot of drugs means they can use it for about five times a day, and covering up the craving means taking drugs for 1-2 times a day.

All my core informants can be categorised as drug abusers and are at habituation levels, except Jaenab and Rimba. Habituation is the result of continued casual use and can be characterised as the need to take a drug at a given time to avoid
the anxiety associated with not taking it (Stimmel 1993:22). At this stage, the intervals between uses are long enough to prevent dependency. Jaenab and Rimba can be categorised as addicted. Addiction is characterised by the compulsive use of a substance, resulting in physical or psychological dependency.

However, Stimmel also notices that it is very hard to tell if someone is using narcotics, in this case is heroin (1993:42). Narcotics use is only readily identifiable when the individual is high, or immediately after injection when he or she is sleepy or drowsy. The abusers may establish a behaviour pattern that indicates a frequent need to take drugs, become anxious and irritable anticipating the next dose, have watery eyes, and have any sign of injections, but they are often covered by several reasons. Therefore, most of my informant appearances are not different from that of non-drug abusers. They still hang out, help their neighbour to repair the alley lamp, and even climb the mango tree in front of Puskesmas Kampung Bali.

It is interesting to note that although most of my informants have not got married yet, they seem uninterested to girls. Some said that they had girlfriends once, but then discontinued because their girlfriends do not want them to use drugs. Some said that they rarely have sex. During the informal focus group discussion, they agreed that once they know heroin, girls are not interesting anymore. “You won’t be interested in anything except the heroin itself,” explain Doel. It is not surprising actually, since heroin is not a stimulant for having sex. Heroin abusers for years potentially gets complication in their endocrine system which leads to a sexual dysfunction (Stimmel 1993:151) and most of drug abusers will use amphetamines if they want to increase their libido (Sarasvita 2000:36).

Reasons for not using drugs

Approximately 60 percent of young people in Kampung Bali and Kebon Kacang, are using drugs (interview with Bambang Eka, 2001). According to medical records in Puskesmas Kampung Bali, the range of drug abusers is between 16-41 years old. The periods of using drug varies from six months to 23 years, with Mas Karyo being the longest abuser. The record also shows that only 10 percent among drug abusers are girls. It is interesting to understand why some young people become drug addicts and why others do not, and why fewer girls take drugs.

Besides peer influence, individual personality, family dynamics, and environmental conditions, as Sloboda mentioned in the preview of this chapter, the
drug abuse also emerges within a historical context of behaviour and particularly in a complex society that are strongly affected by the institution of society (Stephens, 2000:13). In Kampung Bali case, the influence of patriarchal perspective becomes the main variable that leads people to be drug abusers or not.

Boys who are expected to be the breadwinner for their (future) family have to endure more social pressure than girls: they have to be strong and powerful. “Strong” in Indonesian society means not showing their fear, their worries, their sadness, so they can be a good patron for their family. A mother, when she sees her small boy crying will say, “Don’t cry. A boy is not allowed to be tearful.”

“Powerful”, to a certain extent, involves having money and therefore one must have a job. When the expectation to earn money cannot be met and yet it is taboo to express their emotion, most boys fall victim to drug abuse problems. However, since the culture itself is interwoven with other factors such as peer influence, individual personality, and family dynamics, some people are able to manage not using drugs. The story of Sabeni’s and Rimba’s brother who were interviewed, can reflect the situation since they are included in a group who do not use drugs.

The story started with Rimba’s brother, who only completed junior high school just like Rimba. He is three years younger than Rimba. He prefers not to use drugs since drugs, according to him, ruin the body (ngrusak badan). Different than Rimba, his brother looks sporty with his muscular body. “I saw my friend die because of an overdose. I will never use drugs, since I don’t want to die for nothing,” he said.

He does not have any regular job either. In the second week of every month, however he helps street-siders pay their electricity and telephone bill. When people need to renew their identity card in sub-district office (kelurahan), pay land tax, or need catering for a party, he can be asked to do it as well. “I have to ‘feed’ my wife. If I don’t have money, how can I be responsible for my in-laws?” (“Kalau nggak cari duit, anak orang mau dikasih makan apa?”)

When his wife got pregnant—he got married ten months ago—he started working at the Babe Saman food stall. “I’m still looking for a job in the office. But without any connections, I don’t think that I can get where I want to be,” he added. Connection (in Indonesian word is koneksii) means a relation to a power or resources. This word has been popular since the Orde Baru era, where the organisational hierarchy was so powerful using a patron and client model; therefore having a relationship with
people in power would help to access many things. As Murray mentioned (1991:24) connection is seen as an important resource, which is always more trustworthy than any legal resource. If a person has a connection with an insider (orang dalam) of the company for example, he/she can get a job or position, even though the ability is below the requirements.

Following Sloboda (2000:29-34) Rimba’s brother can be categorised as a person who tends to avoid initiation into drugs when he understands the negative physical, psychological, and social effects on its use. He is also a type of person that recognises his situation and tries to earn money through another way. His responsibility as a breadwinner, forces him to be more innovative looking for a job. He does not want to be a joki, as he believes that dealing with drugs just gives him illegal money (uang haram). “Uang haram is easier to run out. See all the jokis here, they never get anything from selling drugs. And more importantly, I don’t want to feed my family with uang haram,” he said.

Sabeni’s brother has another reason. He just finished senior high school. Even though he is just an average student in class, it seemed that he did not have any problems at school. “I never got any complaints from his teacher about him,” said his mother. Sabeni’s brother’s hobby is music. It somehow helps him avoid drugs. After he returns from school, he practises music with his friends. His mother bought a guitar for him three months ago. Sabeni’s brother peers do not use drugs either, which gives him a drug-free environment. “Sabeni wants to play music like his brother, but he wants drums. It is expensive. And even if I could afford it, there wouldn’t be any space to put it in our small house,” his mother sighed.

Sabeni’s brother once tried drugs, but then he stopped before he got involved too far. “I remember Mama. She has been working hard for us. I don’t want to make her sad,” he explained his reason. Now he is still looking for a computer course, before he started looking for a job. “My friends told me I have to get additional skill besides my senior high school degree.”

One evening, I saw Sabeni’s brother and his friends were selling roasted corn. They just put their small table and their grill near Sabeni’s mother food stall. When I approached him, he looked embarrassed. After I told him that his corn looked fresh and I would like to try, he looked relieved. He refused to receive my money at first, but then he accepted it when I said that I had to appreciate his job.
For girls, it seems that they are more secure than boys. Although living in a patriarchal culture subordinates women in many aspects, in the case of drug abuse it becomes a factor that has led them not to take drugs. Their world is structured in a different way than boys. The role identity of girls to be wives and mothers makes them busy practising domestic chores most of the time. Although they hang out, usually it happens near their home. Like to a boy, a mother also has a particular image for a girl, “Don’t hang out too far and too long. It is taboo for girls and keeps you away from your future husband.” (“Jangan kluyuran aja, pantang buat anak perempuan. Ntar herat di jodoh.”)

Since girls are not considered to be responsible for their family welfare, the social pressure for them is less than for boys. Girls do not have to invest in their education as much as boys and girls do not have any obligation to earn money either. That means, even if a woman is working, her salary is considered only supplemental to her husband’s. The Orde Baru regime even set up roles of the wife based on the dominant gender belief system such as to be faithful to her husband, manager of the household, producer and educator of the future generation (Murray 1991:4).

On the other hand, since girls do not have to be the breadwinners they are more free to express their feelings. They can show their sadness and happiness by crying. They can talk and share their feeling to their peers as well. The word gossip, for example, is always associated with a female. Often you can hear somebody say, “Don’t gossiping, gossiping is woman’s business only.” Boys who are talkative will be considered girls who love gossiping. People usually say to a talkative boy that “his mouth” looks like “a girl’s mouth”.

A woman is also associated with arisan, a rotating credit association, where most of the members are woman. Arisan members usually gather and talk to each other first, before they draw a lottery to chose the credit winner. Therefore, when people see girls gathering in an alley or a bench, they usually say, “Aha, are you having arisan?” (“Lagi arisan ya.”)

Such situations make girls less tense than boys when facing their situation. They don’t have to look for a job or to obtain money. In other words, they don’t have to be a joki. If they want to work, they do not mind to be a shopkeeper for example, since their work, their income, would never be taken into account.
Conclusion

Although some drug abusers in Kampung Bali and Kebon Kacang have their own reason for using drugs, in most cases the drug abusers in Kampung Bali fall under this pattern: they have nothing to do, became drug brokers to get easy money, start using drugs because of iseng (no particular reasons, just for fun), progress to casual use, and find it difficulties to stop it. The proximity and affordability of drugs—drugs are available in various prices and can be obtained next door—are the other main triggering factors for the onset of drug abusers in Kampung Bali and Kebon Kacang.

When drug prices rise, drug abusers overcome this by pooling money, sharing drugs, and sharing needles as well if they choose intravenous drug use. To increase the effect, some drug dealers and drug abusers mix the heroin with analgesic medicine such as bintang tujuh and panadol, and even glucose. Although heroin is more expensive compare to amphetamines for instance, drug abusers in the study area prefer to have heroin since it gives them excitement. The other choice is to burn heroin and suck the smoke through a plastic straw or a roll of Rp 100 bank note.

However there are still some people who are not using drugs. Beside peer influence, personality, family dynamics, and environmental conditions, some young people—particularly girls—don’t take drugs because of cultural encouragements. Although living in a patriarchal culture subordinates women in many aspects, in the case of drug abuse it becomes a factor that has led them not to take drugs. Girls cannot hang out too far since they have to practise domestic chores most of the time, girls don’t have any social pressure to earn money, and are more free to express their feeling. Those make girls less tense than boys.
Drug abuse, particularly heroin, will lead to an abundance of risks. Not only will it make people become addicted, but also exposes them to numerous infectious diseases. As mentioned by many authors, drug abuse leads to a high risk for many infectious diseases such as HIV/AIDS, bacterial endocarditic, pulmonary disease, hepatitis, and tuberculosis (McBride et al 2000:690).

Following Hahn’s concept, sicknesses are unwanted conditions of self, or substantial threats of unwanted conditions of self (1995: 22). Sicknesses do not only cause disruption – permanently or temporarily, depend on the chronicity of the sicknesses – to one’s mind and body. It will also affect one’s experiences and relationships with others. What causes the sickness may be environmental conditions, pathogens, the patient’s physiology, or harmful behaviour. Sickness often obstructs or threatens to obstruct the every day activities or life plans of a person. Using this perspective, drug abuse can be defined as sickness as well, as it obstructs the every day activities. As an addict, people will muster all their resources as well: stealing a family’s money, selling a family’s goods, and even becoming prostitutes (Anonymous, 2000).

The main focus of the drug abusers is how to fulfil their need, that is how to get drugs, satisfy their bodily craving and thus avoid the sickness stemming from the withdrawal symptoms. This focus makes many of them lose their job and creates economic uncertainty for their family, for instance because of repeated hospitalisation and dealing with the police. The environmental condition such as the availability and affordability of drugs, is one of the factors which may lead to a sickness.

However, not all of drug users and their family recognise drug abuse as a sickness and therefore most drug users in urban poor areas do not recognise the pattern of HIV/AIDS spread, and even if they know it, their knowledge is not always in accordance to what they practice. The family acceptance towards drug abuse that is interwoven with the norms and values of the society—and potentially leads to stigma—sometimes will put their children in an even more risky situation where they feel trapped.
All these factors, along with the societal beliefs that birth and death have already been determined by God, the low level of education, the poor access to information and health services, compound their ignorance of the consequences of abusing drugs. Even if they realise the consequences, their knowledge and coping strategies to deal with drug abuse are not always correct. As Hahn states, it reduces their contact with therapeutic resources as well. For some of them, who have realised the problem, it is still difficult for them to access the therapeutic resources since the treatment cost is relatively unaffordable.

The drug abusers and their family perception about drug use, treatment, and their coping strategy are discussed in this chapter.

Drugs and risk perception

Early in the morning, when the waiting room in Puskesmas Kampung Bali was still empty, Mas Karyo approached me. “Is he positive?” he whispered. I did not understand what he was asking about, until he explained it further. “I’m asking about Rimba. I heard the Tarakan Hospital asked him to be treated at home because he has AIDS.”

At that moment, Rimba was still being hospitalised in Cipto Mangunkusumo Centra Hospital. Before he was taken there, he had been treated in Tarakan Hospital for three days. His condition was serious—both his legs were swollen, he had difficulty in breathing, and he sweated all the time. The condition made Bambang Eka, the Puskesmas doctor, refer him to the hospital. He was only three days in the first hospital, since his family could not afford to pay the cost of treatment anymore. Somebody from Yayasan Pelita Ilmu brought him to Cipto Mangunkusumo hospital at their expense.

I told Mas Karyo that I did not know about Rimba’s diagnosis, since it is not my right to know about it. He looked displeased with my answer, but I found it as a good entry to ask his perception about the correlation between drugs and HIV/AIDS. According to him, HIV/AIDS can be transmitted through sexual contact. However, he confessed that sometimes he did not use a condom when he had a sexual contact with other women. “If I know her, I don’t want to bother myself with condom. It’s inconvenient you know,” he said.

He used to have a lot of girlfriends when he was a drug dealer. “I had a lot of money, and I spent most of my time in the hotel. Some of my customers even
voluntarily slept with me.” According to him, since he stopped continuing his business he only slept with his wife, Atun.

However, he did not realise that sharing needles can transmit HIV/AIDS either. His knowledge about HIV/AIDS reflects his gang behaviour. Most of them are still sharing needles. During the focus group discussion (FGD) some of my informants looked frightened when they heard that their habit to share the needles could lead to a HIV/AIDS infection. Interestingly, they said that it was all right since they know with whom they had shared a needle.

My other informants such as Hasan and Yapto know about the HIV/AIDS transmission, since they had joined a course on the prevention of preventing HIV/AIDS held by the Yayasan Pelita Ilmu. However, their knowledge and their practice do not seem to match. They do not mind sharing needles with a friend, as long as they know who their friends are. Trust between peer group members is obviously the reason for them to keep on sharing needles despite the knowledge about the risk of infections.

Most of them, including the ones who already had the information about HIV/AIDS, do not have any idea about what HIV/AIDS looks like. According to them, it is impossible that their friends can have HIV/AIDS since they still look healthy, clean (without any skin diseases), and do their daily activities as usual. “We always hang out together, we know each other. It is impossible that any of us could have HIV/AIDS,” they said.

HIV/AIDS is an abstract concept for my informants since they perceive sickness as a symptomatic unwanted condition. People are considered sick if, for instance, the temperature of their body is rising, the person coughing, vomiting, or has any noticeable sores. The concept that HIV is a syndrome—therefore other sickness, which leads into an unwanted condition—is even more difficult to understand.

Their lack of knowledge, together with their perception about risk, makes them prone to infection by communicable diseases. As conveyed my informants’ stories above, a risk is something that could only happen outside their intimate circle. Something bad always happens to somebody else and it could not be happening to “us”. Their risk perception implied that since they know their intimate circle well, they would never get infected. They feel that they have control over their environment and that means they are “safe” from the cause of sickness. The fact that they cannot watch their friends’ behaviour for 24 hours, never crosses their mind.
If something happens then, they will instantly look for something outside as a cause. That was also their comment about Rimba, who had to be hospitalised for almost one month. According to their view, the main cause of Rimba’s problems was not using drugs but his “bad” behaviour when he was in Bali for two months, a few years ago. He went there with a white person (“dia ikutan bule tuh”) whom he knew from the Sarinah Department Store, a ten minute walk from his house. That’s why he got HIV/AIDS. “Everybody knows that he became a gigolo there. Since then, he is getting weaker and often gets sick. I wouldn’t be surprised if he were infected,” explained Mas Karyo.

HIV/AIDS for the people is still perceived as the disease of “the other”, of foreigners, more specifically of the Westerners (penyakit orang bule). Rimba himself never admitted that he had become a gigolo in Bali. When I asked, he said that he was there just for fun, just played around (cuma main aja). His mother told me, he was helping his friend sell T-shirts. “He didn’t bring money home because the competition there was fierce. He couldn’t sell all the T-shirts.”

Rimba perceives his sickness as a reminder from God. “God is angry with me because I just played around. That is why my legs are swollen. Perhaps He wants me to help mama when I get cured,” he said. He expects to be cured soon. About his bleeding coughing, according to him it was a sign to clean up the dirty blood from his body. “I spit it up as much as possible, so the clean blood can replace it soon.”

What happened if they got HIV? Some of them said that they would surrender. “About our life, we cannot decide. God has determined our birth and death. And even if we aren’t infected, we will die after all.” When they see their peer die, their comment usually is, “That is his fate.” (“Emang udah nasibnye.”) ”I’ve used drugs for several years and I’m still alive.” They also often said, “He is stupid, incorrect. He should not shoot himself up too much.” (Bego sih, ngawur. Nyuntiknya kebanyak."

Aside from HIV/AIDS, most of my informants did not know about the consequences of being infected with hepatitis, the complications in the cardiovascular system, endocrine system, gastrointestinal tract, respiratory system, and infections in multiple organ systems either. This situation, as Hahn states as a socio-cultural mediation (1995:77-79), brings the drug abusers into greater causes of sickness: the risk of being infected with communicable diseases or having a complication. Since they do not recognise the risk, they had less contact with therapeutic resources as well. Nobody ever thinks of having an HIV/AIDS test for example, even though the Yayasan Pelita Ilmu could provide it for free.
When my respondents looked for treatment in Puskesmas Kampung Bali, their main reason was not fear of sickness at all. Except Rimba who was seriously ill when he was taken to the Puskesmas and Rawit who had once overdosed, all the drug abusers said that they were tired *(capek)* of using drugs and that’s why they went to the clinic to get the treatment.

In Indonesian, the word tired can be used to express the physical and mental condition. For drug abusers, tired means they are physically unable to afford to use drugs anymore and mentally tired because they have to think about drugs most of the time. Since they are poor and unemployed—most of the Puskesmas patients come from low-income levels—they have to look for money first before obtaining drugs. Some of them have to be a *polisi cepek* first, or a timer, or a *joki*. To be a *polisi cepek*, it is difficult to collect money quickly. Herkules and his friends for example, could only collect Rp 12,000 for 10 hours. To be timers, they can’t do it any time since every group has their own slot. As *jokis*, recently their customers don’t come every day.

When I was doing my fieldwork, it was a hard time for all drug abusers: dealers, *jokis*, and even customers, since the head of the Jakarta Metropolitan Police (Polda Metro Jaya) had launched a battle against illicit drugs, particularly narcotics. Every police sector was targeted to catch narcotics abusers and the police sectors that failed to do it would be blamed for having an illicit connection with drug abusers. All drug dealers—particularly those who do not have any back up—will lower their activities. The drug customer visit seemed to have disappeared.

The Lurah (head of Kampung Bali sub-district) launched the same battle. He used to be an active policeman so did not seem to be afraid of anyone. He often checked alleys without warning and caught people who used drugs there. “We have to be careful when looking for a place to use drugs. If Pak Lurah catches us, we will have to stay in jail for days. We are tired,” Hasan said.

Indeed, there is a competition among drug dealers and drug brokers themselves. When more and more people become drug dealers and drug brokers, oversupply occurs. The customers have more choices to get the “best price” and the “best quality” of drugs. Earning money from drug dealing is not as easy as in the past, particularly when drugs dealing had spread all over Jakarta over the last two years.
However, there was nothing left from their “golden periods”. When money was easy to earn people such as Mas Karyo would throw money around: he stayed in a motel for months, looked for girls, and finally ended up buying drugs for himself. When they become drug abusers, most of the money was spent to buy drugs. “Actually we wanted to buy other things as well, such as meals at McDonald’s, buying shoes, clothes. But every time we get money, it always ended up going to drugs. It’s illegal money that is being spent for something bad,” expressed Yapto (“Itu duit jin dimakan setan”)

Their saying “Duit jin dimakan setan” which literally means a genie’s money is eaten by evil actually expresses their ambiguity about jokis and drug use. The norm that drugs are haram (forbidden) is still there. Being a joki means dealing with a forbidden thing—something that is considered a sin—and getting illegal money from a genie. This is the same with evil, which expresses that spending money for drugs means deal with an evil: the bad spirit in Islam. This ambiguity makes them mentally tired, particularly when they are not “high” anymore.

On the other hand, they realised that all of their resources had gone for drugs. Atun is one of the examples. When she needs drugs very much but has no money to buy, she will sell all the goods at home: fan, clothes, watch, radio, and even her children’s toys, everything was sold. She did not even care, when her children came crying looking for their toys. “I’m tired of doing this. Now I just want to be a good mother for my children.”

Therefore, some of my informants perceived their detoxification treatment as a substitute for their drugs. When the doctor lowered the dose day after day, they asked to get the same dose as on the first day treatment. Doel for example, was trying to convince the Puskesmas doctor to give him medicine in higher dosage. “I’m still craving. Please, increase my dose to overcome this.”

Other patients asked to have the medicine series at the same time with this reason: they have to go out of town so they can go to Puskesmas every day. When they realised that the doctor could not be convinced, they tried another way: exchange it with their friends’ medicine who entered the treatment later, or took the medicine all at once—instead of swallowing it three times a day.

Mas Karyo was even more innovative. He went to his friend who understood about medicine, took out all the pills from the capsules, and identified it one by one.
Afterwards, he went home with a tin full of medicine. “He..he..heh. I used to be a drug dealer, so I know how to find out about the contents of my capsules. Now, I can make a prescription for my gang...” Again, he is playing the role of a doctor (see chapter 4).

Not all drug abusers have a similar attitude. Belina and Sabeni do not want to seek treatment because they cannot stay off drugs at that moment. “I’m ashamed to meet doctor Bambang when I’m still using drugs. Now I’m trying to reduce my drug consumption, and when I’m ready I would like to ask his treatment,” Belina said. Or Sabeni, who said that he doesn’t see any point to seek treatment while he still wants to use drugs.

Atun was the one who was really eager to be cured. “I’m thinking of my children now. If I died, who would take care of them?” Her enthusiasm to stay off drugs was inspiring to her gang. She always came early in Puskesmas Kampung Bali, was never absent, and finished the treatment series completely.

Mandra, who had a bad experience for being treated in a rehabilitation center for ten days, was also motivated to be cured. “I don’t want to be hospitalised anymore. I got a stupid injection (suntik bego) there. I couldn’t move, I couldn’t think. No, I’m tired.” When he started his treatment series in Puskesmas Kampung Bali, he walked like a robot. Since he felt much better taking medicine from the Puskesmas, he gave his medicine from the previous treatment center to his uncle: an active police officer in south of Jakarta who was also a drug abuser. However, once he swallowed the pill, he collapsed in his office. Mandra’s uncle story ended up in a hospital for ten days. Back to Mandra, he was able to pick up his mother from the market by motorcycle two weeks after treatment.

Drugs and family perception

The family also faces the ambivalence toward drugs. Islam as a dominant culture considers drugs forbidden or haram. People who use drugs are considered sinners. The legal system supports this view by law on narcotics, which specifies that drug users can be jailed from one to four years depending on the substance they use. However, the Betawi culture based on an extended family teaches people to take a good care for their “unlucky” relatives (lagi susah), including drug abusers – something that makes their siblings angry. Sabeni’s and Rimba’s brother for example, are always mad when they see their brothers using drugs at home, but they could not do more than fighting with their brother, since their mothers are always on the drug abusers side. The
stigmatisation of others—such as being expelled from school or being unable to enter a
school if found to be positive using drugs—sometimes make the mother even more
protective of a drug abuser. Yapto’s and Sabeni’s mothers were trying hard to look for
a school which doesn’t ask for any drug test instead of asking them to stop taking
drugs.

To prevent their children from stealing or robbing, the mothers always give
their children money whenever they need it. Although before giving the money all the
mothers grumble, complain, are mad, or even curse their children, all drug abusers
always get the money they need. Most of the mothers cannot see their children
suffering while their body is craving. “I don’t like to see that part. It’s bad. I hate seeing
him sakaw (having withdrawal syndromes).”

Belina’s and Acong’s father could not bring themselves to look at their children
either when they are having withdrawal syndromes. Instead of letting them sweat,
having a runny nose, and teary eyes, the fathers start looking for the drug for their
children. “He asked me to stop, and then he stops giving me pocket money. But every
time I’m sakaw, he can’t stand it anymore,” Acong said.

Love and hate relationships toward drugs are interwoven when the family has to
deal with drug abuse situation. Mainly the parents know that drugs have a negative
impact on their children and therefore they try all kinds of ways to get their children out
of it. Some of them try to put their children in pesantren (a certain place where people
learn Islamic laws, norms, and values), move out from Kampung Bali, or stop giving
money. However, once they see their children showing withdrawal syndrome, their
love to their children outweighs their hate of drugs. Their love as well, which leads to a
deviance coping strategy from my etic perspective but it is a matter of caring from the
family’s emic perspective.

Hasan’s, Mandra’s, Herkules’s, and Rawit’s mother for instance, prefer to let
them use drugs at home. “That’s much better than using drugs on the street. I would be
ashamed if people saw him ‘fly’ or Pak Lurah had caught him. My kid is not a thief,”
expressed Mandra’s mother. To be in jail is really unbearable, since the community will
stigmatise their children as a criminal.
Drugs and stigma

Drug users and their family are potentially stigmatised by the reactions of others, as mentioned by Goffman (1974:4). According to him, the term stigma is widely used in the original literal sense—to refer to bodily signs designed to expose something unusual and bad about the moral status of the signifier—but it is applied more to the disgrace itself than to the bodily evidence of it.

Addiction such as alcoholism, homosexuality, mental disorder, or imprisonment, is a blemish of an individual’s character perceived as weak will. Stigmatisation leads to shame, arising from the individual’s perception of one of his own attributes as being a defiling thing to possess, and something he can readily see himself as not possessing.

Scambler (1989:55-60) in his study about epilepsy found out that a stigma doesn’t come from the outsiders only. It also emerges in the people who are at risk for being stigmatised. Following his framework, there are two kinds of stigmas that usually happen: felt stigma and enacted stigma. Felt stigma is based on a special view of the world which predisposes people to a patterned response such as drugs is *haram* or forbidden. Felt stigma has two references. The first is the shame associated with using drugs and the second is the fear of encountering enacted stigma. Enacted stigma refers to episodes of discrimination against drug users such as putting them in jail.

The police treatment of the prisoner gives a traumatic experience as well. In Rawit’s words, “I don’t like being caught. There was no food in the police office and I was tied up like a dog.” She was caught twice for using drugs, but on the second time she was released in front of Sogo Department Store, a fifteen-minute walk from Kebon Kacang. These are the reasons why Rawit’s mother does not want to talk about her imprisoned son. In line with Goffman, the stigma of being imprisoned is a blemish of an individual’s character perceived as weak will.

The fear of stigma can be seen in part of my interview with Hasan’s mother below.

Q: Have you ever seen Hasan using drugs?
A: Of course, I saw it every day.
Q: Where did you see it?
A: At home, I asked him to use it at home.
Q: Why?
A: I’m afraid the police would catch him on the street. It’s embarrassing.
Q: Why?
A: I don’t like him to be jailed. He is not a criminal; in fact he is a very nice boy. He is just influenced by his peers.

Q: Do you know where he got money to obtain drugs?

A: I gave it to him.

Q: Why?

A: If he didn’t get money from me, he would rob somebody on the street. It’s more embarrassing than using drugs.

Q: Why?

A: Because stealing is criminal. It causes a loss to other people.

Q: What about dealing with drugs?

A: It’s also bad, but it is better than stealing. People are buying and using drugs with their consent.

Q: Why is dealing with drugs also bad?

A: Because police could catch him, put him in jail, and it made Hasan only think about putauw (heroin), putauw, and putauw. He didn’t help me anymore. And I have to muster all the resources only for him. My husband’s pension, my money from selling snacks, my clothes, are all gone. “Even my sarongs are gone. Now, I have nothing.”

The effort to keep a drug abuser using drugs secretly at home can be categorised as a self-stigmatisation. Following Scambler’s hidden distress explanatory model (1989:55-60), the self-stigmatisation can be epitomised in three propositions. The first proposition is the embarrassment of having children using drugs on the street or being jailed, called as a felt stigma. This stigma is based on a special view of the world that predisposes people to a patterned response; such as the norm that drugs is haram (forbidden). Felt stigma is also based on the fear of encountering enacted stigma. Enacted stigma itself can be reviewed from the bad experience in a jail and the stigmatisation that one is who imprisoned is a criminal, since enacted stigma is referred to episodes of discrimination.

The felt stigma leads to the second proposition: a policy of non-disclosure. People hide their children’s condition and attempt to pass them off as normal: such as let a drug abuser use drugs at home. The consequence of the second proposition is a third proportion: disruption of the quality of life. A drug abuser won’t be eager to look for treatment as he feels he is being supported by his family, will continue using drugs, increase the pattern level of drug use form, and might end up with a chronic illness or die. Felt stigma—especially the fear of enacted stigma—is more disruptive on the life of people than enacted stigma.

Sarah, the daughter of Atun and Mas Karyo, felt the stigma as well. Her friends at school often called her the daughter of drug abusers. “They said that mama and papa could be caught by the police. She could die too. I’m afraid... I cry and ask mama to
stop every day.” She turns off the television every time she hears the news that police have caught drug abusers, or asking so many questions when she knows somebody just died in her neighbourhood. “Why did he die? Did he use drugs?”

Drug users themselves also have a felt and enacted stigma. They usually go to Puskesmas Kampung Bali in the afternoon, since they are ashamed to meet other patients. Or Atun and Belina, who prefer to use drugs at home. They feel guilty for doing something that is considered haram. Rafiq, the ustadz whom I met in a drug abuse rehabilitation center in Bogor, 120 km from Jakarta, even said that drug abuse is mungkar. It means drug abuse is a hard sin, even harder than converting to another religion.

Besides Rawit’s story above, Sabeni and Hasan are afraid of enacted stigma as well. Sabeni refused to continue his education since he is afraid of being tested before entering the new school. Hasan was stigmatised by the environment and was looking for a new identity card (KTP) from Tangerang regency to apply for a job at McDonald’s. “My friend, who will help me to work there, suggested I get a new identity card first. If I use my Kampung Bali identity card, the management wouldn’t accept it.” According to Hasan, Kampung Bali now is popular as a place with bad reputation.

Therefore, detoxification in Puskesmas Kampung Bali is seen as a way out of the drug problems. For the family, it is the way out from their felt and enacted stigma, the way out from social-economic disruption. Having a drug abuser in the family is not only costly but it is mentally tiring (makan ati). “I’ll die if he is still using drugs,” said Hasan’s mother.

The treatment is looked upon like a savior in their desperation when facing their problem. They are even happier, since they do not have to pay anything for treatment. At doctor Chen the treatment costs by comparison Rp 30,000 every visit plus Rp 60,000 for medicine (all about Fl 20.93)18. Since they have to visit him at least five times, they have to pay for at least Rp 450,000 (Fl 104.65). On the other hand, the free of charge treatment in Puskesmas could make drug abuser just make use this facility. While they are facing difficulty to obtain drugs, they just go to Puskesmas to have

18 Doctor Cheng private practice was in Petamburan, 20 minutes by microlet (a minibus public transport) from Kampung Bali. Almost all informants who underwent treatment several times had been treated there.
treatment. Acong, for example, asked the Puskesmas doctor to treat him from the beginning again since he had used drugs for four days.

It seems that all the families have a high expectation of treatment. Most of them do not know what detoxification or its aim is, and how to maintain their health after the treatment series is finished. Nobody realised that detoxification is not rehabilitation. It is only the first step in starting drug therapy, to set the stage for entering therapeutic relationship. They only know that after finishing the treatment series their children will be free from drugs, and start looking for a job again.

**Is it possible to stay off drugs?**

Two weeks after finishing his treatment series, I met Mas Karyo dressed formally. He wore a checkered long-sleeved shirt and cotton trousers. He said that he feels much better and has now started looking for a formal job. That day, he was going to meet his friend who works at a travel agency. According to Atun, his wife, he is going to be a person who is in charge of obtaining a visa or passport documents for the travel customers.

Atun is joining a multilevel marketing agency, to sell consumer goods from food to cosmetics. She showed me a colourful catalogue full of good items with its price. I bought chocolate jelly to support her effort. Mandra gets his former job back: to be a debt collector in a small company. He goes early in the morning and comes back home late afternoon. His mother looks so happy to see him working.

Yapto helps his mother selling *nasi uduk* (a Betawi style rice) at Dukuh Pinggir, fifteen minutes from Kampung Bali by *bajaj* (a motor trishaw). Starting at 4 pm, he set up a blue tent to cover his mother’s stall from rain, arrange tables, and help his mother prepare food. “I enjoy working here. At last, I have *uang halal* (legal money),” he said.

However, during the last week of my fieldwork, all the euphoria was already gone. Mas Karyo was getting high again. Once I saw him at Pitak’s house. Pitak is a drug dealer, and Mas Karyo looked embarrassed when we met. A syringe appeared in his pocket. Later I know, he was desperately looking for a job, and he failed to make his dream come true. His behaviour triggered a quarrel between him and Atun. Their story was closed by this fact: they start using drugs together again. “I’m not an angel. The temptation was so nice and I was tired of quarrelling,” Atun said.

I met Jaenab at Pitak’s house as well. She looked messy that morning. Usually, after she finished her treatment she put on her make up and lipstick. “I was quarrelling
with mama this morning. She gets angry because I sold her VCD player. I asked her for money and she didn’t give me, so I sold her VCD.” And the money? “Well..as usual, I used it to buy drugs.” (“Biasalah, buat pakauw.”)

Even Yapto, cannot refuse when his friend offers to share his drugs with him. On the last day when I visited his house to say goodbye, he apologised because he had to go with his friend. Later I saw him in Kampung Bali XXVIII alley, squatted in front of a mineral water. He was holding a small plastic package with the white powder inside. So far, only Mandra has been able to stay off drugs. However the question remains: how long will he be able to uphold this condition?

Conclusion

Following Hahn’s framework, drug abuse can be defined as a sickness since it obstructs everyday activities. What causes the sickness may be environmental conditions, pathogens, the patient’s physiology, or harmful behaviour. However, sickness is perceived in different perspective by drug abusers, as well as sharing needle—that is considered as a harmful behaviour that leads to other risk in term of medicalisation.

Drug abusers perceive sickness as a symptomatic unwanted condition and therefore it is difficult to understand the concept of HIV as a syndrome. If there is any risk that leads to unwanted condition, that could only happen outside their in group, such as seeing HIV/AIDS as a disease from the outsider. The trust in their group is seen as a way to avoid the risk, and if they still get the risk, it must be designed by God as a fate. Therefore, they don’t look at treatment as a way to be cured, but a way to get rid of the social economic problems and their mental tiredness caused by their ambiguity toward drugs.

The families themselves know that drugs have a negative impact on their children, hate drugs, and try all possibilities to get their children out of drugs. However, once they see their children showing withdrawal syndrome, their love for their kids outweighs their hate of drugs and they let their children use drugs again. This love and hate relationship is interwoven with the norms and values, and leads to a self-stigmatisation. Therefore, treatment is seen as a way out of the drugs problems, a way out from the felt and enacted stigma, and a way out of social economic disruption.
Chapter 6
DISCUSSION AND CONCLUSION

Drug traditions among the kampung people in a metropolitan city such as Jakarta can be seen as an ambivalent reaction toward the so-called “impersonal” development process. On one hand, selling drugs means an instant path to wealth. On the other hand it also symbolises the inability of the people to adjust themselves with the accelerated process of development.

Drugs become a tradition since drug abusers have set up their own subculture with its own language, norms, values, and hierarchy, all unintelligible to outsiders. As mentioned in the previous chapters, they have their own terminology for using drugs, name of drugs, along with the entire connotation. The slang is a thread that unifies them in their own world and gives them identity.

The drug traditions also have their own norms. For example, a drug dealer at certain levels is forbidden to use drugs, since it can ruin the market and increase the risk of being caught by police. By contrast, drug dealers at the lowest level and jokis (drug brokers) such as in Kampung Bali, are not only allowed to use drugs but they are even encouraged to do so in order to keep the market. These circumstances trapped many young people in Kampung Bali (and Kebon Kacang) in a vicious circle: instead of helping them to come out of the poverty, the business changed them into drug abusers.

As an instant path to wealth, drugs are really promising. Some drug dealers who can manage money openly flaunt their prosperity. Renovating their houses is an obvious example. For young people in Kampung Bali, drugs business is an opportunity to get rid of their powerlessness, their poverty, and the stigma of being a kampung person. Following Scott, their attitude toward drugs can be seen as a resistance. However, there is a difference between Scott’s work and what is going on in Kampung Bali. If in Scott’s work the hidden resistance is very clear: happened between the peasants as the lowest class in Sedaka (Malaysia) against the rich farmer and government policy, people in Kampung Bali have multifaceted resistance. Some people get involved in the drug abuse to get rid of their powerlessness, to escape from the kampung myth, and to resist to the establishment. Their family accept it as a struggle
for their material need, which in an Indonesian context is to get a mouthful of rice (*mencari sesuap nasi*).

This is supported by my observation in Kampung Bali that unemployment is a big problem in those areas. In the daytime, many young people hang out everywhere: in the alleys, in a small empty space, in a food stall, or an empty parking lot, while women gather at the alley-side or in front of their doorway after finishing their domestic chores. Those who are formally employed spend much of their time outside the kampung. Boys usually hang out on the street-side while girls do so on the alley-side. As I discussed in chapter 4, this situation stems from the patriarchal situation where boys have more freedom to go far from the house whereas girls have to be responsible to the household management.

Considering their educational background, actually most of the young people have a better education compared to their parents. Their level of education, on one hand, has given them a dream to move to the upper class, socially and economically. However, they have to face the reality that their background of education is not sufficient to enter the labour field which has a fierce competition.

Some of my respondents have finished junior high school and senior high school. Only one respondent has finished primary school and two of them dropped out from an academy. Their education actually reflects the educational level of the kampung people as well. The data from Kelurahan Kampung Bali show, 30 percent of the population have finished senior high school, 29 percent finishing junior high school, 23 percent finishing primary school, and only one percent of the population has been in academy. Within their educational background, they prefer to hang out rather than working like their parents: to be a cloth washer, assist a builder, a petty trader, or an arisan collector.

However, becoming a *joki* does not solve their problems. In my etic perspective, it has even trapped them in other problems: being drug abusers and increasing their risk to be infected by communicable diseases. All their money—and their goods as well—are spent to obtain drugs. Other than from their emic perspective, it gives a great pleasure to escape from their reality. The word *iseng* (just for fun, without any particular reasons), always said by drug abusers, reflects not only they don't have anything to do, but more than this expresses their inability to reach their dream. Their choice of drugs: heroin as a mood-altering drug supports this escape idea. They become
In order to survive economically and end up as a drug abuser to survive from their powerlessness as a kampung people.

The community itself, with their bad experience with the authority for years, shows their resistance to the authority by letting it happen. However, since it is considered *haram*, the community also see it as a deviance. Therefore they also have a hidden resistance to drug abuse by avoiding the deviants, expressing it in the words the use for drug dealer and drug brokers, and gossiping the suddenly prosperity of drug dealers. However, the community failed to realise the consequences of drug abuse: drug would victimise their children.

My finding shows drugs availability and affordability play an important role on the onset of drug abuse. There are several popular alleys for selling drugs, and most of my informants live near the drug dealer. When the drug prices increase due to the prolonged economic crisis, they can still obtain it by pooling money to buy a *pahe*: drugs in budget package. Pooling money then followed by sharing drugs and sharing needle as well.

Sharing needles, following Hahn's concept is harmful behaviour. It increases the risk of transmitting infectious diseases, leading to a sickness as an unwanted condition of self, and finally obstructs the every day activities or life plans as a person. Yayasan Pelita Ilmu also sees the drug abuse problems in Kampung Bali within Hahn's framework, and therefore they offer the detoxification treatment as a solution. However, drug abusers, see it in their own perspective. Using drugs is a matter of having fun, pooling money is a matter of economic reason, and sharing needles is a matter of trust since the drug abuser have their own intimate circle and they have known each other. An effort to clean the syringe, to use syringe individually, thus can be seen as the absence of trust among the member of the group. In other words, drug users do not perceive drug abuse as a kind of sickness. For them sickness and all medical risks due to using drug are things that exist outside their groups. Understandably, the detoxification program is considered an economic solution rather than the way to escape from drug addiction.

The drug abuser family has their own view on this matter. For them, having a drug abuser member within the family will lead to social stigma. Since drugs is considered *haram* (forbidden) the family also falls victim to self-stigmatisation. For the family, detoxification program is seen as a way out for being stigmatised as well as an economic solution.
However there are still some people who are not using drugs. Beside peer
influence, personality, family dynamics, and environmental conditions, some young
people—particularly girls—don’t take drugs because of cultural encouragements either.
Although living in a patriarchal culture subordinates women in many aspects, in the
case of drug abuse it becomes a factor that has led them not to take drugs. Girls cannot
hang out too far since they have to practise domestic chores most of the time, girls
don’t have any social pressure to earn money, and more free to express their feeling.
Those make girls less tense than boys and discourage them to use drugs.

Conclusion and recommendation

As mentioned earlier, the onset of drug abuse in Kampung Bali has interrelated
factors. It not only stems from their poverty, but also their powerlessness to adjust
themselves to the accelerated process of development. It can be categorised as a
strategy for survival, an escape of kampung people in their wretched daily life, and a
resistance to the establishment that they cannot enter in.

However, since Islam as the dominant culture considers drug abuse as *haram*
(forbidden) people show their ambiguity by facing drug abuser problems. Although the
drug abusers perceive drugs as a way out to have fun, the family of a drug dealer or a
*joki* accepts it as a way out of their economic problem, they still fall under victim to self
stigmatisation and being stigmatised by others as well.

Their ambiguity, which can be seen as an inconsistent things: sometimes they
don’t find anything morally offensive about drug abuse, sometimes they see it as
something illegal and *haram*, sometimes they need it and sometimes they hate it,
reflects that norms and values itself is something relative and can be a subjects to
change depend on their need and situation.

The findings of this study show that emic perspective on the situation often
differs from the etic perspective of an outsider. Since the problems are not merely
related to health, I would like to suggest to whoever wants to do intervention programs
in the area use this insider’s perspective. In other words, the approach has to be bottom-up
in nature and involve the participation of the people as much as possible. I believe
that only by involving them in assessing their own needs, NGOs or governments will
come to know more precisely what should be done to enhance the people’s capability in
helping themselves.
An NGO or government agency who wants to do an intervention in an urban poor area, particularly in Kampung Bali, needs a clear agenda: what kind of program will be implemented, what is the target, and what kind of approach methods will be used. I myself, as an outsider, prefer to give them affordable and assessable schools as a long-term program and a skill to identify their problem and give them a practical skill and perhaps a credit as well as a short-term program, to help people pull themselves up and out of the web of poverty. The life skill training program which has been established by Yayasan Pelita Ilmu, can be adjusted to fulfil the need of kampung people. The case studies done by World Bank (Narayan et al 2000:56) shows that skill acquisition, access to credit, self-driven, and education are factors that contribute to movement out of poverty. However, this view is not necessarily in accordance with the native’s view and in this case I prefer to admire what the people think and say about themselves and their own situation.
APPENDICES

Appendix 1: Literature

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Redaksi Sinar Grafika


Tiras

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Appendix 2: Objectives and Research Questions

Main objective
To explore the extent and forms of drug use in Kampung Bali.

Objectives
1. To describe social, economic and cultural factors which determine drug use.
2. To describe the drug use culture of drug users.
3. To explore efforts of drug users to reduce their drug use and/or stop it.
4. To explore the perceptions of their close relatives—parents, siblings, husbands/wives—of both the drug use and of efforts to control it.

Research Questions
1. What is the socio-economic profile of drug abusers in Kampung Bali?
2. What is the prominent lifestyle of young people Kampung Bali?
3. How many of its population are drug users and in which form?
4. What is the age breakdown of drug users in Kampung Bali?
5. What factors may have led to drug use?
6. How available are drugs, are they difficult to obtain?
7. How do drug users obtain drugs?
8. Do they use drugs individually or socially, and in which contexts (e.g. with drinks, during sexual encounters)?
9. What social and cultural factors contribute to seeking drug use control?
10. How do drug users and their relatives experience the drug use?
11. Why do certain drug users decide to seek treatment and others why not?
12. What socio-cultural factors contribute to their choice of seeking or not seeking treatment?
Appendix 3: Core informants and their relatives

Table 1. Core Informants

<table>
<thead>
<tr>
<th>STUDY POPULATION</th>
<th>NAME (ALL ARE PSEUDONYMS)</th>
<th>AGE</th>
<th>EDUCATION</th>
<th>DRUG USE PERIODS (YEARS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug abusers who enter treatment as a new patient</td>
<td>1. Atun</td>
<td>35</td>
<td>Junior High School (SLTP)</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>2. Herkules</td>
<td>29</td>
<td>SLTP</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>3. Acong</td>
<td>29</td>
<td>Academy</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4. Mas Karyo</td>
<td>41</td>
<td>Senior High School (SLTA)</td>
<td>23 (on and off)</td>
</tr>
<tr>
<td></td>
<td>5. Doel</td>
<td>21</td>
<td>SLTP</td>
<td>5</td>
</tr>
<tr>
<td>Drug abusers who engage the whole treatment</td>
<td>1. Rawit</td>
<td>24</td>
<td>Primary School (SD) SLTA</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>2. Hasan</td>
<td>24</td>
<td>SLTA</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>3. Yapto</td>
<td>19</td>
<td>SLTA</td>
<td>5</td>
</tr>
<tr>
<td>Drug abusers who undergo treatment repeatedly</td>
<td>1. Jaenab</td>
<td>24</td>
<td>SLTP</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>2. Mandra</td>
<td>25</td>
<td>Academy</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>3. Rimba</td>
<td>31</td>
<td>SLTP</td>
<td>5</td>
</tr>
<tr>
<td>Drug abusers who do not want to seek treatment</td>
<td>1. Belina</td>
<td>22</td>
<td>SLTA</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>2. Sabeni</td>
<td>16</td>
<td>SLTP</td>
<td>6 months</td>
</tr>
<tr>
<td>STUDY POPULATION</td>
<td>RELATIVE’S NAME (ALL ARE PSEUDONYMS)</td>
<td>AGE</td>
<td>EDUCATION</td>
<td>RELATIONSHIP TO DRUG ABUSERS</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------------------------------</td>
<td>-----</td>
<td>-----------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Drug abusers who enter treatment as a new patient</td>
<td>1. Tantowi 2. Sarah</td>
<td>58</td>
<td>Academy Primary school (SD)</td>
<td>Father of Acing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Daughter of Mas Karyo</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug abusers who engage the whole treatment</td>
<td>1. Nyak Antan 2. Mak Kokom</td>
<td>55</td>
<td>SD</td>
<td>Mother of Rawit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SD</td>
<td>Mother of Hasan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>60</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mother of Rimba</td>
</tr>
<tr>
<td></td>
<td></td>
<td>67</td>
<td>SD</td>
<td>Sibling of Rimba</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SLTP</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug abusers who do not want to seek treatment</td>
<td>1. Mpok Sugi 2. Unang</td>
<td>42</td>
<td>SLTA(Senior High School)</td>
<td>Mother of Sabeni</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sibling of Sabeni</td>
</tr>
<tr>
<td></td>
<td></td>
<td>19</td>
<td>SLTA</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 4: Key informants

Table 3. Key Informants

<table>
<thead>
<tr>
<th>NO.</th>
<th>NAME</th>
<th>AGE</th>
<th>BACKGROUND EDUCATION</th>
<th>POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Samsuridjal Djauzi</td>
<td>56</td>
<td>Physician</td>
<td>Chairman of Yayasan Pelita Ilmu</td>
</tr>
<tr>
<td>2</td>
<td>Bambang Eka</td>
<td>39</td>
<td>Physician</td>
<td>Head of Puskesmas Kampung Bali</td>
</tr>
<tr>
<td>3</td>
<td>Ninuk Kladen</td>
<td>50's</td>
<td>Anthropologist</td>
<td>Researcher in LIPI (Indonesian Science and Research Center)</td>
</tr>
<tr>
<td>4</td>
<td>Zubairi Djocrban</td>
<td>54</td>
<td>Physician</td>
<td>Chairman of HIV/AIDS and drug abuse study group (Pokdisus) Cipto Mangunkusumo Central Hospital</td>
</tr>
<tr>
<td>5</td>
<td>Rofiq</td>
<td>30</td>
<td>Moslem Religious Teacher</td>
<td>Moslem religious teacher at a rehabilitation centre, Bogor</td>
</tr>
<tr>
<td>6</td>
<td>Aulia Akualani</td>
<td>30</td>
<td>Counsellor</td>
<td>Yayasan Pelita Ilmu outreach worker</td>
</tr>
<tr>
<td>7</td>
<td>Samiun (pseudonym)</td>
<td>65</td>
<td>Primary school</td>
<td>Community member</td>
</tr>
<tr>
<td>8</td>
<td>Farida (pseudonym)</td>
<td>64</td>
<td>Teacher</td>
<td>Community member</td>
</tr>
<tr>
<td>9</td>
<td>Miing (pseudonym)</td>
<td>53</td>
<td>High school</td>
<td>Community member</td>
</tr>
</tbody>
</table>
Appendix 5: Population in Kampung Bali and Kebon Kacang

Table 4. Population in Kampung Bali Sub-District

<table>
<thead>
<tr>
<th>AGE GROUP (YEARS OLD)</th>
<th>POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>265</td>
</tr>
<tr>
<td>6-19</td>
<td>2578</td>
</tr>
<tr>
<td>20-45</td>
<td>7726</td>
</tr>
<tr>
<td>46-60</td>
<td>3185</td>
</tr>
<tr>
<td>&gt;60</td>
<td>604</td>
</tr>
</tbody>
</table>

Source: Kampung Bali Sub-District

Table 5. Population in Kebon Kacang Sub-District

<table>
<thead>
<tr>
<th>AGE GROUP (YEARS OLD)</th>
<th>POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>1297</td>
</tr>
<tr>
<td>5-14</td>
<td>2462</td>
</tr>
<tr>
<td>15-44</td>
<td>6611</td>
</tr>
<tr>
<td>45-59</td>
<td>4162</td>
</tr>
<tr>
<td>60 - up</td>
<td>600</td>
</tr>
</tbody>
</table>

Source: Kebon Kacang Sub-District
Appendix 6: Glossary

Arisan : a rotating credit association
Bandar : a drug dealer
Barang : a term of drugs (it literally means goods)
Bete : not be in the mood
Buruh cuci : a person who washes clothes manually
Halal : something that considered legal by Islamic laws
Haram : something that considered forbidden by Islamic laws
Iseng : doing something without any particular reason
Joki : a drug broker
Kampung : a low socio-economic status residential area
Kecanduan : being addicted
Kelurahan : a sub-district office
Kena obat : being hit by drugs
Kenek : an assistant to a driver
Ketupat sayur : a kind of rice and vegetable
Lurah : the head of a sub-district office
Madat : opiat
Morfinis : somebody who uses drugs
Mualim : Betawi people who follow the Islamic norms
Nasi uduk : a kind of rice cooked in coconut milk
Ngedrag : a technique for using heroin by inhaling heroin smoke
Nongkrong : to hang around
Nyipe : a technique for using heroin by injecting it intravenously
Pahe : a budget package
Pakauw : a term for using drugs
Palak : a person who forces others to give them money
Pangsit : a noodle with fried wontons
Pasien : a drug customer
Patungan : pooling money
Pesantren : a certain place where people learn Islamic laws and values
Pisang goreng : a fried banana
<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polisi cepek</td>
<td>a person who guides vehicle drivers in making a turn</td>
</tr>
<tr>
<td>Putauw</td>
<td>heroin</td>
</tr>
<tr>
<td>RT</td>
<td>the smallest municipal organisation in the community.</td>
</tr>
<tr>
<td>RW</td>
<td>the community association</td>
</tr>
<tr>
<td>Sakauw</td>
<td>the withdrawal syndrome for not having drugs</td>
</tr>
<tr>
<td>Shabu-shabu</td>
<td>amphetamines</td>
</tr>
<tr>
<td>Soto mie</td>
<td>a noodle soup</td>
</tr>
<tr>
<td>Tahu</td>
<td>a bean curd</td>
</tr>
<tr>
<td>Tempe</td>
<td>a fermented soybean cake</td>
</tr>
<tr>
<td>Timer</td>
<td>a person who asks for money from the public transport</td>
</tr>
<tr>
<td>Tukang ojek</td>
<td>a motorcycle taxi driver</td>
</tr>
<tr>
<td>Uang rokok</td>
<td>money for cigarettes</td>
</tr>
<tr>
<td>Ustadz</td>
<td>an Islamic teacher</td>
</tr>
<tr>
<td>Warung</td>
<td>a stall</td>
</tr>
<tr>
<td>Zakat</td>
<td>a form of religious charity required by Moslem law</td>
</tr>
</tbody>
</table>
Appendix 7: The Map of Kampung Bali and Kebon Kacang