# The Danger of the Kampung and the Promise of Work: Examining Drug Recovery and its Limits in Aceh, Indonesia

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# Research Questions

Methamphetamine

- Why such high rates of methamphetamine consumption in Indonesia, and Southeast Asia as a whole?
- What about Indonesia's political economy pushes users towards this drug?

Recovery

- What recovery ideologies are recovery centres working with?
- How do these ideologies differ from patient experiences in recovery?

Policy

- What tools and interventions can we develop to improve recovery outcomes?

# Methods

- Research from April 2024 – Sept 2025
- Three target participant groups
  - Local office of Badan Narkotika Nasional (BNN)
  - Private Recovery Centre
  - Active users not seeking treatment
- Qualitative methods (ethnography)
  - Participant Observation
  - Semi-structured interviews
  - Review grey-literature (media reports, publications etc.)

# Aceh


Population: 5.5 million
One of the highest rates of drug consumption in Indonesia

# Crisis

Two recent crises: civil conflict (1976-2005), and tsunami (2004)

Indonesian soldiers on patrol in Aceh Province in May 2003. *AP Photo / Achmad Ibrahim*

# Recovery

- Ongoing effects of trauma
- Persistent underdevelopment
- Stagnant economy



First drug recovery centre opens post-tsunami

- Poorest province in Sumatra
- Unemployment rate above national average
- Drug consumption above national average

# Drug Recovery System in Aceh

- One publicly-funded rehab
  - Part of provincial mental health hospital (*rumah sakit jiwa*)
  - Psycho-social recovery modality
  - Funded through public insurance (BPJS)
  - Recovery ideology: medical
- Privately funded rehab centres
  - Less than a dozen throughout the province
  - Concentrated in Banda Aceh
  - Mixed recovery modality (Narcotics Anonymous, psycho-social and religious)
  - Funded by patient fees (2-3 million rupiah per month)
  - Recovery ideology: addiction as social and psychological disorder
- WH run rehab centres
  - 8 centres throughout Aceh
  - Concentrated in North Aceh and surrounding regencies
  - Religious recovery modality
  - Funded by WH and patient in-kind donations
  - Recovery ideology: addiction as moral issue
- "Mixed Recovery Landscape"
  - Provides different recovery options
    - However, not universally accessible
  - Drug policy confusion on a provincial level

# Patient Experiences

- Nyak
  - Grew up in a small town near the coast
  - Started smuggling drugs at 14
  - Started using at 16
  - Afraid of going home after rehab, suspects he will start using again
- The "danger of the *kampung*"
  - Critique of rural economic conditions in Aceh
- *Merantau* as a path to recovery
- Said
  - Well off family
  - Graduated with an undergraduate degree in electrical engineering
  - Started for fun with others (*bergaul*), until Said started using alone
  - Worries about being a lazy person (*pemalas*)
- Work-related shame led Said to drugs
- The promise of a job as a path to recovery

# Conclusions

- Patient experiences reveal the strengths and weaknesses of different recovery paradigms
  - Patients emphasize economic conditions and life prospects
  - Recovery centres emphasize psychological and religious training
- Addictions take shape in particular economic and political contexts
- Recovery paradigms must take these contexts into account and remain adaptable