

Methadone Maintenance Treatment in Indonesian Prisons

Methadone Maintenance Treatment (MMT) for incarcerated people who inject drugs (PWID) was piloted in 2005 in Bali in the Denpasar Prison (commonly known as Kerobokan Prison), following on from an earlier Australian Government-supported study tour for Prison Health Officials to visit and observe MMT programs in Australian prisons and the successful implementation of the WHO MMT pilot in two hospitals in Bali and Jakarta. The Denpasar Prison MMT pilot has produced a range of successes including:

- ▶ High levels of integration with other community health services in Bali, ensuring smooth transition from prison to community MMT programs (and vice-versa) and early access to HIV treatment;
- ▶ Establishment of comprehensive harm reduction services and the scaling-up of harm reduction in 11 other prisons, detention centres and parole services. Denpasar Prison provides ongoing mentoring support to many of these facilities; and
- ▶ High levels of participation amongst prisoners with opioid dependence. (Currently all prisoners serving sentences for narcotics offenses in this Prison are receiving MMT).



Dispensing methadone at Bancuey Prison

In addition to MMT, the Denpasar pilot addressed awareness of HIV and clinical services. HIV testing and treatment has been efficiently implemented since 2005. The prison health service has ensured that a high proportion of those testing positive have begun antiretroviral therapy (ART). Currently,

Across Indonesia 139 prisons (31% of prisons) now provide VCT, 40 prisons of which (about 10% of prisons) currently provide ART to prisoners.

- ▶ all prisoners from at risk groups are referred to voluntary counselling and HIV testing (VCT); and
- ▶ more than 90% high risk prisoners have been tested for HIV.



Maximum security block in Denpasar Prison in Bali

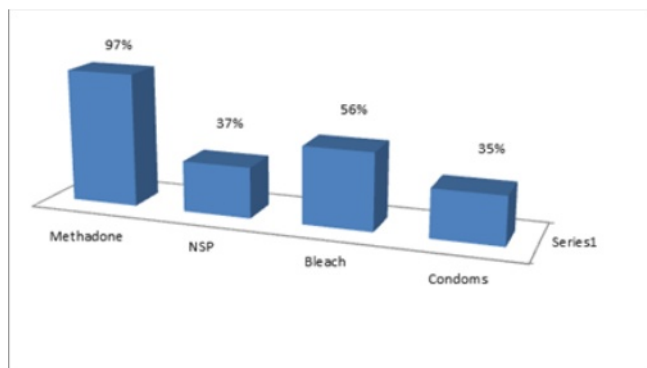
Expansion and Government Ownership

The success of the Denpasar MMT pilot led to the Directorate of Prisons (DOC) implementing MMT services for PWID in 10 other prisons and detention centres with implementation supported by HCPI. Currently 11 prisons provide MMT to 248 prisoners. These prisons also support programs in surrounding prisons. Examples of this MMT support service can be seen in Makassar, Sulawesi and in Denpasar.

Initially, HCPI supported all the costs of the MMT program in prison. Since 2012 as part of mainstreaming efforts, DOC has worked closely with the Ministry of Health (MoH) to ensure that government completely supports the cost of MMT in the community as well as for prisons. Thus in 2013, a MOU was signed whereby MOH provides methadone for the prisons MMT program.

HCPI, however, continues to provide training and technical supervision for clinical staff on the MMT program. HCPI also contributes to the operational costs of MMT within 10 prisons.

Although there have been significant gains made since 2005, the implementation and expansion of MMT in prisons has slowed, even though MoH is ready to expand



HCPI survey of attitudes of staff in the prison service shows that there are opportunities to expand methadone maintenance treatment and bleach for sterilisation but currently needle and syringe and condom distribution will not be supported.

Source: HCPI survey of health services in prisons (2014)

MMT services for prisoners. HCPI is therefore facilitating overcoming any administrative obstacles. For instance, one major impediment was the MoH regulation that a pharmacist supervise MMT in each prison. This policy has recently been revised so that MMT in prisons can now be supervised by hospital-based pharmacists.

There is widespread support for MMT in prisons as was expressed by participants in a recently completed HCPI survey of Prison staff in 15 locations across Indonesia. In 2014, HCPI initiated a strategy to strengthen health services in prisons by supporting DOC to implement minimum health care standards, including those relating to MMT. This strategy identifies a range of approaches for achieving a cultural change within prisons, and aims to improve the provision of harm reduction services, including increased access to MMT.

The HIV Cooperation Program for Indonesia 2008-2016

The HIV Cooperation Program for Indonesia (HCPI) is an initiative of the Australian Government in partnership with the Indonesian Government. It is an integral element of the eight-year Australia-Indonesia Partnership for HIV. It supports the National AIDS Commission to achieve the national goals of the HIV response in Indonesia. The program strengthens the leadership of the national response; and supports combination prevention in the provinces of Papua and West Papua; for people who inject drugs; for most-at-risk populations in Bali; and in prisons. In 2014 HCPI has 69 grant partners, both government agencies and civil society organisations, and operates at national level and in 11 provinces, building on more than 14 previous years of Australian Government assistance to the Indonesian HIV response.



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