



Research

Assessments on injecting drug use and unprotected sex related risky behavior among inmates.

Feasibility on Sterile Syringes Service (SSS) and Condoms Distribution for Inmates.



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Background

HIV prevalence within the prison setting throughout the world is estimated a lot higher than among general population¹. This is mainly caused by the high rate drug offences among people who use drugs which result in imprisonment. In Indonesia, more than a quarter of inmates in the prison settings are arrested due to drug-related offences².

Prison or correctional institutions are where at risk population is concentrated. The estimated HIV prevalence within the prison setting in Indonesia is ranging between 1.1% among male inmates and 6% among female inmates. Sexually Transmitted Diseases, which is syphilis, reaches 5.1% among male inmates and 8.5% among female inmates³.

In 2009 Banceuy Prison had 7.2% HIV prevalence with 21% injecting drug users among the inmates⁴. Apart from that, the inmates in Banceuy Prison have the history of unprotected sexual activities all the way from their previous injecting drug use history (18%), unprotected sex (42%) and tattooed not by professional tattoo artist (61%)⁵.

This burden is a serious challenge for a prison with limited resources. Meanwhile, generally prison setting has already carried double burdens such as over-capacity, indecent sanitation and inadequate health service. If these issues are not being tackled properly, the risk of HIV infection will be increased during the imprisonment period⁶.

There are many successfully implemented Harm Reduction related programs within the prison settings. However, Sterile Syringes Service (SSS) and condom distribution are still among the polemic. There is a strict prohibition of drug distribution inside the prison setting, thus it is assumed that there is no demand for sterile syringes to inject drugs. In that regards, SSS is deemed as an unnecessary program for inmates.

But in reality, evidently many inmates are found using drugs inside the prison and using syringes collectively. This happens mainly in prisons with large population of inmates⁷. This also shows that there is a drug cycle within the prison setting. The using of injected drugs without sterile syringes can escalate HIV infection. That is the reason why SSS for inmates is necessary. With that in consideration, and based on the research done by Directorate General of Correctional Institution and HCPI (2010) it was highly suggested that a trial on SSS

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program within the prison setting in needs should be implemented, with provision of policy management as the umbrella for the overall SSS program implementation.

Sex is the basic need of human just like food, water and staying healthy⁸. This condition will motivate human beings to fulfill their needs. But within the prison settings, sexual need is a need that has a great challenge to be fulfilled. Being in a limited environment with the same sex peers for a certain period of time has made it possible for same sex intercourse to happen⁹. The fact that many prisons in Indonesia have over-capacity problem has worsen the situation.

Sexual activities inside the prison throughout the world have become something very common despite the fact that most prisons prohibit sexual conducts within the setting. This leads to lack of condom supply in the setting¹⁰.

Condom is a contraceptive means which also can be used to prevent HIV infection and other Sexually Transmitted Diseases. Promoting condom use to inmates can prevent various infections, but at the same time will be deemed as legalizing free sex. This needs different and proper promoting strategy.

From the research done by the Directorate General of Correctional Institution, Ministry of Law and Human Rights and HCPI in 2010, SSS trial was recommended for prisons indicated with injecting drug use issue. The goal was to enforce service procedure and to learn about the effects. The recommendation of this SSS trial took into consideration any possible rejections and/or hesitance on the effectiveness of this SSS program in suppressing HIV infection. Class IIA Prison in Denpasar has, in fact, already started condoms distribution program.

Banceuy Prison is a correctional facility functioned as narcotics prison which most inmates are drug offenders from users, dealers to wholesalers/producers. Banceuy prison has over-capacity issue. Ideally this facility caters for 700 inmates, but to date it caters more than 1,400 inmates. With such characteristic in Banceuy prison, it is necessary to conduct an assessment on injecting drug use and unprotected sex related high risk behavior among its inmates.

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This exercise is necessary to assess the feasibility of SSS program and condoms distribution for inmates within the prison setting.

Goals

1. To learn about the general description of injecting drug use and sexual conducts within the prison setting.
2. To discover the numbers of inmates who need and are interested in the respective program.
3. To address the challenges and obstacles in the implementation of SSS program and condoms distribution within the prison setting.
4. To give recommendations on appropriate Harm Reduction strategies to be applied within the prison setting in relations to sterile syringes and condoms distribution.

METHODOLOGY

Type and Design of Research

This research is using mixed methods, cross sectional study and study explorative. Data collection is done in approximately three months from May 2014 to July 2014. Initial data collection is done using sampling from 9 inmates with high risk using in-depth interview. Seven of them have injecting drug experience while 2 others have the experience of sexual conducts within the prison setting. Snowball sampling method is used by asking the first respondents on the possibility of other inmates becoming the next respondents.

In-depth interview with the high risk inmates is done by enumerators recruited from the local NGO working in Harm Reduction issues. To find inmates who are willing to do the interview, the enumerators must first approach the candidates.

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The qualitative data found in high risk inmates become the basis of survey for the inmates selected as respondents using simple random sampling method. Inmates refused to fill out the questionnaire and the illiterate ones are excluded from this research. The survey data intake is done in the third and fourth weeks of June. There are 307 inmates who filled out the anonymous self-administered questionnaire.

The result of these qualitative and survey data collection from the respondents become the basis of the in-depth interview for 7 structural officers in order to get information on behavior and opinion in regards of these issues. There are 12 officers consists of security and vocational staff who participated in the interview and focused group discussion.

Research Ethics

All research subjects received clear, relevant and adequate information before they decided to join the research as respondents. Informed consent is given to all respondents and only inmates who give their consent are being interviewed.

To ensure the ethical standard for publication protocol needs all available research documents will be submitted to the Ethical Committee of Medical Department in UNPAD/Hasan Sadikin Hospital.

Survey data intake is done anonymously without putting in any personal information on the questionnaire sheet. For qualitative data intake, personal identity and information are concealed and/or using aliases.

Research Result

1. In-depth Interview with high risk inmates

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a. Research Process in Finding Suitable Respondents

Respondents with IDUs background are coming from the list of client at the clinic, have gotten counseling and done the HIV test as well as admit that they have the history of injecting drugs inside the prison. Researcher from the clinic facilitates the meeting with the enumerators.

To find respondents on unprotected sexual behavior is difficult because all the information on this matter is merely a gossip, based on some information on one particular inmate who is behaving differently [more feminine than others], who often has a relationship with other inmate [gay]. From this information, the enumerators try to approach the candidate.

Enumerators give clear, relevant and adequate information to all research respondents in order to give them the freedom to choose and decide whether or not they are willing to be respondents for interview.

The next batch of respondents is referred by the previous batch. The interviewed respondents are requested to encourage their other high risk inmates to participate. Some of the respondents give information regarding the other respondents. Several of the research respondents refuse to participate due to the sensitivity of this issue which they do not discuss openly.

Gathered information on respondents came from 7 injecting drug-related inmates, and 2 high risk sexual behavior-related inmates.

The process to find suitable respondents for in-depth interview takes around 50 days in total. This happens due to challenges in finding inmates who are willing to be interviewed, especially for unprotected sexual conduct's issue.

b. Characteristic of The Respondents



There are 9 respondents joining the interview regarding their high risk behavior within the prison setting. The characteristic of these respondents are to be found in the following Table 1:



Tabel 1. Characteristic of Respondents on Injecting Drug Use Behavior

Respondent	Age	Category	Admission	Period	Case	High risk behavior starting point
1. MR	27	IDU	2010	43 mos	Ganja (Dealer)	
2. DB	24	IDU	2012	24 mos	-	
3. TM	39	IDU	2010	41 mos	Ganja (Dealer)	
4. RD	35	IDU	2008		Putaw (User)	
5. AC	34	IDU	2012	20 mos	Putaw (User)	
6. AL	31	IDU	2012		-	
7. RC	31	IDU	2013	17 mos	Shabu-Shabu	
8. DM	33	IDU	2012	20 mos	Ganja& Shabu (Dealer)	
9. IY	30	High risk sex	2011	36 mos	Ganja (User)	
10. IB	25	High risk sex	2011	36 mos	Ganja (User)	

c. In-depth Interview Findings from Inmates Who Inject Drugs

Availability of Drugs Within The Prison Setting

From the result of the in-depth interview with high risk inmates, we found that almost all kinds of drugs and substances are widely available within the prison, especially Shabu-shabu [ice].

“All kinds of drugs seem to be available. Putaw, ganja, shabu, even pills (anti-depressant) such as camlet...” [Yg_idu_054]

“Shabu is always available, but putaw is sometimes out...” [RE_idu_029]

According to the information, those substances came in through various ways such as taken by the visitors, thrown in from outside of the prison wall and also from the officers.



“The substances brought in by visitors usually were attached to the body, mostly from female visitors because female body parts are ideal to conceal them. There is also a factor of luck... if they could smuggle it in, but most of the time they could...” [MR_idu_086]

“... it is not easy, however putaw is always available... the smuggling method is usually by throwing it in a Mizone bottle. The bottle contains ganja, but it also has a little bit of putaw and Shabu...” [Yg_idu_061]

“Sometimes there are ‘naughty’ officers too, who are willing to carry the drugs in for significant financial reward...” [Rd_idu_63]

Drugs and substances are brought into the prison due to demand from the users. Supply of drugs, especially heroin is usually based on request. Heroin must be pre-ordered to its dealer, or before the substances arrive, the users are requested to order collectively.

“... the supply here is not always available... so, there is usually an announcement beforehand, at such and such date or such and such day or month, putaw will be available. A week before the substance is ready [to be delivered], there will be information. So, we are all getting ready. All the junkies will chip in and in that case, every time the goods arrive, it will be sold out immediately...” [Yg_idu_023]

“It is always upfront payment [for drugs], so when the stuff is here, those who have paid will approach... just in one day, everything will be gone completely and the dealer will have nothing left. So, he [the dealer] doesn’t want to take any risks...” [Yg_idu_48]



The Injecting Drug Use Inside The Prison

Even though heroin users are many, but only a small part of the peer is using syringes to consume it. This is also mentioned by the following respondents.

“in this prison, there are many putaw users, maybe around fifty users... but rarely they use needle, mostly just drag it... but there is some [injecting drug users] in every block.” [AI_idu_061]

“as far as I know, not many people like to inject here, they usually just drag. There is probably only less than 20 people who inject...” [DB_idu_081]

In terms of heroin consumption, inmates who use drugs prefer to inject it because it gives more significant effects for a smaller quantity compared to drag. Even though dragging is considered as a wasteful method of using heroin, inmates who inject drugs also occasionally drag heroin.

“I quite often drag... usually we keep the needle safe outside the room [cell]. During night time, when we cannot go out and somebody sent some stuff from the next room or we get it from our roommate, we have no choice but to drag it...” [DB_idu_046]

“...dragging is wasteful... if we inject it, one package can be used up all [effectively]. If we drag it, one package will not give maximum effect [the effect is half as powerful as the injected one with the same quantity]. It is not so powerful and the suggestive feeling is also different...” [DB_idu_0520]

“... I got the news from a friend, ‘I got some putaw but I got no needles’... the first time I bought, I dragged it. No matter how much you take it, if you had injected it before, you will never like to drag anymore...” [Mr_idu_062]



Their heroin use depends on the needs and availability of the drugs. Most of them consume heroin every day or until the whole supply has finished, and the dosage increased.

"... It used to be very often, every day [I inject putaw]. I could inject at least three times in a day, and five times at most." [Rd_idu_020]

"... well, until it is all finished. Before everything is finished, I would use it [putaw] every day..." [Yg_idu_063]

"Honestly, quite often... sometimes or when the supply was okay. During the good period, I can do several times in a month, depends on the availability here..." [DB_idu_012]

"It used to be once a day, eventually it was six times a day. Every hour I used it... my dosage increased, when the first time I used, I needed a package of 100 [thousand] three times a month. After that, a package of 100 is only for one time using..." [Mr_idu_079]

Usage of Unsterile Syringes

Almost all interviewed injecting drug users declared that they have had used unsterile syringes. They also admit that they have shared syringes with other inmates who inject heroin. Some even shared it with people living with HIV [PLHIV].

"when you are a putaw user, how do you cope... how are you going to find other needle... we have the stuff, got only one needle, five people are taking turn to use. No time to clean it..." [Mr_idu_006]

"I injected putaw once, sharing with six other people. Well... each person has their own package of 100, we take turn to use the needle..." [Ac_idu_025]

"I am HIV-positive, but they still share needle with me because that's basically what junkies do..." [Rd_idu_035]



Syringes are rare to be found in the prison. They do many ways to get it. Not only by getting it smuggled through visitation, syringes are also sold by some clinic 'korve' workers. Some even found it as mentioned below.

"... [I] found used needle, it was so bad... so, we forced ourselves even though the needle had corroded and badly damaged, we fixed it. It was just a coincidence, looked like corroded so I cleaned it [and used it] out of curiosity..." [Ac_idu_015]

"It was in 2012 when I get the needle from the clinic 'korve' staff... I paid fifty thousand" [Rd_idu_042]

"to get needles, my friends got several from visitation, three of 0.3mg... I don't know how he got it but he said it was through visitation..." [DB_idu_014]

For inmates who inject drugs, provision of syringes needed is mainly for the needle. They can use other media for the tube.

"there are many ways... can be through visitation, put inside a pen. I asked my friend to bring me some. What's most important here is the needle, we can work our ways to get the tube... the tube can be from a pen's tube... so, we create some sort of pumping system using small stick, for the rubber we use flipflop's rubber..." [Rd_idu_040]

"Once I bought two needles and one tube, one for my personal use and the other one for my friends. I had only one needle... we can wash the tube using Bayclean and let others use it..." [Mr_idu_034]

Due to the difficulties in finding syringes, they keep used syringes for next usage. Often they lend it to others and it moves from one hand to another. Some even use it as an asset or investment to get heroin.

".... One syringe can be used from block A, B, C, D, E" [DB_idu_076]



“After using, we keep it neatly and put it into a plastic bag. One needle can be used for several times until it finally dulls. Even after it gets dull, we sharpen it for several times. I had a corroded one once and it was stuck, but we worked on it still...” [DB_idu_036]

“Used needles are kept because it is so rare... so, it is a good asset. Having a needle can get us free goodies... We let those who are close to us to use it as long as you have some [for us]” [Rd_idu_100]

“Having a needle is priceless. When people are going to inject, we come with the needle and they always borrow it. It automatically gets us free goodies. That is what we sell, needle. Whoever needs it, I let them use it and they will split the share [of heroin] with me...” [DB_idu_094]

Syringes Cleaning Efforts [Bleaching]

Sharing syringes without getting them cleaned are common practice among those who are in withdrawal effect. Cleaning supplies such as bleach is hardly to be found within the prison itself. As the result, when they could not find bleach to sterilize and clean the needles, they use normal clean water.

“How can a putaw user hold up? How are we supposed to look for other needles... Once we got the package, we have one needle then that’s it. Five people will use it all together... there is no time to wash or clean...” [Mr_idu_006]

“I, myself, especially when I had my withdrawal symptoms, don’t care whose needle it was. I know the risk of HIV infection is huge that way, but well... when I want it, just do it!” [DB_idu_010]

“Sometimes the bleaching [that is needed] to sterilize is hard to find here. Occasionally there is some but not very often. So, we have no choice but using the normal clean water. Sometimes we just use bathroom water.” [DB_idu_016]



They also admit that even there is a supply of bleaching agent in the prison's clinic they dare not to ask for it due to lack of trust to the clinic staff. They assume the clinic staff are part of the general prison management system.

"There is a supply of bleaching agent at the clinic. But who wants to get it from there? They must have different opinion about it... bad ones... So, whether we like it or not, we clean [the syringes] using bathroom water..." [DB_idu_017]

"Well, no matter what, doesn't matter that they are doctors, they are still officers here and we don't know about how [their willingness] to keep secrets,,," [M2_idu_103]

Sterile Syringes Service [SSS] Within The Prison Setting

On the topic of SSS questioned by the enumerators, most of the inmates who inject drugs admit during the interview that the program is unnecessary to be implemented in the prison because the number of injecting drug users is low; and this program is deemed to have a great affect on injecting drug users who already want to quit.

However, there are some inmates who acknowledge that whether SSS program is in place or not, active injecting drug users will always use and look for drugs and syringes without considering the risks they are facing.

"I don't think SSS is necessary here, because as far as I know, there is only one or two people who use needle. It is not good for those who already quit [injecting drugs], when they see clean needles most likely they will want to do it again. It is a suggestive thing... great temptation. Those who already quit [completely] can also be tempted to use again." [Ac_idu_059]



“Automatically, if syringes are provided and prepared, there is a possibility users are starting to smuggle drugs in or the putaw. It is possible that people will start supplying in larger amount, because the tool is here...” [Ac_idu_059]

“Looking at it from a good perspective, the risk of HIV infection will be decreased, but the negative side of it will be a greater access for those who use [putaw].... There will be more junkies...” [Yg_idu_078]

“Provide sterile and supervised syringes... I think it is better than sharing [needles]. In my opinion, legal or not we still use [drugs]... still looking [for needles]... So, it had better be provided... there must be some positive aspects that we can take...” {DB_idu_107}

In the efforts to reduce the harm of injecting drug use, most of the respondents admit that there should be other ways rather than SSS. Apart from other health efforts, surveillance on drug smuggling efforts into the prison must also be increased.

“[I think] it is better to have other sort of therapy... Like methadone that I am on at the moment. Well, methadone does not suit everyone. There are many other putaw users who got into methadone program and cannot stand it or finding it not suitable for them. There should be more than just methadone... So, the therapy is not a mono-therapy. There should be other distraction therapies too.” {Ac_idu_071}

“First thing first, if the supply is not available, even SSS is in place there will be no injecting drugs activities. But if there is some substance available, and the syringes are not available, they will still try to look for it [the syringes]...” [Yg_idu_082]

“Security should be increased, [to reduce] the distribution of the substances itself...” [RE_idu_058]



If Sterile Syringes Service [SSS] is implemented within the prison setting, many respondents think it should be cleared and approved by the security, and implemented at the clinic under a close supervision of the doctors.

“Unless the security and the clinic are working together, the security knows about the program... Only when the authority knows, and they approve it then we will feel safe...” [DB_idu_113]

“If you implement [SSS] in the prison, I think that is for the best, but only by running it inside the clinic, using it in the clinic and cannot be taken to the block...” [Rd_idu_094]

“It needs doctor’s supervision... and should not be taken to the block” [Al_idu_059]

d. Findings from Interview With High Risk Sex Conducting Inmates Inside The Prison

Two inmates who have successfully interviewed in relation to their high risk sexual activities is a gay couple. They shared their experience being in the Banceuy Prison before and after they become a couple. One of them has a more feminine feature than the other.

Sex Inside The Prison

Sexual activities inside the prison is triggered by more feminine male inmate, who is believed to be a gay man who can or is used to have sex with other men. At the beginning, other inmates will flirt with him to get to sexual relief. Drug using is also affects his sexual activities.

“He was only flirting with me at the beginning, asking me ‘Would you have sex with me?’. And I said, ‘Oh sorry, who do you think I am?’. But one person was



more courageous than others, he said, 'I want to use [drugs] with you...'
[YY_seks_001]

"I was only joking at first; 'Will you serve me?', something like that... and he said, 'Okay... how much can you pay me?', jokingly of course. Maybe we got carried away by the chemical [substance], because I was using [drugs] so, I asked him and he answered me like that. We kept contacting each other and eventually he surrendered and we did it..." [BG_seks_002]

Sexual conduct or activity happens when the inmate gives positive response. And it is not merely material aspects, but furthermore, there is interest as well as chemistry.

"At first, you know.... It was all jokes and flirts, so I didn't take it seriously. But it gets deeper and desire is involved too.... From both of our sides." [BG_seks_002]

"At first I was thinking 'oh, this is just an intermezzo', but later on it gets further and I thought, 'Why is this man often comes here, gives so much attention and a lot more...' well, maybe he cares..." [YY_seks_001]

High Risk Sexual Behavior

The inmate who has become the gay inmate's partner has been his steady sexual partner in the prison all this long. They know the risk of HIV infection they are facing from their behavior.

"I don't have sex just with anyone... I also understand the risk of doing it without protection for a man like me [gay], it is very dangerous... I can get infected by HIV. But what's most important is I don't do it with everyone." [YY_seks_001]

When having same sex sexual activity, they never use condoms. For lubrication, they use lotion and/or saliva.

"No condoms. Lubricant, we use lotion or saliva" [BG_seks_002]



When asked about the existence of other inmates who have similar risky sexual activity, they admit that there are some other gay inmates in the prison.

“As far as I know, there are some. He is a gay man but also married and has children. I was once close to him and he used to pour his heart out...”
[YY_seks_001]

Condoms Distribution Within the Prison

Those who conduct high risk sexual activity within the prison usually do not want people to find out, including the clinic staff. To access condoms to the clinic is deemed as a risky move because it will potentially alert the security staff since the prison has a strict ‘no sex’ policy within the prison setting.

“If I’d be honest to the clinic staff, ‘Ma’am or sir, can I have some condoms, please...’ they will automatically ask, ‘What for?’... if I tell the truth, ‘for sex’, they will not give us [the condoms], instead they will give [us] a long lecture or send us back to our cells...because when we first got here, we were told that there is a ‘no sex’ policy inside the prison... that is why I dare not be open about it because I don’t want anything to happen to me if I tell the truth about myself [being gay]”
[YY_seks_001]

“Here [in the prison] we are not allowed to use mobile phone, using and distributing drugs; also we are not allowed to have same sex relationship... [I am] mainly afraid to break the rules. We never consult or ask for condoms to the clinic because there is a possibility the clinic staff can talk to the front office staff...”
[BG_seks_002]

They are actually very supportive of condoms distribution within the prison setting, because they are convinced that there are other inmates having similar situation [same sex relationship]. Apart from the prison’s ‘no sex’ policy, other challenge for



this program is coming from the inmates themselves where they feel embarrassed by their high risk sexual behavior.

“Actually it is necessary [to have condoms distribution program]... I am not trying to be a hypocrite, quite a lot of people like me [gay] are also here [in prison]... not just here, but also in other prisons as well...” [YY_seks_001]

“If condoms are available [in the clinic] here, the challenge most likely is that the inmates will not be openly asking for it. To open our own [negatively deemed] situation is difficult. That is the main problem” [BG_seks_002]

“Even though condoms are available here, most of the inmates are just playing cool... ‘Aduh aing menta kondom kan ka klinik, eraaa..’ [Sundanese; translated: Oh man, I am embarrassed to ask for condoms at the clinic]. Condoms means sex, most people are embarrassed about it...” [YY_seks_001]

Basically, they realize and need condoms for their sexual activities, but due to policy and sanction in place they chose to stay quiet and prefer not to ask the clinic.

“If only the prison understands people like me [gay], and then there is no sanction for asking for condoms, perhaps I would have done it since a long time ago.” [YY_seks_001]

2. Surveys Among Inmates

a. Research Process in Finding Suitable Respondents

In determining research respondents a simple random sampling is carried out on the general list of inmates in Banceuy Prison. All inmates have the same probability to be research respondent. The subject of research is determined to be 25% of the 1200 of total quantity of inmates in Banceuy Prison.



To choose research subject, 300 inmates plus 10% are selected to be 330 research subjects. From 330 selected inmates, there are 307 inmates who become research respondents [93%]. From 307 inmates who filled out and return the questionnaire, 263 respondents answered the drug use activities within the prison [85.7%] and 259 respondents answered the unprotected high risk sexual activities within the prison [84.4%]. The analysis of respondents' characteristic comparison [age and education] shows that there is no significant difference between the total number of respondents to those who answered the questions [Table 2 and 3].

Survey data intake is carried out between the third and fourth weeks of June 2014 using anonymous self-administered questionnaire. During the process, respondents fill out their own questionnaire without putting their personal identity as one of the efforts to maintain confidentiality. Respondents put the questionnaire in the prepared box themselves.

Survey data intake is done in stages which is 100 inmates per day and is carried out for three consecutive days. Respondents who did not come on the survey data intake day are requested to come on the fourth day. Inmates selected to be research respondents are summoned and gathered in Banceuy Prison's Common Room to get information and to exercise their freedom to decide whether they want to be the research respondent or not. Illiterate inmates and those who refuse to be respondents are excluded from the research.

Informed consent is given before respondents fill out the questionnaire. There are 330 invited respondents and 307 filled out and returned the questionnaire [93%].

Table 2. Comparability between total numbers of respondent and respondents answering the question on drug use activity within the prison setting.

Respondent		Test	p
QTY (n=307)	Response (n=263)		



Age (Mean, sd)	33.16 (8.337)	33.10 (8,063)	t=0,087	0,931
Education				
No education	1	1		
Unfinished Elementary	15	8		
Elementary graduate	43	37		
Junior High School Graduates	106	90	X2=1.519	0.911
Senior High School Graduates	131	120		
College/University graduates	4	4		

Table 3. Comparability between total numbers of respondents and respondents answering the question on unsafe sexual activities within the prison.

	Respondent		Test	p
	QTY (n=307)	Response (n=259)		
Age (Mean, sd)	33.16 (8.337)	32.73 (8.137)	t=0.511	0,609
Education				
No education	1	1		
Unfinished Elementary	15	11		
Elementary graduate	43	33		
Junior High School Graduates	106	88	X2=0.636	0.986
Senior High School Graduates	131	118		
College/University graduates	4	4		

b. Characteristic of Respondents

Characteristic of the 307 responding inmates who filled out the questionnaire are shown on the Table 4. Most of them are adolescent between 26 to 35 years old

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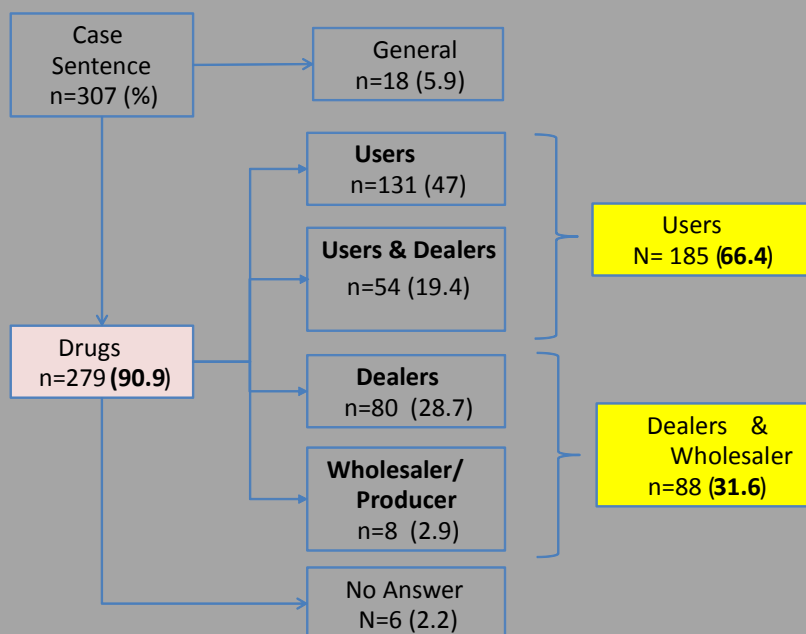
[43.3%], 64% are married or have been married before, and most of them are educated until Junior High School or higher.

Most of them [91%] are drug offender inmates, 47% out of them are users, 19.4% are users and dealers, 28.7% are dealers and 2.9% are wholesalers/producers [Picture 1].

Table 4. General Characteristic of The Survey Respondents

Variable	Categori	n	%
Age N=307	<25 years old	54	17.6
	26-35 years old	133	43.3
	36-45 years old	63	20.5
	>46 years old	23	7.5
Status N=307	Not married	109	35.5
	married	133	43.3
	Divorced	59	19.2
	Widower	4	1.3
Education N=307	Ungraduated [Elementary]	16	5.2
	Elementary graduates	43	14.0
	Junior High School graduates	106	34.5
	Senior High School graduates	131	42.7
	College/University graduates	4	1.3





Picture 1. Proportion of survey respondents' case type

From the above data, categorized users are 66.4% from the total inmates with drug offence cases, and the rest is 31.6% is dealers and wholesalers. But the numbers of drug use in the prison can be larger than the data shown because inmates admitted due to drug use or drug deal/wholesale cases are also possible users.

Table 5. Survey respondents' characteristic based on their drug use history

Variable	Category	n	%
Drug use history* N=307	Shabu-Shabu	145	47.2
	Ganja	250	81.4
	Heroin/Putaw	44	14.3
	Benzodiazepin	29	9.4
	Alcohol	133	43.3
	Ecstasy	2	0.7



	Lain-lain	3	1
	No answer	6	2
	No history	8	2.6
Injecting drug use history N=270	Yes	25	9.3
	Never	245	90.7

*Respondents can answer more than one

Table 6. Survey respondents' characteristic based on other risky behavior

Variable	Category	n	%
Sexual activity history N=307	Yes	263	85.7
	Never	31	10.1
	No answer	13	4.2
Condom use when having sexual intercourse with non-partners N=263	Always	32	12.2
	Often	15	5.7
	Occasionally	94	35.7
	Never	64	24.3
	Never, because only have done it with wife	50	19
	No answer	8	3
Have tattoo N=307	Yes	173	56.4
	No	128	41.7
	No answer	5	2
Genital accessories (Beads) N=307	Yes	111	36.2
	No	181	59.0
	No answer	15	4.9
HIV test N=307	Yes	161	52.4
	No	117	38.1
	No answer	29	9.4
HIV test result N=161	Positive/Reactive	5	3.1
	Negative/non-reactive	136	84.5
	Did not open the result	14	8.7
	No answer	4	3.7

Out of all respondents who filled out the questionnaire, 95% reported experience of drug use. Ganja [81.4%], shabu [47.2%] and alcohol [43.3%] are reported among the



most used substance while heroin constitutes 14.3% of the respondents and injecting drug use history reached 9.3% among the respondents [Table 5].

Survey findings in Table 6 shows 85.7% of the respondents have the sexual activity history and 65.7% of them are risky behavior. More than half of the respondents [56.4%] have tattoo[s] and 36.2% have genital accessories [beads].

Only 161 respondents from 307 or 52.4% have done the HIV test, 5 respondents are positive [3.1%], 136 respondents are negative [84.5%] and 12.4% either did not open the result or did not answer the question.

c. Survey Findings Among The Inmates In-relations of Drug Use Activities Within The Prison Setting

Availability of Drugs Within The Prison

Questions on knowledge or information regarding drug distribution within the prison setting and what sort of drugs or substance, are asked in the survey. Only 171 out of 307 respondents [55.7%] answered the questions. Table 5 shows that drug is widely distributed among the inmates in the prison. Almost all kinds of drugs are available inside. From 171 respondents, 79% admit that there is ganja, 75% state that shabu is available and more than 50% declare heroin and alcohol are available [Table 7].

Table 7. Drugs/substances availability within the prison setting

N=171*	Available (%)	Not available/ Don't know (%)
Heroin	56.1	43.9
Diazepam	20.5	79.5
Ecstasy	24.6	75.4
Shabu	74.9	25.1
Subutex	8.2	91.8
Suboxone	6.4	93.6

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Cethamine	5.3	94.7
Codein	9.4	90.6
Benzo	33.9	66.1
Ganja	78.9	21.1
Alcohol	53.2	46.8

**Respondents can answer more than one*

In regards of other drug substances in the prison, Table 8 elaborates the intensity of substances' availability. Shabu is the first on the list to be easily found, 28% of the respondents admit that shabu is widely available. Next up is ganja [22.8%] followed by alcohol [10.5%] and heroin [9.4%].

Table 8. Intensity of drug substances' availability within the prison setting

N=171* (%)	Always available	Often available	Occasionally available	Not available/ Don't know
Heroin/Putaw	9.4	12.9	33.9	43.9
Diazepam	2.3	5.8	12.3	79.5
Ecstasy	1.8	5.3	17.5	75.4
Shabu	28.1	31	15.8	25.1
Subutex	0.6	1.2	6.4	91.8
Suboxone	-	-	6.4	93.6
Chetamine	-	1.2	4.1	94.7
Codein	-	1.8	7.6	90.6
Benzo	4.7	14.6	14.6	66.1
Ganja	22.8	31	25.1	21.1
Alcohol	10.5	14	28.7	46.8

**Respondents can answer mmore than one*

Drug Use Within The Prison Setting

With drugs and other substances available within the prison setting, the questionnaire gathered the information on how many inmates and what kind of



substances have they actually used. There are 135 respondents [51%] admit they have used drugs and 2.6% have injected drugs inside the prison [Table 9].

Table 9. Drugs and substances use within the prison setting

Variable	Category	Frequency	Percentage
Use drugs/substances inside the prison N=263	Yes, I have	135	51.3
	Never	128	48.7
Inject drugs inside the prison N=263	Yes, I have	8	2.6
	Never	118	38.4
	No answer	9	2.9
	Do not use drugs	128	48.7

For information on type of substances used by the inmates, only 93 out of 135 who admit that they use drugs inside the prison, revealed the type of drugs or substances they were using [Table 10]. For this question, respondents are allowed to answer more than one.

Ganja is among the most consumed substance [73%], shabu is the runner up [70%] with 3.2% of the inmates uses it by injection. Alcohol is consumed by 48.9% respondents and the last chunk of 34.4% constitutes heroin users with 5.4% inmates uses it by injection.

Table 10. Drugs and Substances Reported Used Within The Prison Setting

N=93* (%)	Yes, injected	Yes, Not injected	Total numbers of users	No
Heroin	5.4	29	34.4	65.6
Diazepam	1.1	4.3	5.4	94.6
Ecstasy	-	8.6	8.6	91.4
Shabu	3.2	66.7	69.9	30.1
Subutex	-	3.2	3.2	96.8

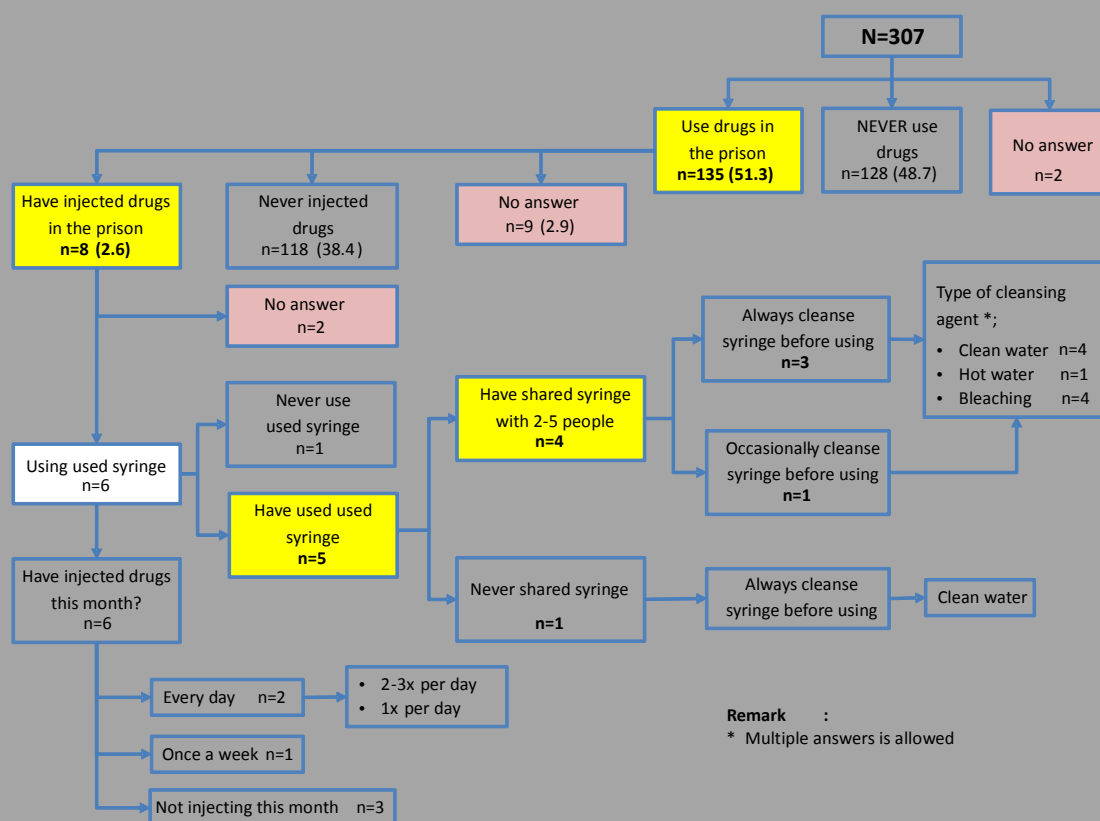
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Suboxone	1.1	2.2	3.3	96.8
Methadone	-	8.6	8.6	91.4
Chetamine	-	2.2	2.2	97.8
Codein	-	3.2	3.2	96.8
Benzo	-	32.3	32.3	67.7
Ganja	1.1	72	73.1	26.9
Alcohol	-	48.9	48.9	51.1

*Respondents can answer more than one



Picture 2. Injecting drug users' scheme within the prison setting

Picture 2 is explorative result of questions related to injecting drug use activity within the prison. Five out of eight people [2.6%] admit having injecting drug activity inside the prison using used syringe. Four of them have shared it with 2-5 people.



d. Survey Findings Among Inmates With High Risk Sexual Behavior Within The Prison Setting

Definition of sexual conducts or sexual activities in this research is two or more people conducting sexual activities and not limited only to penetration. From 307 respondents, only 11.1% admit to have experience in sexual conducts within the prison. Most of them having it with their steady partner [73.5%], only 2 respondents [5.9%] having it with sex workers, and 1 respondent [2.9%] admits to have it with other inmates. [Table 11 and Picture 3]

Table 11. High Risk Sexual Behavior

Variable	Category	Freq.	Percentage
Have had sex in the prison N=259	Yes	34	13.1
	Never	225	86.9
Who is your sexual partner in the prison? N=34	Steady partner	25	73.5
	Sex workers	2	5.9
	Other inmates	1	2.9
	Others	3	8.8
	No answer	3	8.8
Execution place in the prison N=34	Visitor's hall	24	70.5
	Toilet of visitor's hall	3	8.8
	Room in the block	3	8.8
	Bathroom in the block	5	14.7
Sexual activities in the last month N=30	Yes	12	40
	No	18	60
Last condom use N=10	Yes	0	0
	No	10	100

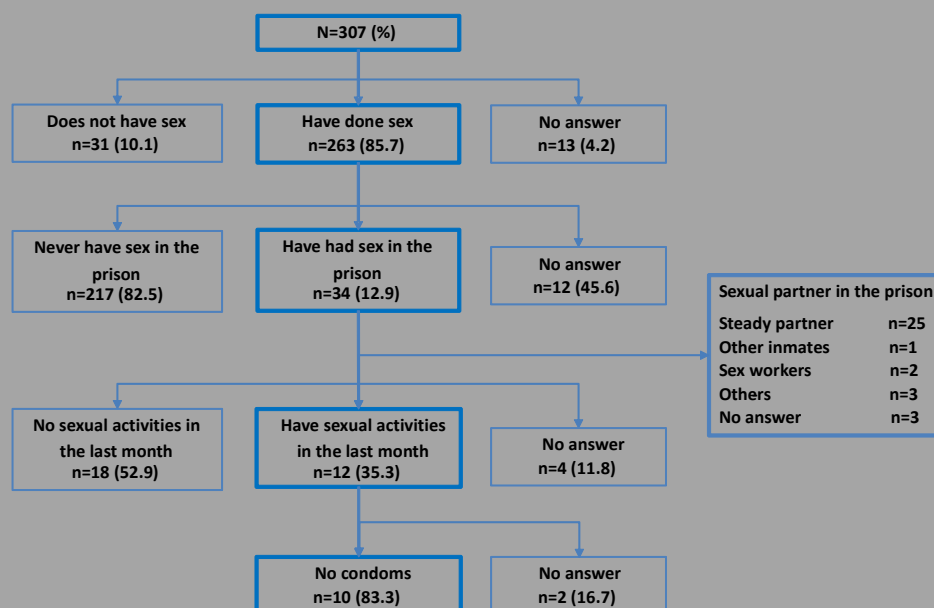


Masturbation N=247	Yes	204	82.6
	No	43	17.4
Masturbating frequency N=198	Once a day	12	6.1
	2 – 3 times per week	19	9.6
	Once a week	42	21.2
	Twice a week	60	30.3
	Once a month	49	24.7
	Once every 6 months	16	8.1

From the survey, Visitor's Hall found to be the place where most inmates executes their sexual conducts [70.5%] while 8.8% uses the room in the block and 14.7% uses the bathroom in their block.

Twelve respondents admit to have done sexual conducts within the prison, several of them revealed to have done it within the last month without condoms.

Independent sexual activity [masturbation] is also among the questions. From 247 answering respondents, 82.6% admit to have masturbation between 1 – 4 times in a month.



Picture 3. Sexual Behavior Scheme in The Prison

3. Interview With Prison Authorities

a. Research Process in Finding Suitable Respondents

Information gathering from the prison authorities is carried out to 19 staff. In-depth interview is conducted to structural officers as policy makers, and Focused Group Discussion [FGD] is carried out with 2 groups of vocational staff and security staff.

Sampling of officers is carried out using purposive sampling method, with consideration of only certain related divisions that deal with high risk behavior of inmates such as Section of Education and Vocational, Section of Safety and Security Force; and Section of Security and Prison Regulations.

Enumerator conducting in-depth interview and FGD with officers is a researcher from University of Padjadjaran [UNPAD]. Informed consent is given prior to the interview.

b. Characteristic of Interviewed Prison Authorities

There are 19 officers joining the interview consists of 7 structural officers participating in the in-depth interview and 12 vocational staff and security staff participating in the FGD. The characteristic of the staff varied as shown in Table 12.

Table 12. Characteristic of Interviewed Prison Authorities

No	Position	Gender	Age	Education	Type of Interview
1.	Chief of Institution 1	Male		S2	In-depth
2.	Chief of Section of Security & Prison Regulation	Male	52	S1	In-depth

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3.	Chief of Administration Security & Prison Regulation	Male	46	S1	In-depth
4.	Chief of Section of Education and Vocational	Male	45	S1	In-depth
5.	Chief of Sub-section Vocational	Male	36	S2	In-depth
6.	Chief of Sub-section Reporting and Regulation	Male	47	S1	In-depth
7.	Chief of Sub-section Safety & Security	Male	47	S1	In-depth
8.	Vocational Staff 1	Female	44	SMA	FGD
9.	Vocational Staff 2	Female	47	S1	FGD
10.	Vocational Staff 3	Male	34	S1	FGD
11.	Vocational Staff 4	Male	53	S1	FGD
12.	Registration Staff	Male	41	S1	FGD
13.	Security & Prison Regulation Staff 2	Male	41	S1	FGD
14.	Security & Prison Regulation Staff 3	Female	54	SMEA	FGD
15.	Security & Prison Regulation Staff 4	Male	54	SMA	FGD
16.	Chief of Security Force	Male	44	S1	FGD
17.	Administration Security & Prison Regulation Staff	Male	43	S1	FGD
18.	Administration Security & Prison Regulation Staff	Female	50	SMA	FGD

c. Interview Findings Among Prison Authorities

Assessments on injecting drug use and unprotected sex related risky behavior among inmates;
Feasibility on Sterile Syringes Service (SSS) and Condoms Distribution for Inmates.



[Type the company name]

High Risk Behaviors Within The Prison Setting

All interviewed officers addressed similarly in regards of drug use and sexual conduct issues internally. They admit that there must be inmates who use drugs within the prison setting, including injecting drug activities. They are convinced that there is same sex relationship and sexual conducts among the inmates.

“Syringe using and sexual misconduct... I really believe it happens in the prison, especially in large prisons where issue of over-capacity is available and in narcotics prison.” [Petugas/001/KL]

“A prison cannot be fully clean and I am convinced [about it]. I also admit that it is difficult to keep the prison clean [from drugs] if users and dealers are put together. Not to mention that the wholesaler is here too.” [Petugas/002/AB]

Acceptance on Sterile Syringe Service [SSS] Program Within The Prison Setting

Responses towards SSS are almost unanimously negative due to lack of supporting law and policies within the prison and correctional institution settings that can back up the implementation of the program.

“SSS, I don’t agree because while it may reduce the HIV infection rate, it will keep the addiction going if not increasing it. For syringes supply we can never agree because it is too risky, but condom is different.” [Petugas/001/KL]

“Still, from the security perspective, we cannot tolerate, [or] legalize [it]. We will do urine test, if the result is positive, sanction must be applied and the inmates will be put in cell [solitary confinement]. This is not a matter of agree or disagree. This is against the law, except when someday the government legalizes it.” [Petugas/003/DK]



“If syringes are provided inside [the prison], it is like legalizing drugs, mainly injecting drugs substance... putaw... But if there is a policy in place from the government saying that it is legal, backed up by law, that it is okay for prison to provide syringes or condoms, we then can carry out the close supervision of the distribution.” [Petugas/004/RK]

“To anticipate the spread [of HIV], it is actually a good program, but needs to have a fixed policy to back it up. If not, we can get blamed for implementing it because there is no instruction from the higher level. It will be a totally different story...” [Petugas/005/AB]

Some of the vocational staff expressed their agreement on the SSS program implementation within the prison setting as the last resort should there be no other ways to be considered or taken.

“If this is the best solution there is, I agree. Especially considering the current situation in the prison internally, where no prison is free from drugs... It is probably better to have [SSS program] than them keep sharing unsterile [needle], adds more burden [to the prison], and becoming ill. As long as it is the last possible resort, I will follow...” [Petugas/002/AB]

Acceptance on Condoms Distribution Program Within The Prison Setting

Most of the officers can accept and rationalize the necessity of condoms distribution program. However, there are still some doubts and hesitance on the technicality, social and religious norms consideration and the lack of policy in place to abck up the implementation of this program.

“I think providing condom is very important because it is related to their urgent needs and they will always sneak around to do it anyway. Even though they have so much limitation, they will always try. But then again, the technicality of the



implementation is complicated. Even though we have the understanding, we will still get blamed if we implement it...” [Petugas/001/KL]

“I believe there are—... some men are like transgender, and they also did it [sexual activity]... If you wish [to distribute condoms], it must be done discreetly and not openly... we have good intention, we want to stop the infection.” [Petugas/002/AB]

There are several officers/staff that firmly reject the idea of condoms distribution program because it is deemed as breaking the law and regulation, furthermore, it is deemed as legalizing same sex practice [gay].

“Condoms? What’s it for? ... It is possible that a man can have sex with another man. It is not a secret, but it is still breaking the rules and regulations. Even though they like each other, it is prohibited within the prison setting... [to provide condoms] It is like legalizing same sex relationship, in my opinion...” [Petugas/003/DK]

“Especially condoms, if it is implemented here, I disagree... it means legalization of same sex relationship. Legalizing homosexuality. We are as part of the Security Force here will strive for prohibition of it [condoms distribution].... Same sex relationship is also prohibited. That is it. I know that in prison, freedom is limited, one of them is sex. That is my humble opinion.” [Petugas/004/RK]

Recommendation Related to High Risk Behaviors Within The Prison Settings

The solutions offered by these officers in regards of injecting drug use and sexual conducts within the prison setting are security tightening to avoid drug supply coming in, increased close supervision, religious approach and medical approach such as methadone program.



“Security tightening to avoid drugs supply is coming in, but for sexual deviation we cannot do anything... It is a difficult matter.” [Petugas/001/KL]

“We do not provide the way, so they will not do it. I do not favor syringes and condoms provision. We can apply religious approach or other activities or something medical such as methadone.” [Petugas/004/RK]

“It is better if not all drug related people are put in jail. Users can be rehabilitated; this will ease our burden in tackling the existing issues. If they are put together like this, things become very complex. The dealers are happy there are users here. And the users are also happy because the dealers are here. It is like that here...”

Most importantly close supervision, next, if it is deemed as unnecessary, had better not be implemented. This is a prison, if everything runs without close supervision, without adequate knowledge, without socialization, there will be too

many deviations and regulations breaking activities.” [Petugas/003/AP]

Discussion

1. Substance and Injecting Drug Use In The Prison

a. Substance and Drug Use In The Prison

The majority of inmates in Banceuy Prison are drug abusers [90.9%] and most of their cases are sentenced as user [66%]. Even so, there is a possibility that inmates with dealer and wholesaler sentences are also users.

From the data provided above, it is shown that there are several kinds of drugs are in cycle within the prison setting and all are accessible. There are 51.3% of inmates who use drugs internally. Most found drugs are shabu and ganja, followed by heroin and alcohol. Among the heroin users, most of them drag the substance while only few of them inject it.



Drugs and other substances are available due to demands from inside the prison. The smuggling methods are through visitation, thrown-in using plastic bottles and via certain officer/staff. All drugs and substances are kept in bottles and kept safe in unthinkable places such as below the ground. Inmates admit that where there is demand for drugs/substances, there will be ways to get it in.

b. Injecting Drug Use

Injecting drug use is among the highest risk for HIV transmission. Prevalence of injecting drug use in the prison is 2.6% or there are 6 inmates from selected respondents. If projected on to the general inmates, it means $2.6\% \times 1200$ inmates or at least there are 31 injecting drug users. This figure is considerably high for the possibility of HIV infection in the prison. Most importantly because all of those injecting drug users have the history of sharing needles or using unsterile syringes due to difficulties in finding clean syringes. When they experience the withdrawal symptoms, they could not care less about whom they share the syringes with. Even the HIV-positive inmates are sharing needles.

Efforts to sterilize the syringes and needles before using them have become a rare routine because it is not easy to find cleansing agent such as bleach. Most of the users cleanse the needle using only plain water.

Intensity of heroin use by injection depends on availability of the substance. Some inmates do it only once a day, some do it up to six times a day or until the supply is finished. There are some inmates who inject drugs with a small dose at the beginning but it escalates to a larger dosage and a more frequent duration, up to every hour depending on the availability of the substance.

c. Syringes Supply



Syringes in the prison are rarely to find. Inmates get it through various methods. Some found used and corroded syringe, some found used syringe with blood. They took it, repair and fix it and cleanse it to reuse it later.

Syringes are also smuggled via visitation. Some in the full form of syringe [needle and tube], some are just the needles. Inmates who use drugs claim that needles are the most important part because the tube can be replaced by pen tube or other media. The rubber pump can be replaced by a piece of flipflop rubber while the lever is replaced by a small thin stick. To use this kind of self-invented tool, a user needs help from other user.

When the syringes are smuggled and arrived inside the prison, inmates will take turn to use it and sometimes one syringe can be shared by many users in several blocks.

2. High Risk Sexual Conducts In The Prison

Approximately 85% of the inmates have had sexual experience in their lives, and 65.7% among them have high risk sexual conducts without condoms when having intercourse with their non-steady partner. During their sentence time in Banceuy Prison, more than 80% of the inmates masturbate. Most of them do it once or twice in a month. Only a few of them have intercourse with their partners [11.1%].

Definition of sexual conducts or sexual activities in this research is two or more people conducting sexual activities and not limited only to penetration. Inmates who claim to have sex with partner mostly done it with their steady partner during the visitation. Only two inmates have had sex with sex workers and one inmate admit to have had sex with other inmate.

Twelve out of 34 inmates who admit to have had sex within the prison setting, said that they have conducted unprotected sexual activities within the last month.

Initially, unprotected sexual conducts among inmates in the prison setting often stimulated by the existence of inmates who suspected to be gay or have more feminine



features. Inmates who initiate the sexual conducts with other inmates admit that the approach was merely during the period of drug use.

Conclusion and Recommendations

1. Conclusion

- a. Inmates who use drugs in the prison setting is currently 51.3% of the total number of inmates.
- b. Substance and drug supplies in the prison are merely coming from visitation, thrown-in from outside and via a certain officer/staff.
- c. Prevalence of injecting drug use within the prison setting is 2.6%, heroin users constitute 34.4% with drag as the most popular consumption method.
- d. Almost all of injecting drug users have shared syringes/needles and/or used unsterile syringes.
- e. Sexual conducts within the prison setting is usually done with steady partner.

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- f. Inmates who have sex in the prison constitutes 11% of the total number, 1.9% is having high risk sexual conducts [with sex workers, other inmates, girlfriend, acquaintance]
- g. Almost all officers and staff disagree on the implementation of SSS program and condoms distribution due to lack of supportive policies in place.

2. Recommendations

- Comprehensive strategy is necessary in order to tackle drug use issue within the prison setting.
- Looking at the numbers of inmates who crucially need Harm Reduction Management program in the form of SSS and condoms distribution, more well-directed strategies are needed. This is important because even if these programs are implemented, most of inmates are not confident enough or embarrassed to access the services.
- To direct inmates who need the services, Section of Vocational can work together with the clinic.
- Therapeutic community activities can help socializing the danger of HIV and high risk behavior as well as educate the best ways to handle it.
- Whenever needed, TC activities above can be referred to any addiction clinic where methadone therapy, addiction counseling and peer group meeting can be found.
- Clinic as the supporting facility can carry out individual addiction management program based on the needs of the clients.
- Cleansing agent such as bleaching, SSS program and condoms distribution can be targeted to specific inmates who need the service only based on recommendation from the doctors in the clinic.



- From substance supply perspective, the security can tighten itself and develop better Standard Operation Procedure as well as increasing the supervision by Section of Security staff.

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