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Rumah Cemara

Briefing paper

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Integration of harm reduction into drug rehabilitation programmes in Indonesia

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Introduction

Harm reduction programmes in Indonesia have been officially recognised and in operation since 2007,[3] beginning with their implementation in primary-level healthcare facilities.[4] Harm reduction programmes differ from the majority of drug rehabilitation programmes in Indonesia, with the latter focussed on the achievement of abstinence. From when they were established in the late 1990s, rehabilitation programmes in Indonesia typically adopted the approach of setting behavioural change and abstinence from drug use as the only goals. No compromise on these goals were allowed in determining a client's successful completion of a rehabilitation programme. Harm reduction on the other hand, refers to a set of policies, programmes and practices aimed primarily at reducing the harms associated with drug use, which could range from health, social to economic harms, without necessarily focussing on ending drug use.[5]

However, as harm reduction programmes rolled out in Indonesia, misperceptions about them have arisen, particularly amongst policymakers and service providers working with people who use drugs. Many stakeholders perceive harm reduction interventions as an attempt to condone and legalise drug use, making it difficult for rehabilitation service providers to embrace them. At the same time, there is a strong perception amongst harm reduction advocates that rehabilitation service providers stigmatise people who use drugs by considering drug use and relapse as signs of moral failure, which deters people who use drugs from accessing health services. There is a need to overcome current barriers undermining harm reduction interventions, and for them to be integrated into rehabilitation programmes that currently only offer abstinence-based programmes. In addition, evidence-based drug prevention and treatment programmes need to be integrated into harm reduction programmes, in order to improve the quality and accessibility of all programmes and services for people who use drugs.[6]

This policy paper is based on an analysis of data and evidence produced from a desk review of literature, and focus group discussions and in-depth interviews with clients who have undergone both types of programmes: abstinence-based rehabilitation programmes, and those integrated with harm reduction services. The paper concludes with recommendations for the Indonesian government to implement policy reforms that enable the integration of harm reduction measures into drug rehabilitation programmes. These reforms will enable Indonesia to achieve its commitment to implement the *2016 United Nations General Assembly Special Session on the World Drug Problem (UNGASS)* Outcome Document, particularly the section entitled 'Treatment of drug use disorders, rehabilitation, recovery and social reintegration; prevention, treatment and care of HIV/AIDS, viral hepatitis and other blood-borne infectious diseases', which promotes 'effective measures aimed at minimizing the adverse public health and social consequences of drug abuse'.[7]

Treatment and rehabilitation framework in Indonesia

Indonesia's Narcotics Law No. 35 (2009) splits the concept of rehabilitation into two types: medical rehabilitation and social rehabilitation.[8] In principle, each type of rehabilitation could be delivered as either in-patient or out-patient programmes, by government and non-government organisations.[9] The National Narcotics Board's (BNN) rehabilitation centres provide in-patient programmes for the main period of treatment, while the after-care programme could be undertaken as either an in-patient or out-patient programme. Some clients enter rehabilitation programmes to fulfil compulsory requirements, enforced by provisions in the Narcotics Law No. 35 (2009) that criminalise the use of drugs and require people arrested for drug use to be diverted into a rehabilitation programme or a term of imprisonment. This practice is contrary to international standards for drug dependence treatment.[10] These international standards recommend providing a range of treatment options for clients to choose from, as doing so ensures more positive treatment outcomes because the treatment or rehabilitation programme is tailored to meet the individual needs of clients, e.g. by enabling them to continue upholding commitments such as with family, employment or education.[11]

Under BNN Regulation No. 24 (2017) *Rehabilitation Standards for Drug Addicts and Victims of Drug Abuse*, medical rehabilitation is defined as 'a process that consists of a holistic drug treatment to cure a drug addict from drug dependence' while social rehabilitation is defined as 'a process that consists of a set of holistic rehabilitative activities, be it physical, mental, or social, aiming to make drug addicts able to carry out their social function in society'.[12] These definitions are severely stigmatising of people who are dependent on drugs, do not distinguish between drug use and dependence, and inaccurately characterise drug dependence as a social dysfunction.

Combined with the criminalisation of people who use drugs, and requirements for their compulsory reporting, under Narcotics Law No. 35 (2009), it is apparent that drug dependence is considered as a moral (and criminal) rather than health issue in Indonesia. As a result, the service providers for these types of rehabilitation, which are monitored by the BNN, the Ministry of Social Affairs (MoSA), and the Ministry of Health (MoH), typically adopt abstinence as the only goal and success indicator of their rehabilitation services,[13] although this is not mandated by any national regulations covering medical and social rehabilitation.[14]

Table 1 shows the numbers of rehabilitation and treatment centres, some of which also operate as Compulsory Reporting Institutions (CRIs), to which people who use drugs are obliged to report themselves under Narcotics Law No. 35 (2009),[15] along with relevant responsible government agencies.

Table 1. Responsible authorities for treatment and rehabilitation centres in Indonesia

Ministry of Social Affairs	Ministry of Health	National Narcotics Board	National AIDS Commission
166 institutions*	549 institutions*	160 institutions*	17 institutions**

* Including rehabilitation centres appointed as CRIs

** Community-Based Drug Dependence Treatment (CBDDT) centres incorporating harm reduction measures

Clear mandate for integrating harm reduction in rehabilitation programmes

The legal and programmatic split of rehabilitation programmes into two separate systems – medical and social rehabilitation–has led to the division of authority for drug rehabilitation in Indonesia. Medical rehabilitation programmes fall under the authority of the MoH, while social rehabilitation programmes fall under the MoSA's mandate. The BNN, whose original mandate was to enhance the capacity of all rehabilitation programmes, has no legal authority over their provision. Nevertheless, a wide array of medical rehabilitation facilities in Indonesia, mainly in the form of health clinics, remain under the BNN's jurisdiction. This situation has brought about a mix of legal and policy documents which are ambiguous and subject to multiple interpretation, resulting in a lack of clear standards and guidelines for the implementation of rehabilitation programmes.

According to the explanation for article 56(2) of the Narcotics Law, harm reduction approaches for people who inject drugs may be provided as a component of medical rehabilitation to prevent the transmission of diseases such as HIV/AIDS, and fall under the strict supervision of the MoH. Article 4 of the MoH Regulation No. 55 (2015) on *Harm Reduction for Injecting Drug Users* outlines details for the implementation of this mandate as follows:

The implementation of harm reduction for injecting drug users includes:

1. sterile needle and syringe programmes along with behavioural-change counselling and psychosocial support;
2. encouraging injecting drug users, especially opioid addicts, to undergo opioid maintenance therapy and other drug dependence treatment**;**
3. encouraging injecting drug users to access preventative measures for sexually transmitted infections; and
4. HIV counselling and testing services, along with measures for viral hepatitis prevention and immunisation'.

According to international standards and guidelines, comprehensive harm reduction programmes should cover a wide array of strategies, many of which are aimed at prevention, treatment and care measures relating to HIV such as needle and syringe programmes (NSP), HIV testing and counselling, antiretroviral therapy (ART), opioid substitution therapy (OST) and other evidence-based drug dependence treatment, as well as relating to the prevention of sexually transmitted infections (STI), tuberculosis (TB) prevention measures, and overdose.

The provision of evidence-based drug dependence treatment, consistent with the harm reduction approach, has been proven (cost-)effective in improving the health and well-being of people who use drugs, thereby resulting in improved outcomes for communities. In Indonesia, MoH Regulation No. 55 gives a clear mandate for MoH to provide evidence-based drug dependence treatment as a part of harm reduction programmes.

The Narcotics Law and MoH Regulation No. 55 both allow for the integration of harm reduction and drug rehabilitation or treatment programmes. However, the MoH's Regulation No. 2415 (2011) on *Medical Rehabilitation Service Standards* does not outline an integral role for harm reduction in the implementation of drug rehabilitation programmes. The MoH has a vital role in ensuring the integration of harm reduction into medical rehabilitation programmes, as a crucial step in improving the quality of rehabilitation services, and more importantly, the quality of life of individuals receiving those services. Despite the ambiguity in the standards for provision of medical rehabilitation services, the MoH has a clear mandate to ensure the implementation of harm reduction interventions as an integral component of its programmes for people who use drugs, including within rehabilitation programmes.

Community-based drug dependence treatment: Outcomes of an evaluation

From 2009 to 2017, the National AIDS Commission (NAC)[16] conducted research to evaluate the

Box 1 Community-based drug treatment: an effective alternative to compulsory rehabilitation centres

A client of Rumah Singgah PEKA in Bogor, West Java, described his experience at a community-based drug treatment centre as follows:

- *'In other treatment centres, relapse means the end of the story [suspension of treatment]. That creates more feelings of guilt for us… and we go deeper and deeper down the cycle of addiction. Here at PEKA, the staff really appreciate our efforts to stop using or to reduce our consumption. When we relapse, we're not forced to stop treatment and re-start from zero again'.*
- For a description of the services provided by two CBDDT facilities (Rumah Cemara and Rumah Singgah PEKA), see: Tanguay, P. Stoicescu,C. and Cook, C. "Community-based drug treatment models for people who use drugs: Six experiences on creating alternatives to compulsory detention centres in Asia", London: Harm Reduction International (2015).

operation of community-based drug dependence treatment (CBDDT) services that they funded, and are available in 17 rehabilitation institutions in 12 cities, as part of wider efforts to integrate harm reduction into voluntary, in-patient rehabilitation services. After three rounds of evaluation, the results were positive,[17] with research outcomes showing that rehabilitation and harm reduction services can be implemented by the same service provider in a complementary manner. The evaluation research conducted by the NAC in 2014 illustrates a number of positive conclusions,[18] especially in terms of client satisfaction and improved quality of life outcomes, demonstrated by:

- A statistically meaningful difference in terms of clients' physiological, psychological, and social well-being, with improved quality of life following completion of the CBDDT programme
- People who completed the CBDDT programmes scored lower in the Addiction Severity Index following completion of the programme,[19] as well as in terms of experience with legal and health problems, e.g. there was a notable decline in high-risk injecting practices
- The majority of CBDDT attendees reported a high level of therapeutic engagement during their participation in the programmes (with an average score of 63 out of 75), which refers to clients' proactive (and voluntary) participation in a treatment programme – and is widely defined as an important indicator of success.[20]

Applying a harm reduction approach in treatment and rehabilitation programmes means treating drug dependence as a health condition, and measuring success in terms of overall quality of life instead of solely abstinence. Abstinence should be seen as a long-term goal that not every individual will aim to or can achieve. Harm reduction involves a set of strategies that are humane, measurable, and accessible. Given its positive role in improving the quality of life of people who use drugs, harm reduction strategies should be integrated into treatment and rehabilitation programmes as one of a range of service options that also include abstinence-based services. Evidence-based treatment and rehabilitation programmes should adopt a holistic approach where a range of treatment options are made available and programmes tailored in accordance with the specific needs of each individual's drug dependence, on the basis of voluntary and informed consent.[21]

Recommendations

The provision of evidence-based and holistic drug treatment and rehabilitation programmes requires synergy between ministries and government agencies, provincial and municipal governments, and local communities. In this regard, a clear division of roles and functions should be made between different ministries/ governmental bodies (especially MoSA, MoH and

BNN), provincial and municipal governments, and community organisations in relation to the implementation of drug treatment and rehabilitation programmes, including the development of standards and guidelines, along with their monitoring and evaluation.[22]

The government of Indonesia should **develop one uniform national policy for the provision of integrated and comprehensive drug rehabilitation programmes, that applies to all government agencies and non-government organisations**. This will require undertaking the following recommended actions:

1. **Review Narcotics Law No. 35 (2009):**

- To replace the dual system of 'Medical Rehabilitation' and 'Social Rehabilitation' with one system of 'Integrated and Comprehensive Rehabilitation'

- To end the stigmatisation, criminalisation and prosecution of people who use drugs, particularly by removing the requirement of compulsory reporting as outlined in Article 55 (this will also necessitate repealing Government Regulation No. 25 (2011) on compulsory reporting of people who use drugs) in order to eliminate the risk of arrest, detention, imprisonment and compulsory treatment/rehabilitation of people who use drugs – as these deter people who use drugs from accessing the treatment and harm reduction services they may need.

2. **Establish a clear set of guidelines to incorporate harm reduction measures into existing rehabilitation programmes, by designing a National Action Plan on Rehabilitation with the effectiveness of programmes measured against a set of quality of life indicators that covers health, relationships, employment, and other aspects of well-being, not solely abstinence. The National Action Plan should:**

- Support the implementation of evidence-based and voluntary drug treatment programmes such as the National AIDS Commission's CBDDT programmes which have been at the forefront of integrating harm reduction into drug treatment programmes in Indonesia

- Reflect international standards to be complied with, as well as clarify the role and authority of each government agency to ensure better coordination. To this end, it is necessary to develop regulations specific to each government agency involved in the delivery of rehabilitation programmes.

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Endnotes

1 Ardhany is a Program Manager for Rumah Cemara, Indonesia.
2 Dania Putri is a freelance drug policy researcher based in The Hague, Netherlands. She currently works with the Transnational Institute in Amsterdam, while remaining active in cannabis policy advocacy efforts in her home country Indonesia.
3 In 2007, Indonesia's Coordinating Ministry of People's Welfare issued Regulation No. 2 on the *National Policy on HIV/AIDS countermeasures, injecting drug use and harm reduction.* This Regulation is an important basis for the existence of various harm reduction programs in the national response framework for HIV/AIDS. Accessible at: http://www.aidsindonesia.or.id/uploads/20130506120619.Permenko_No_02_tahun_2007_Tentang_Kebijakan_Nasional_Penanggulangan_HIV_dan_AIDS_Melalui_Pengurangan_Dampak_Buruk_Penggunaaan_Narkotika_Psikotropika_dan_Zat_Adiktif_Suntik.pdf
4 Departemen Kesehatan Republik Indonesia, Direktorat Jenderal Pengendalian Penyakit dan Penyehatan Lingkungan. (2006). '*Pedoman pelaksanaan pengurangan dampak buruk narkotika, psikotropika, dan zat adiktif (napza)*'
5 Harm Reduction International defines harm reduction as: policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption. Harm reduction benefits people who use drugs, their families and the community. See: *What is harm reduction: A position statement from Harm Reduction International*, https://www.hri.global/what-is-harm-reduction.
6 For the purpose of this paper, the term 'rehabilitation' will refer to abstinence-based programmes and 'treatment' will refer to programmes to treat people dependent on drugs that do not have an abstinence-only focus. See also: UNAIDS. (2017). *Harm reduction saves lives*, http://www.unaids.org/sites/default/files/media_asset/harm-reduction-saves-lives_en.pdf; UNODC and WHO (2018). *International Standards on Drug Use Prevention* (2nd Edition), http://www.unodc.org/documents/prevention/standards_180412.pdf; UNODC (2010). Discussion Paper. *From Coercion to Cohesion: Treating Drug Dependence through Healthcare not Punishment*, http://www.unodc.org/docs/treatment/Coercion/From_coercion_to_cohesion.pdf
7 Para 1(o), https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf
8 Ajeng Larasati, Dominggus Christian, and Yohan Misero, (2017) *Mapping Out Drug Dependency Treatment in Indonesia*, http://lbhmasyarakat.org/en/mapping-out-drug-dependency-treatment-in-indonesia/

9 These rehabilitation facilities include community-based facilities which receive funding from the National Narcotics Board (BNN) or the MoH but still have a certain degree of autonomy in determining the approach of rehabilitation they implement.

10 United Nations Office on Drugs and Crime (2010), *From coercion to cohesion: Treating drug-dependence through health care, not punishment*, https://www.unodc.org/docs/treatment/Coercion_Ebook.pdf;Lai, G. Fransiska, A. and Birgin, R. (2013) IDPC Briefing Paper. *Drug Policy in Indonesia*. https://idpc.net/publications/2013/01/idpc-briefing-paper-drug-policy-in-indonesia

11 Ajeng Larasati, Dominggus Christian, and Yohan Misero, (2017) *Mapping Out Drug Dependency Treatment in Indonesia*, http://lbhmasyarakat.org/en/mapping-out-drug-dependency-treatment-in-indonesia/

12 These definitions, mentioned in Article 1 of this regulation, are based on the definitions included in the Narcotics Law. Therefore, it should be understood why the terms still stigmatised affected communities. This is not acceptable and has to be changed in future drug policy regulations. This regulation could be accessed at: http://yogyakarta.bnn.go.id/index.php?preview=1&option=com_dropfiles&format=&task=frontfile.download&catid=87&id=77&Itemid=1000000000000

13 The Minister of Social Affairs said that methadone is not allowed under the MoSA's rehabilitation regime. Methadone is a substance that is widely used under opioid substitution therapy – a harm reduction strategy for people who inject opioids. See (in Indonesian): https://gorontalo.antaranews.com/berita/34191/mensos-larang-panti-ipwl-gunakan-metadon

14 It is also important to note that, in Indonesia, use of illegal drugs is still a crime, which can lead to imprisonment of up to 4 years. If one is indicted for drug possession, the threat of imprisonment is up to 12 years. As a result, the goal of Indonesia's drug policy can be said to be abstinence from drug use. See: Albert Wirya and Yohan Misero, "The Trip to Nobody Knows Where: Examining the Effectiveness of Indonesia's Compulsory Report Program for Drug Users and Its Compliance to International Human Rights Standards", Jakarta: LBH Masyarakat (2016), p. 73, http://lbhmasyarakat.org/wp-content/uploads/2016/04/310316_IPWL-Research-Report_LBHM_Mainline.pdf

15 Although the Narcotics Law criminalises people who use drugs, it also calls for an "exemption" for those who report themselves to a designated Compulsory Report Institution (CRI), as required by Article 55 (2).The implementation of CRIs is guided by Government Regulation No. 25 (2011) on compulsory reporting of people who use drugs, which focuses on the provision of rehabilitation programmes at government-appointed CRIs (which typically include Community Health Centres, hospitals, and medical rehabilitation centres). LBH Masyarakat's research shows that 75.8% of people who report themselves to a CRI that have encountered law enforcement still end up facing prosecution, clearly demonstrating the ineffectiveness of the CRI system in diverting people who use drugs away from the criminal justice system. Further, human rights violations and breaches of confidentiality are common. See: *Ibid.*, p. 70 and 77.

16 Ajeng Larasati, Dominggus Christian, and Yohan Misero, "Mapping Out Drug Dependency Treatment in Indonesia", Jakarta: LBH Masyarakat (2017), p. 31-32

17 Ibid., p. 2, 9-11.

18 Republic of Indonesia, "Law Number 35 Year 2009 on Narcotics", http://e-pharm.depkes.go.id/front/pdf/UU352009.pdf

19 Ministry of Health, Republic of Indonesia, "Ministry of Health Regulation Number 55 Year 2015 on Harm Reduction for Injecting Drug User", https://www.kebijakanaidsindonesia.net/id/dokumen-kebijakan/download/17-peraturan-pusat-national-regulation/761-permenkes-ri-no-55-tahun-2015-tentang-pengurangan-dampak-buruk-pada-pengguna-napza-suntik

20 World Health Organisation, United Nations Office on Drugs and Crime & Joint United Nations Programme on HIV/AIDS (2009), *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users* (Geneva: WHO), http://www.who.int/hiv/pub/idu/idu_target_setting_guide.pdf

21 See: UNAIDS. (2017). *Harm reduction saves lives*, http://www.unaids.org/sites/default/files/media_asset/harm-reduction-saves-lives_en.pdf

22 See: Tanguay, P. Stoicescu,C. and Cook, C. "Community-based drug treatment models for people who use drugs: Six experiences on creating alternatives to compulsory detention centres in Asia", London: Harm Reduction International (2015), https://www.hri.global/files/2015/10/19/Community_based_drug_treatment_models_for_people_who_use_drugs.pdf

23 National AIDS Commission, "CBDDT Evaluation Result Report 2016".

24 *Ibid.,* p. 60.

25 See the WHO reference page on the Addiction Severity Index: http://www.who.int/substance_abuse/research_tools/addictionseverity/en/

26 National AIDS Commission, "CBDDT Evaluation Result Report 2016" ; United Nations Office on Drugs and Crime (2009) "Discussion paper – From coercion to cohesion: Treating drug dependence through healthcare, not punishment," http://www.unodc.org/docs/treatment/ Coercion_Ebook.pdf

27 United Nations Office on Drugs and Crime, "Guidance for Community-Based Treatment and Care Services for People Affected by Drug Use and Dependence in Southeast Asia", https://www.unodc.org/documents/southeastasiaandpacific/cbtx/cbtx_guidance_EN.pdf

28 "Addicts, drug abusers, and victims of drug abuse", as opposed to "people who use drugs", are terms used in the Narcotics Law. These three terms, which are stigmatised people who use and are dependent on drugs, have different definitions and positions in the context of criminal law and rehabilitation. See: Misero,Y. "Prison Overdosed: A Brief Overview on Criminal Policy towards People Who Use Drugs", Jakarta: LBH Masyarakat (2017) p. 3, http://lbhmasyarakat.org/wp-content/uploads/2017/06/LBH-Masyarakat_Overdosis-Pemenjaraan.pdf

Notes

About this briefing paper

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The International Drug Policy Consortium is a global network of non-government organisations that specialise in issues related to illegal drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level and supports evidence-based policies that are effective in reducing drug-related harm. It produces briefing papers, disseminates the reports of its member organisations, and offers expert advice to policy makers and officials around the world.

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