Study of Needs for Sterile Injecting Equipment Services in Prisons and Remand Centres in Indonesia

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Structure of Report

EXECUTIVE SUMMARY

Following the enactment of Law No. 22 on Narcotics and No. 5 on Psychotropics in 1997, resulting in the arrest of many drug dealers and users, prisons and remand centres in Indonesia started to fill up with prisoners and detainees incarcerated in drug-related cases. Indeed in several prisons, such cases amounted to as many as 60% of inmates, including some who were injecting drug users. Since then, the situation has become even more critical, with increasing transmission of HIV and related infections among inmates. Observations over 11 months (August 2008-July 2009) in 14 prisons showed that 496 of inmates (25.92% of 1,913 inmates undertaking VCT) were infected with HIV.

Several HIV prevention services are already provided in prisons, among them the provision of information. In several prisons, opioid substitution therapy with methadone has been offered in order to prevent increases in HIV cases among injecting drugs users; during the 2000's, this risk factor became the main contributor to AIDS cases in Indonesia compared with other risk behaviours. Sterile Injecting Equipment Services (NSP), one component that is very effective in preventing HIV, have not yet been introduced in prisons. This situation can be appreciated, bearing in mind that provision of sterile injecting equipment, similarly to provision of condoms, is a idea that is still controversial, with many pros and cons, because the corrections service is expected to eliminate illegal drug use as well as sex outside marriage; these remain a subject of discussion at all levels in the prisons department. While NSP has been introduced in Indonesia for some time, initially in Bali in 1999 by an NGO, and now offered by at least 189 community health centres and other health care centres throughout Indonesia, this service cannot automatically be implemented in special settings such as prisons. For this reason, an exploratory study was carried out, intended to obtain a variety of input and consideration, to sound out the possibility of implementing NSP in prisons. This exploratory study was carried out with the following objectives: first, to provide a picture of the injecting of drugs in prisons; and second, to make recommendations concerning the feasibility of introducing sterile injecting equipment services in prisons. This study was carried out during January and February 2010 in six prisons in Indonesia: 1) Class I Remand Centre Central Jakarta, 2) Class I Remand Centre Medan, 3) Class I Prison Medan, 4) Class IIA Prison Pemuda Tangerang, 5) Class I Remand Centre Surabaya, and 6) Class IIA Prison Denpasar. The study methods included observation, collection of written documents, interviews with prison managers and staff, and inmates and ex-inmates, as well as NGO activists.

This study found strong indications that in general inmates are well aware of the risks of HIV infection through use of injecting equipment and sexual contact. Despite this, communal use of injecting equipment still occurs, especially in remand centres and/or prisons with a large proportion of inmates, many of whom are injecting drug users, such as: Salemba Remand Centre, Pemuda Tangerang Prison, Tanjung Gusta Remand Centre; Medaeng Remand Centre; and the Kerobokan Prison. Clearly, it is relevant to implement NSP in prisons. However, this study identified a number of challenges that will be faced when starting to implement NSP in prisons. There are a number of mutually related aspects that must be anticipated before NSP can be widely implemented:

- First, on the surface, NSP raises a dilemma because it is not protected by legal basis. At a lower level, especially for prison staff, NSP is considered to be in conflict with the intent of correction and the general program to eliminate drugs in prisons;

- Second, there is concern that implementation of NSP will result in more harm such as sending a conflicting message both inside and outside prison settings;
- Third, stigma and discriminative behaviour against injecting drug users and HIV-infected people can be expected to hinder NSP implementation as a part of the effort to respond to AIDS;
- Fourth, management of NSP requires consideration of several aspects such as protection against misuse; meticulous administration, and distribution plus withdrawal of injecting equipment and its destruction; as well as confidentiality, comfort and ease of accessing the service.

Given the strong rejection and/or reservations regarding the effectiveness of NSP in reducing HIV infection rates, especially among the corrections service, together with the lack of an agreed standard procedure for implementing NSP, at this stage it is more appropriate to carry out limited trials of NSP using a research concept, intended to determine a service procedure and study its effects. For the moment, bearing in mind several aspects, especially the number of inmates and organizational experience, this study recommends that the proposed trial should be carried out at the Class IIA Prison Pemuda Tangerang and the Class IIA Prison Denpasar.

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We must not forget to particularly thank prison and remand centre inmates in Medan, Surabaya, Central Jakarta, Denpasar, and Tangerang, who despite their ordeals behind bars were still more than willing to devote their time, offer their thoughts and share their valuable stories to assist in improving AIDS responses in the future in our beloved country.

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GLOSSARY AND LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome.
ARV	Antiretroviral (drug)
Buprenorfine	Synthetic opioid administered sublingually (under the tongue) intended for opioid substitution therapy
Ditbinsustik	Special Drugs Directorate of the Directorate General of Corrections
Ditjenpas	Directorate General of Corrections
GF-ATM	Global Fund for AIDS, TB, & Malaria
HIV	Human Immunodeficiency Virus
Inex	Slang name for ecstasy (MDMA)
KPLP	Head of Security in a Corrections Unit
Lapas	Prison, to incarcerate those already sentenced by a court
Methadone	Synthetic opioid administered orally as syrup, intended for opioid substitution therapy
NAPZA	One term for illicit drugs
Narcoba	Another term for illicit drugs
NSP	Needle and Syringe [exchange] Program (in this report referred to as 'sterile injecting equipment services')
Oraquick	Trade mark of one form of HIV rapid test
Putaw	Slang name for heroin, a strong opioid
Rutan	Remand centre, for incarceration of those awaiting court hearings or sentencing
Sakaw	Slang term for withdrawal symptoms
Shabu	Slang name for crystal methamphetamine
Subutex	Trade name of buprenorfine
Tamping	Trustee
UPT	Corrections unit (including prisons and remand centres)
VCT	Voluntary Counselling and Testing

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Photo Credit: Bambang Dahana, Patri Handoyo

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1. Introduction

Sterile Injecting Equipment Service. Provision of sterile injecting equipment is one element of efforts to reduce the negative health effects of injecting drug use. This service is aimed at encouraging injecting drug users (IDUs) to use only sterile injecting equipment and avoid sharing this equipment. There is convincing evidence that increasing availability and increasing utilization of sterile injecting equipment services (NSP) by IDUs, both in and out of care, provides a meaningful contribution in reducing HIV infection rates. One study published in 2002[1] compared the prevalence of HIV in 103 cities in 24 countries. The HIV infection rate fell to an average of 18.6% every year in 36 cities with NSP, while increasing on average 8.1% each year in 67 cities where NSP was rarely available. The finding was confirmed by several earlier studies[2,3,4]. For example one study carried out in 1997[5] compared the HIV infection rate among IDUs in 52 cities without and 29 cities with NSPs in North and South America, Europe, Asia and the South Pacific. The average HIV infection rate prior to the introduction of NSP increased 5.9% per year and fell up to 5.8% in cities with NSPs. On the other hand, there is no convincing evidence of unwanted negative consequences when NSP is provided to drug users, such as switching to injecting among those who had not previously injected, or an increase in the duration or frequency of drug use or drug injecting.

NSPs were first introduced to Indonesia in 1999 by an NGO in Denpasar, Bali, as a result awareness of the high risks of HIV infection among IDUs. Initially, implementing of NSP did not involve the health care system in a large way, so that it was not able to block the increase in cases of HIV infection[6]. To address this, the Indonesian Ministry of Health (previously the Department of Health) published Pedoman Pelaksanaan Pengurangan Dampak Buruk Napza (Manual for Implementing Harm Reduction) in 2006. This was subsequently strengthened by the Peraturan Menkokesra No. 2 tahun 2007 tentang Kebijakan Nasional Penanggulangan HIV dan AIDS melalui Pengurangan Dampak Buruk Penggunaan Napza Suntik (Decree of the Coordinating Minister for Peoples Welfare No. 2 2007 concerning Policy for National HIV and AIDS Response through Harm Reduction). The National AIDS Commission set a target of 150,400 IDUs accessing NSPs in 2010, with 189 NSPs operating by 2008 spread out over at least ten provinces, through community health centres and other health care services, supported by local NGOs.

Response to HIV Infection in Prisons and Remand Centres. A response to HIV infection among IDUs was also planned and implemented in a number of prisons and remand centres in Indonesia. This response was connected with the increasing number of drug-related cases, in particular since the enactment of Law No. 22 on Narcotics and Law No. 5 on Psychotropics in 1997. The speed of increase in the number of inmates and prisoners on remand, which quickly exceeded the capacity of

1 Health Outcomes International. Return on investment in needle and syringe programs in Australia. Canberra: Commonwealth Department of Health and Ageing; 2002

2 General Accounting Office. Needle exchange programs: research suggests promise as an AIDS prevention strategy. Washington DC: US Government Printing Office; 1993

3 National Commission on AIDS. The twin epidemics of substance use and HIV. Washington DC: National Commission on AIDS; 1991

4 Lurie P, Reingold AL, editors. The public health impact of needle exchange programs in the United States and abroad, vol. 1. Atlanta: Centers for Disease Control and Prevention: 1993

5 Hurley SF, Jolley DJ, Kaldor JM. Effectiveness of needle-exchange programmes for prevention of HIV infection. Lancet 1997;349(9068):1797-800

6 HIV/AIDS Case Statistics in Indonesia – Indonesian CDC, 2009

the prisons and remand centres throughout Indonesia, has affected the health of this population over the last five years. By April 2009, there were 137,172 people incarcerated compared with a capacity of 88,559. The National Police Headquarters 4th Directorate on Drugs reported that on average the increase in the number Indonesian citizens detained on drug cases over the period 2004-2009 reached 38.9% per year, with the greatest number of arrests (44,694) in 2008. In several prisons, the number of inmates held for drug cases reached 60% of the total, and these included IDUs[7].

One important sign of the increase in concern over the problem of drugs in correctional institutions was the publishing in 2001 of SK Menteri Kehakiman dan HAM RI No. M. 75. PR. 09. 02 (Decision of the Minister of Law and Human Rights, replacing an earlier ministerial decree, keputusan Menteri Kehakiman dan HAM RI No. M. 01-PR. 07. 10 tahun 2001), concerning the organization and work of the Department of Justice and Human Rights. This decision ordered the formation of a new directorate in the body of the Directorate General of Corrections especially to handle drugs matters, known as the Special Directorate on Drugs (Direktorat Bina Khusus Narkotika). One result of the formation of this directorate was the creation of 12 drugs prisons on 2003.

In connection with the response to AIDS, the Ministry (previously Department) of Law and Human Rights[8] developed a National Strategy on Responding to HIV/AIDS and Drug Misuse in Prisons and Remand Centres (Strategi Nasional Penanggulangan HIV/AIDS dan Penyalahgunaan Narkoba pada Lembaga Pemasyarakatan dan Rumah Tahanan Negara di Indonesia) for the period 2005-2009. This national strategy has been updated with the National Action Plan for Responding to HIV-AIDS and Drug Misuse in Corrections in Indonesia (Rencana Aksi Nasional Penanggulangan HIV-AIDS dan Penyalahgunaan Narkotika di UPT Pemasyarakatan di Indonesia) 2010-2014. At the level of program development, since 2009 the Directorate General of Corrections, as a member of the National AIDS Commission, has initiated harm reduction activities in an increasing number of prisons and remand centres, in cooperation with the Global Fund and the HIV Cooperation Program for Indonesia funded by AusAID.

Sharing of injecting equipment in remand centres and prisons in Indonesia represents one form of HIV infection risk behaviour that has become a priority in the National Strategy on Responding to HIV/AIDS and Drug Misuse in Prisons and Remand Centres in Indonesia. Spread of HIV in prisons and remand centres, if not carefully addressed, will spread to sexual partners and other IDUs both inside and outside the corrections setting when prisoners are released after completion of their sentences.

Efforts to prevent spread of HIV and other related infections must be considered urgent, bearing in mind the high death rate related to HIV and AIDS among inmates. Total deaths reported in all prisons and remand centres over the last three years are: 2007, 279 remand centre inmates and 614 prison inmates; 2008, 201 and 548; and 2009, 264 and 514. Related to the death rate, observations over 11 months (August 2008-July 2009) in 14 prisons/remand centres showed 496 inmates who were HIV infected (25.92% of 1,913 tested).

Up to now, HIV prevention services in prisons and remand centres primarily consist of provision of information to inmates held on drugs cases. Although in several prisons and remand centres, opioid substitution therapy with methadone has been introduced, a number of informal reports

7 Registration and Statistics Service – Directorate General of Corrections, 2009

8 Previous known as the Department of Justice, now the Ministry of Law and Human Rights

state that drugs are being injected in prisons/remand centres. The difficulty of controlling the large number of inmates that exceed capacity is only one challenge faced. A number of breakthroughs to address this urgent problem have been attempted, in particular efforts that have been proved to be feasible and beneficial in many places. Implementing some of the efforts face special challenges in the specific situations and conditions experienced in prisons/remand centres. Although acknowledged as the best alternative to prevent HIV infection, condoms and sterile injecting equipment are still not provided in prisons or remand centres. This can be appreciated bearing in mind that provision of condoms and sterile injecting equipment is an idea that generates many pros and cons, since the task accepted by corrections is to eliminate illegal drug use and sex outside marriage; this is still debated at several levels[9].

9 National Action Plan for Responding to HIV/AIDS and Drug Misuse in Corrections Units in Indonesia 2010-2014 Directorate General of Corrections

2. Why Was This Study Done?

This document represents a report on an exploratory study that considered the feasibility of provision of sterile injecting equipment services (NSP) in prisons and remand centres in Indonesia. The study was performed by examining the injecting drug use situation in several prisons and remand centres and observed challenges faced in implementation of NSPs that have been successfully carried out in similar institutions in several countries. The feasibility of implementing services can also be measured from the trend of risk behaviour in prisons and remand centres, the effects that can occur when the services are implemented based on certain parameters, as well as the possibility of developing specific policies regarding these services. Thus the right to health care services as mandated by Law No. 12 of 1995 on Corrections may be achieved.

Specific Objectives

- Provide a overview of injecting drug use in prisons and remand centres;
- Provide recommendations on the feasibility of implementing sterile injecting equipment services in prisons and remand centres.

3. Methodology

3.1. Needs Assessment Framework

This exploratory study was performed to examine the various aspects that need to be carefully considered in the provision of NSPs in prisons and remand centres. This study was started with three assumptions:

1. NSPs are relevant only when there is a tendency towards risk behaviour among the inmates of the prisons and remand centres, and this situation is perceived as a problem that needs to be solved by the prison/remand centre authorities. Therefore, this study attempts to gain insight into the situation of injecting drug use and views of the prison/remand centre regarding the propensity of these HIV risk behaviours;
2. NSPs can be implemented effectively when supported by all levels of the corrections department. Thus, important aspects that need to be explored, especially from the prison/remand centre, are their response to the possibility of providing NSP. And it is important to note their views – either support or objection – to NSP and the reasons underlying this view;
3. Although NSPs have been implemented in ten provinces through community health centres and other health services in Indonesia, a similar service cannot necessarily be provided in special environments such as prisons and remand centres, where the inmates and detainees – including those who inject drugs – stay for a limited time as punishment for an offense. Prisons and remand centres are basically rehabilitating institutions or correctional facilities that have their own rules. Therefore, the study will also examine the various conditions that need to be met (from aspects of policy, management, and implementation) for sustainable NSPs.

3.2. Data and Information Acquisition Methods

This study used four methods to obtain the data and information needed to answer the three main questions above, namely (1) literature/document review, (2) field observations, (3) in-depth interviews, and (4) focus group discussions.

Acquisition of data and information were made in two steps. The first step was to conduct in-depth interviews with the management and staff of prisons/remand centres plus inmates of the prisons/remand centres (prisoners and detainees) and ex-inmates, as well as local NGOs. Observations on the situation of the prisons/remand centres as well as collection of written materials, recordings, or pictures for the literature review were conducted during the visits to conduct interviews. The second step was to present and discuss the findings obtained in the first step in focus group discussions.

4. Study Finding

4.1. Data Acquisition

For this study, during the period January-February 2010, visits were made to the following six prisons and remand centres:

Table 1 – List of Prisons and Remand Centres

Name of Prison/Remand Centre	Visit Date
Class I Remand Centre Central Jakarta (Rutan Salemba)	27-28 January 2010
Class I Remand Centre Medan (Rutan Tanjung Gusta)	2-5 February 2010
Class I Prison Medan (Lapas Tanjung Gusta)	2-5 February 2010
Class IIA Prison Pemuda Tangerang (Lapas Pemuda Tangerang)	10-12 February 2010
Class I Remand Centre Surabaya (Rutan Medaeng), and	17-19 February 2010
Class IIA Prison Denpasar (Lapas Kerobokan)	23-25 February 2010

In-depth Interview. As stated in the methodology, visits were conducted to observe the general state of the prisons/remand centres, to collect basic written data (documents, reports), to conduct in-depth interviews, and then to discuss the initial findings with the parties in the prisons/remand centres. This study was able to meet 58 sources to interview. Almost half (25 people) were managers and officials (heads of department, heads of section), as well as prison/remand centre staff, especially those working in the security, maintenance, and guidance sections. The remaining interview sources were inmates/detainees and ex-inmates, as well as staff of NGOs that provide services or develop AIDS response programs in local prisons/remand centres. Interviews with inmates were made possible thanks to the consultation and assistance from the prison/remand centre staff. These identified inmates to be interviewed, following discussion with the interviewer about criteria for the source, and provided space for interviews. In addition, ex-inmates of the prison/remand centre were contacted with the assistance from local NGOs. Interviews with ex-inmates were generally performed in the offices of these institutions. Organizations involved to help capture the data in this study include Sanggar Daerah Pinggiran Rel (Sanggar DPR, Jakarta), Medan Plus (Medan), Yayasan Bina Hati (Surabaya), Tangerang Support Group (Tangerang), and Yayasan Kesehatan Bali (Yakeba, Denpasar).

Table 2 – In-depth Interview Sources

Interview Source	Total
Prison/Remand Centre Governor	6
Prison/Remand Centre Staff	19
Inmate	14
Ex-inmate	14
NGO (staff and manager)	5
Total Sources	**58**

Some Notes on Data Acquisition. First, the full interview could only be performed with 56 people (out of 58 sources) due to several problems. The interview with a healthcare worker at the Medaeng remand centre had to be curtailed halfway through because of calls from the clinic. A preliminary interview was successfully conducted with the Governor of the Class I Remand Centre in Medan. However, a follow-up interview due to be conducted on the following day could not take place, also because of work priorities. However, this subject attended the focus group discussions and presented views.

Second, two remand centre governors who were interviewed had only recently taken up their office at the time that the study was conducted. Although both were experienced officers, had held a similar position elsewhere, and were well-informed on the issues in correction institutions, they clearly could not give factual information regarding the centres they headed. Thus, another source of information had to be found to corroborate the information they provided, although this study noted their views about the management of the remand centre, particularly with regard to the AIDS response.

Focus Group Discussions. Not all of the focus group discussions took place as planned. Discussions on the first visit in the Salemba remand centre started very late, and were attended only by a few centre staff. This was due to weaknesses in the preparation and lack of clarity of information about execution of the discussion. Despite these technical deficiencies, the discussion still held. Learning from this experience, the study team provided more specific direction on four subsequent visits, by preparing for the focus groups more thoroughly.

In contrast to Jakarta, a similar discussion held at the Tanjung Gusta Prison and Remand Centre attracted too many participants. Because the objective is to discuss the feasibility of providing sterile injecting equipment services – an idea that is still controversial – the discussion was actually designed as a closed discussion attended only by management and staff of the remand centre/prison plus representatives from NGOs. In this case, the discussion took place in the Auditorium of the Tanjung Gusta remand centre, located adjacent to the prison. The remand centre staff, as hosts, assumed this meeting to be dissemination of information about drugs and HIV/AIDS for inmates, so approximately 50 participants attended. This number of participants limited the opportunity to hear their views.

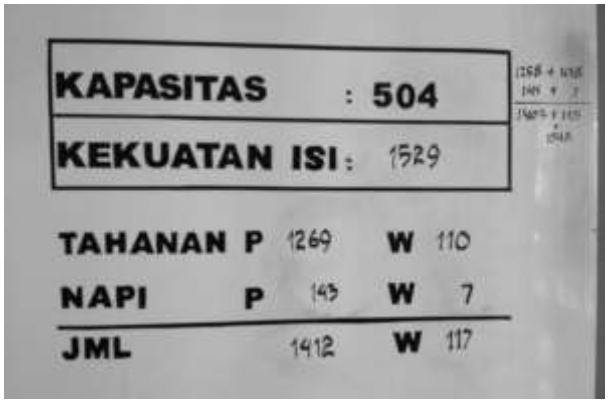
Briefly, it should be noted that the data and information obtained in this study should be considered taking account of these caveats. The next section presents and discusses the most important findings of the study.

4.2. Occupancy Load in Prisons/Remand Centres

The problem of overcrowding, with the number of occupants exceeding capacity, was always a topic of conversation in interviews with a variety of sources ranging from management and staff of the prisons/remand centres to NGO staff. The six prisons/remand centres visited, with different capacities and occupancies, to a greater or lesser extent all face the same problem. Tanjung Gusta prison (capacity: 1,054 people) held 1,794 prisoners in early February 2010. With a ratio of capacity to the number of occupants of 1:1.7, the situation in this prison is still better than the five other prisons/remand centres. The number of occupants at the Surabaya remand centre, for example, is three times its capacity.

In the Kerobokan prison, as a result of the excessive number of occupants, prisoners pick up their mattresses and sleep on the floor of their blocks at bedtime, not in their cells. Another problem that arises is the provision of basic sanitation, including lack of clean water (Pemuda Tangerang prison), and difficulty to maintain septic tanks that rapidly fill up (Tanjung Gusta remand centre). The health condition of inmates will deteriorate if insufficient attention if given to environmental cleanliness. With such high density occupancy, prisons and remand centres are not an appropriate and healthy place to live (temporarily) for the prisoners until they complete their sentence. At the same time, nor are they a healthy work place for their staff.

Figure 1 – Occupancy at the Class I Remand Centre Surabaya, February 2010



Key

KAPASITAS	Capacity
KEKUATAN ISI	Actual number
TAHANAN	Prisoner on remand
NAPI	Prisoner
JML	Total
P	Male
W	Female

A logical consequence of the excess number of inmates is an increase in load, both in terms of administration and guidance at the prison/remand centre (inmate service, registration, care, and supervision of inmates). The greater the number of occupants, the greater the need for space and facilities to accommodate a wide range of activities. More than half the inmates of the Pemuda Tangerang Prison are in fact on remand. They are suspects or defendants who still have to leave the prison to undergo examination or investigation at the police station or to attend court. Another thing that must be accommodated is the right of the inmates to family visits. All these requirements must be accommodated in a very limited space. So it is no surprise to find that the three remand centres visited in this study were more or less the same, with crowds of people rushing about busily. A doctor at Salemba remand centre complained about the number of prisoners and their families passing the clinic at the visiting times, impacting badly on clinic service and patient comfort.

Table 3 – Comparison of Capacity and Occupancy

Name of Prison/Remand Centre	Capacity	Inmates			Ratio Capacity:Total
		Remand	Prisoner	Total	
Remand Centre					
Class I Central Jakarta	1,750	2,341	584	2,925	1.00 : 3.40
Class I Medan	500-800	1,262	1,110	2,372	1.00 : 4.74
Class I Surabaya	504	1,379	150	1,529	1.00 : 3.03
Prison					
Class I Medan	1,054	39	1,755	1,794	1.00 : 1.70
Class IIA Pemuda Tangerang	800	1,118	904	2,022	1.00 : 2.50
Class IIA Denpasar	323	265	429	694	1.00 : 2.15

Meanwhile, from the standpoint of security officers, the overcrowding of the prison/remand centre – not balanced by the workforce provided – complicates the task of ensuring security, including their duty to eliminate the availability of drugs in prisons and remand centres.

The high population of inmates of the prisons/remand centres and the increasing mortality rates, along with the increasing number of drug cases, has encouraged prisons/remand centres to join in seeking a verdict of rehabilitation rather than imprisonment. The Central Jakarta remand centre has recorded one case of assistance to a drug user who was eventually sentenced to rehabilitation. A similar effort was once also made by the Surabaya remand centre, who petitioned the judge to hand down a rehabilitation sentence.

4.3. Drug Dealing and Use

Strict criminal prohibition of drug use is a common policy line followed in all prisons and remand centres. Anyone caught storing or using drugs is prosecuted and handed over to police. Moreover, some prisons appear to participate actively in anti-drug campaigns. On the front fence of the Central Jakarta remand centre, for example, there is a banner appealing to visitors not to smuggle drugs into the centre. The prison/remand centre rules, usually taped to the wall of the front gate, clearly prohibit the circulation of drugs. However, many of security officers interviewed acknowledged that to suppress the circulation and use of drugs is a difficult job. All inmates and ex-inmates interviewed clearly stated that the circulation, sale, and use of drugs continued in prisons/remand centres.

How is it possible for drugs to circulate in a prison/remand centre environment? It is interesting to note that security officers in all cities, from Medan to Denpasar, used almost the same phrase to describe the circulation of drugs in prisons/remand centres. Drugs are described as 'not falling from the sky,' but smuggled in from outside the prison/remand centre walls. Smuggling is carried out by family, relatives, or friends who meet inmates at visiting times. Alternatively, they may be smuggled in by prisoners going in and out of the prison/remand centre for investigations or trials. According to staff, there are various ways to smuggle drugs in, including tucking them into a parcel of food (instant noodles, riceboxes) or inside footwear or cigarettes, hidden under the clothes of female visitors, as well as being thrown over the walls. In the opinion of a security officer at Tanjung Gusta prison, it is very difficult to stem the entry of drugs, because there is no suitable equipment available to check visitors. Inspection is only carried out through ordinary pat-down searches. Among the six prisons/remand centres we visited, only Kerobokan Prison has X-ray inspection equipment (conveyor belt) that is functioning properly. Without suitable equipment, drug raids on prison blocks are equally difficult. Using trained dogs to sniff out drugs does not produce satisfactory results, and they cost a lot to hire (Tangerang).

Circulation of drugs in prisons/remand centres is not really surprising, given the high percentage of drug cases. According to Governor of the Class I remand centre in Central Jakarta when interviewed, 40% of the people are held in this remand centre for drug-related cases. In the Tanjung Gusta prison, the figure reaches 70%. Many inmates of the prisons/remand centres are drug users, addicts, and drug dealers. Apparently, after being in custody, they still continue their drug habit. It must also be noted that drug users in prison/remand centres are not limited to those who are caught in drug cases. One of the drug users interviewed in this study, an ex-inmate, has already been three times in and out of the remand centre over the last four years, only once because of drugs, the other times for robbery.

As mentioned above, users get the drugs smuggled in by family or other visitors. Another way to get drugs is to buy them from fellow inmates. Several staff subtly acknowledged that there are also a handful of officers who accept bribes and engage in smuggling and drug trafficking ('officers are also human beings', 'officers are not angels'). In the discussion of study findings at Medaeng remand centre for example, there appeared to be substantial doubt about the possible provision of sterile injecting equipment (discussed later) because the service is considered to be complex, vulnerable to abuse, and requires officers who resist bribes.

Among prison/remand centre staff there is a common view that the type of drugs circulating in the prison/remand centre will be similar to those circulating in public. This study observed that the types of drugs most widely consumed may be different between prisons/remand centres. These differences are related to the ease or difficulty (including price) to get certain types of drugs. In a raid conducted Class I prison in Medan, the most frequent type of drugs found and seized were marijuana (followed by a methamphetamine). Marijuana is more easily obtained there than others, because the prison is located quite close to the marijuana fields in Aceh. Use of heroin has reportedly declined, because it is now more difficult to obtain in Medan. Because it is more expensive, methamphetamine use occurs more often among the rich. This pattern was seen in the prisons/remand centres in Tanjung Gusta, in Salemba, in Tangerang and in Medaeng. Salemba remand centre and Tangerang prison are similar. The drugs mainly circulated and consumed in both places are heroin and methamphetamine. On the other hand, at Kerobokan prison, from the testimony of a former inmate, heroin is easily obtained. It is even cheaper inside the prison than outside, as expressed in the following quote, "Yeah, I'm selling at Rp 50,000 a packet with good profit; outside the price is Rp 150,000. A few hundred percent profit." [Interview No. 3, Denpasar, Ex-inmate].

In the Medaeng remand centre, ecstasy is consumed by almost all groups. It is relatively easy to obtain. The price is Rp 100,000 per tablet, and it can be bought in three instalments. Use of heroin was also found. Methamphetamine usage is limited to rich consumers. Reports from this remand centre show clearly that the circulation of drugs in prisons/remand centres is also influenced by competition among those in power in the drug market. Prisons and remand centres are after all – in economic language – market places where sellers and buyers meet each other and conduct drug transactions. Until a few years ago, heroin was circulating in the remand centre. Now it is declining in circulation, similar to what happened in Medan, due to its price (Rp 250,000 per quarter gram). Drug users then switched to methamphetamine. Later the methamphetamine dealers felt that the market has been exploited because drug users are switching to Subutex (buprenorphine, the prescribed heroin substitute). A commotion had occurred at the remand centre when the methamphetamine dealer used strong arm methods to intimidate buprenorphine users. Because of threats, buprenorphine customers switched to methamphetamine that they were forced to buy.

Table 4 – Types of Drugs that Circulate in Six Prisons/Remand Centres

Prison/Remand Centre	Drugs Mostly Consumed
Remand Centre Class I Central Jakarta	heroin, methamphetamine, marijuana
Remand Centre Class I Medan	marijuana, methamphetamine, buprenorfine
Prison Class I Medan	marijuana, methamphetamine
Prison Class II A Pemuda Tangerang	heroin, methamphetamine, marijuana
Remand Centre Class I Surabaya	ecstasy, buprenorfine, methamphetamine
Prison Class IIA Denpasar	methamphetamine, heroin, marijuana

4.4. Injecting Drug Use and Other Behaviour Risking HIV Infection

Injecting Drug Use. The above indirectly answers one important question in this study: about injecting drug use. No convincing clues were found in the Tanjung Gusta Prison and Remand Centre about the use of heroin by injection. But in four other prisons/remand centres, circulation and use of heroin was confirmed by the inmates, ex-inmates, and staff interviewed. Used syringes are sometimes found in raids conducted by security officers on the residential blocks. Although syringes are found, security officers were unable to catch the owners. Typically syringes were found after disposal, for example in the trash.

Another important point that needs to be mentioned in this report concerns the injection of buprenorphine in Medan and Surabaya. Although heroin is difficult to obtain and is not popular in the Tanjung Gusta remand centre, it is widely known that a number of residents inject buprenorphine. NGO staff working in the remand centre estimate that of the 50 inmates who they support, 45 inject buprenorphine. Meanwhile, in Surabaya, buprenorphine (along with ecstasy pills) is the preferred choice for remand centre inmates because it is easily available and cheaper. Similarly in Medan, buprenorphine is injected in the remand centre. Buprenorphine should be taken sublingually under the supervision of a physician, as substitution therapy for heroin addiction, and to reduce the use of injecting equipment for taking drugs in order to prevent transmission of blood-borne viruses.

How do the inmates obtain the injection equipment? In the same way as drugs, as discussed above, syringes are smuggled in from outside, and resold at the prison/remand centre. Besides buying, syringes can be rented and borrowed. Sometimes there is a barter system, with the owner of the syringe lending it in return for drugs.

Due to limited availability of injecting equipment, and because syringes are continually reused, it should not be surprising that many of those that are available in a prison or remand centre are in such poor condition that they are almost impossible to use. This was expressed for example in Salemba remand centre and the Tangerang prison. Syringes are usually repaired to prolong their life, for example by sharpening a blunt needle, by replacing broken piston shafts with bamboo, by scratching measuring marks on the barrel (because the original marks are no longer readable), by oiling rubber piston seals or replacing seals that are worn out with ones made from rubber sandals, and so on.

From accounts of the inmates, it is clear that the sharing of syringes is still occurring. An HIV Risk Behaviour Survey conducted by the Bali Provincial HIV/AIDS in Prisons and Remand Centres Working Group in the Class IIA prison in Denpasar in 2009 revealed that 7.4% of inmates were sharing injecting equipment in prison. Knowledge that sharing injecting equipment carries a risk of spreading

the virus is now general. Inmates as well as ex-inmates who were interviewed generally understand the risks. Users also appear to be trying to protect themselves from infection, often inadequately. Information obtained from interviews in Salemba remand centre suggest that syringe owners sometimes clean the syringes before renting them, while those renting are reluctant to use a syringe that appeared to be stained with blood. Another way risk is avoided is to ask their fellows ('you clean or not?'), before taking turns injecting. Advice to sterilize syringes using bleach has been widely disseminated, but there are questions about adherence to correct methods of sterilizing syringes. Laundry bleach to prevent HIV spread through injecting equipment can be obtained at the Denpasar Class IIA prison clinic, but it is not always easily available in other prisons/remand centres. In particular in Denpasar, many prison/remand centre inmates are no longer willing to share syringes. Most have their own.

Quote Box 1 – Knowledge about Risks

"Actually, most know (about the infection risk), Mate. But still they do it (sharing injecting equipment). Access is also limited. Needles are also the same. They just wash them with bleach." [Interview No. 57, Surabaya, Ex-inmate]

"Yes, (they) understand. But ... if you are already craving, in withdrawal, there's no thought about cleaning. At most, flush it, just three times spray. Maybe use-bleach." [Interview No. 12, Central Jakarta, NGO staff]

"If I'm in withdrawal, anything goes, just wait for my turn (to use the injecting equipment). Most of us know (about using bleach)." [Interview No. 9, Denpasar, Inmate]

"Now most people have their own. Previously we used to share." [Interview No. 8, Denpasar, Inmate]

Drug use has to be hidden from the eyes of staff, especially security staff. Drug injecting must be done in hidden places, such as in corners, cells/rooms, bathrooms, and the like. A 'fix' may be needed at any time, including in the morning (after the parade), during the day, and at night in sleeping rooms. Frequency of use seems to be determined more by the availability of money to buy drugs. From the accounts of the sources, especially the inmates, there seems to be no particular pattern of injecting drug use. Some of those interviewed said that during their stay in the prison/remand centre, they reduced or even stopped injecting drug use (some later started methadone therapy, as discussed in the next section). However, there was also a source who told us that the first time he injected was when he was in custody.

Unsafe Sex. According to respondents, unsafe sex generally occurs less than injection of drugs. This is understandable because of the opportunity to have sex – either with the same or the opposite sex – is far smaller. One interview with a former inmate in the Class I remand centre in Surabaya confirmed that homosexual-relationships were possible, and had happened, at the remand centre. Two other interviews confirmed that unprotected anal sex between male inmates with a transvestite occurred at Kerobokan prison. Sex between inmates and female sex workers that are brought in from outside have been reported in Salemba remand centre. However, this information should be considered with care because the same source added that this happened two years ago. Although the information is not clear or witnessed at first hand, prison/remand centre staff generally

recognize the possibility of this risk behaviour[10]. Recognizing this risk, the head of the clinic in the Class I remand centre in Central Jakarta, for example, always encourages inmates to use condoms when having sex, even though they were not willing to provide condoms in the clinic. Inmates must provide for themselves. The clinic at the Class IIA prison in Denpasar is the only one known to provide condoms.

Tattooing. Body tattooing practices are quite rare. This practice may take place only if there are tattooists in the prison/remand centre. Therefore, the practice of body tattooing decreases or stops by itself when the tattooist leaves the prison/remand centre at the completion of sentence or transfer to another prison/remand centre. Since there is a ban on the use of any type of sharp object, the tattooing equipment, especially needles, has to be smuggled in from the outside. Security officers in the Tanjung Gusta prison said that tattooing as a sign of previous incarceration was less popular than in the past.

Conversely, tattooing is more popular in Bali. It is said that this is because decorating the body with a tattoo is part of Balinese culture. Similar to the risk of infection through a syringe, the risk of infection from a tattooing needle was already widely known. As a result of this understanding, body tattooing – if it is done – is done more carefully, with the tattooist trying to sterilize the needle by burning or boiling (Tangerang). At the Kerobokan Prison, it was stated that the tattooists always use new needles, because there are no customers who are willing to be tattooed using a needle that had been used on another person.

Other Behaviour Risking HIV Infection. Another behaviour risking HIV infection that was reported is penis modification. For example, small balls are inserted into the penis. One ex-inmate who was interviewed did this when incarcerated in the Kerobokan prison. One interviewee at the Medaeng remand centre also noted the practice of injecting hair oil to enlarge the penis size. From the information given, it is clear that this operation carries a risk of disease transmission because it is done with a syringe that is not disinfected.

4.5. The Response to the Problem of Drugs and AIDS

This study provides an opportunity to record the various responses aimed at tackling both drug abuse and HIV transmission. One of these is a special effort in the Kerobokan prison and Tanjung Gusta remand centre to handle the inmates incarcerated on drug cases, by placing them in a special separate block. This was done to facilitate the delivery of services. It was recognized that these efforts have limitations, considering that other inmates not incarcerated for drug cases may also be drug users. Some inmates incarcerated for general criminal cases are also drug users. In addition, drug use also occurs in other blocks besides the drugs blocks.

In addition to the initiatives discussed above, this study noted a variety of other responses in the form of programs and activities that are already part of the daily operations of correctional institutions. Basically, these responses can be divided into three groups, namely security measures

10 In conjunction with this issue, the risk of transmission through unsafe sex, an employee of Class IIA Prison in Tangerang said it is worth considering making it easier for residents to have sex with their partner. [Interview No. 25, Tangerang, Prison Staff]. The Secretary of Directorate General of Corrections Department of Law and Human Rights, Dindin Sudirman, in a statement in Semarang in February 2010, stated that facilitating having sex with a legal partner will be given rigorous consideration. The plan is expected to reduce the negative impacts, namely giving bribes to officials to obtain a special room for sex (Kompas, February 4, 2010).

(raids and searches), guidance, and health services. The following section describes these three groups of responses.

Security Measures through Raids and Searches. Raids and searches (for inmates and visitors) are procedures performed to ensure that prohibited items (sharp weapons, cell phones, drugs) do not circulate in prisons and remand centres, and that inmates do not break the rules. Raids and searches of inmates for possession of drugs are the most common measures to suppress the circulation of drugs in prisons/remand centres – a supply reduction approach. Security officers generally acknowledged the difficulty of eradicating drugs, even though efforts to eliminate the circulation and use of drugs through raids still continue. Raids and searches are carried out randomly so that inmates will not expect them. Several respondents (Denpasar, Medan) admitted that news of the scheduled raids is often leaked, so raids rarely found drugs and equipment. Even though the Medaeng remand centre holds 20 raids per month, it has only found two syringes in a year. As reported in an interview (Denpasar), drug use is more often discovered when only one or two officers are patrolling. Such findings are not recorded or reported to the management if the inmate caught red handed 'makes peace' with the officer.

Guidance. Some elements of the efforts to curb the circulation and use of drugs and cope with HIV infection are incorporated into administrative procedures and guidance, from the admission process, health checks, and orientation for new inmates to ongoing guidance. Prisons/remand centres usually identify injecting drug users during admission (from criminal case records) and medical checks (based on medical records, examination, or observation of injection marks on the body). Then, during orientation, newly incarcerated prisoners are introduced to some of the activities that they can follow in the prison/remand centre. The six prisons/remand centres have developed a wide range of guidance activities. One of the guidance activities that stands out in the Tangerang prison is an Islamic school, offering spiritual guidance to Muslims, which has 300 students. Other guidance includes art activities, ranging from electronic music (Medan, Tangerang) and gamelan (Denpasar) to flower arrangement (Tanjung Gusta Prison). Spiritual guidance, exercise, and counselling about drug laws are common efforts.

The types of personal development activities seem to depend on the ability of the prison/remand centre concerned to provide support facilities, or to attract additional resources (human, funding) from outside. Many information dissemination activities related to drug abuse and AIDS are held with the help of local NGOs. Some workshop activities, such as in the Tanjung Gusta remand centre, stalled for lack of backup facilities. In fact, quoting the governor of the Medan Class I prison , positive activities are needed to divert the inmates' energy and attention so as not to spend time solely seeking money, which is then used to find and use drugs. Similar views were expressed by an ex-inmate of the Salemba remand centre, who claimed that various problems arise (drug use, fights) because the remand centre was so full, without any positive activities

Heath Care Services. The six prisons/remand centres visited all have a clinic that provides basic health services, treatment of opportunistic infections related to HIV, and HIV and AIDS. Generally, the clinic has a staff of general practitioners and dentists. All the clinics complained about the lack of human resources, again when compared with the number of inmates and their needs.

The six prisons/remand centres provide treatment for tuberculosis (TB). But not all of them can provide adequate services for HIV and AIDS. At the Medaeng remand centre for example, inmates

still rely on family to fetch their ARVs from the Dr. Sutomo hospital in Surabaya. In the field of AIDS prevention, lectures are the most common activity, usually in collaboration with institutions outside the prison/remand centre, such as NGOs, health services, and other AIDS care institutions.

Healthcare staff interviewed in this study told us that, as a result of the increasing incidence of HIV and mortality caused by AIDS, in recent years there has been greater attention and more focused programmatic efforts to respond to AIDS. For example, the Tanjung Gusta Prison HIV deliberately placed the six HIV-infected inmates in a separate block (while still maintaining their confidentiality), to ease monitoring and access. In addition, HIV-infected inmates receive special attention in the form of food and vitamin supplements. Healthcare staff in the Tangerang prison stated that there has been significant progress in their workplace. It is of special note that this prison has successfully reduced the death rate from AIDS since December 2009. In 2009 the Tangerang Class IIA prison was designated as a referral or model prison, providing AIDS and drug prevention services to other prisons and remand centres in Banten province. Success in reducing mortality was achieved in two ways: first, by reducing overcrowding in the prison (moving some inmates to the other nearby prisons/remand centres), and second, by improving the clinic services. In addition to basic health services, the clinic in this prison (with nine healthcare staff) is able to provide services for tuberculosis screening, rapid HIV testing, ARV treatment, and methadone maintenance therapy (as reported in the separate section below). In collaboration with a social organization, the prison also provides complementary therapies with acupuncture and *prana*.

The Denpasar Class IIA prison, with five healthcare workers, was already equipped with similar services to those found in Tangerang. Beside a more medical approach, the prison has also adopted other approaches for dealing with drug dependency problems and prevention of AIDS, including outreach and dissemination of information through peer educators, Alcoholics/Narcotics Anonymous, and yoga. Compared to the five other prisons/remand centres, this prison has the longest experience in responding to AIDS. This is reasonable bearing in mind the critical nature of the spread of HIV in the prison (and more generally in Bali). Compared with other prisons of a similar class, with a capacity of 323 inmates, the percentage of HIV-infected inmates in the prison is indeed higher (see Table 5).

Table 5 – Number of HIV- and TB-infected Inmates in Six Prisons/Remand Centres (2008-2009)

Prison/Remand Centre	Number of Healthcare Staff	Number of HIV-infected Inmates		Number of TB-infected Inmates	
		2008	2009	2008	2009
Remand Centres					
Class I Central Jakarta	10	95	121	33	35
Class I Medan	NA	NA	NA	NA	NA
Class Surabaya	5	52	36	NA	NA
Prisons					
Class I Medan	4	5	6	10	14
Class IIA Pemuda Tangerang	9	95	61	NA	NA
Class IIA Denpasar	5	38	30	16	10

Obstacles to Implementation of Services. Lack of funding, shortage of healthcare staff, and inadequate basic infrastructure, especially when compared with the number of inmates, are most often expressed by staff when interviewed in the prisons/remand centres concerned. Discussions in

the Salemba remand centre, among others, mentioned the risk of tuberculosis infection among inmates and staff. These risks are greater, especially when there is an excessive number of inmates, while the conditions in the cells do not meet requirements for health (inadequate lighting, ventilation, and attention to hygiene).

The governor of the Class IIA prison in Tangerang stated that, even with the reduced number of inmates now, there is still a shortage of clean water in the prison. They still need additional water pumps and bathrooms.

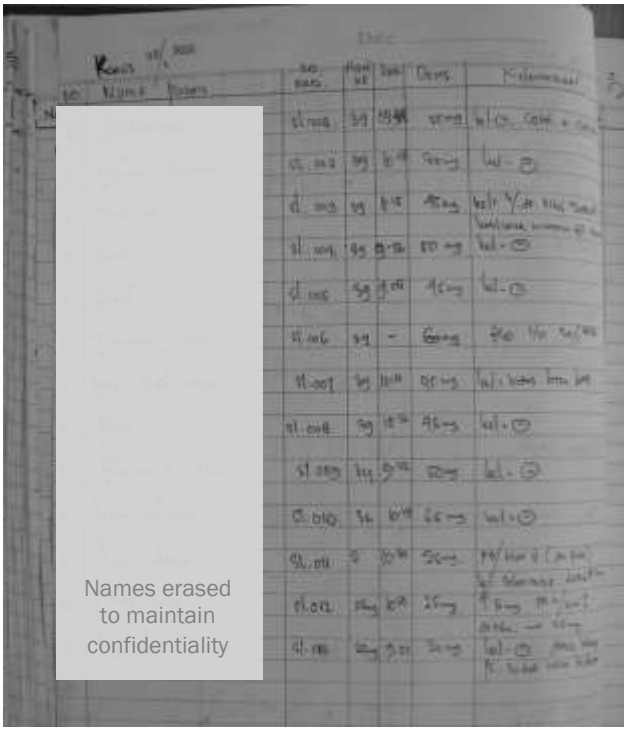
In connection with the AIDS response, the head of the guidance section at the Class I prison in Medan said they tried to reduce mortality caused by HIV and AIDS, among others, by setting aside additional budget for the provision of food and vitamin supplements for inmates known to be HIV-infected. Another issue related to funding found in the Tangerang prison is a minimal budget for additional HIV-related laboratory tests.

Besides limited facilities and budget problems, some problems arise from the low level of awareness of health maintenance. As revealed by clinic head at the Class I remand centre in Central Jakarta, many of the inmates enter care too late because they only visit the clinic after they became very sick. Therefore, apart from providing services at the clinic, they are also trying to monitor health by visiting inmates in their cells. Once again, this effort is also limited by the lack of human resources.

Methadone Maintenance Therapy. Among the six prisons/remand centres visited, Kerobokan Prison has been providing methadone maintenance therapy for longest. In contrast, this service has only been available for three months in the Tangerang prison and the Salemba remand centre, while the Medaeng and Tanjung Gusta remand centres are still in process of launching this service.

At the time of the visits, the Tangerang prison and the Salemba remand centre each reported 13 methadone therapy participants. Because this service has only just started, its coverage is still small, at least if compared to the number of inmates or the scale of injecting drug use issues in both of these centres. In the Salemba remand centre, many inmates wanting this therapy cannot be served and have to go on a waiting list. During in-depth interviews with healthcare staff, they expressed a degree of caution over being too hasty in expanding the service.

Figure 2 – Report of Methadone Maintenance Therapy in the Class I Remand Centre in Central Jakarta, 28 January 2010



There are a several points that should be considered carefully. One of them is the readiness of clinics and the availability of staff, bearing in mind that because of the nature of this therapy, services must provided consistently every day without break, including on public holidays. Secondly, to achieve its objectives as substitution therapy – to switch from illegal drugs, and from injecting to oral administration – it is important to consider the remaining period of detention and medical record (including history of drug use) of those wishing to start this therapy, as well as their motivation to stop injecting drugs. Third, also important, is the supply of methadone from the supporting hospital. For example, the Fatmawati Hospital in Jakarta, which is the support hospital for Class IIA prison in Tangerang, can only provide methadone for 15-20 people per day.

As explained by the clinic head, methadone treatment services in the Kerobokan prison still have some weaknesses that need to be evaluated and improved upon. They report that there are still inmates on methadone therapy that do not completely stop injecting heroin if they have money. However, positive impacts of methadone therapy include an increase in visits to the clinic, extending the reach of health care, and a reduction in the disturbances/brawls caused by problems of drug distribution or settling debts from buying and selling drugs.

Compared to Tangerang and Jakarta, the two remand centres in Medan and Surabaya lag behind slightly. A special room for methadone therapy has been available in the Medan Class I remand centre since 2006. But the service had not opened at the time the study was conducted. In discussion, the reason put forward was that they had not received the green light from the North Sumatra provincial health service because the remand centre does not have trained counsellors, pharmacists, and assistant pharmacists. Another factor was that co-financing arrangements have not been completed between foreign donors and the Government of Indonesia. However, in group discussions in Medan, participants from the North Sumatra provincial health service said that methadone services must be accelerated. It is hoped that by March 2010, the Medan Class I remand

centre will to start this service[11]. The Medaeng remand centre is facing similar problems. Opening of the methadone service has not yet been approved. The Dr. Soetomo hospital, as the supporting hospital, requires that there must be a pharmacist in the detention centre. To meet this requirement, the remand centre has sent a request to the local health service to provide a pharmacist. So far, there has been no response to this request.

Local NGO Service Programs. The study found that all the prisons/remand centres visited were in contact with NGOs engaged in AIDS prevention. NGO staff usually visit the prison/remand centre to conduct joint activities with inmates. In Denpasar, these activities were coordinated by a working group of the Bali Provincial AIDS Commission, whose staff regularly visit the prison. Except in Tangerang, the main services provided by NGOs are counselling about AIDS prevention and harm reduction, as well as easing health care matters for the inmates, for example, by forwarding blood samples or obtaining medicines. In addition to counselling on HIV and AIDS, AIDS NGOs working in the Tangerang prison also teach acupressure and use of medicinal plants to inmates and clinic staff.

For almost a year now, NGOs working in AIDS prevention have not been making regular visits to the remand centres In Central Jakarta and Surabaya, following the conclusion of donor agency programs. Medan Plus Foundation is awaiting a decision in March this year on whether to continue to work in prisons and remand centres. Actually NGOs acknowledge that their routine visits to prisons/remand centres to assist in health efforts are affected by lack of manpower. It is unfortunate that when a donor program terminates, it also concludes the AIDS prevention activities in the prisons/remand centres.

In connection with NSPs, some NGOs (Denpasar, Medan and Surabaya) encountered in the study had previously provided such services outside the prisons. These have now been taken over local health centres or community health centres. In focus group discussions, representatives of NGOs who were present provided a quite comprehensive picture of NSP, although not all approved of the provision of such services in prisons/remand centres (see Table 6).

4.6. Exploring the Possibility of Providing Sterile Injecting Equipment Services (NSP)

The most important question of this study is regarding the possibility of providing NSP in local prisons/remand centres. During in-depth interviews, all sources contacted in this study were asked to give their views about the possibility of providing sterile syringe services in local prisons/remand centres. Questions regarding the provision of sterile syringe services were generally posed at the end of the interview (see Attachment 1: In-depth Interview Guide). Three questions in particular that attempted to explore the views of the sources were:

1. Do you agree or disagree with the plan/idea?
2. Why do you agree or disagree?
3. What are the points that – according to you – should be carefully considered before the local prison/remand centre provides these services?

The various responses from the sources were then displayed and discussed again in focus group discussions.

11 Minutes of focus group discussion at the Class I Remand Centre, Medan, 5 February 2010

The responses of sources to the above questions were usually closely related to their understanding of the place of provision of sterile syringes in pragmatic harm reduction approaches. All clinic doctors and workers from NGOs were familiar with the form of this service. There were also some non-health personnel who were familiar or had heard of it (because the service is already available in a number of community health centres). If the source did not understand the form and purpose of such services, the interviewer provided explanations as necessary.

It is interesting to note not only the answers from sources, but also the reaction of the sources when the interview started to discuss this matter. Some considered this question weird, odd, or even senseless, and responded with caution. It is clear that this idea remains controversial. So it is natural that several sources responded emotionally. Some people instantly rejected this idea at the first opportunity. Some politely and carefully rejected it. Some also rejected it, offering lengthy reasons, without hesitating to show anger (to the interviewer).

There was controversy and heated debate when the topic was raised again in focus group discussions. Clinic staff and security officers from the Salemba remand centre all rejected the provision of syringes. Discussions in Surabaya showed a strong tendency to reject, but provided a lot of input on how to thoroughly prepare for the introduction of such a service. After a short presentation about the findings, discussions in Medan went straight to the heart of the matter. The idea of providing syringes invited a variety of responses, and many participants took the opportunity to express their views. At the meeting in the Tangerang prison, careful consideration was expressed. At interactive discussions in the Kerobokan prison, those who concurred or objected conveyed this with clear consideration. Despite the differences, it appears that concern for health in prisons managed to convince everyone that immediate measures are needed to arrest the spread of HIV.

Agree or Not Agree. It appears that it is not easy for sources to answer when they are asked whether they agree or disagree to prisons/remand centres providing sterile syringes for inmates who are injection drug users. Not everyone could give a straight answer. When asked to discuss in greater depth, many sources – whether supporting or rejecting – used one word: dilemma. The sterile syringe service dilemma is reflected in simple numbers in the table below. The dilemma in the provision of injecting equipment is also reflected in the fact that many sources could not provide answers, had no opinion, or gave answers that cannot easily be interpreted as a yes or no. The combination of these two categories of answers was more than a third of all answers (20 of 58 answers).

Table 6 – Interview Source Response Distribution

Do you agree with NSP in prisons/remand centres?

Source	Agree	Disagree	Between Agree and Disagree	No Opinion
Prison/Remand Centre Governors	-	4	1	1
Prison/Remand Centre Staff	2	9	4	4
Inmates	5	1	2	6
Ex-inmates	10	3	1	-
NGO Staff	2	2	1	-
Total	**19**	**19**	**9**	**11**

The table above shows that the immediate rejection of the idea of providing NSP mainly comes from the managers and staff of the prisons/remand centres. Meanwhile, support for NSP mainly comes from ex-inmates, who are known to be in contact with local NGOs and therefore have better information, even having received harm reduction services outside. As another note, yes or no answers, support or opposition, is also influenced by the specific problems in the local prison/remand centre. But rejection and half-hearted support of NSP came from the managers and staff of NGOs in Medan and Surabaya. They noted that a lot of risk behaviour found in the Medan and Surabaya remand centres is related to injecting not heroin, but buprenorphine. So, instead of NSP, they propose to stop buprenorphine therapy or get it back 'on track', or to hasten the opening of methadone treatment services in the Medan and Surabaya remand centres.

Why Do You Agree? From 58 sources, 19 people clearly expressed their agreement with NSP. Their reasons for agreeing with NSP were generally uniform, i.e., to prevent transmission of diseases leading to death. As shown in the example quoted below, in addition to approving the provision of NSP, a few sources underline the reality of life in prisons/remand centres, such as the circulation of drugs, the limited staff to address the circulation of these drugs, the injecting drug use behaviour, and difficulty to stop using injection drugs. Although they approved NSP, many sources added that in addition to the plan for providing this service attracting a lot of opposition, it will not be easy to implement it.

Quote Box 2 – Why Do You Agree to Provide NSP?

"Because there are also goods [drugs] inside." [Interview No. 6, Denpasar, Ex-inmate]

*"So that the kids don't have to raid the clinic (*to get needles)." [Interview No. 7, Denpasar, Ex-inmate]

"Better that way, rather than have to rent, you can see that people who rent don't survive for long." [Interview No. 16, Central Jakarta, Inmate]

"It helps as well, so we don't all get it, certainly there are users who share in Tanjung Gusta." [Interview No. 23, Medan, Ex-inmate].

"Why, to avoid HIV disease and other diseases." [Interview No. 28, Tangerang, Inmate].

"In fact people find it difficult to escape dependence ... Staff cannot watch that many prisoners. Prisoners still use clandestinely." [Interview No. 30, Medan, Prison/Remand Centre Staff]

Why Do You Disagree? Opposition to NSP primarily comes from prison/remand centre staff. Here are several reasons underlying the rejection:

First, the lack of a legal basis is the reason most often mentioned. NSP cannot be implemented because there are no legal tools to protect it. Even if there was a legal basis, it is also not certain that the sources would approve the implementation of NSP, for other reasons (sources could put forward more than one reason).

Second, for most sources – especially prison/remand centre staff – provision of NSP is considered contrary to the duties of the prison/remand centre institutions, which is to guide the inmates to become a better people. If NSP is implemented, that means the same officer is assumed to facilitate, allow, or at least permit inmates to use drugs that are prohibited within prisons/remand centres. One source explicitly linked the reason for rejection with accepted values ("... against my

religious beliefs ..." [Interview No. 25, Tangerang, Prison/Remand Centre Staff]). One other source of concern is the response from outsiders. If NSP is implemented, it is feared that outsiders would deduce that the corrections institution permit inmates to use drugs.

Third, some resistance to NSP concerns its management and method of implementation. Lack of available capacity in the work unit was the reason given by the clinic head at the Class I remand centre in Central Jakarta for rejecting NSP. Besides already being fully occupied with health care delivery, the clinic is also getting used to a new task, that of providing methadone maintenance therapy. Meanwhile, doctors in the Tangerang prison are not convinced about the effectiveness of NSP and the method of implementing it, so they want to see solid evidence first before implementing the service in their workplace. But the biggest reason to oppose NSP, in terms of implementation, is that these services are considered vulnerable to fraud and misuse of authority. Among other things, there is fear that NSP will make inmates more addicted to drugs, foster the use of drugs, or even generate a market for syringes in prisons/remand centres.

Quote Box 3 – Why Do You Disagree to Provide NSP?

"I'm waiting for a decision from above, yes. Personally, I don't agree, because it facilitates, even allows it to develop." [Interview No. 3, Denpasar, Prison Staff].

"It's very difficult to arrange." [Interview No. 12, Central Jakarta, NGO Staff]

"I'm afraid that legal things [needles] will be misused, and illegal things (drugs) will be smuggled into the remand centre." [Interview No. 20, Medan, NGO Staff]

"I think it is very vulnerable too, huh? I think if there are other programs, I actually agree with the other programs." [Interview No. 31, Tangerang, Prison Staff]

"Now, in Indonesia it is still not allowed." [Interview No. 32, Tangerang, Prison Staff]

"It's tantamount to legalizing drug use in remand centres. In addition, the dilemma. Examples of condoms in remand centres. Might as well legalize prostitution or same-sex relationships." [Interview No. 36, Central Jakarta, Remand Centre Staff]

"Disagree. Later worse addictions. Actually it's needed, but the kids are closed. Scared of the guards." [Interview No. 51, Surabaya, Ex-inmate]

"Logically I'm confused. Because drugs are banned. If we provide needles, that means what? As if it lets them use. In fact we're trying to stop them using." [Interview No. 54, Surabaya, Remand Centre Staff]

4.7. Some Prerequisites for Management and Technical Implementation of NSP

Regardless of opinions about NSP (both those who agree, disagree, half agree, or are not willing to put forward an opinion), sources are generally willing to give their views/suggestions concerning the management and technical implementation of NSP. Three aspects in particular that were highlighted were security considerations, treatment, and the ease of access to the service. Here are considerations given by the interview sources.

Security Considerations. The biggest concern from security officers is theft of sterile injecting equipment, to be distributed or sold to the inmates. Therefore, care is needed in the storage of syringes. Security personnel from the Medan Class I prison and clinic staff at the Class I Remand Centre in Central Jakarta expressed a similar proposal, namely that NSP management should be handed over to a single designated officer from the health clinic. It should not involve the inmates, including trustees (because they 'cannot be trusted').

Service Implementation. One consideration for the provision of NSP is to help injecting drug users not to share syringes. According to a healthcare worker at the Kerobokan prison, it must be ensured that these services are limited to those who need it. So we need a procedure for selecting the service participants. In addition, we need the necessary records to monitor implementation and evaluate its effectiveness. Regarding service delivery, the discussion in Denpasar proposed two options that may be considered. The first option is to provide syringes to be used in a place set aside ('shooting gallery'). However, this option has legal implications (the prison/remand centre, in addition to providing equipment, must provide a place for people to inject drugs). The second option, with less legal implications, is to distribute syringes through peer educators, that is inmates specially trained to distribute syringes and medical information.

Staff from the Yakeba NGO in Denpasar, Bali, believe that NSP can be carried out, but emphasized the importance of discipline in the method of providing new syringes and collecting used syringes, to administer and ensure that the number of syringes distributed is the same as the number of used syringes collected. Another important point was made by a physician at the Tangerang prison was the need to ensure adequacy and consistency of supply of injecting equipment and facilities for disposal/destruction after use.

Confidentiality and Ease of Access to the Service. Several inmates and ex-inmates stated that, even if NSP is available, those that require it will perhaps be reluctant or afraid to access it. Therefore, NSP management should be handed over to healthcare workers who can be trusted. Inmates who require sterile syringes will be reluctant to go through a complex procedure or answer too many questions. Confidentiality, comfort, and ease of obtaining services are the main elements expected of NSP. From the viewpoint of the prospective users, what is most important is confidentiality[12], comfort, and ease of access to services.

12 Compare with the opinion of a security guard who half agreed with NSP with the reason "... so they do not do it in the dark. So we know who is using drugs. "[Interview no. 38, Medan, Prison Staff].

5. Discussion: The Dilemma of Sterile Injection Equipment Services

5.1. The Need for NSP

This section will present the findings to answer the three main study questions, while examining the feasibility of providing NSP. This study found that the reported incidence of drug injection is very low at Tanjung Gusta prison, which only has a few inmates (39 of 1.794 inhabitants). Thus NSP is not a requirement in this prison. Implementation of NSP is more relevant n the remaining five prisons/remand centres.

If viewed from the large number of inmates with many drug cases, NSP is more necessary in Salemba remand centre, in the Medan remand centre, and in the Tangerang prison (where the number of inmates exceeds 2,000), followed by the Medaeng remand centre and the Kerobokan prison. However there are other factors to consider regarding the findings in Medan and Surabaya. Both have two things in common: first, both remand centres were preparing to start methadone maintenance therapy, and second, it was reported that in both of these places, the main drug circulating and injected by drug users is buprenorphine, not heroin. So, the options available for both these remand centres is: first, immediately begin methadone maintenance therapy and encourage drug users to take advantage of these services, and second, bring buprenorphine substitution therapy back 'on track', that is ensuring that buprenorphine is consumed sublingually with proper supervision.

With these considerations, implementation of NSP at the Tanjung Gusta and Medaeng remand centres should be postponed. Thus, considering the needs and special circumstances of each prison/remand centre; NSP is more necessary and feasible to be implemented in the Salemba remand centre, the Tangerang prison, and the Kerobokan prison.

5.2. Challenges to Implementing NSP

NSP implementation will inevitably need to take into account the specific situation and problems faced in the prison/remand centre. The prisons/remand centres themselves are facing not insubstantial issues in providing personal guidance and accommodating inmates in excess of their capacity. It can be said that the state prisons and remand centres are assigned to address issues arising from outside the second wall of the corrections unit. Not only in Indonesia, but many other countries in the last twenty years are facing a drastic increase in the number of prison inmates. The increasing number of inmates is associated with various factors, ranging from issues of poverty, migration, violence, etc.; while incarceration measures themselves also result in expensive political costs[13].

The load borne by the prisons/remand centres becomes heavier because they have to also solve the problem of drugs in circulation in the environment, drug dependence, and the spread of infectious diseases. These institutions are required to meet the health rights of the people who, not of their own will, are dumped into a prison/remand centre. Most inmates of the prison/remand centre are marginalized socially, economically, and politically. Many prison/remand centre inmates, before they received a criminal penalty, are poor, with limited opportunities to receive education, and having no access to information and health services.

13 Stover, Heino; Weilandt, Caren. Drug use and drug service in prison in Health in Prison. WHO Regional Office for Europe, Copenhagen, 2007.

It is very clear that the implementation of NSP requires no little support and management efforts both from the governor and from the prison/remand centre staff who daily deal directly with the inmates. In order that NSP can be implemented effectively, the biggest challenge faced is getting the support and commitment of the management. This limited study identifies some dilemmas that need to be solved before NSP widely applied.

Corrections Mandate. As noted in many sections of this report, the absence of a legal basis is the most important reason most often mentioned. Because there is no legal protection, providing NSP services in prisons/remand centres is illegal, and cannot be justified. Dilemmas around NSP indeed raise a number of complex aspects. Allowing NSP indirectly represents recognition of illegal things (drugs) and illegal acts (drug use), taking place in prisons and remand centres. However, further explanation from sources regarding the legal basis, which sounds more legalistic, has more to do with the views or acceptance of the sources of the perceived mandates of the state corrections department that as an institution is responsible for the remand centres and prisons[14]. Because the main task of the prison/remand centre is rehabilitation, there is a reluctance to expand the mandate to meet health rights, particularly addressing the problem of drug addiction and AIDS. Because of this, it can be understood that in one focus group discussion the view emerged that NSP should not be implemented in prisons/remand centres, and that a more appropriate place to provide the service is at a rehabilitation centre and/or drugs prison. So the biggest challenge to NSP is more than just preparing the technical design to provide sterile syringes and safe disposal, but rather to expand the understanding and acceptance by the prison/remand centre officers about the mandate. Efforts in that direction will certainly involve discussions on the critical issues of disease spread among inmates (and families) as well as the role of the prison/remand centre in the AIDS response. It is true that a certain legal basis must be provided (e.g. an exclusion rule) to protect and overcome the hesitations surrounding NSP. However, expanding the mandate and encouraging the acceptance by prisons/remand centres for a greater role in the response to AIDS and other infectious diseases is far more important[15].

NSP: Conflicting Messages. Another dilemma regarding NSP is that this service can invite the misinterpretation, especially from outside, that the state prisons/remand centres allow the use of drugs. This is a confusing message that is utterly opposed to correctional tasks. It is feared that NSP could be a bad 'advertisement' for state prisons/remand centres[16]. From this aspect, especially to

14 In this study, a gap was found between the mandate of the Corrections Department and the acceptance or understanding of the mandate. The understanding by staff is that the mandate is generally limited to guidance, which unfortunately is transformed more narrowly again into actions and attitudes to deter someone – in this case those who have been convicted for committing a crime. While the actual mandate as described and enacted in the Law on Corrections, and the Government Regulation under it, as well as the operational and technical guidelines for correctional services. These note that the loss of independence is the only suffering, so the fulfilment of other human rights including health and equality of treatment and services shall be accomplished.

15 From the policy direction, the establishment of the Special Narcotics Directorate and the resulting two AIDS-related policies (i.e.: the National Strategy for HIV/AIDS and Drug Abuse in Correctional Institutions and State Prisons in Indonesia, 2005-2009, and the National Action Plan for HIV/AIDS and Narcotics Abuse in Correctional Units 2010-2014) is a recognition of the urgency around the issue of HIV and the expansion of the mandate of the correctional institution. However, this study found that both documents are not widely known, let alone used as reference materials.

16 Interviews for this study began in late January 2010, not long after the ongoing events that tarnished the name of Corrections Department, when Denny Indrayana and the Eradication Task Force on Legal Mafia conducted surprise

anticipate questions and public pressure, NSP not only needs a legal basis but also protection and policy support from higher authority. Challenges to implementing NSP include providing adequate explanations to the public when necessary. Apparently it is also important to provide a similar explanation not just outward, but also to the ranks within the correctional environment itself. In discussions in Denpasar for example, a security officer conveyed his astonishment at the provision of methadone maintenance therapy, which he viewed the same as handing out drugs to the inmates. NSP requires good coordination within the prison/remand centre organization to avoid confusion among the officers. Therefore, all the wings in the prison/remand centre organization need to gain understanding about HIV, AIDS, harm reduction, and especially a pragmatic approach NSP (what, why, how).

Stigma and Discrimination. The mandate of state prisons and remand centres, as understood by staff, together with opposition to NSP, is somewhat related to lack of comprehension mixed with stigma and discrimination against inmates, drug users, and particularly people living with HIV/AIDS. Reluctance to implement HIV prevention services is reflected in the expression or belief – which is not necessarily true – that the inmates were already infected with HIV before they were incarcerated. Some comments that demean inmates, especially IDUs, reflect this stigma. This study also noted that IDUs are not only attracting the stigma and discriminatory treatment by staff, but also from fellow (not injecting) drug users and other inmates. Residents of the Kerobokan prison drug blocks, for example, feel less valued than fellow inmates. IDUs are believed to spread HIV, and socially occupy the lowest class among drug users.

Provision of Services. In the end, the most important challenges facing NSP are technical design and implementation. This study has noted some technical aspects to consider, plus security considerations, as well as aspects of privacy, comfort, and ease of access to services. Technical design can be enhanced based on the experience of clinic/other healthcare facilities that have conducted NSP, plus experience in various countries that have conducted NSP in closed institutions like prisons. Technical design needs to include a recording mechanism, as well as monitoring and periodic evaluation, so that implementation of NSP can be improved from time to time and to determine whether NSP can fulfil its promise to prevent the spread of HIV. This study considers it necessary to record and adopt the recommendations of the clinic head at the Class IIA prison in Denpasar not to be in too much of a hurry to implement NSP widely, but to trial it first on a limited scale through an operations research scheme.

Of course, it is very important to combine and integrate NSP into the AIDS prevention system and into basic health services that are already provided in local prisons/remand centres (already established). NSP needs to be accompanied by education and dissemination of information about HIV and AIDS for prison officers and inmates, cooperation with local NGOs, as well as voluntary counselling and HIV test (VCT). Prisons and remand centres that need it should be assisted to promote and enlarge their capacity in HIV counselling and testing[17]. With a range of information

checks on the Pondok Bambu Detention Centre in Jakarta, and found the existence of special facilities for the famous convict Artalyta Suryani. This study suspects that prisons/remand centres were reluctant to risk bad publicity and public pressure, particularly on the practice of bribery and abuse of authority in the prison/remand centres.

17 Assistance provided by Oraquick (the trademark of a rapid HIV test, using mucosal tissue) for the remand centres and prisons in Jakarta and surrounding areas has been ended. One of the complaints that arise from the clinic staff of

services, counselling, and more widely available HIV testing, the need for NSP should become apparent.

NSP implementation, even within an operational research scheme, requires a willingness and readiness particularly by the prison/remand centre health clinics. Considering this, NSP trials will be more feasible in the Tangerang and Kerobokan prisons. Tangerang prison is a pilot for AIDS prevention and drug services for Banten province. More than that, a year ago, the clinic in the prison started making good progress. NSP needs will actually not be too prominent in Kerobokan prison (for example, compared with the overcrowded Salemba remand centre, where much syringe sharing has been found). Moreover, clinics in these prisons have better facilities and a longer experience in running AIDS and drug prevention programs.

the Class IIA prison in Tangerang is of limited funds to pay for laboratory testing, using facilities outside the prison (Minutes of focus group discussion, Tangerang).

6. Conclusions and Recommendations

6.1. Conclusions

1. There are strong indications that information about the risks of HIV transmission is well known among the staff and inmates;
2. Nevertheless, the risk behaviour, that is sharing of syringes, that was found by this study to be occurring in prisons/remand centres visited remains a major concern;
3. Risk behaviour with sharing of syringes was mainly found in prisons/remand centres with a large proportion of the number of prisoners, namely the Salemba remand centre, the Tanjung Gusta remand centre, the Medaeng remand centre, the Kerobokan prison, and the Tangerang prison. Among the findings of this study in particular was that main injected substance in the Tanjung Gusta and Medaeng remand centres is buprenorphine (a legal drug), not heroin;
4. All of the prisons/remand centres visited have developed various programs/activities that are designed to varying degrees to address drug problems and the spread of HIV. The main steps taken are:
    - Security measures aimed at combating the spread of illicit drugs;
    - A variety of guidance programs/activities; and;
    - Health services, treating various types of opportunistic infections, and prevention of AIDS through the dissemination of information, counselling and HIV testing, ARV treatment, as well as drug substitution therapy.
5. The study identified several challenges faced in implementing NSP in prisons and remand centres. There are several interrelated aspects that need to be anticipated before the NSP can be applied, namely:
    - First, on the surface, NSP raises a dilemma since the legal basis to protect it does not exist. At a deeper level, especially for prison/remand centre staff, NSP is considered contrary to the mandate of the corrections;
    - Second, there is concern over negative impacts from the implementation of NSP, that appears to send conflicting messages to both the inside and the outside environment of the prison/remand centre;
    - Third, stigma and discrimination against injecting drug users infected with HIV will hamper the implementation of NSP;
    - Fourth, NSP management must consider several points, including security from misuse; precise attention to administration, distribution, and the withdrawal of used syringes, as well as confidentiality, convenience, and ease of access to the service.

6.2. Recommendations

6.2.1. General Recommendations

1. NSP success will largely depend on the support and cooperation from all elements of the prison/remand centre organization. Therefore NSP implementation must be accompanied/preceded by various efforts directed to:

- Prepare policy support from the Directorate General of Corrections, including a communications strategy to explain these services to both the public and the internal environment of the prison/remand centre;
- Enhance the understanding and acceptance of staff to the corrections mandate to be implemented in a genuine and consistent manner, from the limited view of guidance as the sole mandate as is generally received to the fulfilment of the mandate for the health rights of inmates, particularly the response to AIDS;
- Raising awareness about the seriousness of HIV and AIDS issues as public health problems and dispelling the stigma and discrimination against inmates and people with HIV.

2. For the effectiveness of the NSP service, primarily to prevent misuse of the service including the utilization of non-sterile equipment obtained from earlier sources, NSP must be implemented properly, with:
   - Continued focus on security aspects in prisons/remand centres related to illicit traffic and drug abuse;
   - Providing comprehensive information and understanding about the reasons, procedures, and implementation procedures for NSP to all inmates and prison/remand centre staff;
   - Prioritizing aspects of confidentiality, comfort, and convenience of those accessing the service;
   - Open opportunities for inmates in need;
   - Give precise attention to the administration, distribution, as well as the withdrawal and destruction of used syringes, with the introduction of 'one syringe for one inmate to be exchanged with a new syringe and so on';
   - Execution of strict penalties for neglect of NSP implementation procedures and rules, both for participants and prison/remand centre staff;
   - Proportionally applying supply reduction, demand reduction and harm reduction approaches in prisons/remand centres.
3. Besides matters relating to the implementation of NSP noted above, this study recommends that prisons/remand centres continue to pay attention and provide resources to basic health services for inmates (better nutrition, sanitation and environment) and other efforts to combat AIDS and other communicable diseases;
4. By considering:
   - The strong rejection and/or worries about the effectiveness of NSP in suppressing HIV transmission, as well as
   - There is no established standard procedure for the implementation of NSP,

   then for the present stage, NSP should first be tested through a limited operational research scheme. The purpose of this research is to establish procedures for the service and study its effects.

6.2.2. Recommendations for an NSP Trial

1. The study recommends the Tangerang Class IIA prison and Denpasar Class IIA prison as a locations for the limited trial;
2. The recommended steps to perform a limited trial:

- Provide operational policies in the form of decisions and regulations as the legal basis for organization of limited trial, as a special exception;
- Develop the study design with the prison/remand centres chosen for the limited trial.

6.2.3. Special Recommendations for the Medan and Surabaya Remand Centres

1. Publish buprenorphine service delivery procedures, including a genuine attempt to confiscate the injection equipment in both remand centres through security approach;
2. Address obstacles and speed up the start of operation of methadone maintenance therapy services.

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ATTACHMENT 1

FIELD INVESTIGATORS' WORK BOOK

Version 21 January 2010

Part One
Introduction

Part Two
General Guide for Collecting Facts and Data

Part Three
Study Instrument

Part One: INTRODUCTION

1. Basic Information and Context

High Risk of Spread of HIV in Prisons/Remand Centres

- Illegal distribution of drugs. Injecting drug use in prisons/remand centres.
- Unsterile injecting equipment used interchangeably among prison/remand centre inmates.
- Number of drug case inmates. Almost 39% of arrests were for drug cases [2004-2008].
- In a number of prisons/remand centres, 60% of the inmates are incarcerated for drug cases. Some of them are injecting drug users.
- Prisons/remand centres are crowded. In April 2009, there were 137,172 inmates, while the capacity was only 88,859. These circumstances complicate rehabilitation and realization of the right to health.
- Risk of spread of HIV among prison/remand centre inmates, even to sexual partners, family, and the general public.
- Response to this problem seems inadequate. In some prisons/remand centres new approaches are limited to IEC (information, education, communication) programs/services.
- At the policy level, the following have already been produced:
    - National Strategy for Responding to HIV/AIDS and Drug Misuse in Prisons and Remand Centres in Indonesia 2005-2009 (Strategi Penanggulangan HIV/AIDS dan Penyalahgunaan Narkoba pada Lapas dan Rutan di Indonesia 2005-2009) and
    - National Action Plan Directorate General of Corrections 2010-2014 (Rencana Aksi Nasional Ditjenpas 2010-2014).

Sterile Injecting Equipment Services (NSP)

- There is evidence that NSP is able to reduce the rate of HIV transmission.
- There is no negative adverse impact (e.g.: encouraging non-users to start injecting, increasing the duration and frequency of injection).
- There has been no attempt to implement NSP in prisons/remand centres in Indonesia.

2. Study of the Need for NSP in Prisons and Remand Centres

An exploratory study, examining various aspects of the issues mentioned above. An activity to obtain as many data and facts as possible. To describe the facts (including the views of various parties on the facts found). The objectives of this study include:

- Determine the situation in prisons/remand centres. Find out whether all indications (high risk of HIV transmission) are in fact correct;
- Determine the views of prison/remand centre staff and inmates to the problem;
- Discuss and explore the possibility of applying NSP in prisons/remand centres;
- Explore the prerequisites that must be met before NSP can be implemented.

3. Study Model: What Must be Explored in the Study?

Current Situation	Prerequisites that Must be Met	Desired Condition
A. Situation prisons/remand centres		
• General conditions prisons/remand centres		
• Injecting drug use in prisons/remand centres		• Use of unsterile injecting equipment eliminated
B. Response to this situation		
• Internal prison/remand centre policy concerning drug injecting		• Specific policy to solve the problem
• HIV/AIDS response program (documents, strategic plans)		• Program responding to AIDS & drugs exists
• Service activities to respond to HIV/AIDS		• NSP provided
↓ High risk of HIV spreading among inmates, sex partners, family, society at large		↓ Reduce risk and speed the spread of HIV

4. How is the Study Performed?

1. Acquisition of facts, written data, as well as processed information, through:
   - Observation;
   - Collection of documents;
   - Semi-structured interviews.
2. Focus group discussions.

5. Location, Time, Duration

Place. The study will be carried out with the following prisons and remand centres:

- Class I Prison Medan, North Sumatra
- Class I Remand Centre Salemba, Jakarta
- Class IIA Remand Centre Pemuda Tangerang, Banten
- Class I Remand Centre Medan, North Sumatra
- Class I Remand Centre Surabaya, East Java
- Class IIA Prison Denpasar, Bali

Duration and Time

- The study will take place during the January-March 2010.
- Acquisition of data/facts will be done through site visits to all locations of the study. Field trips are estimated to take approximately three days.

Part Two: GENERAL GUIDE FOR COLLECTING FACTS AND DATA

1. Observation

- This is capturing the everyday common situations within the prisons/remand centres. For example the physical state of the prison/remand centre, and utilization of the facilities available, activities taking place, interactions between staff and inmates, as well as between inmates, and the like.
- Matters captured in the observations can be explored more deeply through interviews with sources of information. And vice versa, the findings obtained from interviews can be re-examined through observation.
- Give special attention to observing the activities of available health services, either general health services or those directly related to the response to HIV/AIDS.
- Can be done anytime during the field visit.

2. Collection of documents

- This refers to collection of any written/recorded material (print, written, charts/pictures/photos) that describe what has happened or is planned/expected to happen.
- Documents that are appropriate to acquire are:
    - Prison/remand centre profiles;
    - Prison/remand centre work organizations,
    - Annual reports; and
    - Other supporting documents.
- Obtain relevant documents about health programs and services, particularly those related to HIV/AIDS, performed either by prisons/remand centres or by local NGOs.
- Regulations for remand centre inmates.

3. Semi-structured interviews – Individual

- This is face to face discussion with the source (interviewee), i.e. the people who see the facts that took place directly in the prisons/remand centres. The interview is to uncover the facts, as seen/witnessed by the interviewee.
- Interviews conducted in semi-structured form. The field investigator uses an interview guide to ensure that all important aspects are addressed in the interview. However, researchers can ask additional questions to explore further.
- Interviews will be carried out with:
    1. Prison/remand centre staff.
    2. Inmates in prisons/remand centres.
    3. Ex-inmates of prisons/remand centres.
    4. Staff of NGOs that provide services in local prisons/remand centres.

    General Interview Steps

    1. Introduction
        - Introductory phase is generally important to gain the trust and cooperation of the interviewee.
        - Introduce yourself (name, normal job).
        - Curiosity of interviewee should be respected, because it provides answers if the source is asked.
    2. Introduction to interviewing. Matters that need to be addressed in the introduction are:
        - The aim of the study. Convey that you want to get an explanation and exchange ideas about the everyday circumstances in the prison/remand centre.
        - Confidentiality. All of the information obtained in interviews, including the identity of the source, must be kept confidential and only used for the purposes of this study.

The information submitted will have no impact on career (staff) or punishment (inmates).
- The estimated duration for this interview.
- Documenting and recording equipment. Point out that in the interview you will use documenting and recording equipment. Obtain the interviewee's consent before using the recorder.

3. Uncovering facts, concerning
   - The situation in the prison/remand centre, in particular injecting drug use among inmates.
   - Views of the interviewee on the situation in the prison/remand centre.
   - Views of the interviewee on the possibility of providing NSP.
   - Prerequisites required for the provision of NSP.
4. Closing
   - Give a clear signal when the interview is over.
   - Don't forget to say thank you.
   - Use the end of the interview to convey the invitation to attend focus group discussion.

Some Practical Guidelines

- Be serious but relaxed. Stay focused on the core subject, but you do not need to be too formal or try to look dignified or well educated.
- Be semi-structured and flexible. Interviews are not coffee shop chatter (which is irregular, not directed), but also not a question-answer session such as is conducted during a census. It is also not a process of preparing minutes of an examination. Use the list of questions so that you do not lose track and remain focused on the issue. However you can change the order of questions, ask with your own words and ask further questions to uncover more information.
- Start with easy questions. For example: yes/no questions, experience or everyday facts that are easy to remember, or questions that can be answered simply from common sense and requires no special knowledge ("how do you view the Asean-China free trade agreement?").
- Avoid asking multiple questions at once. That can be confusing.
- Concentrate on understanding the interviewee's answers. Immediately record the key information/important information. Try not to be prejudiced or guess the answers or responses.
- If facts provided are inconsistent, ask which one is correct (without accusation).
- Not everyone has good verbal skills. Occasionally the interviewee's answer will not be well-presented and thus difficult to understand. If you do not understand, ask.
- Don't argue. Your task is just to ask, uncover clear information and opinion, as well as to record. A field investigator has no duty to investigate the contents of the mind or to make other people repent or understand what he has done.
- Make sure the interviewee understands your question. If necessary repeat the question in a simple sentence.

4. Focus Group Discussions

- Discussion participants. Discussions with ten sources (participants), consisting of: prison/remand centre staff; NGO staff
- Focus Group Discussions are not primarily intended to dig up the facts but to:
  - Bringing out various facts (which are uncovered through individual interviews, document review, observation).
  - Bringing out issues (based on the facts found).
  - Obtain a variety of responses/views, a variety and range of responses to the problems presented.

- Collect a variety of considerations.
- There are times when such discussions are used to register and consider the various possible solutions to problems. However, they are not always intended to make a decision, especially an immediate decision.

General Discussion Steps

A. Discussion Preparations

- Investigators are advised to share roles. One person should be tasked to prepare and present the initial findings of the study, and another tasked to guide the discussion.

B. Discussion

1. Opening, Introduction
   - The opening and introduction is very useful for participants; allowing them to adjust to the atmosphere of the meeting and letting them understand the role expected of them.
   - Consider that a more formal opening (and closing) may sometimes be necessary.
2. Discussion Introduction
   Review briefly important information about the study, including the objectives and methods used in this study
3. Present the Interim Findings of the Study
   Present the interim findings of the study. When necessary the presenter can divide the presentation into several sections that are interspersed with questions and answers to clarify the findings.
4. Question-Answer to Clarify the Study Results
   This section is intended to allow the participants to correct and complement the findings in the field.
5. Problem Solving Discussion
   - First present suggestions for solving problems obtained from previous data acquisition phase.
   - Discuss any proposed solutions to problems. Pay attention and spend time to discuss the possibility of providing NSP.
6. Summarize and Close Discussion
   Point out again the process that has been undertaken, the main thoughts discussed, and the interim conclusions already reached.

Part Three: STUDY INSTRUMENT

(I) Individual Interview Guide: **Prison/remand centre staff**

A. IDENTITY

1. Name:
2. Gender:
3. Age:
4. Position:
5. Length of time in this position:
6. Everyday duties:
7. Name of prison/remand centre:
8. Date of interview:

B. PROBLEMS IN PRISON/REMAND CENTRE

1. Have risky behaviours or habits been found that transmit HIV?
2. If yes, what are these?
3. Have syringes ever been found in residential blocks? In what circumstances? How often?
4. Has sharing of injecting equipment been found?
5. How did that occur?
6. How do inmates obtain needles and injecting equipment?

C. RESPONSE

1. Are there facilities and programs aims at preventing HIV infection?
2. How can inmates who use drugs be identified?
3. What is normally done to help drug users to avoid spreading or becoming infected with HIV?

D. WHAT SHOULD BE DONE?

1. Have you ever heard of the National Strategy for Responding to HIV/AIDS and Drug Misuse in Prisons and Remand Centres in Indonesia 2005-2009 (Strategi Penanggulangan HIV/AIDS dan Penyalahgunaan Narkoba pada Lapas dan Rutan di Indonesia 2005-2009)?
2. How is this strategy implemented in your prison/remand centre?
3. Through which programs and activities?
4. According to your assessment, do these policies or programs and activities achieve the desired outcomes?
5. Why? What is the reason?
   - Question 1-5 are only for prison/remand centre governors
6. What should be improved/enhanced to prevent the spread of AIDS through injecting equipment?

E. NSP

1. Have you ever hear about NSP? [describe if the source does not know]
2. If such a program was implemented in this prison/remand centre:
   a. Would you approve?
   b. Why?
3. If NSP was implemented in this prison/remand centre, according to you:
   a. What would be the obstacles?
   b. What should be considered and prepared?
4. Are there other important matters that you wish to raise?

(II) Individual Interview Guide: **NGO Activist**

A. IDENTITY

1. Name:
2. Gender:
3. Age:
4. NGO:
5. Position:
6. Everyday duties:
7. Date of interview:

B. PROBLEMS IN PRISON/REMAND CENTRE

1. Have risky behaviours or habits been found that transmit HIV?
2. If yes, what are these?
3. Have syringes ever been found in residential blocks? In what circumstances? How often?
4. Has sharing of injecting equipment been found?
5. How did that occur?
6. How do inmates obtain needles and injecting equipment?

C. RESPONSE

1. Are there facilities and programs aims at preventing HIV infection?
2. How can inmates who use drugs be identified?
3. What is normally done to help drug users to avoid spreading or becoming infected with HIV?

D. WHAT SHOULD BE DONE?

1. Have you ever heard of the National Strategy for Responding to HIV/AIDS and Drug Misuse in Prisons and Remand Centres in Indonesia 2005-2009 (Strategi Penanggulangan HIV/AIDS dan Penyalahgunaan Narkoba pada Lapas dan Rutan di Indonesia 2005-2009)?
2. How is this strategy implemented in the prison/remand centre?
3. Through which programs and activities?
4. According to your assessment, do these policies or programs and activities achieve the desired outcomes?
5. Why? What is the reason?
6. According to your assessment, what else should be improved/upgraded to maintain the health of the inhabitants of the prison/remand centre?
7. What should be improved/enhanced to prevent the spread of AIDS through injecting equipment?

E. NSP

1. Have you ever hear about NSP? [describe if the source does not know]
2. If such a program was implemented in the prison/remand centre:
   a. Would you approve?
   b. Why?
3. If NSP was implemented in this prison/remand centre, according to you:
   a. What would be the obstacles?
   b. What should be considered and prepared?
4. Are there other important matters that you wish to raise?

(III) Individual Interview Guide: **Prison/Remand Centre Inmates and Ex-inmates**

A. IDENTITY

1. Name:
2. Gender:
3. Age:
4. How long have you been incarcerated in this prison/remand centre:
5. Prison/remand centre:
6. Date of interview:

B. PROBLEMS IN PRISON/REMAND CENTRE

1. Do you know the behaviours or habits that risk transmission of HIV?
2. Have you found these behaviours or habits in this prison/remand centre> If so, which?
3. Has sharing of injecting equipment also been found?
4. How did that occur?
5. How do inmates obtain needles and injecting equipment?

C. RESPONSE

1. Have you used the healthcare facilities provided in this prison/remand centre?
2. Are there facilities and programs aimed at preventing HIV infection?
3. As far as you know, what is normally done to help drug users to avoid spreading or becoming infected with HIV?
4. According to you:
   a. Are these programs and activities beneficial?
   b. Why?
5. Is there an NGO running an HIV/AIDS response program in this place?
6. Have you accessed this service?
7. According to you:
   c. Are these programs and activities beneficial?
   d. Why?

D. WHAT SHOULD BE DONE?

1. What else should be improved/enhanced to prevent the spread of AIDS though injecting equipment?

E. NSP

1. Have you ever hear about NSP? [describe if the source does not know]
2. If yes, where did you hear this?
3. Have you ever access this service?
4. If such a program was implemented in the prison/remand centre:
   a. Would you approve?
   b. Why?
5. If NSP was implemented in this prison/remand centre, according to you:
   a. What would be the obstacles?
   b. What should be considered and prepared?
6. Are there other important matters that you wish to raise?

ATTACHMENT 2

FACT SHEET

1. STERILE INJECTING EQUIPMENT SERVICE[18,19]

Sterile Injecting Equipment Service (NSP) is an effort to provide sterile injecting equipment, other risk reduction materials, education and information about virus transmission and disease, medical referral services, as well as legal and social services for injecting drug users (IDUs). This service aims to ensure that each injection performed uses sterile equipment, without sharing.

Up to now, NSP is the most effective service among other HIV prevention services for injecting drug user groups. Intensive evaluation conducted in various countries has proved that NSP is successful in reducing the spread of HIV and does not encourage an increasing number of IDUs and other drug use.

In addition to providing sterile equipment, NSP activities also include the destruction of used injection equipment by collecting dirty injecting equipment, ensuring that equipment used is clean and sterile, avoiding re-sale of used equipment, and ensuring the proper destruction of used equipment.

Objectives

- Provide and distribute sterile injecting equipment to IDUs, and stop the circulation of used injecting equipment that can potentially transmit disease;
- Ensure use of sterile injecting equipment in as many injecting drug use practices as possible;
- Increase knowledge and capacity of injecting drug users to inject more safely;
- Eliminate the possibility of re-use of used equipment that might be contaminated;
- Eliminate potential sources of accidental transmission of HIV to people who are not injecting drug users, especially children.

Means and Implementation Principles

Materials Provided

- Sterile needles and syringes based on a model commonly used by IDUs in the region;
- Alcohol-impregnated cotton wool, used to clean the skin to be injected and to clean equipment as well as the hands;
- Condoms and lubricant, to encourage safe sexual behaviour
- Bags, consisting of small paper bags and large plastic bags, to carry sterile and used injecting equipment;
- Media with information related to HIV/AIDS and drugs, such as brochures, booklets, stickers or other media.

Equipment

- Disposable plastic containers/plastic puncture-resistant containers, glass or plastic bottles with secure lids;
- If possible, these containers should be yellow and marked as “dangerous”, or “contaminated sharp items”;

18 Pedoman Pelaksanaan Pengurangan Dampak Buruk Napza – Departemen Kesehatan RI, 2006

19 Harm Reduction Approaches to Injecting Drug Use – World Health Organisation, 2005

- NSP in collaboration with a hospital to support the combustion of used syringes in incinerators.

Patient's Age

- IDUs of all ages may be accessing the NSP. By providing sterile injecting equipment to young IDUs, this service reduces the risk of young people becoming infected with blood-borne viruses. If there are no services that provide sterile injecting equipment, they would probably share injecting equipment and not only risk the harms of drug use, but also risk infection by blood-borne viruses;
- Patients aged less than 18 years should be assessed prior to distribution of sterile syringes so that this service is indeed provided to people in accordance with the previously determined criteria for NSP.

NSP Activities

- Protect the confidentiality of patients accessing activities carried out by the NSP;
- Provide sterile injecting equipment (needles and syringes), alcohol-impregnated cotton wool and sterile water;
- Provide a container/box for destruction of used syringes and provision of information about the safe destruction of used syringes;
- Provide a place to submit your used injecting equipment;
- Monitor all NSP activities;
- Distribute condoms for safe sexual activities;
- Provide information sheets about health related to drug use;
- Encourage the return of used injecting equipment and its safe destruction;
- Monitor all activities concerning return of use injecting equipment and its destruction
- Provide information about safe disposal that should be integrated into exchange of equipment at all times;
- Staff should always encourage the habit of safe destruction by IDUs;
- In a collection of used syringes, a few things to note are:
  - Staff should not hold the used syringes without proper tools;
  - IDUs should directly place used injection equipment into a special container. Explain the location of this disposal place;
  - The disposal container should not be over full;
  - This container must be directly disposed of by burning without removing the contents;
  - Burning used injecting equipment should use an incinerator;
  - If there is injecting equipment returned that is reportedly clean and unused, it must still be disposed of by the standard destruction;
  - Disposal containers once full should immediately placed in plastic bag with the appropriate label, placed in a labelled box. If the box is full, the plastic bag inside is closed for destruction, and the box should be sealed;
  - Sealed boxes should then be taken to the burning place. Once the box has been destroyed, a destruction report should be filed.

2. NSP IN PRISONS: SELECTED CASE STUDIES[20,21]

Prison is an enclosed environment in which all services, including health services, have very limited access. Although the frequency of injections in prison is not as high as in the community outside prison, limited access to sterile equipment increases the chance of sharing. Inmates who come and go, and interact with each other in the prison are at high risk of disease transmission, both from the outside in, as well as from the inside out.

Aware of the risks described above, some countries already provide sterile injecting equipment services in prison in the same way that such services are provided in the community.

Switzerland

In this country NSP in prison was started in 1992, initially informally by prison officers ignoring the rules in a male prison. Eventually in 1994 a formal NSP pilot project was carried out in the Hindelbank women's prison. After a successful trial and evaluation in this prison, NSP spread to a total of seven prisons in Switzerland.

Results of evaluation in the Hindelbank prison, that became milestones in the spread of NSP in Swiss prisons, showed the elimination of sharing injecting practices; previously 8 of 19 inmates admitted to sharing syringes in prison. There was no evidence of increased consumption of drugs and there were no new cases of HIV, HBV, and HCV in the prison. In addition, there were no reports of injection equipment being used as weapons to attack the staff and fellow inmates.

Currently NSP continues to operate in seven prisons in Switzerland without any incident. The Hindelbank prison no longer even requires NSP participants to place their used syringes in a visible place. However, the prison implemented a strict policy that used syringes have to be stored in secure plastic containers provided by the prison health units. Equipment found outside the container is illegal, and perpetrators can be subject to penalties.

Spain

NSP was first introduced in Spanish prisons in 1997. In 2001 the Directorate General of Prisons ordered that NSP be implemented in all prisons. In 2003 NSP is provided in 30 prisons in Spain. And until 2004, NSP has been mandated in all 69 prisons under the jurisdiction of the Spanish Ministry of Interior, with the exception of psychiatric prisons and a high security prison.

Almost half the prison population in Spain has a history of drug use, or was actively taking drugs at the time of incarceration. HIV and HCV infection rates are high in Spanish prisons. In 1989 a survey showed a 32% HIV infection rate in the prison population. Since then, with harm reduction and supply reduction efforts, together with appropriate HIV prevention, has shown significant results. In early 1990 the HIV prevalence in prisons was estimated to 23%. In 2000 the reported HIV prevalence was 16.6%. Then in 2002 a report with the Ministry of Interior and the Ministry of Health together with Consumer estimated prevalence rate of HIV at 15% and HCV of 40%.

Although the prison system in Spain has developed a drug treatment program a based on abstinence, including drug free units in many prisons, an official statement notes that "[not] all drug

20 Prison Needle Exchange: Lessons from a Comprehensive Review of International Evidence and Experience – Canadian HIV/AIDS Legal Network, 2006

21 Prison Based Syringe Exchange Program: A Review of International Research and Program Development – National Drug and Alcohol Research Centre, University of New South Wales, Sidney Australia, 2001

users are candidates for abstinence-based programs." Therefore, a multi-faceted approach, including a significant harm reduction initiative was implemented. This approach is supported by the instrument of state policy and the Spanish prison system, for example Article 33 of the Public Prisons Act mandating "the prison system is trying to save lives, health and integrity of the prison population."

The prison system in Spain has developed a successful approach to dealing with NSP implementation challenges. The solutions offered on controversial issues such as exchanging one syringe for one person, access to NSP for inmates who should be " drug-free " (e.g., methadone patients or those living in drug-free units), and access for inmates who have a history of violence and mental disorders are all organized under the basic principle that people who are in prison have the right to protect themselves from HIV and HCV, that harm reduction should be adapted to meet the needs of each individual, and there is always a way to provide the sterile syringes for IDUs in prison rather than forcing them to be in a position to share them.

Kyrgyzstan

Sharp increases in injecting drug user population, which mirrored the difficult socio-economic situation, caused the serious risk of an increasing HIV epidemic in Kyrgyzstan. In June 2003 there were 825 cases of HIV or AIDS in this country, with 82% of them associated with injecting drugs. The HIV and AIDS situation in prisons has risen steadily in this period. In 2000 there were only three known HIV cases in Kyrgyzstan prisons. This number increased to 24 in September 2001, and 150 inmates living with HIV in November 2002, representing 56% of all known cases around the country.

The first NSP pilot project was conducted in October 2002 in the IK-47 prison, a maximum security institution. This project provided services to approximately 50 inmates who exchanged a syringe every day. In this project it was decided distribute syringes in places that are not visible to guard officers, in this case at the health unit. The inmates were asked to visit the examination room to obtain medical services, and at the same time they were provided with a syringe. This project also provided a secondary exchange utilizing inmates as volunteers. When started, everyone was given a syringe. Exchange of the new equipment was made on the basis of one syringe for one inmate.

In early 2003 an order was issued approving the provision of sterile injecting equipment in all prisons in Kyrgyzstan. NSP was implemented in six prisons (five men's, one women's prison). And in April 2004, NSP became available in all prisons in Kyrgyzstan, and a plan for a methadone pilot project also emerged.

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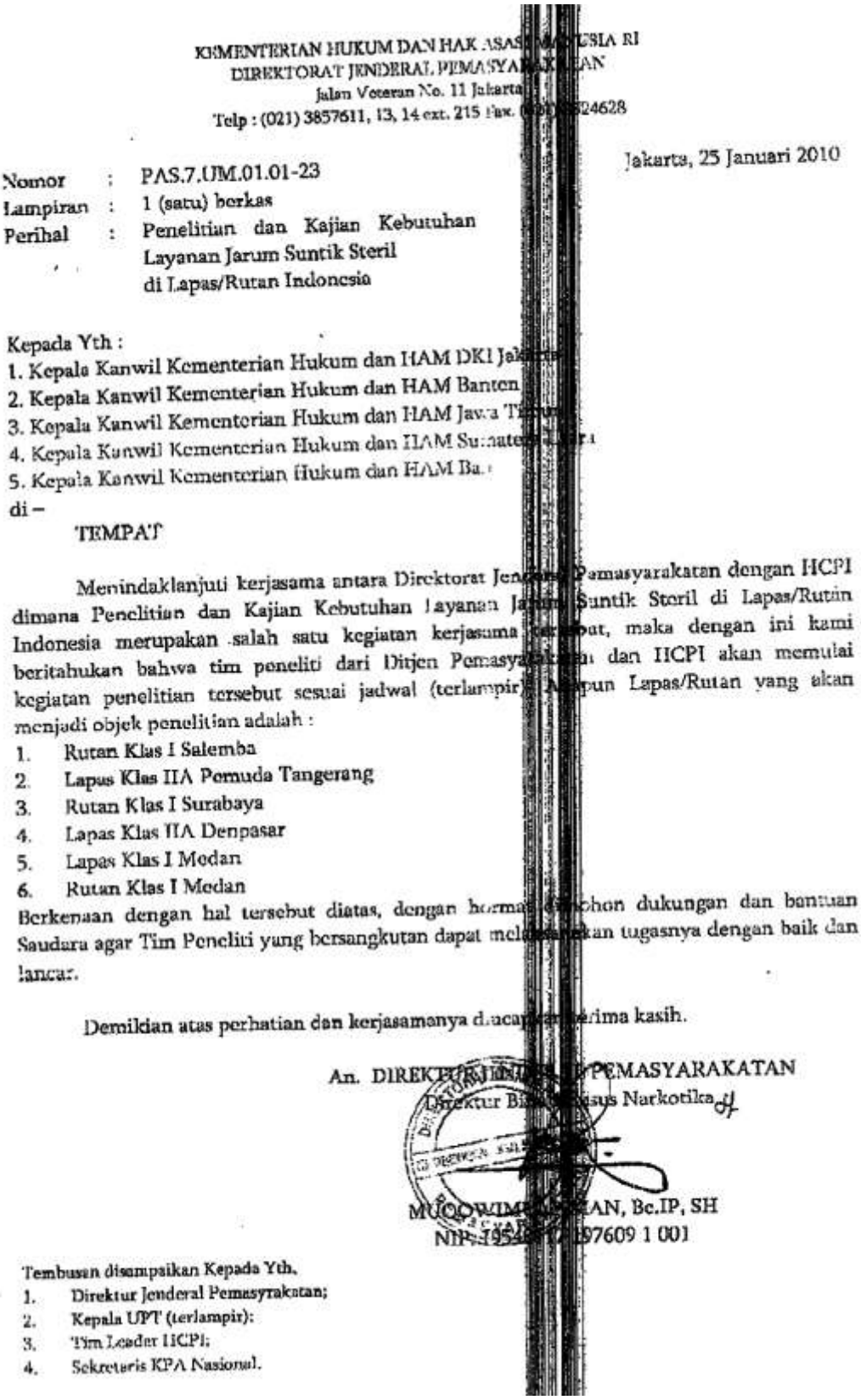
ATTACHMENT 3

LETTER ANNOUNCING ACTIVITY



KEMENTERIAN HUKUM DAN HAK ASASI MANUSIA RI
DIREKTORAT JENDERAL PEMASYARAKATAN
Jalan Veteran No. 11 Jakarta
Telp : (021) 3857611, 13, 14 ext. 215 Fax. (021) 3824628

Jakarta, 25 Januari 2010

Nomor : PAS.7.UM.01.01-23
Lampiran : 1 (satu) berkas
Perihal : Penelitian dan Kajian Kebutuhan Layanan Jarum Suntik Steril di Lapas/Rutan Indonesia

Kepada Yth :
1. Kepala Kanwil Kementerian Hukum dan HAM DKI Jakarta
2. Kepala Kanwil Kementerian Hukum dan HAM Banten
3. Kepala Kanwil Kementerian Hukum dan HAM Jawa Timur
4. Kepala Kanwil Kementerian Hukum dan HAM Sumatera Utara
5. Kepala Kanwil Kementerian Hukum dan HAM Ba...

di –
TEMPAT

Menindaklanjuti kerjasama antara Direktorat Jenderal Pemasyarakatan dengan HCPI dimana Penelitian dan Kajian Kebutuhan Layanan Jarum Suntik Steril di Lapas/Rutan Indonesia merupakan salah satu kegiatan kerjasama tersebut, maka dengan ini kami beritahukan bahwa tim peneliti dari Ditjen Pemasyarakatan dan HCPI akan memulai kegiatan penelitian tersebut sesuai jadwal (terlampir). Adapun Lapas/Rutan yang akan menjadi objek penelitian adalah :

1. Rutan Klas I Salemba
2. Lapas Klas IIA Pemuda Tangerang
3. Rutan Klas I Surabaya
4. Lapas Klas IIA Denpasar
5. Lapas Klas I Medan
6. Rutan Klas I Medan

Berkenaan dengan hal tersebut diatas, dengan hormat kami mohon dukungan dan bantuan Saudara agar Tim Peneliti yang bersangkutan dapat melaksanakan tugasnya dengan baik dan lancar.

Demikian atas perhatian dan kerjasamanya diucapkan terima kasih.

An. DIREKTUR JENDERAL PEMASYARAKATAN
Direktur Bina Khusus Narkotika

MUQOWIM, Bc.IP, SH
NIP. 19[illegible]7609 1 001

Tembusan disampaikan Kepada Yth,
1. Direktur Jenderal Pemasyrakatan;
2. Kepala UPT (terlampir);
3. Tim Leader HCPI;
4. Sekretaris KPA Nasional.