



barriers

to health and other services for ex prisoners



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barriers

to health and other services for ex prisoners

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“All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood”
(Universal Declaration of Human Rights)

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GLOSSARY

1. HIV : Human Immuno-deficiency Virus
2. WBP : prisoner
3. WB : prisoner
4. IBBS : Integrated Biological and Behavioral Surveillance
5. LAPAS : prison
6. WPSL : direct sex worker
7. WPSTL : in-direct sex worker
8. LSL : man who have sex with men
9. LSM : non government organisation
10. KDS : peer support group
11. STBP : Integrated Biological Behavioral Surveillance
12. LJSS : needle syringe service
13. LASS : sterile syringe services
14. ODHA : orang dengan HIV-AIDS (people living with HIV-AIDS)
15. KIE : Information Education, Communication (IEC)
16. PTRM : methadone maintenance therapy (MMT)
17. VCT : voluntary counseling and testing
18. CD-4 : is a type of white blood cells or lymphocytes, which is an important part of our immune system. CD4 cells are sometimes called T-cells.
19. HCV : hepatitis C Virus
20. JANGKAR : Indonesian Harm Reduction Network
21. ARV : anti retro-viral
22. CST : care, support and treatment
23. KPA : National AIDS Commission
24. IMS : Sexual Transmitted Infection
25. HAM : Human Rights
26. THD : take home doses;
27. HCPI : HIV Cooperation Program Indonesia
28. WHO : World Health Organization
29. BNN : National Narcotics Board
30. UNODC : United Nation on Drugs and Crime
31. FHI : Family Health International

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1. Yayasan Galatea
2. Yayasan Karisma
3. Yayasan Sringganis
4. KDS Sringganis
5. Komunitas Methadone Kota Tangerang
6. Rumah Cemara
7. Yayasan Dua Hati
8. Yayasan Sadar Hati
9. Makassar Harm Reduction Community
10. Persaudaraan Korban Napza Makassar (PKNM)
11. Yayasan Peduli Kelompok Dukungan Sebaya (YPKDS)

*Executive Summary****Barriers to Health and other services for Ex-prisoners*****Background of the study**

The National Survey of Drug Abuse Development reported that the police had caught 1 of 5 abusers; even 1 of 2 injection addicts had dealt with police. Furthermore, there was 1 of 7 respondents in the survey admitted that had been in prison, especially the injection addicts group (BNN, 2011).

One of the strongest lessons from the end of the last century is that public health can no longer afford to ignore the prisoner health. The rise and rapid spread of HIV infection and AIDS, the resurgence of other serious communicable diseases such as tuberculosis and hepatitis and the increasing recognition that prisons are inappropriate receptacles for people with dependence and mental health problems have thrust prison health high on the public health agenda (WHO, 2007).

Substance use disorders among inmates are at epidemic proportions. Almost two-thirds (64.5 percent) of the inmate population in the U.S. (1.5 million) met medical criteria for an alcohol or other drug use disorder. Prison and jail inmates are seven times likelier than are individuals in the general population to have a substance use disorder (Califano et.al, 2010).

This activity was carried out as an advocacy tool, as an important part of the strategy in implementing Harm Reduction Network in raising the issue of drug user's especially former prisoners. Particular to explore the information about health services accessed by former prisoners narcotics, to explore the availability of health services for the former prisoners and exploring accessed of former prisoners to the health services. By taking samples in seven provincial cities, the recording process is done by an objective and conducted by the research team. We're collecting data using a qualitative method, data collection through in-depth interviews and focus group discussions.

The instrument used in this study had previously been tested in two provinces, Medan –a city as the representation of western region- and Bali, for the eastern region. The results of this trial had then been discussed in a meeting attended by FHI staff, NGO staff of Charisma, Ministry of Health officials, Directorate General of Corrections and UNODC, to get feedback on improving the instrument. The results of this meeting was followed by a Data Collecting Team workshop and delivered new instrument that was then used in the farther data

collection. Our workshops were conducted to simulate perceptions of the researcher members in the process of data collection in the field.

Data Collection

FGDs conducted in order to identify issues related to access former drug addict inmates to health services. The participants of FGD is a former narcotic prisoners with age between 18-25 years old, amounted to 8-10 people consisting of addicts which had been joined by NGOs and those who have not been accompanied by the NGO. Five group discussion conducted in 7 provinces, attended by 43 participants from NGO and non-NGO. Most of them are male.

An interviews were conducted to collect information about the understanding of informant to the topic of this study, and see how far the manifestation of the knowledge of their behavior, related efforts in maintaining health. We also collect information about how families provide support to the informant at the time in custody and after release of the sentences, while the informants experiencing health problems. 48 interviews consist of former narcotic prisoners, prison staff and staff of health services.

Ethical Issues

Before starting the data collection process, we have gained ethical approval from the Research Ethics Committee Atma Jaya Catholic University in Jakarta on July 2, 2012. To obtain the approval of the informer, we were helped by a local NGO partner in this research. Before investigators headed to their respective provinces, the study protocol was sent to a local NGO partners and later inform them about the study to their beneficiaries. Because the study is devoted to drug users whose mobility is high enough, then there are two cities that do not do FGD namely Jakarta and Malang.

Recruitment of informants was fully supported by the following local partner NGO network in the province KDS respectively. Once the researchers met with the informant, investigators returned to give an explanation regarding the expected information obtained from informants. Besides informed consent is also included to require that person's consent to be interviewed and recorded the interview process. All the names of participants are not the real name.

Results

1. Medan

From the FGD, the understanding of infectious disease was a disease that can be transmitted through multiple media. Infectious diseases they meant HIV, TB, Dengue Fever, and Hepatitis B. One focus group participant was accompanied by the NGO added explanation about HIV as a disease that is transmitted by an infected person. The infectious diseases can also be transmitted through personal devices such as toothbrushes, razors, and tools such as drinking glasses. Another participant was assumed that HIV could be transmitted if we are close to someone which has been infected with HIV. So, he prefer to stay away from people who lived with HIV.

Knowledge of Hepatitis C among drug users was minimal in Medan. Most of them have heard the term Hepatitis C but they did not know more disease. One of FGD participant simply mention that the disease is a liver disease. Others were added as a disease that attacks the immune function. They thought hepatitis C can be prevented by living a healthy life.

Former narcotics prisoners in Medan described addiction was something that can't be abandoned and the condition of the body that are not normal. While trying to be abandoned will definitely cause problems to yourself. Arman Experience as well as methamphetamine addicts putauw, he understands addiction as a sense of 'collecting' the usual substances he consumes. Therefore he was overcome by still using drugs. He is better and can be more productive after taking it. The informants which had been joined by NGOs, they overcome the addiction with methadone maintenance treatment program (PTRM). Whereas for the type methamphetamine addicts, do the substitution by taking a sedative.

When they are being subjected to improper they did not do anything about it and felt it was a natural thing because they are undergoing detention period. Discussions with former narcotic prisoners in Medan indicated that during their detention period they earn less appropriate treatment of workers is in prison. A complicated mechanisms also perceived when they need treatment. In most of the FGD participants in Medan also stated that they are entitled to information about their health condition, while health workers providing treatment or medical treatment. One of them said that they had when he was in prison, there is a blood test. But the results of these checks were never informed. Though he felt had the right to know how their health condition.

In the family life, most of the informants felt being ignored. They realize it's because they have disappointed them, making the family suffer, being embarrassing and being a child who can not be proud of. This is because of the use of narcotics often times they do negative things. Starting from stealing, selling goods at home and eventually must languishing in prisons.

As a former prisoners not always received negatively by society. But when they knew that the drugs make a person go to jail, then the negative treatment received by former narcotic prisoners. While in prison, informants felt kind of discriminative treatments of officers and other prisoners. Non-drug user prisoners usually did not like to interact with drug addicts, especially putaw users, because some people thought they have a lot of diseases.

Used the same bong when consumed shabu is also considered by the informants as a behavior that can transmit disease. Typically they will just change *pipet* (upper bong, used to inhale vapor shabu). Doing the sterilization for the used needles are also not always done correctly.

From the FGD with former narcotic prisoners explained that they are not getting the maximum care in health services. Experience one of the FGD participants when he got a gunshot wound when he was arrested, he had to wait 10 days to get the services of a surgeon. Nearly a bullet wound rotting because there has not been removed. Other experiences when he was being treated, the drugs given had been swapped with another patient.

Experience one of informants when requires health services outside prison stated that to get out of prison and beyond the access to health services requires a long process. He was more helpful when accompanied by NGOs. He said the prison is also more responsive when they assisted by NGOs.

2. DKI Jakarta

In Jakarta is very difficult to do the FGD. So the FGD replaced by interviews with two people who fit the criteria addicts FGD and FGD using instruments. Two informants encountered at Puskesmas Keramat Jati, consist of users who accompanied and unaccompanied by NGO at the same time. In addition to the interview was also conducted using instruments *lorang* depth interviews

Information about Hepatitis C is only available in the form of printed media in the form of leaflets and brochures. One informant who had been treated 3 months

after suffering hepatitis C explained that the cause of hepatitis C is the use of benzodiazepine. He said due to excessive use, so he was infected with hepatitis C, to prevent it should avoid the substance.

Addiction is understood as something that we perceive pleasure and so we want to continue to enjoy it. Many times said that to overcome an addiction to narcotics 'pain gain' (bear the 'withdrawal' without taking drugs). But when given an illustration of how if a sense of 'withdrawal' was so strong and there is no drugs, what will he do?

One informant ever serving time in prison, identifies the control in prisons is not very good so he could easily obtain drugs. The other informant also explaining that while in prison, there are several programs that can be followed by the prisoners, but he chooses to focus on finding the money to be able to buy putauw. When experiencing withdrawal symptoms in prison, a drug user would experience torture beaten by prison officers.

The rights as a drug user simply explained as a situation when he was accessing health care, he wants to obtain proper treatment. But when he was in prison there was a difference in treatment that he felt. Prisoners with money acquire better facilities, they are even allowed to use mobile phones.

Discrimination against drug users particularly those who had been inmates sometimes also happens in the family. Usually this is a result of the mistakes that have been done by them and left trauma to their family. Stigma as thieves often attached to drug user, because usually when they no longer have the money to buy drugs, they will steal, not only outside the house but also in their own home.

At the time of leaving prison, informants expect no guidance or information provided to them, especially the information about jobs. With skills they have acquired during development in prisons, can be used as a preparation for entering the workforce. But sometimes there is a stigma among people given to former inmates. So usually they can not get a decent job.

Reducing the risk of disease transmission is done by not sharing needles, always use sterile needles, but sometimes they still have to do their own sterilization.

Didn't have multiple sexual partners is a behavior that can prevent the transmission of diseases, especially HIV. Even if have to change sex partners, then he uses a condom.

Putauw considered as a substance that can restore the body, while suffering hepatitis C. The Narcotics that has been in the body, will adjust thus using of narcotics is not only to gain a sense of drunk, but also a healer of disease.

Its still be an obstacle in Kramat Jati health centers because personnel has been trained on HIV moved to other places. Served in command of health care workers sometimes are still having dual task, so the implementation of duty can not be maximized. This condition also occurs in the clinic Kramat Jati, where there are nurses who also doubles as a pharmacist.

3. Bandung (Jawa Barat)

Information obtained from the focus group discussion showed a difference of knowledge between informants who was accompanied by NGO and unaccompanied. Informants are not accompanied in general terms describe diseases through depictions of disease are considered to have the fastest transmission media such as TB, Eye Diseases, HIV, and influenza. This is different to that expressed by Banton has now become volunteer in Rumah Cemara (RC), Banton revealed that infectious disease is a disease caused by viruses, bacteria, and fungus.

Meetings are held on a weekly basis as well as a sense of kinship that exists well with those RC, making it one of the jungky POINTS want to join NGO. This is also confirmed by Dehan which is RC outreach staff, according to a study club routine helped a drug user to access information related to both drugs, as well as other infectious diseases, in fact social support also by engaging family addicts take part in the meeting is considered to effectively eliminates discrimination that sometimes occurs in their family, especially those who live with HIV positive, tuberculosis, and other infectious diseases. Regular meetings, not only in the RC, Puskesmas Pasir Kaliki also has a similar program but held by 2 times in 3 months. Mrs. Lisa with familiar greeting 'bunda jungky' was responsible for the program at the needle sterile clinic explains, this meeting is more integration program which includes relevant stakeholders. Besides PO (companion drugs) coming from NGOs, addicts, AIDS and health centers also participate in a given program tersebut. The

information provided is also diverse, with more emphasis on the risk of infectious diseases that can occur if you do not use sterile needles.

On FGD occurs that addiction is a disease caused by drugs, while drug use itself caused due to insecurity as the force to use. To overcome addiction, there are many things that informants expressed, ranging from the nature of religion as follows boarding school, until the plug body, and substitute to drugs is also disclosed. But of all the stated above, according to an interview with Basuki, drug user ex-prisoner, he have tried various alternatives tackle his addiction, stay away from the drugs is considered as the best solution to overcome addiction.

Some informants said they just wanted to be treated the same as any other, especially when accessing health services. With a background as a drug user they are identical with infectious diseases such as HIV. Such stigma consequences sometimes they are not served well, treated not friendly, to the refusal by health workers. Even Beby disclosed by the owner who is a distro and radio in the London area, he must accept the double stigma of treatment with the status of women who are HIV positive addicts.

Treatment of discrimination is also considered an obstacle when a drug user will continue their education. As expressed by Bani who do not have time to study in college because of his status as an addict, a administrative requirements which drug-free certificate into obstacles.

Another thing that is desired by the majority of informants is that addicts are no longer detained in prison, because it was there that their experience is very easy to get narcotics. Transactions in prison is free to performed. They freely without being fear of getting caught, because generally prison officers also participated in the process. With all the convenience that they in fact termed the prison as 'heaven addicts'.

As an former inmates, a few informants admitted that mental preparedness is needed for inmates either before entering prison or while going out. Concerns about public acceptance as an former inmate as a consequence they have to live, so that which introduction of the prison program/period of adaptation (as a new prisoners) and *pre liris* for detainees who will be out very effectively realized and all informants claimed the event.

4. Tangerang (Banten)

HIV also understood by the participants of FGD as a disease that can be transmitted through shared clothing especially underwear. This statement is related to a habits of prisoner, using the other prisners clothes.

FGD Participants in Tangerang understand addiction as a signal to immediately injecting narcotics, when conditions require the body to get narcotics. Addiction is also considered to have an impact the loss of passion for destroying the future. Most of the informants tackle their addiction while using the drug despite having to do things they do not really want such as stealing, hold up, and pawned goods. All was done to tackle addiction is regarded as a necessity of the body more important than food intake. Some informants generally just want to give the opportunity to be escape from his addiction to narcotics. They claim to be victims of drug abuse.

From the results of FGD in Tangerang, informants generally have done a pretty good preventive behavior, such as the prevention of HIV/AIDS by using condoms when having sex with other couples (excluding wives), and using a new syringe. However, some informants also expressed perncegahan behavior performed depending on the situation. As well as the use of new needles, this is difficult to do when being in prison, so that one informant expressed besides seeking has its own syringe (no sharing), in urgent circumstances they sometimes hire syringes in prison at a price of Rp 20.000,00 then sterilization using Bayclin, if not available then an alternative Bayclin rub needle using sharp objects such as floor tiles also performed.

When the addict no longer existed prisoners they are very easy to obtain medical care. Especially for the service they feel methadone clinic services provided Jalan Gold is good enough.

5. Denpasar (Bali)

In Bali, the drug user ex-prisoner who participated in this study consisted of an addict who has been assisted by NGOs Yakeba and Dua Hati that have programs also provide information related to HIV and drug addicts who are not accompanied by any NGO. When the discussion very clearly understanding the difference between them. Addicts who have was accompanied by have more knowledge than those who are not was accompanied by. They are also more open and bold in expressing their opinions.

This is because those who have been accompanied by have often following discussions, usually they often interact with people outside as well as the provision of information by NGOs.

From interviews with clinicians in Krobokan prison, indicate that Krobokan already have programs for drug user. The existence of support groups to be one of the media that can help the addict to tackle the problem of the drug, as well as a medium to exchange information among fellow addicts. Implementation of alcoholics anonymous and narcotics anonymous krobokan be an indicator that the prison has to understand the problem of addiction, so they consider this necessary activity.

In general, knowledge about Hepatitis C was minimal among drug user in Bali. They only know the term of the Hepatitis but they did not know more about the disease. One FGD participant simply stated that the disease attacks the liver function. The lack of knowledge of the informant about Hep C, because of the program that is in NGOs focused on the issue of HIV.

Informants who had been joined by NGOs tackle addiction with methadone maintenance treatment program (PTRM). As for the type of meth addicts, substitution by taking a sedative. Additionally Edo states that to overcome his addiction by visiting a shaman is a step or a shortcut to heal.

The importance of VCT services and methadone has been very helpful for addicts while in prison. It is considered that prisoners who suffered health problems due to either withdrawal symptoms or other health problems can be handled well. Similarly, for prisoners who have access to methadone services when outside prison, can return to continue the program despite status as prisoners.

One of the FGD participants also suggested that in the prison should be implemented a program in helping prisoners are drug addicts to overcome addiction problems. He assumed the control conditions in prisons and the availability of health workers to implement programs that lead to rehabilitation for addicts.

Addiction issues is still a major problem among addicts in Bali. They assume that their brains have been damaged as they have become drug addicts. Therefore Chasi NGOs that have been accompanied by Dua Hati choosed to follow Yoga as a therapy for addiction. Roy experiences when in prison, with farming, sports and

doing other activities can divert his desire to use narcotics. According to addiction problems are those that interfere with a person's mind activity so the best way is to not think about it at all.

To be able to obtain appropriate care and treatment that is considered the prison clinic can not fulfill the expectations of drug user in prison. Their experience, that to obtain proper treatment, a fee will be charged to them. If not then a procedure should be taken for treatment.

For prisoners who unaccompanied by NGO, they usually contact the family, in this case the parents and wives to assist in obtaining medical treatment or services that are not available in the prison clinic. If the prison had no program of information by NGOs, the prisoners will seek help through NGOs. Mechanisms in place in prison to obtain health care services in particular, is considered difficult by some informants.

6. Malang (Jawa Timur)

A focus group discussions can not be done in Malang because of difficulty collecting addict with 18-25 year age criteria and had been a prisoners. Identification of the problem of knowledge and experience in accessing services performed through interviews with two addicts in different times and places.

In Malang prison clinic currently provides media IEC on HIV and hepatic C with support from the Global Fund and HCPI. There was also a peer educator program held 2 times a month. This activity is in the form of health education, followed by 15 inmates for 1 month. The next month will be followed by 15 the next.

NGO Sadar Hati provide information on HIV and TB to assisted through support groups and also by FGD. Program providing information for prison inmates also performed in Waru prison and Women prison. The information provided includes the problem of addiction, HIV, TB is also IMS.

After gaining assistance from NGOs Sadar Hati, informants attend a harm reduction program by taking methadone or consuming subuxon. Rian overcome the addiction by reducing the frequency of use. Menggukan putauw he usually 3-4 times a day, to 1 times in two days.

The problem of addiction has not been the focus of attention in the programs implemented on the prison. For inmates not junkies usually only given anti-depressant drugs. Sadar hati in once a week providing addiction counseling to prisoners in need.

Just as someone in need of health services, a drug user also want skilled services and suited to its needs. According to informants, should be in Malang prison methadone services are also available. Due to overcome the effects of methadone consumption sakau be able to help them.

Experience one of the informants who had spent 6 months in prison Malang expects that drug addicts are not in custody that also contains of criminal prisoners. According to their interactions can make an addict become a criminal, too. As long as he is in custody, not only the health information that he obtained from his fellow prisoners, however also information about the skills in committing crimes such as stealing or robbing. Unity among prisoners in prisons narcotics can also create a network of drug addicts have a wider audience. This will make it easier to obtain a narcotic addict when outside prison later. This opportunity was also used by traffickers and dealers to expand their markets. For that according Sukri information about adverse drug use and harm reduction efforts also must be done in prisons.

Informants also choose to follow a assistance program implemented by the NGO Sadar Hati to always obtain sterile syringes free. Rian on a daily basis to work as a musician, knew about the existence of NGO Sadar Hati of the friends who are also drug users. Because now to obtain sterile syringes more easily, he always tried to not use needles interchangeably.

In addressing the addiction to narcotics, some informant chose to no longer associate with people who have a problem with drugs. According to being in an environment that still provides a narcotic, it is very difficult for him to get out of dependence on these substances.

In utilizing the existing health services in prisons, the informant considers that procedure through too complicated. Previously, officers had to make several call to health workers. Informants chose to contact the family when was experiencing health problems.

7. Makassar (Sulawesi Selatan)

In Makassar informants understanding HIV infectious diseases such as acute illness that turned out to be chronic. According to their hepatitis C is a disease caused by a rusty needle. Vigorous implementation of TB control are also up in prison. FGD participants have a pretty good understanding about TB, so they can explain the specific symptoms for people suffering from tuberculosis.

Informants overcome the drug addiction by finding something else to do, in therapy, flush the head with a water, bath or bruise. Peer support group is a place to share information and experiences among addicts, including the experience to overcome the withdrawal symptoms. The experience of the addict usually can be a reference for other addicts in terms of reducing the dose or face the withdrawal symptoms.

Most FGD participants believe that discrimination is not getting their rights as addicts. Discrimination in question is to obtain the same treatment as other patients when accessing health services. While in prison is no different treatment from officers perceived by the informants.

The experience one of the FGD participants explained that he was having difficulties when they want to obtain health care in prisons. When experiencing health problems, he chose to call the family to bring medicines from outside the prison. Besides the treatment given is also considered not optimal because it does not fit with health problems being experienced.

A Doctor who assigned as a prison doctor can not always be in place, because he was rolling his specialists. There is only two clinic staff consist of counselor and nurse. When there is a situation that requires a doctor's recommendation, the prison staff can only be consulted by telephone with him. Immediate action to bring prisoners to the hospital or clinic referral sometimes be decided without a doctor's certificate, when an emergency occurs.

Conclusions

Most of the informants who had been joined by NGOs have a pretty good understanding about HIV and AIDS. Similarly, matters relating to health care that is accessible to a drug users. Any involvement of drug user in the provision of information and discussion activities carried out by NGOs, making them accustomed to express opinions and arguments in the discussion. However, the result of the crimes committed, informants sometimes feel less confident, especially after the title of the former prisoners. Support families and the environment, is the most needed them while completing her term. This is in addition to helping to restore their confidence, as well as helping them to re-use the drug. Feeling accepted and trusted by the environment makes them motivated to become a better person than before.

Health services are most frequently accessed by the addict is a service of sterile needles and methadone maintenance treatment program. While in prison, drug addicts choose to obtain medical care outside prison, because they feel what is given by the prison did not fit their needs, especially those related to the problem of addiction. Mechanism to access health services while in prison, considered very difficult for prisoners drug addict, so the role of NGO officers to accompany them are considered very helpful in terms of through the process.

Information about hepatitis C is not much gained by the informants. It is also delivered by prison officers and NGOs that explains that during this program is the provision of the information about HIV, STIs and TB. Lack of information regarding addiction and also make it difficult to solve the problem adiksinya addict. It's getting worse, when the addict is in prison, because prison officers do not understand the problem of addiction. Often the officers treated the addict, making them more difficult to cope with their addiction while a prisoner. For that PTRM in prison is expected to be one of the solutions to overcome this problem.

Interaction between inmates during prison are good, especially among drug users. Feeling of shared *sepenanggungan* perceived by them during their period of detention. Unlike prisoners who are not drug users, sometimes the discrimination felt by addicts especially IDUs.

Chapter I

INTRODUCTION

1. Background of the Study

Ever since the implementation of Harm Reduction Program in Indonesia 12 years ago, there are some policies that related to the management of drug abuse such as Act No.35 2009, SEMA (Supreme Court Circular Letter), Presidential Instruction, Ministry SKB (Joint Ministerial Decree), and Government Regulation. These have contributed positively in the main current of narcotics counter measure management, especially on the competence value reinforcement in the government institutional level on providing the health care for drug addicts. However, the implementation effectiveness of the Harm Reduction Program hasn't been optimum yet, particularly on the health care of drug addiction management, living with HIV, Hep C and other disease management. The health care for former inmates drug user after getting out of the prisons become the important thing to be concerned.

Nowadays, the law enforcement institutional like prisons and detentions have already has HIV Corner. This condition is very supportive for the drug users when they need health treatment inside the prison. When they finish their sentence, then they are expected to stay away from any risky behaviors and able to utilize the health care provided outside the prisons when they need it.

The National Survey of Drug Abuse Development reported that the police had caught 1 of 5 abusers; even 1 of 2 injection addicts had dealt with police. Furthermore, there was 1 of 7 respondents in the survey admitted that had been in prison, especially the injection addicts group (BNN, 2011).

This activity is prepared as an advocacy tool, as an important part of the Harm Reduction managing network strategy on raising the issue of drug addicts specially the former inmates. By taking samples in 7 provincial cities, the recording process is done objectively by the researcher team. Using the qualitative method, data collection is completed through in-depth interview and Focus Group Discussion.

The situation mapping of the area is fulfilled to value the needs of every area, mapping the needs of information, increasing capacity and knowledge of former inmates drug user. These activities are through from planning until down to the field and result analysis that took about three months. This action is the real support kind of Harm Reduction managing network to the community.

Visits to the area are needed to mobilize and organize human resources in the related areas so they can better understand and involve meaningfully in their respective organizations/ groups and networks related to the issues among former drug inmates.

2. Strategic Goals

1. With this data collecting hopefully defines the individual condition related to their abilities to understand the disease prevention include giving self esteem and escalating self confidence so they can do actions even living with drug addiction, HIV, Hep C.
2. An overview of minimum standards in distributing accessible services that are affordable, decent, indiscriminative, and comfortable particularly the conditional picture of supportive groups and related referrals as in required context.
3. Creates relevance situations in term of information access and related education on drugs, living with HIV, Hep C, and other diseases. So that former drug inmates able to become a good facilitator for himself and his community especially to distribute material and human resources information about health care post sentence term.

3. General Goals

1. Exploring information on health care that is accessible by the former drug inmates.
2. Availability of accurate information on the effectiveness of health care for the former drug inmates with its practice on different situations including minimum negative impacts and relatively cheap cost.
Exploring information on health care that is given to former drug inmates.
3. Availability of effective referrals that recorded well and consistent which continuously accessible for the former drug inmates.
Exploring information on the former drug inmates' access to health care.

Chapter II

LITERATURE REVIEW

One of the strongest lessons from the end of the last century is that public health can no longer afford to ignore the prisoner health. The rise and rapid spread of HIV infection and AIDS, the resurgence of other serious communicable diseases such as tuberculosis and hepatitis and the increasing recognition that prisons are inappropriate receptacles for people with dependence and mental health problems have thrust prison health high on the public health agenda (WHO, 2007).

Substance use disorders among inmates are at epidemic proportions. Almost two-thirds (64.5 percent) of the inmate population in the U.S. (1.5 million) meets medical criteria for an alcohol or other drug use disorder. Prison and jail inmates are seven times likelier than are individuals in the general population to have a substance use disorder (Califano et.al, 2010)

The practice of the injection drug abuse, tattoos, and unprotected sexual practices among WBP (Correctional Inmates) that is not supported by the availability of sterile injection equipment and condoms, making the prison as a place of HIV transmission risk. Incidence of sexually transmitted infections such as syphilis without inadequate treatment, also supports the direction of the HIV transmission high risk through sexual activity. Estimates HIV prevalence among inmates is 24 times higher than the estimates prevalence of HIV in the general adult population in Indonesia. The high prevalence of HIV in some prisons/detention centres in Indonesia are caused mostly by a number of IDU (injecting drug users) who became inmates (IBBS Lapas, 2010).

The National Survey of Drug Abuse Development explained that based on the results of interviews with former inmates in North Sumatra, Riau Islands, North Sulawesi, South Sulawesi, Bali, Yogyakarta and West Kalimantan known there were many ways in which dealers or users to incorporate drugs into the prisons. According to them, shabus are the types that were widely circulated in prison because they were the methamphetamine type considered less dangerous than heroin (BNN, 2011).

Based on Integrated Biological and Behavioural Survey in 2011, HIV prevalence in needle sharing behavior among WBP was 57.58 percent. If seeing it from the side of comprehensive knowledge on HIV, IDUs have quite good knowledge compare to the other high-risk populations (eg direct FSW, indirect FSW, males with

high potential risks, Transvestites, MSM, Prisoners, Teenagers). When IDUs are in prison, they often can not obtain the tools of preventing HIV transmission, such as condoms and sterile needle.

Harm Reduction program in Indonesia has been running since 2002 in Jakarta and Bali. This program is one of the national strategies that is used to break the chain of HIV transmission among IDUs. One of the comprehensive package of Harm Reduction is a sterile syringe exchange. Currently LJSS (Sterile Needles Services) in Indonesia has been carried out in health centers, drop-in centers, NGO workers and satellite of LJSS (IBBS, 2011).

WHO has identified that around 16 million people inject drugs worldwide, it is estimated that 10 million are infected with hepatitis C. An additional 1.2 million are infected with hepatitis B. Many drug users are unable to obtain sterile syringes. The risk of contracting hepatitis and HIV infection occurs when people share syringes and needles. Used injection equipment retains traces of blood. If that blood contains HIV, hepatitis or another type of virus, the next person using the syringe could be infected (WHO, 2012). Event in needle syringe programme already running in Indonesia since 2002, there is still rejection in particular group or institution, such as religion leader, law enforcement and many others.

The community health status can not be separated from health conditions inside prisons/detention. The Prevention Programs on HIV/AIDS and Drug Abuse in Correctional System in Indonesia have been implemented since 2005 with limited resources. The number of WBP and detainee that tends to increase is causing habitation excess that adds to the difficulty of program implementantion in correctional coaching, safety, drug abuse and illegal drug distibution, restructuring environment and health including HIV and AIDS, tuberculosis, and other opportunistic infection prevention programs (RAN Ditjenpas, 2010).

Chapter III

RESEARCH METHODOLOGY

1. Research Setting

The research was held in 7 provincial cities which were selected based on the sustainability as well as funding of Harm Reduction programs. In addition, local government policies has supported the drug prevention efforts, followed by the improvement in health care among drug addicts. The cities were Medan (North Sumatra), Jakarta, Makassar (South Sulawesi), Denpasar (Bali), Bandung (West Java), Malang (East Java) and Tangerang (Banten).

According to the National Narcotics Agency (BNN) there was a shift in the prevalence of drug abuse in every province when comparing 2008 with 2011 data. Of the 33 provinces, 15 provincial prevalence rates have dropped, except East Java that was relatively stable. A sharp rise occurred in the province of Jakarta which reached 70 percent. In absolute terms the number of drug users doubled from 2008. This was triggered by a growing number of drug users from groups of who “just want to try” and regular users. The province that also had an increasing substantial prevalence number was North Sumatra up 50% from 2008. Of the seven cities that became the location of data collection, Jakarta had the highest prevalence of drug addicts by 7 percent, followed by North Sumatra, West Java, Banten, East Java, South Sulawesi and Bali, with a prevalence of 1.8 percent.

In 2010 the Ministry of Justice and Human Rights carried out IBBS on inmates in 125 prisons and 24 detention through out Indonesia. The results showed that 1.8 percent of male IDUs who were infected with HIV and been inmates had ever used narcotics. While the female inmates, 8.4 percent reported that they had ever used drugs and were infected by HIV. Sex in prisons/detentions had also occurred, 13.3% of women infected with HIV had sex in prisons.

2. Data Gathering Technique

Data collecting was conducted through in-depth interviews and FGDs (focus group discussion). FGDs were conducted to identify existing issues among former inmates of drug users in terms of accessing health care and their health behaviors. Depth interviews were conducted to collect information on informants' experiences and their perceptions of health care. In addition, interviews also provided a discretion,

private, and comfortable atmosphere for informants to talk about things, especially risky behaviors. Observations were also made to get a picture of the situation regarding health care for former inmates drug addict. Triangulation of 3 data collecting techniques were used to gain a thorough understanding of the effectiveness of health care for former inmates drug addict.

The instrument used in this study had previously been tested in two provinces, Medan –a city as the representation of western region- and Bali, for the eastern region. The results of this trial had then been discussed in a meeting attended by FHI staff, NGO staff of Charisma, Ministry of Health officials, Directorate General of Corrections and UNODC, to get feedback on improving the instrument. The results of this meeting was followed by a Data Collecting Team workshop and delivered new instrument that was then used in the farther data collection. Our workshops were conducted to simlize perceptions of the reseracher members in the process of data collection in the field.

The data collecting process started by contacting the NGO members of Jangkar in 7 provincial cities. Three researchers began collecting data in three different provinces. Previoulsy, the local NGO partner had already received information on data collecting protocol along with the required criterias of respondents. Researchers who arrived at the scene immediately coordinated the process by explaining the data collecting aims and purposes and requested the local partner's approval to participate in this activity. Data collecting was conducted on 12 - 25 July 2012, after getting the ethical approval from Ethics Commision of Atma Jaya University.

a. Focus Group Discussion (FGD)

FGDs were conducted in order to identify issues related to former inmates drug addict' access to health care. The topics discussed in the focus group discussions are as follows:

- Knowledge of infectious diseases
- Knowledge of addiction problems
- Knowledge of health treatment for drug addicts
- Action in the infectious diseases prevention
- Action in overcoming addiction problem
- Experience in accessing health care

- Information resources related to issues of disease and health care for drug addicts
- Family supports while in custody and after being released from punishment.

FGD participants were former inmates drug addict under the age of 25 years old. There were 8-10 participants of addicts who some have been assisted by NGOs and some who have not been assisted by NGOs. The recruitment process was relatively different in each region. Although previously we had sent the research protocols to the local NGO partners, but in the field the process can be re-explained again. Usually, because of the specified age criteria made it difficult for NGOs to look for the right respondents.

The distribution of FGD participants in every province can be seen on the following table:

Table 1. Participants of Focus Group Discussion in 7 Provinces									
No	Participants Category	N.Sum	Jkt	Banten	E. Java	W. Java	Bali	S. Sul	Total
1.	Ex-inmates who were assisted by NGOs	4	-	5	-	4	5	5	23
2.	Ex-inmates who were not assisted by NGOs	3	-	3	-	4	5	5	20
	Total	7	-	8	-	8	10	10	43
5 FGDs = 43 participants									

b. In Depth Interview

In-depth interviews were carried to gather information of informants' understanding on the study topic as well as looking at how far it manifests them to their behaviors related to their efforts to maintain health. We also collected information about how families provide supports to the informants when experiencing health problems both in custody and after being released from their sentences.

The distribution of the former inmates drug user who had been interviewed can be seen in the following table:

Table 2. In-depth Interview with drug user- inmate in 7 Provinces								
No.	Gender	N. Sum	Jkt	Banten	W. Java	Bali	S. Sul	E..Java
1.	Male	1	2	2	1	1	2	3
2.	Female	-	1	-	1	1	-	-
	Total	15 participants						

Besides the former inmates, interviews were also conducted on the relevant stakeholders, namely, the prison head, prison clinic staff, NGO staff and health care providers outside the prisons. The extracted information were related to the implementation of coaching while in custody, and how programs and health care services were provided to the drug addicts.

The interviews with former inmates drug addict were done in the office of local NGO partners, the Galatea Foundation (Medan), Rumah Cemara (Bandung), Two Hearts Foundation (Bali), Foundation (JKT), KDS Edelweis (Banten), and Makassar Harm Reduction Community (Makassar). As for the prisons and health care (hospitals and health centers) it was conducted at their respective offices upon approval on their willingness, appropriate time and place.

In Jakarta, we visited Salemba prison and Narcotics prison in Cipinang. The selection of these two prisons were based on the information from the local NGO partners, who explained that these two prisons have inmates with drug addiction. The Coaching Section at the narcotic prison was unwilling to be interviewed because of administrative issues that could not be fulfilled in accordance with the prison standards. The interview was then conducted with the clinic doctors only.

No.	Informants Category	Number
1.	Local partner and program manager of Harm Reduction NGO	7
2.	Staff of the Prison Health Care	9
3.	Head of Correctional Service Division in the prison	6
4.	Health Provider	11
	Total	33

In East Java province, interviews were also conducted at two prisons, Waru Prison and Women's Prison in Malang. The interviews were conducted there based on information received from Waru prison's doctor that it was found 70 percent of inmates in women's prison were related to drug cases which most of them used ecstasy and shabu. The female inmates were not only from Malang, but also from other districts in East Java.

c. Observation

Observations were performed in the health care center and prisons in each province. To get a picture of the situation faced by drug addicts while in prisons or when they need health care. In Medan, the observations were carried out at the Bina Kasih hospital and Medan prison. Rumah Cemara in Bandung that is used as hangout place for drug addicts who just got out of prison, was also being the observation place for this study. In Jakarta, the observations were made in Salemba prison and Narcotic prison with the help from supporting NGOs who provided information administration on HIV and drugs in those prisons. Sanglah Hospital, South Denpasar II Community Health Center and Dua Hati NGO are the observation sites in Bali. These places were chosen for being the most frequent places accessed by addicts and also one of the NGOs that implementing harm reduction programs for drug addicts. In East Java province observations were done at the Saiful Anwar hospital, Kendal Sari Clinic, Waru prison – selected based on information from Sadar Hati NGO, and also Women's prison in Malang.

In Tangerang, observations were conducted in Binong village that its distance was approximately 1 hour trip by motorcycle, accompanied by field workers from Edelweis Peer Support Group. This is a predominantly residential area for drug users. FGD was also performed in one of the informants' house at this area.

3. Research Participants and Recruitment Process

➤ Medan (North Sumatera)

FGD participants consisted of 4 participants who were not assisted by the NGO and 4 others were assisted by NGOs. Those who have been assisted were injecting drug users coming from around the Galatea Foundation whereas those who were not assisted were marijuana and shabu (not using a syringe) users. The unassisted group came from Kampung Keling or Kampung Kubur. People there allow the use of narcotics but needle use (prohibited or not allowed into the area) because of the assumption from local communities that using needles can cause HIV-AIDS. This group was met by researchers with the help of Cordia NGO staff who lives in the Kampung Kubur.

The FGD should have started at 11.00 but it was conducted around 14.00, but one participant from the assisted users had to leave for urgent matters. So there were only 7 participants left in the FGD. At the moment we did not have time to find a replacement because it was feared that the other participants will also leave. FGD participants in Medan asked to be picked up from their hang out location then had lunch before the FGD can be conducted.

In-depth interviews were conducted with 2 former inmates drug addict who were just released from prison less than 6 months before interview. Informants were contacted by a field worker from Galatea Foundation and willing to be interviewed by investigators. The meeting took place at the Galatea's office.

➤ Bandung (West Java)

The FGD participants recruitment was conducted with the help of Rumah Cemara NGOs (RC), which has experience in related programs. Researchers then met with the RC program manager and explained the informant's criterias who can participate in this study. At first, Uday who is a staff at RC had appointed some formers inmates drug addict, but their ages did not meet within the criteria

of below 25 years, then finally participants were re-confirmed to obtain the total number of 8 informants. FGD started after researchers explained the purpose of the study and requested the informants' willingness to participate in the study.

For Banceuy Prison in Bandung, interviews were conducted on 3 informants. Two from the prison's clinic and one from the prison's Correction division. Head of prison clinics and doctors serving WBP became the source of health care information as well as access to medicines for WBP. Interview with head of correction was represented by the coaching staff, since he had just served as the new head for only 1 week.

Two addicts who had been WBP for 6 months before the study, were interviewed in RC office after The RC officers had previously provided an explanation of this research. They were also the chosen participants of FGD because it was very difficult to find the former inmates who had been released from prison less than 6 months and under 25 years old.

➤ **Denpasar (Bali)**

In Bali the local contact was Dua Hati NGO that works in narcotics and HIV prevention in Bali. Mansur, one of the field workers of Dua Hati had connected researchers with the potential informants. In Bali, the difficulty was to find addicts who were not assisted by NGO but willing to participate in the study. After 3-day negotiation, finally the researcher could meet the addicts who were not assisted by any NGO. Most of them were marijuana and shabu users. FGD was conducted in Renon field, where Bali young people usually meet.

To find former inmates drug addict who have just been released less than 6 months, researchers had to come to the place where addicts usually buy subuxon. At this place, the addicts usually hang out and buy drugs. After meeting and making interview appointment, finally the interview could be done the next day at the informants' specified venue. Furthermore, researchers also visited Kerti Praja Foundation (YKP) that also has a clinic assessable to addicts.

Interviews with the health care provider were done without recording tape, since the informants refused to be recorded. The Hospital Sanglah and South Denpasar II Clinics were chosen from the information obtained when doing FGD and interviews with the NGO's staff.

➤ **DKI Jakarta**

With the help from Partisan NGO, researchers looked for potential informants met the study criteria. Partisan NGO currently is running programs for inmates of Salemba and Cipinang Narcotics Prison. The difficulty faced was finding addicts below 25 years. Partisan's field staff had arranged appointment between researchers and informants. On the agreed day and time for FGD, only one participant came, then the FGD was cancelled. While waiting confirmation from FGD participants, researchers continued interviewing stakeholders that was preceded with visiting Salemba Prison. Administrative problems encountered when dealing with Narcotics Prison, but after negotiations conducted by Partisan NGO's staff, interviews could be conducted with doctors at the Narcotics Prison's clinic.

In Jakarta, FGD was not implemented because of trouble in finding a suitable informants that met FGD criterias. Local NGO partner in Jakarta admitted that most addicts in Jakarta have been assisted by NGOs, while those who were not assisted usually just stay at home. In Condet, the area of Condet NGO, there were many respondents under 25 years old but they have never been in custody. In addition, researchers were also assisted by the coordinator of Jakarta who has been coordinating with other NGOs in Jakarta, they said that respondents aged less than 25 years old were difficult to find. For this reason FDG was not implemented, so the interviews were conducted with two addicts using FGD instrument.

To meet potential informants, researchers visited few health care places that provide LJSS and methadone program. Two informants encountered at the Kramat Jati health center consisted of users who were assisted and unassisted at the same time. After doing conversation for a while we had agreed to do the in-depth interview.

➤ **Tangerang (Banten)**

As other cities, in Banten was also hard to find respondents with the age criteria less than 25 years old. With the help from Sringganis Foundation, KMKT, (Tangerang Methadone Community) and Edelweis KDS (Peer Support Group), researchers were connected with the potential informants. Arriving at Tangerang, we directly met KDS Edelweis based on Sringganis' recommendation then gave explanation of the study and required criteria of the informants.

Then researchers met one of KDS Edelweis member who lived in Binong area and asked his availability to become the informant of the study. Drug users call Binong as “bed for drug addicts” means they buy drugs outside Binong but use them in Binong (their homes). After the interview, the informant proposed help to find potential FGD participants.

The next day, FGD was conducted at the KDS Edelweis member’s house. As agreed with the FGD candidates, FGD would be conducted at 13.00 WIB but then it started at 16.30 WIB. This happened because some of the respondents were public transportation driver, so we waited until they finished working.

Interviews with former inmates drug addict were done at one of the assisted KDS Edelweis’ house as dealt with the relevant. One of the informants that we must interview was a female addict who had ever been a WBP. But we were not succeeded, since she refused to be interviewed with personal reasons related with her husband’s big family. Banten prison also gave one name that could be interviewed but unfortunately the candidate was above 25 years old. Eventually, for Banten there are no female addicts we could interview.

From 3 prisons in Banten, Youth Class IIA Prison was chosen because it was the partner of Sringganis Foundation for assisting program. The correction division refused interviews being recorded by researchers, due to incomplete letters and also there were internal problems in prison. Finally, interviews were conducted with researcher took notes of the informants’ answers.

From FGD results, in depth interviews and discussions with Sringganis Foundation, researchers decided to do interview with one of the Jalan Emas clinic’s staff. Interviews were also conducted to RSUD/ Tangerang District Hospital’s staff, responding the information from an informant who stopped using ARV after receiving unpleased treatment from the administration staff of the hospital. In permission process, researchers were helped by NGO to interview the hospital’s informant.

➤ **Malang (East Java)**

Data collecting for East Java was done after contacting Sadar Hati NGO’s staff by sending study protocols. Arriving at Malang, researchers directly contacted

NGO's director and made appointment for the next day. The meeting with Satar (Sadar Hati Director) was done at Sadar Hati office and attended by the field coordinator, field workers and also the program manager. After explaining the informants' criteria for the study, all the field workers then looked for the assisted group that met the criteria. Finding drug addicts less than 25 years old was also hard to do in Malang. The informant that worked out was found from Sadar Hati assisted member who is a street child.

Due to difficulty in finding targeted informants, FGD in Malang was not conducted. In depth interviews were done to 2 addicts, prison's staff and health workers.

➤ **Makassar (South Sulawesi)**

Data collecting in Makassar started by contacting Makassar Harm Reduction Community (MHaRC) as NGO that works in preventing and managing drug abuse. The field coordinator then contacted the assisted members (drug users who are assisted) and worked together with Makassar Brotherhood of Drug Victims (PKNM) to find informants that have not been assisted yet.

FGD was conducted at the office of Care for Peer Support Group Foundation (YPKDS) as agreed with the FGD participants. The recruitment process of FGD participants was completed by the field workers based on agreed criteria. When data collecting started, researcher gave explanation of the study once more and asked for informants' approval to participate in the study.

Interviews with the prison staff and health care provider done at related offices as agreed with the researchers. To meet drug users between 18-25 years old and just released from prison was difficult. Information on targeted informants from prison had directed researchers to them, but since informants were still afraid (paranoid), they were hard to meet despite we had made appointments several times.

4. Data Analysis

The results of all interviews and FGDs were recorded and then made in the form of interview transcripts. The observation and FGD results were to complement the data from the in-depth interview.

The analysis is exploratory and an ongoing recursive processes that are used to develop codes and work hypothesis and to see how they fit the data regarding

effectiveness of health care for former inmates drug user. Thematic content analysis used in this research. Using data as interview notes, looks through them to categorize respondents accounts in ways that can be summarized. Comparative process doing by which the various accounts gathered are compared with each other to classify those 'themes' that common in the data set. The analysis is aimed to explain how the account produced in the research illuminate a particular research question, and according to Green and Thorogood (2009:195) "analysis of qualitative data relies on both rigor and imagination," as they argue that:

It is rarely sufficient to focus purely on the data collected when doing analysis. Understanding the 'meaning' of the data properly involves a broader perspective on history, social structures and comparative cases as well as an in-depth grasp of the particularities of the data set in question. To develop rules for integrating the more contextual and theoretical insights that contribute to analyzing data is perhaps impossible: this constitutes the 'art' of qualitative analysis, utilizing imagination (the ability to make links) as well as a broad ranging knowledge base to draw upon (Green and Thorogood 2009:196).

5. Ethical Issues in the Project

In the context of ethical issue, we relied on the four principles of Beauchamp and Childress (1983). They are autonomy (by respecting the right of individual), beneficence (by doing good), non-maleficence (by not doing harm), and justice (by distributive justice or equity).

Before starting the data collecting process, we have gained ethical approval from the Research Ethics Committee Atma Jaya Catholic University in Jakarta on July 2, 2012.

To obtain the informants' approval, we were helped by local NGO partners in this study. Before researchers headed to their respective provinces, the study protocol was sent to local NGO partners and then they informed the study to their assisted groups. Because the study was devoted to drug users whose mobility is high enough, then there were two cities that did not have FGDs namely Jakarta and Malang.

Recruitment of informants in this study was fully supported by the local NGO partners and PSG networks in the respective provinces. Once the researchers met the informants, they gave explanation regarding the expected information they would like

to obtain from informants. Besides that, information consents were also included to get the informants' approval to be interviewed and being recorded during the process. All names in this study are not real names.

Chapter IV

UNDERSTANDING DRUG ABUSE RELATED HARM: KNOWLEDGE, EXPERIENCES, AND RIGHTS

Based on estimates from the National Narcotics Agency there are currently 3.8 million drug users in Indonesia. Since 2003 harm reduction program (Harm Reduction) has been implemented in Indonesia. The program aims to break the chain of HIV transmission through injecting syringe. So since that time injecting drug users (IDUs) have become the attention and focus of drugs management. Seeing the results of the various studies it appears that the spread of HIV through injecting drug use has declined. Based on data from IBBS 2011 HIV prevalence among IDUs tends to decrease compared to the 2007 surveys. This is thought to occur because the tendency of utilizing substitution and detoxification programs, Methadone Maintenance Treatment Program (PTRM) and provision of sterile needles.

This study would like to see the access to health care among drug addicts who had been prison inmates. Not only IDUs, this study also wanted to find a situation overview of health care accessed by other users both those who have been assisted by NGOs or those who are not assisted.

A. North Sumatera (Medan)

I. Knowledge of infectious diseases and source of health information

In Medan, addicts who participated in this study consisted of addicts who have been assisted by Galatea NGO, that has programs in providing information related to HIV, and drug addicts who were not assisted by any NGO. During discussion, it was very clearly the difference in understanding between them. Addicts who have been assisted had more knowledge than those who were not assisted. They were also more open and bold in expressing their opinions. This was because those who have been assisted had often followed discussions and the distribution of information by Galatea NGO.

Here are the characteristics of FGD participants in Medan:

Age (years)	Sex	Marital stat	Edu	Occupation	Assist	Not Assist
25	M	Married	SMA	Unemployed		X
21	M	Single	SMA	Unemployed		X
23	M	Single	SMA	Unemployed		X
25	M	Married	SMP	Ojek driver	X	
24	M	Single	SMK	Unemployed		X
24	M	Single	SMA	Employed	X	
22	M	Single	SMA	College Student	X	

From the FGD results, they understood infectious disease as a disease that can be transmitted through multiple media. Infectious diseases they meant were HIV, TB, Dengue Fever, and Hepatitis B. One FGD participant that was assisted by the NGO added HIV as a disease that is transmitted by an infected person.

HIV is a disease that is transmitted by an infected person and the disease can be transmitted through free sex, needles and others.

(Arman, 24 years, FGD, July 17, 2012)

Ucok's understanding about HIV transmission was good enough, because he was able to explain the various methods of transmission. He also understood that a person can transmit HIV if he has been infected by the virus. In addition, one of the FGD participants believed that HIV is a disease that is very dangerous. If not being anticipated soonest, it will cause death, because HIV attacks a person's immune system.

Ucok an addict who was just 10-day free of his detention in prison explained that not only through free sex and needle, infectious diseases can also be transmitted through personal devices such as toothbrush, razors, and drink tools such as glass. Currently Ucok has been assisted by Galatea NGO, so he had a lot of health information. However, Ucok has not been convinced yet by the efforts being made to prevent the transmission of HIV through needle, as manifested:

For drug users, If you want to share please see who you are sharing with. If you can, please don't do it. Now it is easy to find, not like the old days.

(Ucok, 25 years, interview, July 17, 2012)

From his answer, it appeared that Ucok still uses used needles from his friends by judging the physical appearance first. Since harm reduction programs started in Medan, to find sterile syringes is not difficult. In Medan, LJSS can be obtained at Galatea NGO, Cordia NGO, as well as Padang Bulan health center. Behavior of needle sharing among IDUs was still difficult to avoid. Results IBBS 2011 conducted by the Ministry of Health showed that 13 percent of IDUs still share needles at last injection.

Moreover among IDUs is also known wet injecting, the sharing of drugs after being mixed with water. Compared with the results of IBBS 2007 the proportion of IDUs who always do wet injecting has risen from 19 percent to 25 percent in 2011. This behavior is risky for someone being transmitted with HIV.

Knowledge about Hepatitis C among drug users was minimum in Medan. Most of them have heard the term Hepatitis C but they did not know farther more about the disease. One FGD participant simply stated that the disease is a liver disease. Others added it as a disease that attacks the body's immune system. According to them Hepatitis C can be prevented by living a healthy life. Not much was known by the addicts about Hepatitis C, as told by Ucok at Galatea's office as followed:

.....Hepatitis C is a disease that attacks the liver function, poor liver function that I know.
(Ucok, 25 years, interview, July 17, 2012)

Understandings on the prevention efforts of HIV were very diverse. They thought HIV can be prevented by not sharing needles, not doing sex without a condom and avoiding blood contact. One of informants who had undergone sentence for 2 years explained that HIV can also be transmitted through the media (straw or bong) used together while using crystal methamphetamine (shabu).

In the contrary, an FGD participant who now works as an entrepreneur, he is preventing the transmission of HIV by avoiding people who have been infected with HIV, until the FGD being conducted he had never met with ODHA (People With HIV- AIDS).

Never had met until this time, just avoiding the person I know been infected, no need to be around the person.

(Birman, 24 years, FGD, 17 July 2012)

The statement above also showed that the understanding of the HIV transmission is still incorrect -the thought that HIV could be transmitted if we are close to someone who has been infected with HIV. Avoid people with HIV is a discrimination.

One of the indicators in the Millennium Development Goals (MDGs) is the percentage of adolescents aged 15-24 years have comprehensive knowledge about HIV and AIDS. According to the Riskesdas 2010 percentage of teens 15-24 years who had comprehensive knowledge was 11.6 percent (IBBS, 2011). The target in 2011 was the increasing percentage to be 75 percent. The target teenagers included drug addicts under the age of 25 years.

What is meant by a comprehensive knowledge is based on 5 statements (1) can not identify ODHA just by looking at, (2) using condoms can prevent HIV transmission, (3) faithful to one sex partner can prevent HIV transmission, as well as known that (4) mosquito bites and (5) using the same food ware do not transmit HIV. Based on interviews and FGD conducted on the former inmates drug addicts in Medan appeared that their knowledge on HIV have not been comprehensive yet. HIV can be prevented by acting faithful and using condoms were the most two statements that were perceived by the informants. Using the same food ware considered to transmit HIV was still thought by addicts who've been assisted and were not assisted by the NGO. This is in line with the results of IBBS 2011 which stated that the population with the highest false perceptions are inmates and the lowest is transsexual groups (IBBS, 2011).

While still in prisons, the addicts obtained health information from NGOs and had discussions with fellow addict friends in prison. This is in line with the results of interviews with Cordia NGO staff that stated they do provide information about drugs, addiction and other health issues twice a week. From 7 FGD participants in Medan, only 2 informants who obtained related health information from prison's officers. Some felt had never been informed by prison's officers when they became inmates. Similarly, when they were free from the custody, health care information was obtained from NGOs and friends.

.. There are weekly meetings related drug or health issues.
(Ewo, NGO staff, interview, July 19, 2012)

Ucok who was free from prison six months ago explained that when he was in prison, he sometimes sought health information from the prison's officers. But mostly he has trouble because the clinic's doctor was not there all the time, so most of the information came from discussions with his friends in prison.

As one of the health care provider, Bina Kasih hospital gives a sedative only when there is an addict having 'withdrawal' referred by the prison/ detention center. Addicts in Medan usually also access their needs at the Padang Bulan health center which gives counseling services and also provides sterile needles (LASS). Interviews with mother Neli, the clinic staff, indicated that so far the health center has provided counseling on HIV and AIDS so that people understand the mode of transmission and not discriminate people living with HIV.

When researcher interviewed the counseling unit in 21 detention center, he explained that the IEC materials related to HIV and other infectious diseases have been provided in prisons. The materials were in the form of modules which then be delivered by peer educators (PE), who had been trained before.

Yes, KIE still provides information about the infectious disease, about what relates to HIV itself. Also sometimes we put in general diseases that sometimes it's IO related to HIV itself.

(Iskandar, prison staff, interview, July 18, 2012)

Iskandar also explained that the health information provided was not just a matter of IMS (Sexually Transmitted Infections), but also information about TB. Regular distribution of information is done every month. The results of the Integrated Biological and Behavior Survey (IBBS) 2010 that was conducted among WBP also showed that 40 percent of male WBP and 35 percent of female WBP had received HIV information from prison's officers.

II. Knowledge of addiction

Addiction according to the health dictionary is a maladaptive pattern of substance use leading to clinically significant disorders. National Institute on Drug Abuse (NIDA) defined an Addiction as a Chronic, Relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain - they change its structure and how it works. These brain changes can

be long lasting, and can lead to the harmful behaviors seen in people who abuse drugs (NIDA, 2011).

At the FGD, it could be identified according to the addicts' understanding of addiction as which can not be abandoned and the condition of the body is not normal. When trying to abandon it will definitely cause problems to yourself. There was also an understanding that addiction as a condition in which the body relies on drugs. Most of the informants in the FGDs overcame their addiction problems by taking drugs. They thought that it was the only solution. Arman's experience as heroin and shabu addict, he understood addiction as a sense of 'collecting' the usual substances he consumes. Therefore he overcame it by still using drugs. He felt better and more productive after taking it.

As stated below:

.. if I don't use it my body is limp, fatigue ... 'lowbatt' is the term .. so it needs to be charged .. (how) just use it, and use it again ..
(Arman, 24 years, FGD, July 17, 2012)

Arman understood that heroin has a strong impact for a person, so that when a person has become addicted, would cause problems when he no longer use it. By using heroin a limp body could be fresh and strong again. He also said the depiction of the heroin impact as follows:

.. using the heroin is wrong but not using it is definitely wrong.
(Arman, 24 years, FGD, July 17, 2012)

Arman's statement also showed that when the research was conducted, the dependence on heroin was still very high. In fact, he tended to say it was difficult to leave the use of the substance because it would cause a bigger problem for him. By giving a specific explanation about heroin, it also showed that the informant had experience using other types of narcotics, so he could clearly stated the effects of the substances.

But not so with the informant who has been assisted by NGOs, who overcame an addiction by participating in a methadone maintenance treatment program (PTRM). As for the type of shabu addicts, substitution was done by taking a sedative. However, the use of sedatives in doses that are not controlled can also cause effects that are bad for health. The results from BNN and UI Puslitkes about drug abuse also

suggested that early stage of a man became a drug addict was by using the pill Mix, including sedatives (BNN, 2011).

Edi who were now unemployed have repeatedly tried to overcome his addiction to methamphetamine. But he never succeeded, even he felt the effect of 'withdrawal' was incredible. Until now he preferred to keep using drugs in order to overcome his addiction to the substance.

Various things had been done by addicts since experienced drug addiction, including crimes such as stealing, robbing or grabbing on the street. There were also informants who sold goods at home in exchange for drugs. So that one of the informants said the way to overcome addiction was to not have anything. So when there is a desire to buy will not be fulfilled. But sometimes when the price of drugs is not affordable, then the addicts will usually venture to buy drugs, even among female users known STP(v) the "vagina for shabu" (Puslitkes-UI and BNN, 2011).

A period of detention can also make a person overcome his addiction to heroin. Ucok who had been in prison for 10 months, preferred to use meth because he felt relatively safe to use. He said it was very difficult to incorporate heroin into the prison because syringe must also be included. While in prison, some WBP were still using heroin, but they shared the needle. It was also the one reason that made Ucok did not want to use heroin in prison.

About addiction, Ucok stated that it related to a routines that must be done every day, because drug use has became the physical needs. As following stated:

Drug addiction is a condition where the body asks continuously, so routine, addiction, so at least in one day we had to use it, can not so. So there are routines when you have addicted, can't be other way. Sort of....

(Ucok, 24 years, interview, July 17, 2012)

The distribution of information about addiction for WBP provided by Cordia NGO, has given understanding to WBP about addiction. Although Ucok explained with a simple analogy, but his statement showed that he understands how the condition of a person who has experienced addiction.

Interview with Ewo one of NGO's staffs who since June 2010 has done the program in prison said that they have provided information about drugs, TB, HIV and health issues for WBP and also to prison's staffs.

As WBP, drug addicts have rights to get social coaching organized by the prisons and/or other institutions in the areas of society. This is in accordance with the

regulations number 31 of Government Regulation 1999. The coaching includes the health issues. In order to support the coaching action, prisons can work with public and private sectors as well as the community.

In the final report on the Prevention, Treatment, and Harm Reduction Services in Prison, it is clearly subscribe that harm reduction services for people in prisons is to promote and secure health in prison, testing for infectious diseases and vaccination is a major opportunity, and does have an impact on the health of the incarcerated, the correctional employees and the communities to which the inmates return. Vaccination for Hepatitis B and A is highly recommended for prisoners. Drug testing on the other hand, in particular mandatory drug testing in prison can have adverse effects, eg encourage people to switch from smoking drugs like Cannabis to injecting drugs like heroin, in order to avoid detection. It has been observed that mandatory drug testing is rather expensive and can be counterproductive, due to an increasing tension in the prison. Treatment for prisoners involves the treatment for drug dependency and infectious diseases (Stover et.al, 2006: i).

III. Rights for Addicts: social interaction, support and hope

Response to the use of drugs mainly focus in prohibition approach, emphasize on actions to reduce the demand and supply of drugs. The action is usually in the form of exterminating groups, preventing drug use and rehabilitating drug users. Although harm reduction program has been considerably a successful efforts and been accepted in recent years, there are still those who think it as an inadequate effort and as 'legalized' drug use. Government efforts to continue the excessive law pressure, especially on policies in controlling further narcotics and drug users encourage the discrimination and risky drug use practices, create barriers to access information, prevention tools, health and other social services (Kaplan, 2009:13).

In the Universal Declaration of Human Rights (UDHR) 1948 says: *“Everyone is entitled to all rights of freedom,...without discrimination on any kind, such as race, colour, sex, language, religion, political or opinion, national or social origin, property, birth or other status”*.

Open Society Institute (2009:23) in an advocacy guidance for the drug addict organization explained that a state has broad reach of responsibility in law and international human rights. This responsibility includes the obligation to respect the rights of people who use drugs; protect the human rights of drug users (eg, by

ensuring that they have access to health care including access to the means of prevention like the sterile needles and condoms), and meet those rights by providing legal aid to ensure that drug users also have access to their rights.

Ewo, Cordia staff that runs programs for drug addicts also described there were no efforts in educating addicts to understand their rights. When addicts are being subjected improperly they do not do anything about it and felt it was a natural thing because they are undergoing detention term. Discussions with former inmates drug addict in Medan indicated that during their detention period they earned less appropriate treatment in prison. One of them was when they needed a consultation with a doctor's clinic:

Meet the doctor ... there (in prison) is hard to do, ... to the aid of medicines if there is a fever, chills, diarrhea, sometimes difficult to access the medicine.
(Ucok, 25 years, interview, July 17, 2012)

Ucok's answers also showed that the mechanism is felt complicated for WBP when they needed treatment. In the law No. 12 of 1995 concerning correctional very clearly explained in chapter 14, that inmates are entitled to health care and decent food. While the conditions prevailing in prisons is not so. One informant complained about the food provided to WBP in prisons. He said that the rice was not suitable for consumption. He also complained about the difficulty of getting water for bathing.

Most of FGD participants in Medan also stated that as addicts they are entitled to information about their health condition, during health workers providing treatment or medical treatment. One of them said that when he was in prison, there was a blood test. But the results of the test has never been notified to them. Though he felt that he had the right to know his health condition. At the FGD they said that they wanted to get the true information about their health condition. As told by one of the participants of FGD Arman:

My right to get honest information like what is my illness, tell me because i have the right to know my illness.
(Arman, FGD, July 17, 2012)

Besides the information about health conditions, they also wanted information about the adverse effects of drug usage and the prevention of disease. Rapid response services was also a requirement of drug addicts, especially services to prevent disease from getting worse.

The United Nations (1990) Basic Principles for the Treatment of Prisoners indicate how the entitlement of prisoners to the highest attainable standard of health care should be delivered: "Prisoners shall have access to the health care available in the country without discrimination on the grounds of their legal situation "(WHO, 2007). In Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) states that the state shall recognize the right to health of every person, both physical and mental health. There are four essential elements of the right to health which are the availability, accessibility, acceptability and quality. This is also applicable for drug addicts who are in correctional institution.

In the social life of the family, some addicts felt they were ignored. But they also realized that it was because they have disappointed their parents, made the family suffer, ashamed and has a child who could not be proud of. It happened because the effect of the use of drugs oftenly made them do negative things. As stealing, selling items at home until finally crouching in prisons.

When they wanted to mingle with society, sometimes they were rejected, because according to them, the people have the assumptions that IDUs identical to those with HIV. So there were fears to interact with IDUs. IDU status as a former inmate not always negatively accepted by society. But when they knew that the drugs that have made a person went to prison, then the negative treatment received by former inmates. One of difficulties is hard for former inmates drug addict to get a job, especially if the addict has tattoos, even to become an office boy there is a requirement to not have a tattoo.

Unfortunately, the Correctional institutions (prisons) were still not maximum to do their functions as an institution that helps to prepare a person who has made a mistake (a crime) to be able to return to society and no longer committing an offense. While in prison, informants felt kind of discriminatory from officers and fellow WBP. Usually other WBP did not want to interact with drug addicts, especially heroin users, assumed they have a lot of diseases. When an addict will about to be released, in fact they expected a motivation or advice given by the prison so that they will no longer commit crimes, so as not to return to prison. But what happened was few officers actually put up rates if there were addicts who wanted to speed up the release time.

Interaction with other drug users were very well established. According to one informant who had been in-out of prison, fellow addict had a discussion and sharing

partner when out of prison. Since he joined the assisted member of an NGO, NGO office has been a place to meet and exchange information. Similarly, while in prison, the interaction between the WBP drug users was very good. Even when there was one of those who will be released, they made a celebration event, and reminded each other to not meet again in prison.

Family as the closest acquaintances also contributed in restoring the confidence of informants. Ucok's experience, a father of a child who had just came out of prison showed that he was getting a lot of support from family, especially the wife's family. Motivation and love remain the same even though he has been from prison. But not so with his big families who no longer care about Ucok. This happens because once Ucok has ever abused the trust given by his parents. Now only the mother and her sisters who still care about him, one of the attentions was by finding a job for Ucok.

Some informants claimed that his family was ashamed of having a child drug addict. He felt stigmatized and ostracized by his own families. As told by Boris, a student who had been an inmate for a month because grabbing/robbing things, as followed:

My parents definitely still care about me. But if there are missing items I was accused.
(Boris, 22 years, FGD, July 17, 2012)

Nevertheless, they still look forward that families continue to give supports and trust to them. Henry who was just paroled 6 months ago expected his families to remain patient and strong in giving support to him. To get out of the drug addiction is not easy. The addicts who have been trying to get out of the cycle of addiction have tried out by following rehabilitation, substitution or holding on the sense of 'withdrawal'. To get through the ups and downs of addiction they should no longer be accompanied by stigma or discrimination from the closest people (family). The success of an addict pass through his addiction largely determined by the support and motivation of his nearest environment. An effective population strategy should be tailored in such a way that it is accessible, relevant and respectful of the cultural values, beliefs, aspirations, traditions and identified needs of different ethnic groups. Factors such as family structure, roles and responsibilities, predominant cultural beliefs and values, child raising practices and developmental issues, sexuality and gender roles may be culturally specific and need to be addressed (Sanders, 2000).

Social needs as defined by van Deurzen in doctoral thesis of Berman are the second need after physical needs because human related to others directly from birth, and only later in the developmental path do they discover themselves as beings apart from the others who care for them. Even within prison, drug-user inmates also need to satisfy their social needs. Obtaining recognition and sense of belonging that mainstreaming a society as a paradoxical aim within the prison society (Berman, 2004:100).

Social settings establish the categories of persons likely to be encountered there. The routines of social intercourse in established settings allow us to deal with anticipated others without special attention or thought. The term stigma, used to refer to an attribute that is deeply discrediting, but it should be seen that a language of relationships, not attributes, is really needed (Goffman, 1963:2-3).

IV. Behaviour

From the results it appears that the FGD participants who have been assisted by NGOs have better preventive behaviors than those who are not assisted. One of them is behavioral prevention of HIV transmission, they explained that HIV can be prevented by not using needles together, not having sex without a condom, not having multiple sex partners also using a mask when dealing with people with TB.

One FGD participant was an IDU explained that all this time if he didn't get a new needle, then he would use his used needle before but had been cleaned. But the use of same needle repeatedly also dangerous because it will lead to abscesses on injecting area. This occurs because the needle has been blunt. Self cleaning needles using bleach is one way to sterilize a needle that has been used. However, this way does not guarantee a needle will be free of the HIV virus or Hepatitis C.

As has been mentioned before that the informant understood not only the infectious diseases HIV, Hepatitis C and TB but including dengue fever. Birman explained that in order to prevent the infection from dengue fever sufferers should be isolated and used mosquito nets, and he also thought that people who have open wound can transmit disease to others. Then that person should be separated from the environment until he is healed.

Firman's experience, an addict who just graduated from high school was different from others. He chose to remain doing free sex and having multiple sex partners. He said we do not have to have one partner as long as we always use a

condom when having sex, it can prevent him from contracting the disease. Other effort that was also made by the informant was by following assistance by NGOs. In the NGO they can share knowledge and experience with other addicts. Besides NGO also provides condoms and sterile needles, so the risk of sharing needles will also be reduced.

Using the same bong together when consuming shabu was also considered by the informants as a behavior that can transmit disease. Usually they will just replace the pipe (upper bong, used to inhale shabu vapor). Self cleaning used needles were also not always done correctly.

..... just wash it, swing it just like that time ...
(Ucok, 25 years, interview, July 17, 2012)

The use of sterile needles is an effort to prevent transmission of the disease through the medium of a syringe. When it is difficult to obtain sterile syringes, needles, sterilization can be done by washing the used needles using clean water, then rinsed with bleach. This action is also not allowed to be done many times because of times will dull the needle and eventually it will damage the blood vessels.

V. Experience in accessing health care

Standard procedures applied in prisons, that every new entrant will get health checks includes counseling on drugs use history. Most FGD participants earned prison's referral health care to Brimob Hospital and the Adam Malik Hospital. Services acquired include VCT, CD4 tests, X-rays of the lungs, as well as basic health care provided in the prison clinics. Officers in Prison Clinic also explained that currently available methadone program obtained from Adam Malik hospital that is also a referral service for WBP who had taken antiretroviral (ARV).

Detention Center 21 Medan's clinic counselor explained that the current methadone services are also available to WBP incorporated with Adam Malik hospital for methadone services and Bina Asih hospital for a referral. Until now only one hospital as the reference, this is to facilitate the escort for WBP if they had to be treated outside prison.

There is also medical examination when entering the correctional institution. Interview with dr.Satri at detention center 21 clinic completely explained the inspection performed:

Screening through the beginning data collection we instantly classify them as an addict and not addicts That's the first step, then those who need our immediate treatment directly we assess his data, we do counseling and after obtaining the consent of the family, husband, wife or companion then immediately we serve him at the clinic, one for injecting drug addicts we give methadone.

(Satri, interview, medical doctor at prison)

The results of the FGD discussions with former inmates drug addict explained that they did not get the maximum care in health care. Experience from one of the FGD participants when he got a gunshot wound during his arrest, he had to wait 10 days to get the services of a surgeon. Nearly a bullet wound rot because it has not been taken out. Other experience was when he was being treated, the drugs given confused with another patient.

The results are consistent with a report from The National Center on Addiction and Substance Abuse (CASA), about 1.5 million inmates with substance use disorders in 2006, CASA estimates that only 11.2 percent received any type of professional treatment, including treatment in a residential facility or units (7.1 percent), professional counseling (5.2 percent) or pharmacological therapy such as methadone, antibuse or naltrexone (0.2 percent). Less than one percent (0.9 percent) received detoxification services. Inmates were likeliest to receive the adjunct services of mutual support / peer counseling (22.7 percent) or education (14.2 percent) (CASA, 2006).

Mechanism to access health care in health centers are no different to other patients. But there is no charge at all for inmates. To access the service at the hospital needs a letter of recommendation and escort from prison. But the experience from one of addicts when in needed of health care outside prison stated differently. According to him, to get out of prison and get access to health care requires a long process. He was more helpful when accompanied by NGOs in order to get out of prison to obtain health care. He said the prison was also more responsive when addicts assisted by NGOs.

B. DKI JAKARTA

I. Knowledge of infectious diseases and other health information

Unlike Medan, in Jakarta was very difficult to do the FGD. So the implementation of FGD being replaced by interviews with two addicts who fit the

criteria of addicts and used FGD instruments. Two informants encountered at the Kramat Jati health center consisted of users who were assisted and unassisted at the same time. In addition, the interview was also conducted to 1 person using in-depth interview instrument.

Interview began by identifying the informant's knowledge about infectious diseases. According to Syarif who had just been released 2 weeks from prison, infectious disease that were HIV and tuberculosis. He said that HIV was a disease that attacks the immune system and could be transmitted by blood and sperm. This means he assumed that an infected person will have children who are also infected HIV. Currently HIV transmission from HIV positive mothers to babies can be prevented through a program of PMTCT (Prevention of Mother to Child Transmission). Provision of antiretroviral drugs to the mother before delivery and to the baby in the first week, and not giving milk to the baby, can prevent the transmission of HIV from HIV-positive mothers.

Syarif understood Hepatitis C was a disease that damages someone's liver. Furthermore according to people suffering from Hepatitis C the body experiences weak condition. Knowledge of Hepatitis C was minimum, in line with the information obtained from Salemba prison's staff that all this time health information been given in prison were HIV and TB.

HCV was originally documented as a non-A, non-B virus causing transfusion related hepatitis. HCV is frequently spread through parenteral exposure and has been commonly associated with IDU. Sexual transmission of the HCV is possible but less efficient as compared to hepatitis B virus or HIV (Nurutdinova et.al, 2011).

Information about Hepatitis C was only available in the form of print media in the form of leaflets and brochures. Distribution of information in the form of print media typically requires awareness of the target (the community) to access such information. Print media usually awarded after the communication targets are given any counseling and counseling about the issue in question.

One informant who had been treated 3 months after suffering hepatitis C explained that the cause of hepatitis C is the use benzodiazepin. He said due to excessive use, he was infected hepatitis C, to prevent it should avoid the substance.

At Karisma NGO, researchers met a female addict who has been assisted. Indri became an inmate when she was 21 years old, now she is one of Community facilitators. She understood the infectious diseases like HIV and STI which

transmissions can be prevented by reducing risky behaviors. She herself is no longer using heroin and always uses a condom when having sex. As a facilitator she can explain that HIV stands for Human Immunodeficiency Virus that can be prevented its transmission by not exchanging needles, tattoo needles and using condoms when having sex. Not only that Indri also explained the mode of transmission:

Mode of transmission such as from mother to a child, through blood fluid, vaginal fluid, semen
(Indri, 24 years, interview, July 24, 2012)

All this time Indri obtains health information from the NGO's staff who assist her. While in prison, she only received information about the health from PKBI (Indonesian Family Planning Organization), an NGO at that present time had a program in prison.

Meeting with Yakub, Partisan staff who had served as program manager for the implementation of the TB-HIV programs in prisons and in detentions, done on July 23, 2012, after previously one of Karisma NGO's staffs Awied made an appointment with him. In line with Indri's explanation that for all this time the NGO has conducted program related to TB-HIV in prisons. Activities undertaken are providing information, as well as TB suspect to be given the treatment program. Including if there are inmates who have been infected with HIV, the NGO will coordinate with the prison's clinic, in this case the manager in duty to do the next step for these particular inmates.

II. Knowledge of addiction

Syarif, which until now has not been assisted by any NGOs understood addiction as like he's been felt it for over years. He said, addiction is something felt please and therfor we want to continue enjoying it. Many times he said that to overcome his addiction to drugs he 'pair gain' (bear the 'collecting' without taking drugs). But when giving an illustration of how the sense of 'collecting' was so strong and there were no drugs at all, what would he do? Here is as followed:

If indeed there is nothing we can find, i will look other substance.
(Syarif, 24 years, interview, July 25 2012)

Addiction to drugs has affected psychologically and psychically. Someone who has experienced an addiction, will do anything to get the effect of 'drunk' commonly

perceived. Just as the teenager graduated high school, he chose to look for other substance that can cover his 'collecting' when the type of drug he used to have was not available. Behavior of combining drug oftenly happens among addicts in order to cover the addiction. BNN data in 2011, in Jakarta there are no less than 9,541 IDUs and 221,590 drug users who are the regular users; namely those who use drugs as much as 5-49 times in the recent year from the time of the survey in 2011. A study of the behavior and service satisfaction injecting drug use also reported that buprenorphine or subuxon users still access LJASS (sterile syringe service) because they'd rather inject substitution drug, while methadone users generally stop injecting during therapy when they feel stable. From the results of a survey conducted to IDUs in Java and Bali was obtained the proportion of patients who reported ever injected PTRM during therapy in Jakarta is the lowest, which may be due to good supervision undertaken by the hospital (Grapiks, 2010).

Oral methadone substitution program which has been implemented in Jakarta since 2007, initially only available in RS.Fatmawati. Currently, methadone has been available in most health centers across the city. However, these programs are often abused by IDUs by accessing the substitution only when difficult in obtaining heroin or cheaper narcotic replacement (PPKUI-2010).

According to the Summary of National Findings of the National Survey on Drug Use and Health in the United State, among persons aged 12 or older in 2009-2010 who used pain relievers nonmedically and indicated that they obtained the drugs from a friend or relative for free, the individuals reported that in 79.4 percent of the instances that the friend or relative obtained the drugs from just one doctor. Only 2.3 percent reported that the friend or relative had bought the drugs from a drug dealer or other stranger (SAMHSA, 2011).

Just as Ucok in Medan, Syarif also had been 'clean' of drugs while in prison. For a year he did not use drugs at all. Detention period of 2 years 8 months he spent in detention center and prison. He said the detention center's control was not so good that he could easily obtain drugs. Health Research Center of the University of Indonesia in one survey report wrote that the circulation of drugs in detention center is very prevalent and easy to get. This occurs because the surveillance is lower than in prisons. The substances that widely circulated in prison was shabu (PUSLITKES-UI, 2011).

One informant explained that, even in prison there were several programs that can be attended by the prisoners, he chose to focus on looking for money to buy heroin.

...focus on looking for money to 'pakau' (drug use).
(Indra, 24 years, interview, July 21, 2012)

Statement from Indra was also consistent with the results of research Puslitkes-UI stating there is distribution of drugs in prisons. This will hamper the process of rehabilitation for drug addicts in prison. The presence of narcotics in the prisons/detentions makes the need for a means to prevent HIV transmission is greater to be provided. If prisons/detentions to ensure that drugs are not in the environment, the methadone maintenance treatment program will help to overcome the problem of addiction experienced by drug users.

Although Syarif ever had one year free from drugs, when released from custody desire to re-use the drug can not be controlled anymore. Similarly, Indra put his parents at No. 2 after heroin.

well putauw (heroin) is number 1, my mother is number 2
(Indra, 21 years, interview, July 24, 2012)

the first time I got out, 2 days straight I used
(Sharif, 24 years, interview, July 25, 2012)

There are several programs to reduce drug usage that commonly used in a rehabilitation center. In Indonesia the therapy that is oftenly used is Therapeutic Community (TC). Lipton et.al described in Berman thesis report described that TCs was one of several kind of treatment programs for drug users. The purpose of TCs is to change the negative patterns of thinking, feeling and behavior to develop a responsible drug-free lifestyle. In progress of TCs, a holistic approach focusing on lifestyle more needed rather than drug abuse, or criminality. So, an important aspect to consider it's perhaps not surprising that even someone had been in TCs before, he could be dropout and choose to use drugs again because the prospect of entirely changing one's life and identity is certainly a daunting one that requires strong motivation to persevere (Berman, 2004:43).

Indri that has already started methadone therapy, illustrated a person whose life has been controlled by medication is an addict. According to her addiction can not be cured, but a person who is addicted can be recovered from his dependency. As with

Syarif, Indri will continue to search for narcotics when she needed. Although now she is no longer using heroin, but she believes that the current use of methadone she was engaged, it will also lead to dependency. Indri's experience even when the 'withdrawal' came she intended to commit suicide by banging his head into the steel pole of police's cells. At that time she was still using heroin and got caught. At that time police only took bathe Indri to reduce the sense of 'withdrawal'.

Similarly, when became an inmate in Pondok Bambu, she must hold 'withdrawal', as if caught by the officer she will be sentenced to battered. Finally she got the shabu supply which she used to cover her 'collecting' to heroin.

To use putauw (heroin) i didn't have the guts, sinceif got caught keeping heroin, the girl will be beaten up...
(Indri, 24 years, interview, July 24, 2012)

From the statement of Indri's, also known there was violence done to drug users, especially IDUs. It can be dangerous if it comes in physical contact and bleeding. This treatment can make a person infected with a disease that can be transmitted through the medium of the blood, such as hepatitis C and HIV. The situation is even more dangerous if it happens at night, because if there is a serious injury would be difficult to be treated immediately. This is because the prison clinic was not open and also the clinic's staff not always in prison, especially at night.

Results of study conducted by Jangkar (National Action Network on Harm Reduction) in 2008 also showed the number of violence committed by the police on IDUs. Starting from physical, mental, restrictions to health care, and deprivation to sexual harassment (Jangkar, 2008) .

III. Rights for Addicts: social interaction, support and hope

It was not much what informants know about his rights as addicts. He just explained when he accessed to health care; he wanted to get a proper treatment. But when in prisons, he felt a different treatment care. A WBP with money got better facilities, even they were allowed to use cell phone.

Interaction with WBP was well enough, because they felt the same faith as drug users, sharing experiences were often made. Especially when there was counseling activity done by NGO in prison, they used the opportunity to obtain more on bad effects of using drug. As well as the family, motivation and spirit were given continuously when they were in prison.

During her time in prison Indri attended the coaching activities, such as sewing, English course, peer educator training and how to manage life workshop. Even some courses issued certificates.

When finally got out of prison and returned to her environment, Indri felt that the surroundings felt disgusted to be around her. She said it was because the surrounding knew that she had been in prison because of using drugs. However, her father supported her that it was better been in prison because of using drugs rather than stealing things. This helped Indri to get through the early times after being released from prison.

The shame to society often felt by drug addicts as the effect of psychosocial. Moreover if the arrest happened in front of public and became the public show, on the top of that the arrest was covered by mass media and broadcasted on electronics media (Jangkar, 2008:43)

When still using heroin, she kept using it for herself at home or with boyfriend. She has never used it with friends. Her parents also knew that she used heroin and suggested Indri to use it at home.

Usually with boyfriend, hanging around like that. Using it with boyfriend not friends, so no one knows. If I use it with friends I will easily get caught, that's why I never use it with friends...
(Indri, 24 years, interview, July 24, 2012)

use it for myself at home...because parents know, they said rather than use it outside I better use it inside, they mean at home.
(Indri, 24 years, interview, July 24, 2012)

The feeling safe not to use it abuzz, made Indri had chosen using drugs with her boyfriend. The "drunk" effect usually make people to have sex, and when it happens, the use of condoms to prevent disease are rarely used.

What Indri had said, also concluded that her parents felt safer if Indri stays in the family even she was a drug user. Even this support made her comfortable, it didn't make her out of addiction problem. This habit also made her less accessing health care; never interact with other addicts or health providers. At the end, the health information and services for addicts were far beyond her knowledge.

After finishing his sentence, Syarif chose to stay away from his friends. He did that as one of his effort to keep away from drugs. To the families, he hoped that they can accept him back even he is a drug user and former inmate.

...they can accept me for who I am. And no difference at home.

...I have been accepted for who I am, no complain, but if there is any difference, then I complain...

From the above statement, seen that there is a different treatment felt by informants when they returned home after finishing their sentences in prison. Even in the next sentence, informant said the other way around, and confirmed that it was only his concerns if someday his family treated him differently. Similarly with Indri, she hoped that her father could give support and attention. Since her mother passed away and her father remarried again, Indri thought her family was not complete anymore. The attention needed couldn't be given especially when Indri wanted to start ARV therapy.

Discriminations to addicts especially those who were inmates sometimes happens in the family. Usually it happens because of the mistakes made by addicts and still leave trauma to the family. Stigma as stealer mostly stick on addicts due to their habits of stealing when they don't have money to buy drugs, not only outside house but as well as inside the house.

When they were in prison, often happens a fight among WBP. If it happened at night, it was difficult for them to get immediate treatment, since the clinic's staffs were no longer serve. A first aid box then needed to be provided in every block. So when there is a WBP needs help, can be treated immediately.

When they are about to leave the prison, informants expected to have a guidance or information given to them, especially about jobs. With the skill they learned during couching in prison, can be used as a tool to enter worksite. But sometimes in society there is a stigma given to former inmates. So they usually don't get the decent job. Likewise in Medan, to be an office boy you have to be free from criminal record. If this continues to happen, the former inmates can possibly repeat doing crimes to fulfilled their needs.

IV. Behaviour

Actions to reduce the risk of transmitting disease are done by not sharing syringe, always use sterile needles, though sometimes it still needs to do self-cleaning needles. The Harm Reduction program among IDUs is considered to be a strategic action with one of the action is the provision of sterile needles. This service has been done by some NGOs and health centers in Jakarta since 2002/2003 together with the outreach program to IDUs by NGOs running Harm Reduction program. For the

assisted drug users group, usually the outreach officer continuously giving motivation to do HIV transmission intervention. But it won't last long (less than a year). The failure of maintaining new behavior was reported due to environmental influences, possible conditions, such as addicting moment and no sterile needles available (PPKUI, 2010).

Not much different with the informant in Medan, Syarif believed by not doing multiple sex partners was the right behavior to prevent transmitting disease, especially HIV. Moreover if you have to change sex partner then use condoms. To avoid be infected by TB, Syarif chose to not stay close with the infected person.

...TBC just don't stay close to them, making distance is not discrimination, just stay away.

From the above statement, Syarif understood that TB could be transmitted through the air by the cough droplet. TB is an infectious disease caused by *microbacterium tuberculosis*. In the National Guidance of TB Management explained that the infected droplet able to stay in the air at room temperature for few hours. Someone can be infected if heal the droplet into his respiratory system. The potential transmission from an infected TB person defined by the number of micro bacteria spread out from his lungs. The higher the positive level of phlegm, the more infectious the person is. Therefore the treatment method of TB is using combination of medicine consumed for 6-8 months. So all the TB micro bacteria could be killed.

Indra, the addict that till now is not assisted by any NGOs has experience to treat Hep C. According to him the disease can be cured using heroin.

...I used it again, my body was recovered, but my skin had been black, my skin is replaced. And I used it again then my body has recovered again.

(Indra, 24, interview, July 21, 2012)

yea I can be recovered from Hep C because I used heroin again, if I didn't use it I don't know about Hep C. That's the medicine for Hep C.

(Indra, 24, interview, July 21, 2012)

Indra's statement also explained that he believed heroin could recover back his body's condition. When drugs had been inside the body, then the body will make an adaptation so using drugs is not just to have the 'high' sensation but it has become the body 's needs.

Prisons that should be a rehabilitation institution for WBP, apparently have many defects. While in the prisons, because the effect of drug using, Indra often felt

‘withdrawal’. He believed that to remove the addiction effect is by using drugs. Even being in the prison, he still could get heroin. According to him, the substance is always available in the prison, so it’s not hard for him when he felt ‘withdrawal’.

One of the efforts that could be done by addicts to overcome the addiction is by taking rehabilitation. But this also won’t guarantee someone could be free from the addiction. Indra’s experiences attending TC program has just removed the addiction temporarily, in addition he also thought the program psychologically can lessen the emotional character in addicts.

V. Experience in accessing health care

While became the inmate, Syarif got HIV counseling services and also did VCT for three times. From 3-time test, the result just came out at the third time. In the Correctional Institution usually a thorough health check is done to know the disease record, treatment, and drug using history. A check on risky behavior record also being done and if needed VCT will be conducted then received the the required treatment.

- . ..a thorough health check including disease and treatment record checking and drug using history with risk factor records, has one person done something risky behavior in transmitting HIV, then we do HIV test, if the person is HIV positive then he or she will be in CST program.
(Tia, 30 years, interview, July 24, 2012)

In term of health care in health centers, there is no difference between regular patients and drug users. Even in Kramat Jati health center the services has been very good both in facilities and human resources.

While in prison, Indri once been referred to one of the hospital, escorted by the prison’s staff due to sudden faint. At that time, she was diagnosed to have a weak heartbeat. After the check, she was given the medicine and could go back to the prison on the same day. Something else happened when she’s no longer be an inmate, Indri was about to deliver. At that time she said to the doctor that she was a drug user. No discrimination in the treatment, even the doctor gave full support and helped the delivery naturally.

...the doctor was as usual, no discrimination, they even joked and told me not to use again..

At the moment, Kramat Jati health center has provided 6 doctors, 8 nurses, and 5 pharmacists that have been trained about drug issues. One staff, dr Nismahidin has been trained as addiction counselor. He said that the problem faced at the health center in Kramat Jati is the trained staff for HIV had moved out to other place. Working at the public health care sometimes a staff can have dual job, so the duty hasn't been done in maximum capacity. This condition also happened in Kramat Jati health center, whereas a nurse is also a pharmacist.

Furthermore Kramat Jati hospital is also one referral of health care from Jakarta's prisons. Currently, in the special services at Matahari clinic, there are 13 staffs consist of counselors, case managers, specialists, general practitioners, laboratory, pharmacy, administration and cleaning service that all have been provided with the understanding and training on drug issues. The team is led directly by the head chief of the hospital. At this hospital, VCT, CD-4 test and other services for HIV case are provided. No special treatment given to drug users both inmates or former ones. All are being served as procedural operational standard (SOP) applied in the hospital.

C. WEST JAVA (BANDUNG)

I. Knowledge of infectious diseases and other health information

FGD results showed that the knowledge between the assisted and the unassisted informants was different. The un-assisted informants commonly described the term of infectious disease through diseases that have the fastest transmitting medium like TB, sore eyes, HIV and influenza. This was different with what Banton, the informant that has been a volunteer at Rumah Cemara (RC), said. He described the infectious disease is caused by virus, bacteria, and fungus. As following:

An illness caused by virus, bacteria, fungus, are almost all the diseases that are infectious.

(Banton, 25 years, interview, July 18, 2012)

Below is the characteristic of FGD participants in Bandung:

Age (years)	Sex	Marital stat	Edu	Occupation	Assist	Not Assist
24	F	Separated	SMA	Employed		X
25	M	Single	SMA	Employed		X

24	M	Single	SMA	Unemployed	X	
25	M	Divorce	SMA	Unemployed		X
25	M	Divorce	SMK	Unemployed	X	
25	M	Married	SMA	Unemployed	X	
25	M	Married	SMA	Employed	X	
25		Single	SMA	NGO- volunteer		X

As infectious disease, informants expressed the prevention behavior was done minimally and consciously aware of their behavior risk. Like what Basuki 25 years, HIV positive, said that the status he had now should be accepted gracefully as the effect of his old habits in sharing needles and tattoos so to prevent HIV you must avoid these two hobbies. In the contrary, Beby, an entrepreneur 24 years, stressed out more on preventing HIV from mother to child based on her experience as HIV positive mother and a single parent of 1 child.

Don't milk the baby, and get Caesar when delivering to minimize the risk.

(Beby, 24 years, interview, July 18, 2012)

Beby who is now assisted by RC able to explain well HIV transmission that could happen while doing sex, blood transfusion, sperm, and mother's milk. Beby said she got all the information after joining RC. A complete explanation was also told by Banton who had been assisted by RC since in prison, according to him every disease has different transmitting medium. TB for example can be transmitted through air, whilst HIV is infecting through needles, sex and blood.

...different with every disease, TB for example can be infected through air, e.g. we cough or sneeze can spread out the bacteria that inhaled by other person. If came from virus, like HIV, can be infected from needles, sex and blood transfusion, tattoo or piercing...

(Banton, 25years, interview, July 18, 2012)

The weekly gathering and the sense of togetherness in faith have been run well with RC, became one of the factor, the addicts were willing to join the NGO. It was agreed by Dehan, the RC outreach staff, he said the regular study club meeting has helped much the addicts to access information related to AARV, other infectious diseases, even the social support from the family who attend the meeting have been valued effective in dismissing the discrimination that sometimes occurs in the environment especially those with HIV positive, TB and other infectious diseases.

This regular meeting, not just happen in RC, Pasir Kaliki health center also has the same program that conducted twice every 3 months. Mrs Lisa whom usually called 'mother junkie' is the responsible person for the LJSS program in the respective health center explained that the meeting is an integrated program involving the stakeholder. Besides PO (Drug Assistant) from NGO, addicts, KPA and health center also participate in the program. The given information is also diverse, stressed out more to the risk of infectious diseases that could happen if you don't use sterile syringes.

Other than HIV, TB was the other infectious diseases also said by informants. TB was considered to be infectious since it can be transmitted through the same using of food ware belongs to the infected person. As following:

TB is contagious, if he got TB, and I drink from the same glass with him, I could get infected.
(Bambang, 25 years, FGD, July 18, 2012)

Not only through food ware, TB is also understood can be transmitted through sneezing and coughing from the infected person. Even explained by Bayuris, who was not assisted by NGO, TB can be transmitted through the bacteria that spread out from the infected person when he or she cough or sneeze. So the prevention of TB is must be done by staying away from the infected person.

...TB person if sneeze or cough letting out millions of bacteria, so keep away...
(Bayuris, 25 years, FGD, July 18, 2012)

Specifically for Hepatitis, it was obviously seen the difference in understanding between the assisted and the unassisted informants. Beby, for example, said that hepatitis as an infectious disease has different form of transmitting depends on the level of hepatitis. For instance Hepatitis C has the same transmitting as HIV which is body liquid, whilst Hepatitis B can be transmitted through sweat. Different with Bara 25 years, unassisted, basically he knew hepatitis as an infectious disease but can't explain about its transmission and prevention because he didn't understand.

...don't understand, only that it is infectious, other things I don't know...
(Bara, 24 years, FGD, July 18, 2012)

The prevention of infectious disease also expressed by Beby, said that all diseases can be prevented but it will depends on the risky behavior everyone has.

IDUs have to use sterile needles, ODHA who wants a child has to consume profiliaksis, and the multiple sex partner groups have to use condoms.

For example having sex, it is OK but use condom, having a child it is OK, but use profiliaksis, needles OK but use the sterile ones...
(Beby, 24 years, interview, July18, 2012)

II. Knowledge of Addiction

The informants' understanding of addiction explained based on the background of how it happened. Bayuris and Bara, the unassisted informants, said addiction is caused by drugs, and using drug is caused by lack of self-confidence when pushed by the environments.

...a disease caused by drugs...
(Bayuris, 25 years, FGD, July 18, 2012)

...happened because of lack self-confidence, others use then it is automatic...
(Bara, 24 years, FGD, July 18, 2012)

Drugs as the self-confidence builder also told by Banton, the father of 2 children who was former addict. He said the effect caused a person hard to get free from drugs. 'Not confidence if not using drugs' thoughts causing a constant use or addiction. This process as he said as addiction.

...Addicted, felt the first time being not confidence, when using drugs became confidence, so when not using drugs, the lack of confidence raised again so in need to use drugs to boost the self-confidence.
(Banton, 25years, interview, July 18, 2012)

In contrary, Beby had experiences get in and out of detentions because of drug abuse. She said addiction is a chronic brain disease. A disease cause by a thought to feel what never before balanced with the body needs on the substance. As a disease, the addicts were sick people who need to be cured, not being sentenced or punished for the disease they have.

...so it's like this, addiction is a chronic disease, owh brain chronic, because thinking nothing else but drugs, wanna feel 'that', addicts are sick people, need to be cured, not beaten up, I don't understand...
(Beby, 24 years, interview, July18, 2012)

For Beby, with a history of a relapsed addict after joining RC, addiction is a thought that always inside every former addict, so in order to fight back the good system support from the environment like friends, family and partner have a big role.

Relapse is a condition when former addict back to be an addict after being free from addiction.

To overcome the addiction, many said by informants, start from religious thing like being in a pesantren, until holding the body, and substituting to medicine. But from all the solutions, Basuki that previously had tried many alternatives, said keeping away from the drugs environment is the best solution to overcome the addiction.

Banton has different opinion, former inmates who been in prison for 3 years and 3 months said addiction couldn't be solved, since the addiction came from the body, so the only solution is by giving what the body needs. Bani, who have been in rehabilitation for 5 times said rehabilitation was not the solution to get free from drugs, since it was only temporary. To be free from drug addiction is back to each individual commitment. It was the biggest strength and the main asset to be completely healed.

Mother What's Your Illness, why do you always have to be injected?

The mother of 1 child, an owner of a fashion outlet and radio station in Bandung. The first time knew drugs at 11th grade in senior high school; boyfriend was the first person introduced drug to her.

Getting in out of prison were her habits, but as far as detentions only, and all was easily ended with the help of business relation and money. For her, addict is a sick person; both prison and free environment have the same role to overcome 'withdrawal'. As an addict, people will see her with compassion especially family. All efforts had been done by her family to heal her. From finding drugs when she was 'withdrawal', until taking her to many healing therapies.

Had been clean for almost a year and joined Rumah Cemara, she decided to open a branch in the rural area, and succeed. Knowing Beby had been succeeded, her old friends (addict) tried to find her. Eventually Beby *relapsed*. Shame with the environment that had known her to be 'clean', Beby slumped and hard to get out of addiction. It's not easy to have a status as a female addict with 1 child and no husband. Today, what made her eager to be 'clean' again is her 3-year old son. Beby wants to be besides her son all the time, see him growing up.

Beby then decided to go back to Rumah Cemara and looked for information on bad effects of drugs. She also got involved in many campaigns to persuade people not to use drugs since she has difficult experience detaching form addiction. Moreover, she wanted people to not discriminate people like her, because that will make an addict getting fall down deeply and very hard to get out from addiction.

Trying to be open with her environment, she believed she could be strong from any chronic addiction that could come anywhere anytime. Children are also her spirit to survive. Her addict status was history and will be her experience that she never ever wanted to be happened to her loved ones.

III. Rights for Addicts: social interaction, support and hope

Some informants revealed if they just to be treated the same like others, especially when accessing health care. With their addict background, they are thought identically as infectious disease like HIV. This stigma made them been served badly, treated unfriendly, and rejected by health officers. Beby said she had to accept a double stigma on her being a female addict and HIV positive.

....as a woman, many talks, moreover I am a female with HIV, an addict, hepatitis, single parent, many gossips...
(Beby, 24 years, interview, July 18, 2012)

According to her, as a woman made people around her cynical, in addition with her open behavior to claim herself as a female with positive HIV. The lack of understanding about HIV became the slot of discrimination and stigma. The discrimination is also considered as an obstacle when addicts want to continue their education. Like expressed by Bani that couldn't go to college because of his status as an addict, an administrative issue like free from drugs declaration was the constraint.

Moreover, as former addict, it is hard for them to get a job. A stigma that an addict is a criminal, robber, hold-up man, made people couldn't give them trust. Other things that most informants' want is to not punish addicts in prison because based on their experiences, the prison is the easiest place to get drugs. Transaction inside the prison is very free. They were not afraid to get caught, because generally the prison staffs were involved. With all the simplicities they even called prison as 'heaven for addicts'. Bara, who were in prison for 3 years and 2 months described that in prison, someone who was an addict could become the bookie. This is because there are information exchange among WBP about distribution and marketing strategy of drugs.

The above exposure showed that Correctional Institution that supposed to be the coach for WBP especially addicts doesn't have a good system to overcome the problem. The involvement of prison staff showed the low integrity of human resources. Banton also described the same, while in prison he once became the *korvei* officer, an inmate who helps prison staff. Banton assessed to gather all addicts in one place would give dangerous effects, since the information exchange and drug network in prison will be more reveled, you can become a messenger, a dealer, a bookie, even to be a shabu maker can be get in prison. This is the main reason the addict should get

the right to be free from drugs through rehabilitation, not through sentence in prison without any control and effort of handling addiction.

...a drug user shouldn't be at prison, they should be in rehabilitation, what needs to be concerned is when they get out of prison they can be a bookie or even a shabu maker...there are links there...
(Banton, 25 years, interview, July 18, 2012)

Bambang, an entrepreneur, said differently, basically going through a sentence in prison is applicable but with the sterilization actions from top (the head of institution) to bottom (inmates). His statement also showed, that when he was in prison, drug distribution happened with the involvement from prison staff.

Interaction in prison also described as a social condition rely on the 'size of your wallet', those who have more money will get good services, start from a protection of a bodyguard until prison staffs. Money is very influencing. Sex need is also relate to the interaction among WBP. When a new inmate looks clean physically will be the 'wife' of inmate who has power in prison. The wife will be treated as a belonging for the owner, function as a real wife like sex and other things, in return the wife will get protection from the owner.

The label as an addict and former inmate gave consequences on their social life. Informants also feel self-confidence and guilty feeling. Especially those with the unsupportive family. Example is Banton, as former inmate drug addict; basically the family gives support so he can be cured. But the discrimination like over suspicious almost always shown to him. Moreover it is compounded with the positive HIV status he has. As the youngest child and whose brother is working in public sector, Banton is forbidden to communicate and no longer being recognized as the little brother just because he admitted himself as ODHA in one of social media.

Surrounding family is one of social supports to become free from drugs. Bayu, 24 years, expressed his family support had made him stop from addiction, even that he has to spend a lot of money.

...honestly, family, especially parents were willingly sacrifice so I can be cured, no matter how much it would cost...
(Bayu, 24 years, FGD, July 18, 2012)

IV. Behaviour

A good understanding on infectious disease for addicts is very influencing the action they take. The use of sterile needle, faithful to partner, and condom usage are

actions they take to prevent HIV. As Beby, the positive HIV mother, bring condom wherever she goes is one of the preventive action to avoid the HIV transmission to her partner. The healthy and clean living is also done by some informants; like no changing of food ware to prevent Hepatitis C. This is also confirmed by Bambang who had Hepatitis C, to prevent the transmission of Hepatitis C, the cloth he wore can't be worn by others also the bed and pillow. Even he had to separate the laundry, and when he has recovered his family burned all these stuffs. The information that he had to separate personal things was from a doctor.

...hepatitis C the doctor said at home all should be separated....
(Bambang, 25 years, FGD, July 18, 2012)

As former inmates, some informants admitted that the psychological keenness is needed for inmates both before entering prison and after getting out of prison, concerns on the community acceptance as former inmates became the consequences they had to take, so the prison program which is the surrounding orientation/ adaptation period (as new inmates) and pre release for inmates about to get out are recognized very effective and all informants admitted had followed the program.

Mrs. Meri a coaching staff at Banceuy prison confirmed this. She explained the main program for new inmates is the surrounding orientation consists of information about activities in prison including the explanation on methadone access and other health care. For the inmates who are going to be released, they will be included in pre release a program to strengthen the mental in order to build confidence returning to the society. Not only that, the prison cooperates with NGOs; include RC to participate in the program as a source or inmate's companion. The RC's participation also declared by Dehan, the RC assisting staff that explained that in the beginning RC just accompanied in weekly KDS (Peer Supporting Group) program. But along with the well progress which were KDS was starting to be independent and been able to embrace other inmates finally RC was asked to participate in pre release program. In the program, RC is not only as the source but also as coordinator for inmates who are about to be released and need to be assisted for methadone access and ARV.

V. Experience in accessing health care

About the access to health care for inmates in Banceuy prison that specifically handling drugs cases, Methadone is the most accessed service. Drg. Nisa as the

coordinator of the clinic confirmed this, according to her peer educator or WBP who became the health cadre is very helpful in socializing the methadone program. Although this program has been explained in the adaptation period but the form of delivery, approach and motivation done by peer educator considered to be very helpful. Bayu who once in the prison's methadone program also expressed besides access to methadone he joined the health information sharing every Tuesday. But some informants who were assisted said that they got the information on TB, HIV and Hepatitis more from NGO when in prison and outside the prison.

Not all informants been received the health information in prison. Banton as 'korvei' officer was very busy with the WBP administrative arrangement, so no time to attend any health program. When in prison, Banton had realized the possibility infected HIV because his first wife died with HIV. But still he didn't conduct VCT with reason he had no motivation yet and didn't want to be recognized by others. He continued this condition after being released and got married. Realized that he has positive HIV, the father of 3 children kept concealing his condition even from his wife, till he got very sick and need to be hospitalized in Hasan Sadikin Hospital (RSHS). When hospitalized, the doctor told his wife that Banton is HIV positive. HIV is considered to be a scary disease and disgrace to the family. His wife then left him while he was still at the hospital. Banton regreted the hospital's action he thought as shock therapy to his wife who never been explained about HIV.

According to Dr. Lidya the methadone clinic staff at RSHS, today there are some doctors have followed VCT training. Counseling practice on patient whose going to be tested also done though not maximum due to counseling facilities issue. In Bandung, the only place to access methadone is in RSHS, the number of patient is almost 70 every day. Particularly for LJSS, can be obtained in some health centers. One of them is Pasir Kaliki health center. Both assisted informant and un assisted informant accessing Methadone in that health center due to strategic location and quick services. Everytime accessing the service they just have to mention the code '*materi*' (material).

-the term is *materi*, wanna take *materi* ma'am, ok continue...
(Lisa, health center staff at Pasir Kaliki)

'Materi' or the addict's needle package consists of 3 sterile needles, 3 condoms, 3 lubricant, and 3 alcohol. No difference for addict who is assisted or not. For the access of methadone in prison, informants have claimed its availability. Even

Banceuy prison has MOU with RSHS for the visit of residence doctor every thursday to serve WBP.

D. TANGERANG (BANTEN)

I. Knowledge of infectious diseases and other health information

Based on FGD result, informants' understanding related to infectious diseases are HIV, Syphilis, Raja Singa, gland, wart, jengger ayam (sex disease), herpes, and fungus disease. Those were diseases found among them. From all the diseases, HIV and herpes were the easiest diseases to be transmitted and troubled to IDUs since they were transmitted through needles and blood.

Below is the characteristic of FGD participants in Binong Tangerang:

Age (years)	Sex	Marital stat	Edu	Occupation	Assist	Not Assist
25	M	Divorce	SMP	Salesman	X	
25	M	Married	SMK	Labour	X	
25	M	Single	SMP	Office Boy	X	
17	M	Single	SMA	Unemployed	X	
21	M	Single	SMP	Unemployed		X
25	M	Divorce	SMK	College student		X
25	M	Single	SMA	Unemployed		X
25	M	Single	SMA	Unemployed	X	

HIV transmit easily when addicts use the same needle. The usage of the same food ware also considered to transmit Hepatitis B, C and other dangerous disease. The infected blood is in the syringe then use to inject drug. This is the easiest way to transmit HIV since the infected blood goes directly to others' blood flow. (Spiritia, 2012).

Not much different with other city, Tangerang also has assisting program that is very helpful in giving information related to infectious disease. The existence of KDS Edelweiss and KMKT became the health information source for addicts. Like what Anton, one of FGD participants assisted by NGO said HIV transmission happened through needle, blood and sperm.

HIV is transmitted through sharing of needle, what i know, if we use the used needle, if we have sex, if one been infected HIV can be transmitted through blood, they say, that's what i know.

(Anton, 25 years, interview, July 22, 2012)

Multiple sex partner without condom when having sex is mostly the way HIV being transmitted in Indonesia, based on case data reported by Health Ministry. But being faithful with one sex partner and using condom when having sex can prevent HIV transmission (National KPA, 2009).

HIV also understood by FGD participant as a disease which transmission can be happened when using the same underwear. There was a habit in using friend's underwear. Aksan said:

Don't use others' underwear, that and needle, that can transmit also.
(Aksan, 25 years, interview, July 22, 2012)

The above statement also described the situation of personal cleanliness practiced by WBP. Using other's underwear actually won't transmit HIV, but it is risky for other disease like scabies. The lack of sanitation and prison's environment that is below the health standard, make other infectious disease related to sanitation in a big risk of transmission. Indri also stated that she often feels itchy during in Pondok Bambu prison.

In line with the result of STBP 2011 that most of the population is in risk of not knowing the correct understanding of HIV transmission. The most group that has the highest incorrect understanding is inmates and the lowest is transvestites. Compared with STBP 2007, the proportion of respondents having incorrect understanding on HIV tend to decrease, except in IDU group.

HIV is a *top chart* or the most popular disease suffered by IDUs. This is because of their habits in using the same needle together. One of the efforts done by Alfin that just got out from the prison 6 months ago is the use of new needle to prevent HIV. But the availability of new needles in prison is hard to get, while the needs are high. So many IDUs do self cleaning of needles by using bayclin, but according to Alfin, Baclin was not so effective to sterilize, the most effective one is using new needle. That is why the number of IDU being infected HIV still high.

If you use injecting drug you have to use sterile needle, the new one. If you can't find the new one, clean it with bayclin, but it's the same, i still get the HIV.
(Alfin, 24 years, interview, July 22, 2012)

Alfin's statement also concluded that he was not sure the self sterilization can prevent HIV. Based on his experience even he had sterilized the needle, he still got infected HIV. Some literatures said that one way to get sterile needle is by washing it

with whitening detergent. But the possibility to be infected is there if the process is not done correctly, use the clean water before and after using whitening.

The most effective way to cleanse syringe is by using clean water, then whitening, finally rinse with clean water. Try to get out the blood from syringe by shaking hardly for 30 seconds. Use cool water because hot water can freeze the blood. To kill most of HIV and heaptitis virus let the whitening in the syringe for 2 minutes. But this doesn't guarantee all the virus can be killed with cleansing (Spirita Foundation, 2012).

Recent fact showed that HIV virus can live for 4 weeks in used syringe. To reduce the risk, if have to use the syringe alternately make sure to cleanse it before the next person use it. If possible, use your own syringe and not use it alternately with others. The syringe still need to be cleansed since bacteria can grow in it (Spirita Foundation, 2012).

Other than HIV, Afgan, 21 years unassisted, explained other infectious disease like herpes. Accoding to him herpes can be transmitted especially to WBP, because when they are 'withdrawal' they will share needle, and needle is the main medium to transmit herpes. Other disease is syphilis that can be transmitted through having sex while your stomach is empty.

If your stomach si empty and then you have sex, you can get syphilis.
My friend's experience.
(Amri, 25 years, FGD, July 23, 2012)

Related to informants knowledge on hepatitis C, some informants said hepatitis as a disease showed by yellowish body, with the degradation of body immune and could be infected through blood transfussion, told by Aksan and Anton, 25 years. Besides the symptoms, one informant said only knew hepatitis in its severe condition, which is hepatitis A,B, C.

Heard about C, B, A. But the most severe one is C. But i dont know what disease it is.
(Amri, 25 years, FGD, July 23, 2012)

II. Knowledge of Addiction

There were many definitions of addiction explained by informants, the definition was described based on their experience. Addiction was understood as a signal to immediately inject drug, the body tells to. Addiction also considered to disappear the desire to live because it's destroying the future. Some informants

overcame the addiction by still using drugs, even they had to steal, commit armed robbery, pawn things. All done to overcome the addiction that is more important than eating food.:

To fulfilled the needs. Rather not eat than not use.
(Admin, 25 years, FGD, July 23, 2012)

Anton, the former inmate that have followed methadone program since 2011 said to overcome his addiction he had tried using *Prajolan*, like a sedative. Consumed *prajolan* was done hidden so the assisting officer and doctor in methadone clinic wouldn't know. The use of sedative in a dosage that is not controlled can cause bad effect to health. The result from BNN and PUSLITKES-UI also showed that the first time of being a drug addict is by using *koplo* pill, a sedative (BNN, 2011).

In contrary with Alfin 25 years, addiction was considered as the wants of the body that urges to get the drug in every way and continuously happening. So to overcome the addiction there was no other way than to use it continuously. The other way to overcome addiction is by following methadone therapy, some informants assisted by NGO have followed the program to overcome the issue. Dr Lydia confirmed that, she is the responsible person in methadone clinic at Jalan Emas health center. According to her, the most health care to be accessed by addicts is the methadone clinic, even KMKT (Methadone Community of Tangerang City) came from this program based on self-supporting.

The community has a regular meeting once a month, which the community operational cost collected by innate efforts. KMKT is the place for exchanging information and sharing among addicts.

Sringganis Foundation is an NGO that has coaching program to WBP. Mrs Dinda who runs the assisting program since 2 years ago explained there were 2 activities done in prison namely KDS program and Risti program (WBP group with high risk for using needles and tattoos). These 2 programs are conducted twice a week. The difference of the program, in KDS more to share about their status (HIV positive/AIDS) so the discussion is for strengthening the mental while in risti group is more to give information related to HIV, TB, NAPZA and addiction.

III. Rights for Addicts: social interaction, support and hope

As addicts, generally informants just wanted to be given the chance to be free from drug addiction. They claimed themselves as the victim of drug abuse. The very

first time they knew drugs was because they wanted to know, to try and was curious about the substance, but since they had no understanding about drugs, they consumed the substance and got addicted.

For them addiction is a torturing feeling, uncomfortable so they want to be free from all those feelings and live a normal life. One informant described when they wanted to stop grabbing, robbing, committing an armed robbery, they had the difficulty to get a job because they were required to have the declaration of free form drugs.

Most of informants in Tangerang came from Binong known as the place for drug users. The environment is also familiar with methadone, from parents till teenagers have known the program. It was approved based on observation done by researchers when visiting the area with Andi the outreach staff from KDS Edelweis. A mother suddenly came to us and reported that there was a child needed to access methadone. The mother also asked a brochure of HIV to Andi. This kind of picture was not new, through Andi's explanation found out that the environment is familiar with drugs, so the information on HIV, TB and HR program like methadone not just be given to addicts but also to the surroundings.

IV. Behaviour

From FGD, basically informants have done good preventing behavior, like using condoms when having sex with other partner (not wife), also new needle use to prevent HIV/AIDS. But some informants also expressed that the behavior done will depend on the situation. Like the use of new needle, it was hard to be found in prison, so one informant said besides trying to have his own needle (not shared), on urgent matters, he would sometimes lend needle from prison cost Rp20,000.00 then sterilized it with bayclin, if bayclin was not available the alternative would be scrubbing the needle to sharp thing as tiles. The behavior actually was risky as the needle used was used one, so sterilization process was a must to reduce the transmission risk of HIV. Sharpening the needle doesn't mean it will be free from infectious, since HIV virus could be still in the syringe. Though, the informants' statement also showed they were aware of sterile needle use.

Not only HIV, TB also understood by some informants as infectious disease, as Alfin who was assisted by NGO said the preventing behavior done by avoiding the use of same food ware, staying away from TB person and trying not to meet them.

The actions were needed because he thought TB is very infectious, just through the air the disease can be transmitted.

V. Experience in accessing health care

In Pemuda class IIA prison, the basic health check was done when WB entered prison for the first time. The aim is to detect the disease infected by WB so when found an infectious disease the prevention of transmitting will be conducted. Some health care programs avail at the prison's clinic were basic health care, HIV/AIDS, TB-Lung, KIE-Sanitation program, methadone program, IMS and KDS.

From FGD results, some informants justified some programs in prison, especially for basic health care, Alfin 25 years, described sometimes WBP refused to be checked when got sick because the service given was not satisfying. Though experienced different disease the medicine was the same. To get referral health care to hospital was very difficult. Dr. Ajis from the clinic said that referral system from the clinic to the hospital required SOP (operational standard) with certain criteria related such as 'is the referral needed or not'. As long as inmates still able to be handled at the clinic, the referral is not necessary. This explained that a referral is given basen on medical consideration. While WBP felt the prison's health care couldn't overcome their problems.

The experts do their profession based on knowledge, skill and professionalism. Health experts in health care implementation bring the professional consequence of their actions both experts or not based on their expertise and authorities (indar, 2010:122). In this context, health staff is a clinic staff who responsible on health care actions done by Correctional Institution.

When addicts no longer be inmates, they are easily get the health care. Especially for methadone service, they felt the service from Jalan Emas health center is good enough. Dr. Lydia also explained a good service is a must because addicts are sensitives group so a good service will support their rehabilitation process in early stages of methadone. Jalan Emas health center is also implementing a comprehensive service system so they are not just giving methadone but also counseling and referral for patient with cronic disease symptoms like TB and HIV. For ARV service, the health center will refer to RSUD Tangerang and Codar Hospital. This was justified by Anton 25 years, an informant who have accessed ARV in RSUD Tangerang.

As ARV withdrawal patient, Anton felt he was the victim of RSUD policies that unsupportive in his medication process. Started when Anton represented his brother in taking the ARV. Basically RSUD Tangerang, explained by one of the staffs in VCT, has policy to ARV patient that is the taking of ARV represented by assistant or family, but limited only 3 times. This policy is one effort to control the health improvement of ARV patients.

E. DENPASAR (BALI)

I. Knowledge of infectious diseases and other health information

In Bali, the participants of the study consisted of addicts who have been assisted by Dua Hati and Yakeba NGOs; that has information distribution program on drugs and HIV and those who were not assisted by any NGO. During discussion, the difference understanding between the two groups of addict were clearly seen. Addict who have been assisted had more knowledge than those who were not assisted. They were also more open and bold in expressing their opinion. It was because they have attended many discussions, they interacted with more people, and they've been given information by NGO.

From in-depth interview, they understood infectious disease as a disease transmitting through some media. The infectious diseases they meant were HIV, Hepatitis, Syphilis, IMS and Smallpox. A female addict who have been assisted by NGO added the explanation on HIV as a disease transmitted from infected HIV person.

HIV is a disease caused by virus and blood contact from the infected ones.

(Erik, 25 years, FGD, July 17, 2012)

Erik's statement showed that she understood HIV as a disease caused by a certain virus and blood is the transmission medium. HIV actually is a virus attacks the human body immunity system, body fluid is the medium of infection. One of FGD participants assumed HIV is a disease attacks to body immunity, slowly attack without being noticed by the infected person. If not being anticipated immediately can cause death, because HIV attacks someone's body immunity. This showed that informant hasn't have a correct understanding on HIV.

Interview with Chasi, an addict who has been released for 3 months, explained that HIV is a disease caused by a virus transmitting through blood contact, having sex,

needles and mother's milk. Currently she is assisted by Dua Hati NGO, so she has many health information though limited. According to her, HIV was a disease with no medicine until now, as stated below:

What I know, a disease without medicine until now, transmitting through a virus, blood contact...
(Chasi, 25 years, interview, July 24, 2012)

From above statement, informant only knew HIV transmission through blood contact. All this time she received information from counseling and discussion when in prison. This is inline with the information given by clinic's staff at Krobokan prison.

What available is HIV counseling, drug counseling, then there is AA (alcoholic anonymous), drug anonymous, addict support, KDS (peer support group for positive users), and other coaching programs...
(Krobokan clinic's staff, interview, July 24, 2012)

From interview result with clinic staff showed that Krobokan prison has programs for drug addicts. The existence of peer support group became one medium to help addicts overcome their drug problem, also became the information exchange medium among addicts. The execution of Alcoholic Anonymous and Drug Anonymous became the indicator that Krobokan prison has understood addiction problem, so they considered the activities are needed to be performed.

Most of informants understood the transmission through used needle usage or co-usage needle. But like in other region, though drug user knew about it, the used needle usage is still high.

In general, knowledge on Hepatitis C is very minimum among addicts in Bali. Addicts only knew the term hepatitis but they didn't know more about the disease. One of the FGD participants only knew that it attacks the liver function. They thought the way to prevent hepatitis was the same with HIV. Not much known by addicts on Hepatitis C, like what Chasi said:

Hepatitis C is also an infectious disease, mostly addicts have it, so the transmission is also the same, like sharing needles, it can infecting Hepatitis C.
(Chasi, 25 years, interview, July 24, 2012)

Their opinion on HIV and Hepatitis C prevention was various. But according to them HIV and hepatitis C could be prevented by not sharing needles, having free

sex without condoms, avoiding blood contact, and keeping good society. Like told by one of FGD participants:

- ..needle use for drug, don't use together with others, almost the same with HIV virus.
(Adit, 23 years, FGD, July 21, 2012)

The lack of information on Hepatitis C, caused by focused program in NGO is HIV issue, so the proportion of HIV information is larger than other disease like hepatitis C. One example is Yakeba Bali NGO, from information gathered that their program focusing on HIV. Interview result with on staff of Yakeba explained the focused program conducted:

In Yakeba currently are programs on HIV/AIDS. In form of information distribution, social psychological support, information on basic HIV, basic health check, about addiction.
(NGO staff, interview, July 24, 2012)

Below is the characteristic of FGD participants in Renon field, Denpasar Bali:

Age (years)	Sex	Marital stat	Edu	Occupation	Assist	Not Assist
24	M	Single	Univ	Unemployed	X	
25	M	Single	SMA	Artist		X
25	M	Divorce	SMA	Employed	X	
24	M	Single	SMP	Unemployed	X	
19	M	Single	SMP	Unemployed		X
24	M	Single	SMA	Employed		X
23	M	Single	SMP	Electrician		X
25	M	Single	SMK	Driver	X	
24	M	Married	SMA	Salesman		X

When still in prison, addicts got the health information from NGOs through counseling and grouping to discuss with other users guided by NGO. It was inline with the interview to Yakeba NGO staff who also stated they gave the information on basic HIV, basic health, addiction conducted once a month inside the prison.

A different situation explained by one participant when he was in prison. According to him to get information or to access health care at the prison's clinic needed a lot of money because every process in prison needed lots of money. And so did what happened when they got out of prison, informations were given by NGOs and friends, whilst prison's participation was none.

...relate to health, his usage, about after being released where he will go
(NGO staff, interview, July 25, 2012)

...sometimes there is a counseling, also clinic, but prison's clinic doesn't give as needed, outside prison there is the right clinic, in prison everything use money, if we have scabies, it's so hard, the procedure needs a lot of money to get good service, if you don't have any money prison's staff will ignore you, that's my experience...
(Okta, 24years, FGD, July 21, 2012)

Okta's experience explained the staff's discriminating behavior on a certain group in prison that is the low end group. The existence of a certain cost in accessing medicine became a problem for WB without money.

Chasi who was released from prison 3 months ago described when she was in prison sometimes she looked for health information from prison's staff or to other senior WB. Outside the prison, most respondents stated that they are helped by NGO to access health care. As following:

...ask a friend works in NGO, for example you can access in a cafe, in this health center, at his clinic and others. Then medicine, what medicine you need, it can be accessed there...
(Chasi, 25 years, interview, July 24, 2012)

Chasi's answer showed that NGO gave explanation on some health care able to be accessed also to get the needed medication.

Kuta 1 health center and Sanglah Hospital are health care often to be accessed by drug users in Bali. Some services have been available like methadone, VCT, IMS, LJSS and also CST (care support and treatment). All this time Sanglah Hospital are very helpful with the assisting from NGO, because it can give strengthen and motivation to addicts on information and treatment for them. In health center, sterile needle became the most accessed product by addicts. This is an indication that the awareness from addicts to use sterile needles and choose to not sharing needles.

When researcher interviewed prison's clinic staff, he explained that KIE material related to HIV issue and other infectious disease had been provided in prison but in limited number. He also said that all this time the health information were gained from Health Agency and KPA (AIDS Countermeasures Commission).

II. Knowledge of Addiction

At FGD time could be identified the addiction understanding according to addicts as something you cannot abandon. When you try to abandon it will hurt yourself. Some also understood addiction as a condition inside the body depending on drugs, a need, some said as a disease attacking brain. Most of informants overcame addiction by consuming drugs. But particularly there were some who held up, stole, underwent rehabilitation and went to shaman. They thought those were only things they could do to overcome the issue. Chasi and Roy's experiences as addicts, they understood addiction as something you cannot remove or something you should use continuously. According to Chasi, what she did to overcome addiction was by following methadone program, rehabilitation or other substitution program. As she said:

What I did, have been in some therapies, like treatment, getting into rehabilitation, with doctor's medicine and there is a program like subuxon, and the last is methadone.
(Chasi, 25 years, interview, July 24, 2012)

Institute of medicine of National Academies on their research found that high-dose buprenorphine maintenance was more efficacious and low-dose methadone in retaining individuals in treatment and reducing heroin use. Also the number of observational studies shows that patients receiving methadone maintenance treatment report reductions in several drug-related HIV risk behaviors, including frequency of injecting and sharing of injecting equipment (Tilson et.al, 2007:81,89).

In contrary, Roy, usually overcome the addiction by stealing or doing other activities gaining money. He felt that he must making money to fulfill his needs on drugs. An addict will always do anything to cover his 'withdrawal'. Every person will have his own way even includes doing crime. So it meant to overcome the addiction he still use drugs. One FGD participant understood drug has strong effect on someone, so when he became an addict,would cause problems if he stopped using drugs, but would bring in pleasure when using it.

He described the overview of the effect as following:

This addiction is because you don't use it, sowhen we use it at first time was good, in time if you don't use it, the pleasure you seek just to fulfill the need, due you will get sick if you don't eat it, the first time was heaven you can go to the clouds, but now it is illness.
(Edo, 23 years, FGD, July 21, 2012)

From Edo's explanation also showed that he felt the bad effect of drug use. Someone who has become an addict will use drug just to remove the pain due to stopping the use. Edo fully realized this, but to get out of addiction still needs efforts and hardwork.

But not the same with informants who have been assisted by NGO, who overcame the addiction by following the methadone maintenance therapy program (PTRM). As for shabu addicts, doing substitution by consuming sedatives. And Edo also stated to overcome the addiction he went to the shaman as a shortcut to be cured.

III. Rights for Addicts: social interaction, support and hope

One of FGD participants felt that people have considered him as a person that always behave as a criminal, and there was no chance he could change to be a better person.

I am very bad, like crook; in principal don't hang around with him...
(Edo, 23 years, FGD, July 21, 2012)

Like explained previously, the effect of drug use that someone will get addiction, so every day the body needs the substance. Someone will do everything to get drugs, includes doing crime. Therefore, drug addicts always have a stigma of a criminal.

Roy whose met by the researcher in a pharmacy where he bought subuxon explained when get into the prison, his brother who had been a WBP in prison directly picked him up. In prison, interaction among WB was good enough, but according to Roy, there was a bad influence from them. Previously Roy had tried to reduce the usage of drugs, but his friends in prison agitated him, so he became an addict again.

The importance of VCT service and methadone felt very helpful to addicts when in prison. This was considered so WB with health disturbance due to stopping drug use or experiencing other health problem could be handled well. Also for WB who had accessed methadone outside prison could continue the program as WBP.

So for sick friends can do medication, and they won't stop also.
(Ghali, 25 years, FGD, July 21, 2012)

Someone who is following PTRM better keeps following the therapy regularly so he can get the correct dosage. Doctors who have been trained to give methadone

service to addicts determine the amount of methadone dosage. Usually the fluctuation of an addict's dosage will happen for about 3 weeks.

One FGD participant also stated that prison should conduct a program aims to help WB who are drug addicts to overcome addiction problem. He considered the condition in prison with control and availability of health staffs could implement such program as rehabilitation for addicts. Moreover, Edo who was in prison for a year, explained that WB with addiction shouldn't be in the same environment with WB with crime status.

IV. Behaviour

As FGD results in other provinces, participants in Bali also do prevention action of infectious disease by not sharing needles and changing sex partners. One FGD participant said all this time when he wants to have sex he would do screening of his partner's body. Therefore he knew his partner was clean or not.

Above condition showed that there is still in correct understanding about HIV status on a person. The only way to know whether a person been infected HIV or not is by blood test. The physical appearance of someone can't explain and guarantee he or she free from HIV. As stated in STBP 2011 results, there is still incorrect understanding among IDUs on HIV.

Some FGD participants also explained that to not be infected Hepatitis C, better not consuming alcoholic drinks because it could damage the liver. The same prevention to HIV were done to prevent hepatitis C.

Addiction problem is still the big issue among addicts in Bali. They considered their brains have been damaged when they became a drug addicts. Therefore Chasi who has been assisted by NGO chose to attend yoga as a therapy to overcome her addiction. Roy's experience in prison, by doing nursery, sports and other activities could distract his wants to use drugs. According to him, addiction was a thing that has disturbed someone's thought, so the best way was to not think of it at all.

V. Experience in accessing health care

In order to get the suitable medication and service, prison's clinic was considered unable to deliver addicts' expectation. Their experiences that to get a

decent treatment, amount of money would be cost to them. If not then a series of procedure had to be taken to get the treatment.

...At prison's clinic was not as needed...everything use money...if we got scabies, that was hard, you have to do this, that, difficult procedure, you must have a lot of money to get a good service, but if you don't, you will be ignored...

(Ade, 24 years, FGD, July 21, 2012)

The above statement showed that there is still an extortion in prison. Whereas if refer to Bill of Human Rights, is the responsibility of a the state to honor, protect and human rights compliance. Including health rights so that the state responsible to guarantee the patient rights (Saraswati et.al, 2006:195). In this context, WBP who needs health treatment.

Ade's experience also happened in other region, usually when addicts have been assisted by NGO became inmates, they will contact their assistant when in need of treatment. Usually NGO staff will come to prison, meet the WBP then explained to prison's staff about the health complaint. If advanced treatment needed, then usually prison's clinic will give recommendation to get permit from Head of Prison. This process was felt complicated if not assisted by NGO.

For unassisted WB, usually they contact family, which are parents or wife to help in gaining treatment or other health care not provided in prison's clinic. If in prison there is a distribution information from NGO, usually WB will contact the NGO for help. The mechanism in prison to get health care considered to be complicated to some informants.

F. EAST JAVA (Malang)

I. Knowledge of infectious diseases and other health information

FGD couldn't be conducted in Malang because the difficulty in gathering addicts with the age of 18-25 years and have been inmates. Issue identification on knowledge and experience in accessing service done through interviews on 2 addicts in different time and places.

As in other region, interview related to knowledge on infectious disease being understood by mentioning kinds of disease. Rian and Iwan explained that HIV, AIDS, TB were infectious diseases.

Informants obtained information on infectious disease from NGO after being released from prison. Iwan and Rian were inmates in Blitar child prison. When in prison, they were never got any information about drugs or the harm reduction on drug use.

Sukri who was just being released 3 months ago, understood that one way to not be infected TB was by not going near the infected person. He was also sure that having sex with multiple partners could be done as long as they were not infected HIV.

Try not to do it with someone been infected HIV.
(Sukri, 22 years, interview, July 26, 2012)

One thing Sukri was very sure that he would be in risk to get infected IMS even HIV, because IMS not just transmitted through sexual relation but also by bacteria that can cause trouble on someone's genital organ.

In Malang prison's clinic currently provide KIE media on HIV and hepatitis C with the support from Global Fund and HCPI. There is also peer educator program conducted twice in a month. This activity is a health counseling attended by 15 WBP for a month. Next month it will be attended by 15 other WBP.

Sadar Hati NGO gave information on HIV and TB to its assisted members through supporting group and also by conducting FGD. The information distribution programs for WBP were also done in Waru prison and woman prison in Malang. The information given is related with issues on addiction, HIV, TB and IMS.

If addicts come to Syaiful Anwar Hospital and access service there then staffs will usually give information on action to reduce any risk like not sharing needles and also information on methadone maintenance therapy for injecting drug users.

II. Knowledge of Addiction

Addiction was understood and felt by informants as a really painful ache. As the effect of drug use stopping happens, what felt is cold sweat, anxiety, and ache all over the body. According to them, the only medicine to remove the pain was by using drugs. Informants' perceptions about addiction as something painful, humanly made them immediately look for the antidote.

Fortunately, treatments are available to help people counter addiction's powerful disruptive effects. Research shows that combining addiction treatment medications with behavioral therapy is the best way to ensure success for most

patients. Treatment approaches that are tailored to each patient's drug abuse patterns and any co-occurring medical, psychiatric, and social problems can lead to sustained recovery and a life without drug abuse (NIDA, 2011).

Programs related in handling addiction issue among addicts were conducted by Sadar Hati NGO incorporate with BNN. Besides giving counseling on addiction, Sadar Hati assistant also formed a support group and have done a discussion related to harm of drug use.

After receiving assistance from Sadar Hati NGO, informants followed harm reduction on drug use program by consuming methadone or subuxon. Rian overcame his addiction by reducing the usage. If he used to use it 3-4 times a day now it is only once in two days.

Addiction issue hasn't been a focus in prison's program. For inmates who were not IDU usually they were just be given anti-depressant. Sadar Hati once a week give counseling to WBP in need. The time will be suited with the schedule from the prison.

The trend of using subuxon among IDUs also reported in a survey done by PUSLITKES-UI 2011, that 8 percent of drug users consume subuxon. Subuxon as one of IDUs' substitutions has been misused by IDUs. Sukri, an elementary graduated, not using subuxon orally but smashing it and dissolved in water then injecting it. This can cause abscess in blood vessel since subuxon doesn't soluble in water.

III. Rights for Addicts: social interaction, support and hope

As someone in need of health care, informants who are also addicts wanted a skilled service and as expected. According to informants, methadone should be provided in Malang prison. Methadone is considered to be very helpful to overcome their 'withdrawal' symptoms.

We are told not to inject so we need PTRM...but there isn't any in prison, whereas if we don't consume methadone regularly, the 'withdrawal' is worst than heroin's 'withdrawal'.
(Iwan, 23 years, interview, July 27, 2012)

Currently not all prisons or detentions hold the methadone program. This service is considered to be very helpful for drug user inmates in action to reduce HIV transmission. Also prevent them from risky behavior of many times usage of needles. By using methadone also helps addicts in action of reducing drug use dosage, since methadone usage is under supervision of doctors who have been trained.

From one of prison's clinic, obtained information that WBP who is about to be released, been given information on health care can be accessed. Information is specially given to WBP with health problems like TB or HIV person.

From the experience of one informant who has spent time 6 months in Malang prison hoped that drug addicts won't be in the same prison with criminals. During his prison time, he's not only gained information about health from other inmates but also skills on stealing or robbing. Sukri also said togetherness in prison can make an addict has wider drug networks. This will make easy for addict to get drugs outside the prison. This opportunity also used by dealer and bookie to widen their market. Therefore Sukri thought information on harm of drug use and implementation of harm reduction should be done in prison.

During prison time, interaction among inmates were good, even stranded togetherness to roommates.

Alhamdulillah good, we are in one room, one food, so whoever is visited that day, we'll eat together.
(Rian, 23 years, interview, July 26, 2012)

In contrary, the interaction with prison's staffs is sometimes irritating. For instance, after the family's member visits informants, they will be asked some money or food by the staffs. So was Sukri's experience when having 'withdrawal'. He was asked to stay calm, if not he would be beaten up.

Being punished in prison made informants felt responsible to themselves and family. Feeling guilty after humiliating the family gave motivation to informants to do better. Iwan wish his family would be a place to share though he did wrong, parents will take Iwan for what he is. Different with Rian who works as street singer, he expects his parents could find him a job so he can have a better living.

IV. Behaviour

To prevent HIV or other infectious disease, informants attempt to use sterile needles, using condoms when having sex and keeping away from infected TB person. Preventing HIV transmission done by Iwan by not often sharing needles. This behavior put Iwan in risk for his inconsistency in using sterile needles.

Seldom in changing needles, using condoms when having sex.
(Iwan, 23 years, interview, July 27, 2012)

From Iwan's statement seen that information distribution on HIV transmission just around the preventing actions but not in strengthening when addicts inconsistent doing safe behavior. Rian, an addict who had been in prison when he was 17 years understood how to prevent TB transmission. Infected TB person should use mask all the time.

Informants also chose to participate in assisting program conducted by Sadar Hati NGO so they could get sterile needle for free. Rian found out about Sadar Hati NGO from his drug user friend. Since it is easy now to get a sterile needle, he always try to not use shared needles.

In overcoming addiction on drugs, one informant chose to not interact with drug users. For him, staying in the 'available' environment made him less easy to get out from drug addiction.

V. Experience in accessing health care

In utilizing health care in prison, informants considered the procedure was too complicated. You had to contact some officers to get health care. Informants chose to contact family when having trouble with health.

If WBP needed advanced health care, there is a referral mechanism to be through. It will depend on the case charged to WBP. For criminal case, to gain health care reference you must have permission from Head of Prison. When being hospitalized escort is still conducted by prison's safety division. No maximum limit to be hospitalized, what matter is the health condition based on hospital's information.

To help drug addicts who need health care, Sadar Hati made MOU with health center for IMS treatment. Sadar Hati assisted member who have trouble in law and arrested by the police or in prison are still assisted. The same when they are being released from sentence, the prison will coordinate with the NGO. The coordination includes health condition and health care needed by former inmates.

Syaiful Anwar Malang Hospital also became one referral place for addict and inmates. In this hospital VCT, CST, ARV and PTRM services are available.

VI. SOUTH SULAWESI (Makassar)

I. Knowledge of infectious diseases and other health information

In Makassar, informants understood infectious disease, on eof them is HIV as an acut disease that became chronic. According to them, hepatitis is a disease

caused by the use of rusty needles. The incessant implementation of TB countermeasures conducted also in the correctional institution. FGD participants have a good understanding on TB, so they can explain specifically the symptoms of TB, which are night sweat, 2-week cough and a drastic decreasing of weight.

Below is the characteristic of FGD participants in Makassar:

Age (years)	Sex	Marital stat	Edu	Occupation	Assist	Not Assist
24	M	Married	College	Employed	X	
24	M	Single	SMP	Unemployed	X	
24	M	Married	SMA	Unemployed	X	
24	M	Single	SD	Unemployed		X
23	M	Married	SMP	Unemployed	X	
24	M	Divorce	SMA	Unemployed		X
19	M	Single	College	College Student		X
22	M	Single	SMA	Unemployed		X
24	M	Single	SD	Labour		X
25	M	Single	SMA	unemployed	X	

Different as in other provinces, FGD results on 10 drug addicts who have ever been inmates in Makassar mentioned leprosy as one of infectious diseases. They could also explain well that leprosy is a disease caused by bacteria and could be transmitted through touching. The interesting thing when FGD participants were asked about syphilis, one of IMS they said as infectious disease. They thought syphilis as a disease caused by bacteria and came from a woman. This has made a stigma on women because they were considered as the cause of the disease. Stigma can cause someone couldn't access health care when he or she experience health problem.

The education can help people to reduce fears about disease outcomes and can reduce barriers to STI (sexually transmitted disease) control. Even minimal educational interventions may begin to reduce the stigma associated with sexually transmitted infections, may decrease the health fears associated with this infections and that improved knowledge may lead to fewer delays for treatment and partner notification (Lichtenstein et.al, 2008)

Goffman described that someone who stigmatized exhibits a tendency to stratify his "own" according to the degree to which their stigma is apparent and

obstrusive. He can then take up in regard to those who are more evidently stigmatised than himself the attitude the normals take to him (Goffman, 1963:107).

II. Knowledge of addiction

Addiction was understood as the want to continuously use drugs, creating a thought and anxiety. When someone is experiencing addiction then he or she will feel the 'withdrawal' symptom as the effect of stopping drugs. Informants overcame their addiction in few days by following methadone therapy, drinking alcohol and even using fox glue. They did these as it could reduce the level of addiction on drugs.

Other informant overcame addiction by looking for activities, following therapy, washing head with water, taking a bath or being bruishing (bekam). Peer support group is a place to share information and experience among addicts, includes experience in overcoming 'withdrawal'. The experience of one addict could be a reference for other addict in reducing the dose or handling 'withdrawal'. There are 3 KDS with addicts having HIV positive.

Dadang was one of FGD participants who overcame his addiction by staying away from his addict friends. This behavior is also done by other addicts in other region, because they thought it would help them in reducing the dose of drug use.

On the NIDA fact sheet explained that drug addiction is a complex disease, and to quit using drugs it takes more than good intentions. In fact, because drugs change the brain in ways that foster compulsive drug abuse, quitting is difficult, even for those who are ready to do so. No single factor can predict whether a person will become addicted to drugs. Risk for addiction is influenced by a combination of factors that include individual biology, social environment, and age or stage of development. The more risk factors an individual has, the greater the chance that taking drugs can lead to addiction (NIDA, 2011).

III. Rights for Addicts: social interaction, support and hope

Most FGD participants thought not having discrimination was their rights as addicts. The discrimination they meant was when accessing health care compared to other patients. When in prison there were no different treatment felt by informants. From interview with clinic' staff of detention center, there was a perception evolved among officers to WBP in a certain block consisting drug inmates. A perception was adopted among clinic's staff that if WBP from that certain block got sick then it was

caused by ‘withdrawal’ symptoms. When they didn’t access the clinic, clinic’s staffs think there was drug circulating in the block that overcame the withdrawal they were experiencing.

IV. Behaviour

From kinds of infectious diseases mentioned previously, some FGD participants said that always using condom, not using shared needles and not changing sex partners were their actions to not being infected by HIV. One participant also said if he has been infected let only him got the disease.

Stop the disease in one person, the infected one.
(Romi, 25 years, FGD, July 18, 2012)

Above statement showed awareness from informant to not doing risky behavior in transmitting a disease, also an awareness to prevent self from being infected. Romi a high school graduated addict had been in prison for 2 years. He got much information on HIV while in prison, and also since he joined Sarribatangku KDS that held a study club on infectious diseases.

Based on study report of PUSLITKES-UI in North Sumatera, Riau Islands, North Sulawesi, South Sulawesi, Bali, Yogyakarta, and West Kalimantan there are many ways done by bookie or users in order to incorporate drug into prison (PPKUI, 2011). One informant at the FGD said that he’d rather stay in detention since it was easy to get drugs due to lack of control from the officer. That condition which made some informants wanted to have sterile needles in prison.

V. Experience in accessing health care

Experience from one FGD participant that he had difficulty when accepting health care in prison. As having health problem, he chose to contact his family to bring drugs from outside the prison. Besides the given treatment was also not maximum because it didn’t fit with the health problem occurred.

If you are sick, it was said that you are having withdrawal, so the service won’t be maximum.
(Dani, 24 years, FGD, July 18, 2012)

Dani’s statement also described that when an addict had a health problem then the action taken based on assumption that the addict was in ‘withdrawal’ symptom. If the health problem occurred wasn’t treated well then it can be a severe disease. It will

be worst if the patient has been infected by HIV. Dani's experience also described that all this time the understanding on addiction among prison's staffs is still low.

Until now Makassar Narcotics prison had carried out information distribution program on the danger of using drugs and also the harm effects. Besides that, some prison's staffs also followed training on addiction held by BNN rehabilitation center. Although the staff's skill to overcome the addiction problem still needs to be improved, as the number of trained resource compared to the number of WBP is still not adequate.

Interview with one informant in Makassar had to be done in Detention. This happened because 1 week after researcher made appointment to meet, the informant was being arrested in Makassar Class 1 Detention. The action to find other informant had been done but it was hard to find addict suitable with the study criteria.

Beni who just entered the prison because of '*tok-tok wow*' (robbing), admitted that when he had health problem, he had asked his parents to bring medicine. The medicine being provided in the prison's clinic couldn't overcome his problem. From Beni's statement also found out that the drug brought to him was from psychiatrist. This showed the needs of mental health care includes psychiatrist is needed in prison, especially WBP are not just criminal but also drug addicts.

From some similar conditions in other region, coaching in prison and detention is better not just focus on skill improvement but also a program to overcome addiction problem and a program to return the self-confidence of WBP.

The same condition also happens in Narcotics prison. Doctor staff assigned in prison not always at the clinic, because was taking specialis education. The available staff were counselor and nurse. When there is a situation needs doctor's recommendation, then staff can only consult via phone. Actions to immediately take WBP to hospital or health center sometimes have to be decided without doctor's recommendation letter if it's emergency.

Who needs direct help, we the prison's staff act as a doctor...so doctor's recommendation came latter, we took the patient first, then we meet a doctor there (hospital) or at least we took first, because communication with the doctor is difficult, sorry to say...
(Jayadi, prison's staff, July 18, 2012)

Jayadi's statement also showed a low coordination between prison's staff in this condition coaching division and clinic's staff in prison. This situation happened since the assigned doctor couldn't work maximum as the doctor has other activities

outside prison. But in the other side, prison's staff have skills already to do coaching, particularly health care. As stated in Government Regulation no.1, 1999, about coaching and counseling to WBP, that coaching is an activity to improve the spiritual, intellectual, behavior, professional, mental and physical health qualities of inmates.

In Law and Human Right Ministry Regulation no.M.HH-01.PH.02.05, 2010 about RAN HIV-AIDS Management and Drug Abuse in Technic Implementation Unit of Correction (UPTP) 2010-2014, explained that in every UPTP which has drug addiction therapy should provide choices to support the recovery process through many skills needed and prevent relapse. UPTP will provide therapy service and social rehabilitation such as psycho-social therapy and drug addiction. Therapy and medical rehabilitation will cooperate with local health centers through referral system. Drug Addiction Therapy will base on identification result of who, what and how to use drug, how is the social condition and what alternatives offered realistically in such condition.

Detoxification efforts done with withdrawal therapy conducted as the first start to begin the rehabilitation program through methadone therapy. Detention and Prison in Makassar till the data collecting done haven't provide the service. WB who are having PTRM then sentenced in crime and need to be arrested in prison can get methadone from outside. This mechanism can be done through recommendation letter from health center provides methadone by giving take home dose (THD) on the patient. THD allocation can be done when patient is in stable methadone dose. Someone can get THD if he or she can't have the access to the service, then methadone will be given to the guardian after receiving doctor's approval.

Cooperation with other part in supporting the coaching activities in prison also done with health centers and hospitals. For VCT service, Bolangi Narcotics prison work together with Makassar health center, whilst for phlegm check for suspected TB patient done with Lung Disease Agency. For VCT service, currently Narcotics prison has the supports from HCPI while health information distribution like counseling is supported by Global Fund.

Beni...Junkie Tok Tok Wow

Some addicts who hang around in one of methadone services in Makassar said, Beni back to Detention because *tok tok wow* (robbing). Among addicts, it wasn't a surprise that Beni went back to Detention, according to them in a month, Beni is never absent from law problem. Beni is 24-year old high school graduated and came from a family with high education and high social economic class. Even there were many things gone for heroin, he still can stay in the house with siblings and his parents. Since junior high, Beni had known drugs and got addicted.

Meeting with Beni in one methadone service, had left impression to researcher. He said he was 'trash bin junkie' since he had used all kinds of drugs, depend on what available at the moment. After explaining the aim of the study, we made a deal to meet next week. But when it was time, Beni got caught and arrested in Detention.

One staff in the clinic said that Beni was stressful because actually in short term he is going to be married. Invitations have been sent but Beni got caught and became inmate again. Some of Detention's staff said that Beni was an addict who often in out Detention with the same criminal case.

Interview with Beni performed in tense condition since Beni was disappointed and angry with the Detention staff. It started when Beni felt the methadone didn't cover his 'withdrawal', then he asked his parents to bring the medicine for him. Beni's complaint then delivered to psychiatrist who used to handle Beni's addiction. After receiving Beni's medicine, parents brought it to the Detention. But based on the regulation in Detention, the medicine was detained by the staff. Had knowing his medicine was detained, Beni went ballistic because he thought the medicine could recover him. These past few days Beni couldn't eat, and felt his CD4 was going decreasing. He also couldn't take the accused from the staff said that he intended to sell his medicine to other inmates. Beni said, what for he did that, it was very expensive and he needed the medicine so much. According to him, the detention's staff didn't understand his needs, whereas the clinic's staff should give explanation to the detention staff about the function of the medicine. Beni also approved if the dose of his medicine should be arranged by the clinic's staff. But it didn't happen. Right now Beni in a very bad condition, disappointed by the detention staff's treatment, anxious due to the medicine's effect. His condition was getting worst because he couldn't eat.

Chapter V

CONCLUSIONS

Most of informants who have been assisted by NGOs have good understanding on HIV and AIDS. And so the things related to health care accessed by addicts. There is a participation from addicts in information distribution activity and discussion conducted by NGOs, made them used to express opinion and argue in a discussion. Though, the effect of crime action done, informants sometimes felt lack of confidence, especially after bearing the title of former inmates. The support from the family and surroundings were the most thing they needed when finishing their punishment in prison. Besides giving back their self-confidence, also helping them to not return to drugs. Being accepted and trusted by the community made them be motivated to be a better person.

The most health care accessed by addicts is sterile needle provision and methadone therapy program. When in prison, drug addicts chose to get health care outside prisons, since they felt prison's service didn't meet their needs, particularly in addiction problem. The mechanism to health care access during in prison considered to be complicated for the WBP of drug addict, so the role of NGOs' officer to assist them was considered to be very helpful in getting through the process.

Information on Hepatitis C was not obtainable by informants. The prison's staffs and NGOs also confirmed this situation that all this time the information distribution program was only about HIV, IMS, and TB. The lack of information about addiction also complicated addicts in overcoming their problems. It was getting worst when addict was in prison because the prison's staff didn't understand about addiction. Most of the time, what prison's staff did made them more difficult in dealing with the addiction issue during prison's period. Therefore the availability of PTRM in prison hopefully becomes one of the solution to overcome the problem.

Interaction among WBP during in prison was very good, especially among drug users. Having the same faith felt by them when finishing their sentence. In contrary with the WBP who were not using drugs, sometimes IDUs felt discrimination.

Recomendation

1. The need to improved better knowledge about addiction for prison officers.
2. The mechanism agreed between Dirjenpas and the Ministry of Health is available in an effort to reduce harm related drugs specifically for medical intervention.
3. An appropriate and effective mechanism for former prisoners of narcotics, are available to keep access to the service after period of detention.
4. The need for the provision of comprehensive HIV and MMT in prison for drug addicts
5. With supervision of the health provider, we have to consider in providing sterile syringe in prisons

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