EXECUTIVE SUMMARY

COST-EFFECTIVE & EVIDENCE-BASED DRUG REHABILITATION INTERVENTIONS IN PRISON SETTINGS: *STUDIES FROM INDONESIA.*

MAINline

Study 1: Evaluating Drug Rehabilitation Policies in Indonesia

Executive Summary

The significant number of detainees and inmates of drug-related cases has encouraged the Government of Indonesia to take actions to provide rehabilitation treatment in the correctional setting. The success of drug rehabilitation program in this setting demands not only effective therapies, but also supportive policies in managing the program. A more in-depth review is required to assess whether the policies of the Ministry of Law and Human Rights designed for this program do in fact provide the necessary program support in implementation and management. The results of this study are expected to provide practical recommendations in strengthening the regulations and implementation of drug rehabilitation treatment in Indonesia's prisons.

This research views drug rehabilitation targeted at inmates as a health service within the prison setting of Indonesia. In order to mobilize support into action, a series of regulations have been created and utilized as guidelines and foundations for the Directorate General of Corrections (DGC) and prison sites to plan and provide rehabilitation treatment for inmates. Therefore, to evaluate the effectiveness of the policy framework, we examined regulations related to leadership and governance, workforce, logistics/medicines, information system, financing, and service delivery. On the other hand, to evaluate the extent of the drug rehabilitation, we looked into the scope, accessibility, quality, and the sustainability of the drug rehabilitation program in the future.

Based on the approach used in the analysis, the various regulations were collected to describe and explain contextual aspects such as drug-related case management and health management in a judiciary level, Government Regulations level, Presidential Decrees level, Ministerial Decrees level, or the BNN's Chief Regulation level. The content of the policies was scrutinized from the perspectives of the Ministry of Law and Human Rights' decree on drug rehabilitation as well as a subordinate level regulation such as the DGC's' decree. As for the policy-making process, we reviewed from the perspective of implementation utilizing various monitoring and evaluation reports within the DGC and prisons as the Correctional Implementation Technical Unit (CITU). In the meantime, the roles of related parties in drug rehabilitation policies were identified from their duties and responsibilities for the institutions assigned to them as stated in laws and regulations. Among the regulations focused on contexts and content, there are 23 regulation documents related to drug rehabilitation from 1995 to 2019.

The drug rehabilitation program in prison settings under the Ministry of Law and Human Rights was judged to be based on sound policies for its implementation. The policy was derived from the Law on Narcotics, the Law on Psychotropic, and the following regulations in the form of Presidential Instruction, regulation of Minister of Health, Regulation of Minister of Social Affairs, BNN's Chief Regulation, and Regulation of Minister of Law and Human Rights which all are directed for drug rehabilitation service policies both for the public in general and specific populations such as prisoners. At the operational level, the implementation of narcotics rehabilitation policies for prisoners in CITU has been reflected in Regulation of Minister of Law and Human Rights No. 12 of 2017 and the operational

guidelines for drug rehabilitation program. Several aspects of health regulation such as governance, logistics and medical support, health resources, information systems, financing, and service provision, have been regulated in the operational guidelines.

The implementation of drug rehabilitation policy currently relies on social rehabilitation with therapeutic community (TC) modality. Although it has been comprehensively articulated in the operational guidelines, the instructions cannot be applied properly. Barriers in applying this therapeutic modality including: (1) inconsistency in the assessment process or screening to determine participation, (2) poor engagement in therapy either due to lack of infrastructural support or weak assessment system and screening, (3) limited provision of facilities and infrastructure required for a variety of therapeutic modalities, (4) limited funding to fully support the needs and magnitude of the problems faced by Correctional Implementation Technical Unit (CITU) and provide any necessary infrastructure and logistics, (5) insufficient qualified human resources, (6) limited variety of activities in rehabilitation activities, and (7) lack of documentation system to provide sufficient data to be used as the basis for the program development (services and participants).

Some strategies and recommendations that can be offered to strengthen the drug rehabilitation program at Correctional Implementation Technical Unit (CITU) are as follows:

1. Review the TC modality as the primary modality in drug rehabilitation therapy at CITU, considering that this modality requires a huge resource to be implemented consistently. It is necessary to consider simpler therapeutic modalities, with low-threshold requirements in participation, lower costs, facilities, and infrastructure that can be integrated with the residential nature of prisons/detention centers, and considering the period of the rehabilitation program. The application of this modality will increase the coverage of participants and is expected to be more efficient in the use of limited resources.
2. Conduct financing simulations for various therapeutic modalities that can be used for budgeting at the UPT Pas, Regional Office, and DGC levels.
3. Review the existing operational guidelines to be adjusted to the therapeutic modalities that will be applied by strengthening operational aspects through learning and capacity building. It is expected that these implementation instructions will become more feasible, effective, and acceptable for implementing staff at the Correctional Implementation Technical Unit (CITU).
4. Conduct more intensive socialization for the operational guidelines to ensure the implementers' understanding.
5. Assure the availability of regulations that support the implementation of regular and hierarchical monitoring and evaluation activities starting from CITU, Regional Office of Correction, to DGC of The Ministry of Law and Human Rights.

Study 2: Improving Drug Rehabilitation in Prison Setting: An Implementation Research

Executive Summary

Based on the policy and documents reviews, the main challenge faced by CITUs (correctional facilities/detention centers) in implementing the rehabilitation program was the limited number of trained personnel and inadequate socialization of the rehabilitation guideline to rehabilitation staff. As a result, rehabilitation service cannot be properly delivered in accordance with the guideline. This gap encourages PUI-PT PPH PUK2IS Unika Atma Jaya to initiate a refreshment training as study intervention to strengthen the capacity of prison staff on the technical knowledge and the management of narcotics rehabilitation as stated in the guideline. This study aimed to determine the relationship between refreshment training and capacity strengthening of staff in managing and implementing a prison-based narcotics rehabilitation program, also to understand the relationship between compliance participation in narcotics rehabilitation program and prisoner's quality of life.

This was an implementation study with a mixed method approach. This study was conducted from August 2019 to January 2020 in Class II-A Prison in Magelang (intervention site) and Class II-A Prison in Paledang Bogor (non-intervention site) based on the recommendations from the Directorate General of Corrections, Ministry of Law and Human Rights. The study participants were 21 rehabilitation staff and 40 inmates from intervention and non-intervention sites. A quantitative approach was used to (1) determine the association between the refreshment training on the outcome which is knowledge and skills of the staff related to the prison-based narcotics rehabilitation program guideline and (2) assess the changes in the quality of life of the participants during program rehabilitation. In addition, a qualitative approach was used to understand the context and the implementation process of prison-based narcotics rehabilitation program. Prior to the study, approval was obtained from the Ethics Committee of Atma Jaya Catholic University.

Quantitative data were analyzed by descriptive analysis to describe respondents characteristics, the knowledge of prison staff, and quality-of-life scores in four domains (physical health, psychological health, social relationship and environment) of rehabilitation participants before and after the program. Bivariate analyses were performed to exam the difference in the posttest and pretest average quality-of-life score between the intervention group and the non-intervention group using independent t-test or Mann-Whitney U, and to assess the difference in participants' average quality-of-life score based on their characteristics and compliance participation in the core program using the independent t-test. Quantitative data analysis was performed using STATA 14.0, while qualitative data was analyzed using a thematic analysis with Nvivo 9 software.

This study shows that refreshment training on the technical guideline of the social rehabilitation program slightly improved the technical knowledge of staff. However, the intervention prison is able to implement the rehabilitation program better than the non-intervention prison, which suggests that there may be contextual factors that affect staff skills for implementing a rehabilitation program. The availability and commitment of counselors/trained staff, and monthly monitoring are believed to play a role in the staff'

ability to provide better rehabilitation services. Qualitative data reveal two contextual factors that enable better implementation of rehabilitation program in the intervention prison, consisting of the availability of trained counselor/staff and commitment of rehabilitation staff. The staff in the intervention prison performed higher commitment than the non-intervention prison due to monthly monitoring in the intervention prison, and the non-intervention prison had no trained counselor to perform the counseling session.

Prison setting also plays a significant role in improving participant's quality of life. Participants in the intervention prison had higher quality of life scores compared to the participant in the non-intervention prison after completing the rehabilitation program. The study found that participants' quality of life increased significantly in all four domains (physical health, psychological health, social relationship and environment) at the end of the rehabilitation program. This result suggests that rehabilitation was implemented better in the intervention prison than in the non-intervention prison.

Qualitative data on the experience of the participants supports this finding. Overall, participants in the intervention prison reported more positive experiences throughout the program. This was seen in all aspects of quality of life. Individual, group and family counseling were implemented in the intervention prison, along with seminars on several health education topics. Rehabilitation participants in the intervention prison also mentioned that they felt that the staff had been quite responsive in providing emergency health service. In contrast those in the non-intervention prison expressed doubts regarding the quality of their health service. The environment of cell blocks in the intervention prison was also better as a result of routine inspection by staff. The social relationship between participants in the intervention prison was also perceived to be better as conflicts were resolved through discussions.

Quality of life of rehabilitation participants was found to be significantly associated with participants' compliance participation in the program. Those who had relatively complete participation in the TC program reported higher quality-of-life' scores in all four domains than participants with incomplete participation. This suggests that program completion rate is one factor that is essential for improving prisoner's quality of life.

Despite the significant association between compliance in a rehabilitation program and improved quality of life, most inmates in both facilities did not participate fully in the TC program. Monthly monitoring found no records of individual or family counseling in the non-intervention prison, and only 2 of 20 participants in the intervention prison attended family counseling sessions during the rehabilitation program. Complete participation is actually expected from all TC participants in order to help each individual end their drug dependency, achieve positive behavior change and improve quality of life. Limited counseling service should be made as the main issue in rehabilitation implementation. Participants mentioned that counseling was only available with visits from a health institution or BNN (Indonesia's National Narcotics Board). Rehabilitation participants were hoping to receive counseling routine as sessions allow them to tell their story, gain insights and receive encouragement to change.

Aside from all the limitations of a prison-based rehabilitation program, participants were experiencing positive impacts, including a closer relationship with God and more intensive

worship activity, more disciplined, and had healthier lifestyles. The rehabilitation program encourages them to stop using drugs and lead a more positive life.

Based on these results, several recommendations to strengthen the narcotics rehabilitation program are formulated for the Directorate General of Corrections (DGC), Ministry of Law and Human Rights and the CITUs.

1. Review and revise the narcotics rehabilitation technical guideline that guides program implementation so that it becomes easier to understand and be followed by prison staff.
2. Develop a simpler rehabilitation guideline using a simpler method such as the Brief Intervention or Motivational Interviewing (MI). This will provide CITUs more rehabilitation method options to match with their need and capacity.
3. A preliminary assessment of human resources availability and preparedness is essential prior to appointment of specific CITU. The DGC can collaborate with other government institutions (e.g. BNN, Ministry of Social Affairs or Ministry of Health) and NGOs to ensure availability of adequate human resources for rehabilitation program implementation.
4. Capacity strengthening of prison staff is therefore urgently needed so that rehabilitation service can be provided following the guideline. It may be worthwhile to consider refreshment training as a way to disseminate the content and use of the guideline to prison staff before actual program implementation.
5. Monitoring and evaluation of the rehabilitation program should engage the regional offices and the DGC should facilitate monitoring and evaluation training for its staff and representatives from each regional office (Kanwil) on the use of the standard M&E form.
6. Hold routine meetings with the regional office (Kanwil) and appointed CITUs as part of technical mentorship and periodic supervision.

Recommendations for CITUs:

1. CITUs can develop a rehabilitation method that is simpler than the therapeutic community method. It can be an option for the CITUs with limited capacity and a large number of drug-related inmates that may face challenges in implementing the Therapeutic Community Method.
2. Ensure the availability of counselors to provide individual counseling, facilitate group counseling and family counseling as part of the TC's core program.
3. Monitor the implementation through routine coordination meetings that discuss constraints and the solutions.
4. The Head of CITU is expected to be directly involved in supervising all the rehabilitation program activities, provide feedback for program improvement and to mobilize adequate funding, facility and infrastructure to support the program implementation.
5. Recruitment of rehabilitation participants should take into account each prisoner's sentence length.

Study 3: The Cost of Selected Prison Health Services in Indonesia: HIV, Tuberculosis, and Drug Dependence Programmes

Executive summary

Prison health is often neglected in the absence of a policy framework to reconcile the correctional system into the larger public health system. In the recent years, pressure has mounted to improve prison health in Indonesia. However, funding allocations have not been adequate to implement health programmes for persons who are incarcerated (PWI) as effectively and as efficiently as those found in community settings. Prison health is an integral component of the public health system, which provides access to care to vulnerable populations who have little or no means of obtaining care from community health services.

The Directorate General of Corrections of the Ministry of Laws and Human Rights (DGC) acknowledges that strategic information on resource needs for priority diseases is the first step to advance prison health. Two thousand nineteen marks the end of the quinquennial National Action Plan (NAP). Planning for resource requirements for the 2020-2024 period is a critical first step to advocate for needs-based budget allocations for prison health. In collaboration with the United Nations Office on Drugs and Crime (UNODC), Programme Office of Indonesia, DGC conducted a prison costing study for this purpose in three priority disease areas: HIV, tuberculosis (TB), and drug dependence (DD). This report presents the results of this study.

A budget impact analysis (BIA) was performed to assess the costs and health outcomes of three competing strategies: current (HIV, TB, and DD treatment coverage at the 2018 level), gradual improvement (increased treatment coverage from the current level to 90% by 2024), and optimal improvement (constant 90% treatment coverage throughout the entire 2020-2024 period). Cost and resource utilization data were collected from interviews at two all-male prison sites in Jakarta and DGC and from existing costing studies, where relevant. The effectiveness of a strategy was assessed as reduction in morbidity and mortality summarized as disability-adjusted life years (DALYs). A health sector perspective was adopted in calculating programme costs. A fixed increase in the prison population was assumed and the cost of health screening and diagnosis associated with the three diseases for PWI new entrants was additionally calculated.

At current treatment coverage, approximately IDR 49.62 billion was spent annually for three programmes of which HIV - at 51% coverage - received the highest spending share in comparison to TB (10% coverage, 4% share) and DD (0.3% coverage, 0.2% share). Targeting a gradual improvement in coverage to 90% by 2024 requires an annual investment of IDR 56.31 billion with a substantial reduction in DALYs (31,968 units) compared to the current strategy (11,149 units). An immediate increase to 90% coverage and maintaining it throughout the NAP period would cost IDR 129.55 billion annually with a relatively modest reduction in DALYs (44,623 units) compared to the gradual strategy at more than twice of its annual cost. An additional investment of IDR 23.80 billion per annum is required to match the need for health screening and diagnosis to all PWI new entrants of

which about 94% would be spent on PWI who have no HIV, TB, and DD. Choosing the more affordable gradual improvement now would reduce the attractiveness of optimal improvement as the next best strategy due to the limit in additional quantities of DALY reduction that can be achieved with optimal treatment coverage.

It is important that policy makers pay attention to this trade-off of affordability and optimality in deciding on the budget allocation for prison health. Promoting service innovations in prison health will produce efficiency gains that will favorably alter the cost profile of the next best strategy when due for adoption. Another potential source of efficiency gains is to economize on health screening and diagnosis of PWI new entrants, with differentiated models of blanket and targeted screening by prison characteristics (e.g., blanket health screening only in narcotic prisons). A differentiated screening model can free up a sizable portion of fixed investment dedicated to mass health screening to be reallocated to treatment programmes.

Improving prison health requires a multisectoral effort, and the BIA results from this study are expected to inform future budget allocations for prison health and broader public health system in Indonesia. Funding should be the next step in policy discussions, prioritizing the type of modality to best allocate resources for prison health.