

## PERSONNEL-CLIENTS INTERACTION IN METHADONE MAINTENANCE THERAPY CLINICS IN JAKARTA, TANGERANG, AND BEKASI 2016

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### Abstract

*Methadone Maintenance Therapy (MMT) was one of Drugs harm reduction programmes toward HIV infection increase which has been held in Indonesia since 2001. MMT implementation is very complex due to the clients who are drug users (IDUs) generally have deviant behavior and tendencies to do criminal. The rate of dropped out clients was stay high. This research aims to investigate the perceptions of health personnels, clients, and MMT managements about the advantages and the disadvantages of MMT program and the needs for maintancance and sustainability of the program with improved implementation (resolution of problems and obstacles restrictions) and to ensure optimal results.*

*This research used qualitative research design, exploratory research. There were 59 clients, 36 health professionals, and 12 people from the management from 12 MMT clinics in Jakarta, Tangerang, and Bekasi. The data was collected during February to June 2016.*

*The result of the study showed that most of the clients took methadone while the health professionals gave prescribed the methadone and provided the counselling at MMT clinics. Almost all of the health professionals, managers and clients perceived MMT as beneficial. On the other side, half of the health professionals and clients still considered that there were some weakness of the MMT.*

*The conclusion of the study was that MMT is still needed to be held and some improvements are needed too. The clinics fascilities, both infrastructure and human resources need to be fulfilled, especially for counselling, in MMT clinics organized by primary health care.*

**Keywords:** *perception, Methadone Maintenance Therapy, interaction*

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### INTRODUCTION

**T**he increasing number of injecting drug users (IDUs) in Indonesia has reached an alarming stage as it is followed by health and social problems associated, e.g, the increase number of HIV cases. Based on data from RSKO (Drug Addiction hospital) there has been an increase number in HIV cases from 16% (1999) to 48% (2001). Meanwhile, based on the record of Yayasan Kita there has been an increase cases number from 14% (1999) to 45% (2001).<sup>1</sup>

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<sup>1</sup> The Decree of the Minister of the Health of the Republic of Indonesia No 350/MENKES/SK/IV/2008 on Hospital Determination and Methadone Maintenance Therapy Program Sattelite and also Methadone Maintenance Therapy Program Manual.

Drug injecting behavior has proven to be a very effective way in the HIV transmission. At the present time it has been estimated that cumulatively there are about 2-3 million injecting drug users that are infected with HIV. More than 110 countries have reported HIV epidemics associated with injecting drug users. In North America, injecting drug abuse caused at least 25% cases of AIDS (Acquired Immune Deficiency Syndrome) until 1994 and it was the second risk factor for HIV infection. While in Eastern Europe, injecting drug use was the main cause of HIV infection. In Russia in 1997 there were 62% AIDS victims were suffered by the use of alternately narcotic use.<sup>2</sup>

Directorate General of PPM and PLP The Republic of Indonesia of Health Department, from 2012 to the end of December 2012 reported that the cumulative number of HIV infected persons reached 98.390 people while AIDS people reached 45.499 people with the cumulative number of deaths of people reached 8.235 people. The use of the injection became the second risk factors of HIV AIDS infection with the cumulative number reached 7.752 people.<sup>3</sup>

The harm impact reduction program of injecting drug infection is essential to have development and modification of three approaches, namely the supply reduction, demand reduction and harm reduction. Harm reduction consists of several activities, namely condom program, sterile needles program and substitution therapy programs.<sup>4</sup>

Several good health care facilities such as health centers, clinics of prisons / detention centers or hospital can provide methadone maintenance services. Health service facilities that can provide Methadone Maintenance Therapy Program (MMT) is based on the Ministry of Health of the Republic of Indonesia No. 227 / Menkes / SK / VI / 2013 is consisted of 20 pengampu Hospitals, 57 hospitals and satellite health centers, as well as 9 satellite prisons/ detention centers. In 2014, there were seven more hospitals and health centers and one satellite satellite prisons / detention centers that were activated and were still in the process to get a determination by the Minister of Health.<sup>6</sup>

MMT implementation is very complex because it involves injecting drug users (IDUs) who generally have deviant behavior and tend to do criminal activities that require special procedures with a very strict level of supervision. MMT also takes several years and has the high rate of dropped out patients (40-50%). This indicates the needs for monitoring and evaluation MMT to identify the problems, obstacles, and the success rate. The result of research is required to sustain the program with improved implementation (problem solution and obstacles restrictions) and also to ensure optimal results.

## METHOD

This research used a mixed method design with quantitative research to investigate the picture of the characteristics and perceptions of respondents (clients, staff and management) concerning MMT service and qualitative research with the explanatory design.

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<sup>2</sup> Winarno H, Suryoputro A, Shaluhayah Z, (2008). Factors Associated with the Alternate Needle Injection Use Among the Injecting Drug Users in Semarang, 2008. Indonesia Health Promotion Promotion Journal Vol.3/N0.2/August 2008.

<sup>3</sup> Ditjen P2P&PLP Kemenkes RI (2012) The Report of HIV AIDS Cases.

<sup>4</sup> Suharni, M. The Drugs Problem Aprocaching Solutions and Harm Reduction Policy  
<http://www.kebijakanidsindonesia.net/id/artikel/korespondensi/1102-pendekatan-penangulangan-permasalahan-narkoba-dan-kebijakan-harm-reduction> downloaded on 3 January 2016.

The population in this research was all MMT clients in units of healthcare (Puskesmas) of program providers, certain Institutions such as Indoensian Methadone Network (JIMI) and the Association of Indonesian Positive Women (IPPI) were designated as partners to get respondents. Data was taken from 59 clients, 36 officers, and 12 people in management from 12 MMT clinics in Jakarta, Tangerang, and Bekasi. Data collection was conducted during February to June 2016.

The instrument that was used was a questionnaire constructed from several existing components in the Health Belief Model. This reseatch specifically will analyze the perceptions of MMT service providers towards MMT clients and vice versa on the causes of high MMT dropped-out, consisting of:

1. perceived susceptibility (feelings or beliefs of person about the ability or disability of the person to experience the unfavorable circumstances related to behavior or certain conditions),
2. perceived seriousness (feelings or beliefs about the severity of the condition that will be experienced by the person),
3. perceived benefit (belief that other certain behaviors will be used to avoid unfavorable circumstances),
4. perceived barrier (belief that certain behavior will be able to lead others into unfortunate circumstances)

This research was conducted in February-June 2016 30 side MMT located in Jakarta, Bekasi and Tangerang. Data was obtained from 12 side MMTs including PKM Kemayoran District, PKM Sukmajaya Depok District, PKM Senen District, PKM Tebet District, PKM Cengkareng District, PKM Pondok Gede District, PKM Ciputat District, Fatmawati Hospital, RSKO Cibubur, Bekasi Hospital, and BNN. The data collection was by using questionnaires filled out by the MMT management, staff and clients.

## RESULT AND DISCUSSION

In this research, there was obtained results about the characteristics and perceptions of the MMT clients, officers and management in 12 side MMT on the benefits and disadvantages of MMT services.

Table 1. The Results of MMT Client Univariate Analysis

Variable	n	%
MMT Location		
- Health Centers	49	83,0
- Hospitals	10	17,0
The Last Education		
- SD	2	4,0
- SMP	12	20,0
- SMA-D1	36	61,0
- D3-S3	9	15,0
Marital Status		
- Single	20	34,0
- Married		

- Divorced	31	52,0
	8	14,0
The last time of taking MMT services		
- Today – Yesterday	43	73,0
- Less than the 7 days ago		
- Less than 6 months ago	1	2,0
- Less than 1 year ago		
- More than 1 year ago	2	3,0
	1	2,0
	12	20,0
MMT Services		
- Counseling	25	42,4
- Health examination		
- Methadone Giving	20	33,9
- Take-home dosage giving	43	72,9
	14	23,7
Clients' Perception		
- Dropped Out Risk	33	55,9
- Seriousness		
- Advantages	54	91,5
- Disadvantages	59	100,0
	21	35,6

Table 1 showed that there were 59 client respondents. Most respondents' ages were mostly 36 and 40 years old (11.9%). The youngest age was 25 years old and the oldest 49 years old. With a mean of 36,69 and median 36,00. The MMT obtained research results showed that there 49 respondents (83,1%) had services in health centers, only 10 respondents (16,9%) obtained MMT services in the Hospital. The last educational MMT clients were mostly high school (SMA)-D1 was by 61%. Of the respondents' marital status, it stated that 52% were married, 34% unmarried and 14% were divorced. The respondents who used service MMT lastly was mostly today-yesterday (73%) and least use of MMT services was the less than seven days ago (2%). The most used service was the provision of methadone reaching 43 people. Other MMT services that procured by the clients was a dosage reduction, IDU's meeting, and a support group. Of 59 respondents 5 of them used all MMT services.

From the research results it stated that there were 33 respondents had risk of MMT dropped out service. The risk dropped out clients of the MMT services had some reasons that the medicine was not enough / provided by 10 people, difficultly to access by six people, expensive price by 2 people, and complicated administration by 1 person. Clients who were at risk of dropped out gave other various reasons, such as body ache (bone) and pain, should gradually to use drugs for slow alternative healing, not want to use drugs, wants to be healthy, reduce the dose must be paid, the unstable body, MMT service was far from home and the service time was only 2 hours, can change the behavior of the clients and the family, going

back to drugs, drug abuse/dependence, substance withdrawal, when the o dosage or methadone therapy program completion, and insufficient time / for work.

Clients who did not feel at the risk for dropped out were by 26 people with the reasons of friendly personnels, helpful enough, will use the service for 1 year, able to control their own bodies, still needed the methadone program and consumption, helping the activity of clients, satisfactory MMT services, good benefit, and fear of old drug use habit.

From the results of research on the perception of the seriousness of the patients in using the MMT services, it was obtained that there were 54 respondents said that it was harmful to the health or safety of the clients if they stopped using the MMT services. With the reasons of getting back as the drugs users (43 people), job loss (16 people), lost the future life (11 people), ostracized by family and friends (3 people), shame (2 people), and could not bear with the withdrawal (2 people). Other reasons were given by respondents such as escape from a doctor's supervision, did not know any disease that would arise if they stopped MMT, fear of dropping stamina because of positive HIV, could not go anywhere, could not do any activities, and still required methadone.

Respondents who thought that stopping using the MMT service would not be harmful to the health or safety of the clients were by five people, one of them reasoned with no dependence with methadone medication.

From the results of this research, all respondents (59 people) stated that the MMT service offered benefits to the clients. The reasons of the respondents were to eliminate the dependence on the drug (47 people), preventing the HIV transmission (26 people) and when it needed there was counseling service (21 people). The respondents with other reasons, like to know all the illnesses due to the drugs and the ability to stop the withdrawal, under supervision of a doctor, could work and do activities, and maintain domestic harmony.

The results on the perception research about the respondents' negative impact of MMT service showed that there were 21 people thought it was harming with the reason that it could be as an alternative if there are no drugs or money (10 people), resulting in more drug users (3 people), could withdrawal (3 people), a risk of overdose and death (2 people), resulting in more smoking, felt more bounded by MMT making it difficult to find a job and MMT just a government program with no evidence-based.

Most respondents believed that MMT service did not bring negative impacts were by 38 people. With the reason of the HIV decrease and drugs use can be stopped, obtaining family support, could be detached from heroins, could return to socialize, were productive and adaptable, could stop using drugs, and regular pattern life-pattern.

Table 2. MMT Personnel Univariate Analysis Result

Variable	n	%
MMT Location		
- Health Centers	27	75,0
- Hospitals	9	25,0
The Last Education		
- SD	1	3,0
- SMP		
- SMA-D1	8	22,0
- D3-S3		

	27	75,0
<b>Marital Status</b>		
- Single	5	14,0
- Married		
- Divorced	29	81,0
	2	5,0
<b>The last time of taking MMT services</b>		
- Today – Yesterday	29	80,0
- Less than the 7 days ago		
- Less than 6 months ago	6	17,0
- Less than 1 year ago		
- More than 1 year ago	1	3,0
<b>MMT Services</b>		
- Counseling	21	58,3
- Health examination		
- Methadone Giving	12	33,3
- Take-home dosage giving		
	25	69,4
	16	44,4
<b>Clients' Perception</b>		
- Dropped Out Risk	11	30,6
- Seriousness		
- Advantages	19	52,8
- Disadvantages		
	34	94,4
	18	50,0

From the Table 2 it can be obtained the results from MMT personnels as respondents for 36 people. The youngest respondents' age was 23 years old and the oldest was 59 years old with a mean of 39,44 and a median of 40,00. The respondents who provided MMT services in health were 27 people (75,0%), only 9 people (25,0%) of respondents provided MMT services PTRM in the hospital. The last education of MMT personnel was D3-S3 for 75%, SMA-D1 for 22 % and only 3% from the secondary school. The marital status of almost all respondents was married (81%), 14% was single and 5% of all respondents said that they were divorced. Almost all personnel gave the last MMT services on today-yesterday section (80%) and the least amount of last MMT service PTRM was less than 6 months ago (3%). The most MMT services prescribed was the provision of methadone (25 people), the least was for medical examination by 12 people. Other services provided by the personnel was medication, IDU's meeting, providing education about HIV / AIDS, DKS, family gatherings, spot check, satellite pupervision, consultative meetings and supporters in Jakarta.

From the results of research on the perception of the personnel for the risky feeling or considering quitting in MMT services, it was obtained that 25 officers stated that they were not at risk and 11 officers declared they were at risk. The officers who claimed that they were not at risk stated that it was already the obligations of methadone officers, was the form of their duties and responsibilities, had commitment, and

also felt proud when they could generate patients / clients have changed their behaviors, not because of their responsibilities, the client had been stable, the selected new clients acceptance, the service was in according to SOP, the running program and there were number of people accessing the MMT service, being cautious and used personal protective. Some respondents showed reason there would be a high recurrence rate and of course the occurrence of more HIV / AIDS infections, patients still needed MMT services, still needed by patients who were withdrawal, the clients' criminal behavior / disturbing, and patients still required medication.

Officers who were stated at the risk to quit providing MMT services had reasons that the clients' criminal behavior / disturbing (4 people), too much workload (3 people), the drug was not sufficient/provided (2 people), material rewards were not appropriate, not much change in behavior, punishment for patients who were troubled, inconsistent, and many patients lied, made a chaos, fear that the patient committed a crime anytime to the officers outside, fear if the clients suffered from tuberculosis and hepatitis.

Research on the perception of the personnels' seriousness in providing MMT services to clients, 19 officers felt dangerous if they stopped providing MMT services and 17 people stated they were harmless. The personnel stated they were in dangerous as the clients could become addicted again (18 people), lost future life (13 people), job loss (13 people), ostracized by the family and friends (10 people), and embarrassment (6 people). Other reasons given by the personnels that was a decrease in health quality of the drug users, the spread of HIV / AIDS from the users was increasingly out of control, and the patient thought take officer who made the drug dispensing.

The personnel who said that it was not dangerous to stop providing MMT services thought that IDC (could not do much for the clients), there was dom that could continue the MMT service, could be delegated / switch tasks with these requirements in PTRM, had a feeling that the person already gave the best thing for the client, the reason of the existence of other personnel, duties and responsibilities were duties procedure, and reason to protect themselves.

Research on the personnels' perception toward the advantages or benefits of MMT service showed that almost all personnel stated helpful (34 people), while there were two personnel said it was not helpful. The reason given by the personnels stating the MMT service was helpful were that the counseling services was required (26 people), could prevent HIV transmission (24 people), could eliminate the dependence on drugs (23 people), behavioral changes (crime rate was declined), could create MMT familial environment, clients could work, improved the quality of the life of patients, as the drug choice for women "users" who were pregnant, and patients could recover from their psychosocial activities. From these reasons the personnels also had negative reasons such as the patients have not been discipline and still using drugs other than methadone, and MMT was as a means of transactions for purchasing and selling drugs. The personnels who stated that MMS not helpful gave reasons that there was no positive thing that occurred because there were some patients who used other substances while drinking methadone and the patients' willingness to recover were not too big.

The results of the research on the perceptions of the harm or negative impacts on the MMT service showed that some personnel thought it brought negative impacts (18 people) and positive impacts (18 people). The reasons given bt the personnel who stated negative impact that it could be as an alternative if there were no drugs or money (14 people), could withdrawal (4 people), MMT was just a government program with no evidence-based (3 people), resulted in more number of smoking, could result in a growing number of drug users, clients too much hanging out created more problems, became a new type of drugs that because they were addicted to methadone so that they bought from MMT patients, and an opportunity to deal drugs when MMt services given.

The reason the officer that states do not have a negative impact, namely PTRM can make the client be healthy, some clients may be controlled, of the disposable drug crime rates increase, the user has the opportunity to organize their lives better again provided according to the procedure, the assessment is good, good counseling good program and hopefully can improve lifestyle clients, kedisiplinan client will be formed, more and more patients using methadone legal, helped rehabilitate addicts drug, methadone can improve the behavior of clients and improve the health of the client, and is very helpful for those who want to escape from heroin , lowering the crime rate and the spread of HIV.

The reasons given by the personnel who stated there were no negative impacts, namely MMT could make the clients healthy, some clients could be controlled, could decrease the crime rate compared if they used drugs, the users had opportunity to organize their lives better again provided in according to the procedures, with good assessment, good counseling and good program which hopefully could improve the lifestyle of the clients, the discipline of the clients could be formed, more and more patients used legal methadone, helped from drugs addiction, methadone could improve the behavior of the clients and improved their health, and was very helpful for those who want to free from heroin , lowered the crime rate and the HIV trasnmission.

Table 3. MMT Management Univariate Analysis Result

Variable	n	%
<b>MMT Location</b>		
- Health Centers	9	75,0
- Hospitals	3	25,0
<b>The Last Education</b>		
- SD	0	0,0
- SMP		
- SMA-D1	2	17,0
- D3-S3	10	83,0
<b>Marital Status</b>		
- Single	1	8,0
- Married		
- Divorced	11	92,0
	0	0,0
<b>Personnel Perception</b>		
- Strength	11	92,0
- Weakness	1	8,0
<b>MMT Impacts</b>		
- Positive	7	58,0
- Negative	5	42,0
<b>Continuance of MMT</b>		



- Yes	10	84,0
- No	2	16,0

From Table 3 it showed the age of the management respondents were varied; the youngest was 30 years old and the oldest was 56 years old, with a mean of 42,75 and a median of 41,50. The Management respondents from the health centers were 9 people (75%) and Hospital 3 people (25%). The last Educational of the management respondents were D3-S3 for 10 people (83%) and high school-D1 for 2 people (17%). The respondents whose marital status were married by 11 people (92%) and only one person was single (8%).

From the results on the management perceptions about the MMT benefits, the respondents stated that MMT was helpful (11 people). They gave reasons that it would enhance the image of the institution (healthcare) (6 people), helped that patients on opiates (heroin) to switch to methadone (substitute), reduced the transmission of HIV / AIDS through needles and used methadone, and solved the crime rate, improved the quality of clients' lives. The benefits to the community or drug users was as one of therapeutic modalities and for professionals (doctors) to facilitate the provision of one-stop service for hospital drugs, but it was not beneficial to the institution because it required special attention and provided less profit. One management party stated that MMT services would not be beneficial if there was no support from the personnels in the service.

The research result showed that some management stated that the MMT services gave negative impacts (5 people) with the reasons that it could be an alternative if there were no drugs or money (4 people), could lead to the more number of drug users, created a risk of overdose and death, could withdrawal, resulted in more smoking, MMT was just a government program with no evidence-based, patients' behavior was difficult to be directed in according to the MMT SOP, and there was a circulation of illegal methadone.

Most management stated the MMT service did not bring negative impacts (7 people) with the reasons that it helped heroin users to be free from opiates / heroin (rehabilitation) rather than if the clients still were addicted by opiates, lowered the HIV rate, not given in accordance with the correct procedure and helped patients with the drug.

From the research results it showed that almost all MMT management stated that the MMT service at their institution needed to continue (10 people) with considering that the record of service should be monitored continuously by the Ministry of Health, suitable number of Human Resources as needed, equipped with facilities and infrastructure, abstinent to all narcotic substances, improved the MMT quality and the clients could comply the applicable MMT rules, required for supervision from Ministry of Health, participated in the government programs to reduce morbidity (drugs) MDG'S number 6, and the needs of support from the central government. The management of Bekasi District Hospital stated that MMT services at their institution should not be continued because the patients who visited them few in number while the operational cost for the service was big. While the Gambir Sub-district health center stated that it should not be continued due to absence of the success rate and only as drugs substitution without any behaviour guidance (counseling).

## CONCLUSION

The most accepted MMT Services by clients and implemented by the personnels were metadone giving and and counseling. Almost all clients, staff and management had perceptions that MMT was favorable /

beneficial. However, some officers and clients thought that there were still lacks of MMT program and its development was still needed. Clinic facilities, both infrastructure and human resources as well still needed for improvement, especially for counseling in available MMT in health centers.

### **Suggestion**

From the research results, almost all MMt management stated that the MMT service in institutions needed to be proceeded but with control and monitor by the Ministry of Health, Human Resources should be added as needed, facilities and infrastructure should be more equipped, abstinent to all narcotic substances, improving the MMT quality and clients can comply with applicable MMT regulations, there must be supervision from the Ministry of Health, participating in government programs to reduce morbidity (drugs) MDG'S number 6, and the needs of supports from the central government.

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