



# Recommendation for the Future Policy of MAT

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# Existing Policies

- Current regulation related to Methadone & Buprenorphine:
  - Drug Law No. 35/2009 regarding Narcotics: methadone is scheduled under # 2, while buprenorphine is # 3
  - Minister of Health Regulation No. 57/2013 regarding National Guideline of Methadone Maintenance Program
  - Minister of Health Regulation related to buprenorphine has not been endorsed yet up to now
- By law, methadone & buprenorphine should be:
  - Available in pharmacy units
  - Prescribed only by trained doctors
  - Dispensed only by pharmacists or assigned pharmacist assistants



# Methadone Maintenance Treatment Clinics

- ▶ Basis:
  - ▶ PHC-based
  - ▶ Hospital-based
  - ▶ Prison-based
- ▶ Run by team, consist of:
  - ▶ Doctor
  - ▶ Nurse
  - ▶ Pharmacist (or the assistant)
  - ▶ Psychologist or addiction counselor

# Implementation of MMT

- ▶ The Clinics must be led by a doctor (trained GP, psychiatrist)
- ▶ Pharmacist (or their assistant) dispenses methadone directly to the patient based on doctor's prescription
- ▶ Clinics should regularly offer HIV and STI screening and testing, also remind their patients regarding safe sex and safe using practice
  - ▶ Hospital-based MMT clinics should provide integrated HIV treatment and care
  - ▶ PHC-based MMT clinics should establish referral system for HIV treatment and care

# Drop-out patients

- Operational definition
  - Those who do not take methadone for 7 days consecutively and without any explanation/reasoning
- Re-entry patients should be re-assessed comprehensively
- Study in 2012:
  - Average of drop-out rate for 3 months: 26%
  - Average of drop-out rate for 6 months: 34%
- Predictive factors for treatment retention:
  - Adequate dose
  - THD privileges
  - Clinical experience

# Take-home dose policy

- Clinically stable and have been in treatment at least for 3 months
  - THD for those who have been in treatment for < 3 months is allowed under very special and limited circumstances
- Have regular/daily activities (job, study)
- Being responsible to the home-doses:
  - More preferable w/ family/guardian control
- No longer misusing any psychoactive substance → proven by negative drug panel urine test (randomly & regularly checked)



# Take-home dose policy

- The doses given should not exceed 3 daily doses, except in special circumstances:
  - Joining training / pilgrimage / competition in places where methadone are not available

# Evaluation of MMT Program related to ARV access

- ▶ Ever had in ARV: 47.83% → among them, 68.6% actively access ARV
- ▶ Core motivator is counselor (OR 3.907 95% CI 1,113 – 13,708 ); doctors and/or other health workers do not really motivate them to access ARV
- ▶ Patient's uncertainty in adhering ARV regiment was the most significant factor not to access ARV (OR 22,04, 95% CI 1,431 – 339,428)



## Evaluation on MMT Program and Its Relation to ARV access (2012)

- ▶ > 60% MMT patients are HIV positive
- ▶ Ever had in ARV: 47.83% → among them, 68.6% actively access ARV
- ▶ Counselors were considered as the main motivator to access ARV
- ▶ Patient's uncertainty in ARV regiments was the most significant factor not to access ARV

# Recommendations

(source: external review, 2012; coordination meetings, 2013 – 2014)

- Ensure the optimal dose is reached to yield good retention to treatment
- Ensure MAT, both methadone and buprenorphine, is affordable
- Increase the number of sites, especially the PHC-based sites → widen the coverage
- Ensure the availability of psychosocial intervention as essential component in providing MAT
- Ensure the clinic's operation hours meet the patients' needs, especially for those who work
- Support prison-based service with continuous technical and operational support

# Recommendations (cont'd)

(source: external review, 2012; coordination meetings, 2013 – 2014)

- ▶ Establish intersectoral collaboration (with Ministry of Social, National Narcotics Board, Local Government) to get support in:
  - ▶ Case management
  - ▶ Staff capacity building
  - ▶ Good governance service
  - ▶ Local government budget to increase service quality / performance
  - ▶ Employment opportunity for stable patients



Thank  
You

