

Reality Bytes: On drugs in Southeast Asia
A podcast series on experiences of drug treatment and rehabilitation
Episode 3: On providing community-based treatment and services
Transcript

Quinten (interviewer):

Hello and welcome to our 3rd episode of Reality Bytes. In this episode we will meet a person who runs a peer run rehabilitation center in Indonesia. Sam Nugraha is the founder and Executive Director of Rumah Singgah PEKA. After addiction, Sam decided to start up his own facility as a peer-run rehabilitation center that takes a different approach to most of others centers. Sam, it's a pleasure having you with us. Can you tell us where you are?

Sam:

I'm in Bogor city. It is part of West Java province in Indonesia.

Sam:

I established the rehabilitation center in 2010. In that very city. So what we do is actually provide a trustful rehabilitation center for people who are looking for support services regarding their impact or consequences of their abuse.

Quinten:

Thank you. Very interesting. Can you tell us how the center looks like?

Sam

On a regular day it's like a house full of people. In the morning people will wake up. They will have their breakfast they will have a morning briefing. We call to actually plan what we will do for the rest of the day. Now, we have sessions, some people have counseling, and then we have activities, outside activities such as gardening and things just to keep them productive and still connected with the environment and with the people. With that morning briefing, just to make sure everybody is on the same page, or everybody is working on something for what they want to achieve. And from time to time sometimes we also went to the prison when we do services there we provide information, education regarding drugs or HIV and AIDS or hepatitis C. All the things that actually might be useful for the inmates so the people, our client can also feel that they still can be really productive can still be really useful even though they are still in treatment. So that is the activity; then at night activity they have three times they can watch movies, they can play board games or even the Xbox we have it there so they can play every week. Usually we rent a soccer field. The mini one, I'm not a big fan of football, but the mini one, you know for only five people. So basically, I want to create the environment that is not like treatment, but it's actually just like normal activities, they still even can hold their own mobile phone, they still can have their own money, they can go to the next door convenience store to buy, whatever needs they have. So it's not a restriction of, you know, movement. They can go mostly everywhere.

SETTING UP A COMMUNITY TREATMENT CENTER

Quinten:

Why did you decide to set up such a center?

Sam:

Well, to be honest, I was an active drug user a long time ago. And in my personal experience, it's really hard to find the right treatment for me for my personalities for my characters, it's really difficult. In the first five times they send me to the mental institutions and it just gets me depressed and gets me to use drugs even more than before. So, when, finally in 1999, I managed to deal with my drug use. And I have the urge to share this with others, for those who are seeking for any related services, so they don't have to suffer the way I do, or they don't have to deal with so many challenges just to get where I want.

Quinten:

And how do people find your center?

Sam:

Well, our center is around the neighborhood. It's really packed. In the beginning, when we opened the place we invited around maybe around 30 people who use drugs, it turns out hundred people showed up, we invited them actually just to give information on what we do here what we can provide and all that and apparently, it brings so much interest to people who use drugs in this area. However, at the same time the community leaders, about four of them actually five, I remember they came and they were investigating what we were doing because you know, when hundreds people show up in not very big place about 1,000 square meter and it draw attentions and people are kind of worried with, diverse appearances. There were some public transport drivers, car drivers or online Moto, moto taxi, so many backgrounds, young, old women, girls, men and boys, so they want to know what's going on. So we are open with them. So what we are doing here is actually to provide services for people who use drugs. And it's not limited for these people that we invited, but also for the people who live around them, which actually give them a bit more question. Is it safe or not? Maybe they can help our neighborhood but also they are kind of suspicious with what we do and I said, our doors are open. As long as you can maintain the confidentiality of our clients. You can come you can see what we do. And starting from there, and then we built our relationships with the community leader with the community around neighborhood and people accepting us is a long process. It takes time. But eventually, people know what we do. And then they accept us of what we are providing.

Quinten:

Interesting. And when you talk about community leaders, what type of community leaders are you referring to then?

Sam:

It's an official community leaders who got selected and then registered to the government. We call it the RTA in our country, within the sub district. So they have official community leaders there. They got elected by the people who live around there, but they got registered to the government to provide information for anything that the government from the Central want to pass through.

Interviewer:

Can you explain what the major benefits are for the community to have your center within it?

Sam:

Well, first of all, our center is free of charge. That is the first benefit. It doesn't cost them. But actually, our financial support in the early establishment was through the Global Fund money. We are at the moment receiving funding from Ministry of Social Services previously from the National board. So it's been struggling for funding. Because I think economically our country is also facing a lot of challenges. The other thing is our place is open 24 hours per day, so they can come anytime. The reason why we open 24 hours a day is because people who use drugs, they can come with different situations. Sometimes they work late at night. Sometimes they work early in the morning sometimes they do so many things. That they cannot go to the clinics with limited open hours, especially within our countries, the open hours are very limited, not even a full day. Because I think the human resources are limited. So part of the time they have to do the administration's work besides providing actual services. The third benefit is this is different than the old school type of rehabilitation centers. We do not enforce our clients who come to access our services to stop using drugs. Well, actually we provide counseling, we assure what they really want to achieve by accessing our service offices. So in that manner, our clients have more options if they want to regulate or they want to still use drugs but in a safe manner, we make sure in the counseling process, they know all the risks, they know to prevent all the things that they don't want to deal with the consequences. Although for those who want completely total abstinence, we also provide those kind of services. And also we are working together with the clinics for those who are on substitution therapy, oral substitution therapy. So since the clinic have limited open hours, we can bring the take home dose, actually to our centers. So for those who cannot go to the clinic at the open hours because they have jobs, they can come later on at night to our center. We also provide services for those who have comorbid disease, such as HIV, or hepatitis C. Usually when they want to access the medicines, the hospital or the clinic have limited hours. So that is the three benefits that I can see at this point. Something that is not a template that everybody have to deal with the same thing. Actually, people have options. It's not costly for them. And the other thing is, this is not an old school type of rehabilitation where you have to do things like in the boot camp, you know, everything has to be tidy and all that. It's not kind of treatment that way. It's more like dealing with their motivations. It's kind of like helping them to find ways to achieve what they want in their situations.

DEVELOPING CREDIBILITY

Quinten:

How did you establish the relationship with the clinics?

Sam:

It's a process, I have to say. They have to see what we do. They need to see our profile, particularly when we just start in 2010. We are a new organization they still have a lot of questions. Our teams' individual backgrounds and what we do or experience we need to develop. So we approach them, we do the audience with the government, with the clinics, at the clinic level at the subdistrict level to the district level, to the provincial level until the national level. So let them know who we are and what we

are doing and what approach that we are doing. In the beginning, it's a big challenge because people think that this rehab still allowing people to keep using drugs. And well, we have that discussions with a group of people, you know, nationally as well. And I said we cannot actually stop people from using drugs, we are giving options we are giving more tools for them what to do with it. So even in the treatment center, who are really strictly saying that you cannot use drugs at all, they cannot guarantee that. I remember that time the chairman of the National AIDS Commission and I asked her are you focusing for total abstinence or quality of life improvement? And that, of course, quality of life improvement. So let's start as indicators instead of total abstinence, because if we're focusing on that it's going to be failing before we start. It's a process it takes years, until I see that different organizations who provide rehabilitation centers also start to adopt that and adapt it and they start to understand more about what is a client centered approach tailored model, you know, beforehand, just a lip service because it sounds good, but they have no idea.

Quinten:

How does your work and your organization differs from potential rehabilitation centers in Indonesia?

Sam:

Well, first of all, our doors are open. You know, when people came and access treatment for inpatient treatment, it's not a lockdown situation. They still can go anytime they want. If they change their mind, I don't want to continue this after a week. They just want to go home. The door is open. We just make sure that they went through the process of counseling. This is not something that they don't really consider. We don't have a restrained room that people are put in bars. Even in a regular basis, our client can go outside, they can go to the market to buy foods and things like that. So, actually, we don't want to cut the connections between our clients with the societies because actually, we, from my personal experience, after six months in the rehabs, when I go back to the society, I feel so stressful, I still don't know what to cope with, with all the tensions, I have a tendency to go back to the centers that have facilities, but that is missing because we have equipped our clients to be able to go back to the societies to be able to maintain the connections. But I can say it's different on our program, it's completely focusing on life skill such as decision making, problem solving, coping skills through emotional regulation is really useful when you come back to the society into regular life outside of the treatment centers.

Quinten:

What does success look like for you?

Sam:

The success is actually when the client actually achieve what they want. When they start to come to our place, and then they're still under influence, they are still in withdrawal symptoms. So we take care of that maybe we need some medical assisted treatment or we need to refer them to the clinic at the beginning, just to stabilize physically first, and then after they feel okay, and then we will have interviews and make sure what do they really want. People came with different reason. In the beginning, of course, because it's a drug treatment center, they said I want to stop using drugs or I want to deal with my excessive drug use. And I said, take your time, until a couple of days and then we will start to talk again, they want to have a job again or they want to fix the situations in the family and

all that stuff. So that is the tailored program, we can focus on each individual with different areas. We need to have their consent on the treatment plan. That means when they finish the program, they have enough information, they have appropriate skills to deal with the situations. Even though it's not enough at some point, they can still come back anytime and they still can consult with us to deal with certain issues.

Quinten:

Thank you, and that helps guarantee success within the organization. When people work for you, how do they end up working for you and how do you guide people through the whole process?

Sam:

Well, the guarantee is actually almost 100% in the client. We can say many things, we can provide anything. So if the client doesn't want to do it, then the client won't do it. And hence, of course, the relationship between our staff counselor and the client that play a big role, you know, to assure that the client can see the benefit for themselves if they are doing something on their life. So that's another process of counseling. So, most of our staff have the same background as I am. They have experience of drug use, they have experience of some of the consequences of their abuse, even overdose or prisons, hospitals, you know, things like that. And actually, at the moment, we are dominated with the prior clients, our own clients who actually they want to continue contributing their work there to help others. Although we also have some professionals, we have psychologists, we have professional nurse there who can assist us in certain areas, particularly in counseling and providing care for a client who are not in a good health condition.

DEALING WITH CHALLENGES

Quinten:

Okay, and what are the major challenges that your organization is facing now?

Sam:

Okay. The major challenge is the appropriate support. What I meant about appropriate support is sometimes we work with the governments or with the funding agencies, they have a different SOP and then the standard itself to assure what is the minimum standard that we can provide, right now, if you want to establish an organization's to have a rehab, although you don't have any background, you can have actually the potential damage that we can create something without a clear visions without involving people who are expert or experience in the field, you can create a nightmare there and you don't know what to do. Even in Indonesia. I heard so many stories that people who got arrested by the police. They're being asked for a lot of money. So they can get away from jail or prisons. I cannot provide any proof because everybody will seal their lips for that. If they say it and then they will go to jail anyway, everybody knows it. It's like in the prisons, or the arrest situations, everybody knows what's going on, but they don't officially say. So, that is a challenge for us to assure this works. If you build a good relationship with the client, like professional relationship with clients, actually the result can be more promising. Instead of you just putting people in one setup, to do all these series kind of thing and expect they will continue doing after they finish the program. Doing counseling, takes a lot of efforts, takes a lot of skills. And it takes some costs as well because people who have some qualification is

very limited at the moment. But the result is really promising. If you are able to build that connections with the clients, even after they finish the program, maybe in the beginning, they still come back to their regular risky using drugs, but they still maintain that communications, it's a process for them to learn the new behaviors that they want. It's not something that you can just flip your hands, you know, it takes some time it takes process it needs a lot of support. And this kind of thing was not clearly recognized in the government documents.

Sam:

So it's really difficult when you try to use the standard of budgeting suit a tailor made based program. When you have to stay there for 30 days, then you stay there for 30 days, even though you only need a week. I've been working in this area since you know, 2010 some times recognition is there but the support is not really there. we have some support, but just enough for you to not get drowned. But you're still in the water.

RETHINKING TREATMENT APPROACHES

Quinten:

Has your model, your treatment model been copied successfully by other entities in Indonesia or elsewhere?

Sam:

Actually we have three centers at the moment. We have one in North Sumatra in modern city. And we also one in another city in West Java in Chiragan. At the moment they want to copy what we do so kind of like giving some umbrella for them to operate that. So we have a same standard of stuff, capacity buildings, the same standard of modules, same standard of indicators that we want to achieve. While UNAIDS and UNODC has recorded our centers, I don't know if other countries has been adopted. But since then, a lot of organizations from different country one from German, they came to our place. Philippines was there as well. Myanmar was there.

Quinten:

You've been in your organization for almost 10 years. Is there anything you would like to share with the world on drug detention and rehabilitation?

Sam:

Well, there's a lot of debates between drug use is an addiction or not, is it a disease or not? In my country, if we take out the drug use is not part of the disease, then it will go under the law violations. So I think at the moment in Indonesia, it should be better if we adopted it as a disease. That way, you can minimize the consequences. You don't have to go to the prisons, then we can focus on treatment centers. So I think the message to the world is, I know many other countries has already advanced than what we do. Of course, I have learned so much from Australia, United States and other countries as well. We are trying to adopt and adapt that. But dealing with people who use drugs, it's not something that everyone can do. It's not the calling for everyone. But you need to deal with the people the same way as you want people to deal with you. Same thing when you want to act. Any kind of services, bank services, hotel services, restaurants, services, actually, if you have a good service, if you have good

connections in the beginning, everything went smooth. Although, you know, maybe the food is not so nice, but you feel comfortable staying there or maybe we can work something out. So actually to make it short, in dealing with people who use drugs, it's actually the same dealing with other people. There is no different if you appreciate if you respect like we are another human.