

**Treatment Retention in Methadone Maintenance
Programs in Indonesia:
towards Evidence-Informed Drug Policy**

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APPENDICES

Appendix a Ethics approval from the University of Adelaide

21 FEB 2007 15:52

DHS DRUG BRANCH

NO. 573 P. 2



THE UNIVERSITY
OF ADELAIDE
AUSTRALIA

RESEARCH BRANCH
RESEARCH ETHICS AND COMPLIANCE UNIT

SABINE SCHREIBER
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HUMAN RESEARCH ETHICS COMMITTEE
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CRICOS Provider Number 00123M

25 January 2007

Associate Professor RL Ali
Clinical and Experimental Pharmacology

Dear Associate Professor Ali

PROJECT NO: *An analysis of treatment retention in methadone maintenance programs in Indonesia and its predictive variables*
H-156-2005

Thank you for your report on the above project. I write to advise you that I have endorsed renewal of ethical approval for the study on behalf of the Human Research Ethics Committee.

The expiry date for this project is: 31 January 2008

Where possible, participants taking part in the study should be given a copy of the Information Sheet and the signed Consent Form to retain.

Please note that any changes to the project which might affect its continued ethical acceptability will invalidate the project's approval. In such cases an amended protocol must be submitted to the Committee for further approval. It is a condition of approval that you immediately report anything which might warrant review of ethical approval including (a) serious or unexpected adverse effects on participants (b) proposed changes in the protocol; and (c) unforeseen events that might affect continued ethical acceptability of the project. It is also a condition of approval that you inform the Committee, giving reasons, if the project is discontinued before the expected date of completion.

A reporting form is available from the Committee's website. This may be used to renew ethical approval or report on project status including completion.

Yours, sincerely

Professor Garrett Cullity
Convener
Human Research Ethics Committee

Appendix b
Ethic approval from the local National Institute of Health (Balitbang Depkes RI)



Jl. Percetakan Negara No. 29
Jakarta 10560
Kotak Pos 1226 Jakarta 10012
Telp. (021) 4261088

DEPARTEMEN KESEHATAN R.I.
BADAN PENELITIAN DAN
PENGEMBANGAN KESEHATAN



Faks. (021) 4243933
E-mail : sesban@litbang.depkes.go.id
Website : <http://www.litbang.depkes.go.id>

Nomor : KS.02.01.2.1. 2211

REKOMENDASI PERSETUJUAN ETIK
PENELITIAN KESEHATAN

Yang bertanda tangan di bawah ini, Ketua Komisi Etik Penelitian Kesehatan Badan Penelitian dan Pengembangan Kesehatan, setelah dilaksanakan pembahasan dan penilaian, dengan ini memutuskan protokol penelitian yang berjudul:

"ANALISIS DAYA TAHAN PASIEN PROGRAM RUMATAN METHADONE
DAN FAKTOR-FAKTOR PREDIKTIF"

yang menggunakan manusia sebagai subyek penelitian, dengan Ketua Pelaksana/Peneliti Utama:

Dra. Riza Sarasvita, M.Si. MHS

dapat disetujui pelaksanaannya. Rekomendasi persetujuan ini berlaku sejak mulai dilaksanakannya penelitian tersebut di atas sampai dengan selesai.

Jakarta, 3 Mei 2006

Ketua
Komisi Etik Penelitian Kesehatan
Badan Litbang Kesehatan,



Dr. M. Sudomo, APU
NIP. 140 058 245

Appendix c Information Letter

STUDY ON TREATMENT RETENTION IN METHADONE MAINTENANCE PROGRAMS IN INDONESIA



Primary Researcher: Riza Sarasvita
Telephone: 62-811-807634 / 62-21-7656141

Introduction. You are being asked to participate in a research study entitled Study on Treatment Retention in Methadone Maintenance Programs in Indonesia. The purpose of the research is to look at people's background and experience with methadone maintenance program and how it affects the duration in treatment. Your participation in the study is entirely voluntary and you may choose to withdraw at any time. Before agreeing to take part in the study, please read the following information carefully and feel free to ask the interviewer any questions you might have.

Summary of Research. This project aims to look at people's background and experience with methadone maintenance treatment for problems relating to heroin or other opioid dependence. The study gathers information about demographic background, drug-use experience, health and psychological status, as well as perception on on-going program. It also aims to see what are the characteristics of treatment retention in Indonesia and how people's background and experiences with the treatment affect the duration of the treatment.

If you choose to participate, you will be asked to complete an initial interview with a trained research interviewer, about your background and experiences with the treatment program. This interview will take around 90 minutes. You are also asked to take part in another two interviews, one at 3 months following commencement of treatment, and another at 6 months, but with less questions than the ones asked in the first interview, therefore the interview in the follow-up stages will be shorter (around 45 minutes).

The interviews will cover information about you such as:

- Your demographic background
- Your drug use, drug treatment and legal history
- Your previous risk-taking behaviour in relation to drug use and sexual activity;
- Your beliefs toward program
- Your social network supports
- Your psychological profile

In addition, research staff will access your medical notes to record the necessary data related to the above issues and lastly, you will be asked to participate in HIV counselling, where your willingness to test and disclose of HIV status will be entirely voluntary.

Confidentiality. Your name will not be recorded anywhere on the interview forms. In order to preserve your confidentiality, only an anonymous subject number will be associated with the information you provide. Your name will not appear on any publication or be released to anyone without your written consent.

Risks. There are very few risks associated with participation in this study. However, a possible risk related to participation is a breach of your confidentiality. Every effort will be made to ensure your confidentiality. However, there are limits of confidentiality that you should be aware of. If you provide information that suggests you are abusing or neglecting your child(ren) or for other purposes which are required by the Indonesian law, the staff is obliged to report this to the proper authorities, and if you are a danger to yourself or others, the staff is required to take whatever action is necessary to protect you or them.

Some questions, such as those regarding sexual practices or previous criminal activity, may make you feel uncomfortable, and you are free to refuse to answer any questions.

Benefits. Although there are no specific benefits for you, your participation may help us in ensuring that the maintenance treatments for drug dependence are delivered in the best possible way, and that related health services are tailored to the needs of patients.

Compensation. You will be compensated for your participation at baseline, three-month follow-up, and six-month follow-up. You will receive Rp. 20.000,- for completing each review as compensation for your time and travel.

Other Information. Your participation in the study is completely voluntary, and you may decline to answer any of the interview questions. You may withdraw your participation in the study at any time. Choosing not to participate at any time will not affect treatment services you may be eligible for now or in the future. You can ask questions about this project at anytime. There will be fixed money compensation for the time you have spent for the interview sessions.

If you require further information about the study at any time, you may contact:

- Riza Sarasvita (telephone 62-811-807634 or 62-21-7656141) at RS Ketergantungan Obat Jakarta

Should you wish to discuss the project with someone not directly involved, in particular in relation to policies, your rights as a participant, or to make a confidential complaint, you may refer to the University's independent complaints procedure form.

Appendix d

CONSENT FORM

1. I, *(please print name)* give consent to take part in the research project entitled **Study on Treatment Retention in Methadone Maintenance Programs in Indonesia**

2. I acknowledge I have read the written Information Sheet and that the nature, purpose and the effect of research project, especially as they affect me, have been fully explained to my satisfaction by *(please print name)* and my consent is freely given

3. In addition to participating in study interviews, I give my consent to:
a. be contacted for follow-up interviews at 3 and 6 months after the first interview;
b. join the HIV counselling, without any obligation to test and disclose my HIV status
c. allow research staff to access my medical notes to record the necessary data related to the research issues

4. Although I understand that the purpose of this research project is to improve the quality of methadone maintenance treatment, it has also been explained that my involvement may not be of any direct benefit to me.

5. I have been given the opportunity to have a member of my family or a friend present while the project was explained to me.

6. I have been informed that, while information gained during the study may be published, I will not be identified and my personal results will not be divulged.

7. I understand that I am free to withdraw from the project at any time and that this will not affect quality of treatment that I'm receiving now or in the future.

8. I am aware that I should retain a copy of this Consent Form, when completed, and the attached Information Sheet.

9. I declare that I am over the age of 18 years

.....
.. *(signature)* *(date)*

WITNESS

I have described to *(name of subject)*
the nature of the research to be carried out. In my opinion she/he understood the explanation.

Name Status in Project:

.....
(signature) *(date)*

Appendix e

Complaint Form

THE UNIVERSITY OF ADELAIDE
HUMAN RESEARCH ETHICS COMMITTEE

Document for people who are participants in a research project

CONTACTS FOR INFORMATION ON PROJECT AND INDEPENDENT COMPLAINTS PROCEDURE

The Human Research Ethics Committee is obliged to monitor approved research projects. In conjunction with other forms of monitoring it is necessary to provide an independent and confidential reporting mechanism to assure quality assurance of the institutional ethics committee system. This is done by providing research participants with an additional avenue for raising concerns regarding the conduct of any research in which they are involved.

The following study has been reviewed and approved by the University of Adelaide Human Research Ethics Committee and the Ethics Committee of Health Research, the National Institute on Health, Ministry of Health, Republic of Indonesia

Project title: STUDY ON TREATMENT RETENTION IN METHADONE MAINTENANCE PROGRAMS IN INDONESIA

1. If you have questions or problems associated with the practical aspects of your participation in the project, or wish to raise a concern or complaint about the project, then you should consult the project co-ordinator:

Name: Riza Sarasvita

telephone: 62-811-807634 or 62-21-7656141

2. If you wish to discuss with an independent person matters related to
 - making a complaint, or
 - raising concerns on the conduct of the project, or
 - the University policy on research involving human participants, or
 - your rights as a participant

Contact:

- the Ethics Committee of Health Research, the National Institute on Health, Ministry of Health, Republic of Indonesia on phone (62) 21 4261088 – 4244693 – 4243314 or fax number (62) 21 4243933
- Secretary, Human Research Ethics Committee, Research Ethics and Compliance Unit, The University of Adelaide, on phone (61) 8 – 8303 6028 or fax (61) 8 – 8303 7325

Appendix f
Interviewer-administered Questionnaire

Section 1:

PARTICIPANT ID: ___ / ___ / ___ / ___ / ___ / ___ / ___

INTERVIEWER ID: ___ / ___ / ___ / ___ / ___ / ___

DATE: DAY / MO / YR

INTERVIEW: ___ (

1. For current episode, when did you start methadone treatment in this clinic?

DAY / MO / YR

2. How did you first hear about methadone maintenance program?

3. Who first suggested that you come to this clinic?

- 1 – Parents
- 2 – Family
- 3 – Friends
- 4 – Spouse (husband/wife/boyfriend/girlfriend)
- 5 – Outreach worker
- 6 – Health professional from RSKO
- 7 – Health professional from outside RSKO

4. Are you under any pressure to come to methadone maintenance clinic?

0 – NO 1 – YES

5. How many times in the past 30 days have you:

1. Had urinalysis for drug testing in this clinic? ____|____

2. Had an individual counseling for blood borne viruses? ____|____

3. Had your blood drawn for testing in this clinic? ____|____

If yes, was this for: 0 - No 1 - Yes

a) Hepatitis _____

b) HIV _____

c) Other disease _____

**Section 2:
Demographic Information**

I'd now like to ask you some general questions. I also want to remind you that the information you give to me is completely confidential and will be used for research purposes only.

- 1.1 GENDER *[Record sex as observed]* 1 – Male _____
2 – Female _____
- 1.2 How old are you? *[Record age in years]* ____ / ____ years
- 1.3 What is your current marital status?
1 - Currently married 4 - Widowed (not currently married)
2 - Cohabiting (living together) 5 - Divorced (not currently married)
3 - Separated (but still married) 6 - Never been married _____
- 1.4 Usual living arrangements (past 3 year) ? → ASI
[Read all response categories to the participant]
1 – With parents
2 – With family
3 – With friends
4 – With partner (husband/wife) and children
5 – With partner alone
6 – With children alone
7 – Alone
8 – Controlled environment
9 – No stable arrangements
10 – Other *[Specify:]* _____
- 1.5 How long have you lived with these living arrangements?
(if with parents or family since age 18) → ASI _____ / _____
Years Months
- 1.6. What do you consider your ethnicity to be?
1. Jawa 9. Madura
2. Tapanuli 10. Aceh
3. Minang 11. Keturunan Cina
4. Minahasa 12. Keturunan Arab
5. Sunda 13. Other (Specify).....
6. Makassar
7. Ambon
8. Bali
- 1.7 What is your current religious preference? _____
1 – Islam 6 – Jewish
2 – Protestant 7 – Kong hu cu
3 – Catholic 8 – Other, Specify _____
4 – Buddhist 9 – None _____
5 – Hindu _____
- 1.8. Now I want to ask you about work. In the last 12 months, how many months have you been employed? *[Count self-employment or salaried. If none, code "00" and skip to Question 1.12. If less than 1 month, code "01"]*
_____ / _____ months

- 1.9 a. Are you employed now? 1 – No [Skip to Question 1.12] _____
 2 – Yes _____
- b. Do you work full-time or part-time? 1 – Full-time _____
 2 – Part-time _____
- c. What kind of work do you do? [Specify:] _____
- d. In what kind of business or industry are you working?
 [Specify:] _____
- 1.10 How many years of education have you completed? _____ / _____ years
- 1.11 a. Are you still studying at school, university, college, technical school or other
 educational institution? _____
 1 – No _____
 2 – Yes [End] _____
- b. How old were you when you stopped being a full-time student? _____ / _____
 years
- 1.12 Did you graduate from the last school, university, college, technical school or other
 educational institution you attended (does not include current place of study)? _____
 1 – No _____
 2 – Yes _____

Section 3: Drug Use History

	PAST 30 DAYS (Days)	AGE 1 ST USED	LIFETIME USE (Years)	Age 1 st Inject	*Route of Adm
2.1 Nicotine	___/___	___/___	___/___	NA	___
2.2 Alcohol - any use at all	___/___	___/___	___/___	NA	___
2.3 Heroin	___/___	___/___	___/___	___/___	___
2.4 Methadone(illicit)	___/___	___/___	___/___	___/___	___
2.5 Other opiates/analgesics	___/___	___/___	___/___	___/___	___
2.6 Barbiturates	___/___	___/___	___/___	___/___	___
2.7 Other sedatives, hypnotics, tranquillisers	___/___	___/___	___/___	___/___	___
2.8 Cocaine	___/___	___/___	___/___	___/___	___
2.9 Amphetamines (Speed/Ice/Ecstasy)	___/___	___/___	___/___	___/___	___
2.10 Cannabis	___/___	___/___	___/___	NA	___
2.11 Hallucinogens	___/___	___/___	___/___	NA	___
2.12 Inhalants	___/___	___/___	___/___	NA	___
2.13 More than one substance per day (include alcohol)	___/___	NA	___/___	NA	NA

* **Route of Administration:**

1=Oral, 2=Nasal, 3=Smoking, 4=Non IV injection., 5=IV injection., 9=Never Used

Section 4: Drug Treatment History

- 3.1 a. What was your dose at the start of your current methadone treatment? _____ / _____ / _____ milligrams
 b. What dose of methadone are you now on? _____ / _____ / _____ milligrams

	TREATMENT EPISODES	AGE AT 1 ST ADMISSIONS	LENGTH OF STAY OF THE LONGEST EPISODE (IN MONTH)
3.2 Inpatient treatment (detoxification / in a hospital setting)	___ / ___	___ / ___	___ / ___
3.3 Residential/therapeutic community	___ / ___	___ / ___	___ / ___
3.4 Other institutional treatment (such as in-prison program)	___ / ___	___ / ___	___ / ___
3.5 Outpatient drug free	___ / ___	___ / ___	___ / ___
3.6 Outpatient methadone	___ / ___	___ / ___	___ / ___
3.7 Other substitution therapy (buprenorphine, naltrexone)	___ / ___	___ / ___	___ / ___
3.8 Other (specify)	___ / ___	___ / ___	___ / ___

Section 5: Health Status

These questions are about your health. I am going to read out a list of health problems. Please answer "Yes" if you have had any of these problems over the last month.

4.1. General

a. fatigue/energy loss	Yes	No
b. poor appetite	Yes	No
c. weight loss/underweight	Yes	No
d. trouble sleeping	Yes	No
e. fever	Yes	No
f. night sweats	Yes	No
g. swollen glands	Yes	No
h. jaundice	Yes	No
i. bleeding easily	Yes	No
j. teeth problems	Yes	No
k. eye/vision problems	Yes	No
l. ear/hearing problems	Yes	No
m. cuts needing stitches	Yes	No
n. SUB-TOTAL	<div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div>	

4.2 Injection Related Problems

a. overdose	Yes	No
b. abscesses/infections from injecting	Yes	No
c. dirty hit (made feel sick)	Yes	No
d. prominent scarring/bruising	Yes	No
e. difficulty injecting	Yes	No
f. SUB-TOTAL		

4.3 Cardio/Respiratory

a. persistent cough	Yes	No
b. coughing up phlegm	Yes	No
c. coughing up blood	Yes	No
d. wheezing	Yes	No
e. sore throat	Yes	No
f. shortness of breath	Yes	No
g. chest pains	Yes	No
h. heart flutters/racing	Yes	No
i. swollen ankles	Yes	No
j. SUB-TOTAL		

4.4 Genito-urinary

a. painful urination	Yes	No
b. loss of sex urge	Yes	No
c. discharge from genitals	Yes	No
d. rash on/around genitals	Yes	No
e. SUB-TOTAL		

**4.5 Gynaecological
(WOMEN ONLY) (in the last few months)**

a. irregular period	Yes	No
b. miscarriage	Yes	No
c. SUB-TOTAL		

4.6 Musculo-skeletal

a. Joint pains/stiffness	Yes	No
b. Broken bones	Yes	No
c. Muscle pain	Yes	No
d. SUB-TOTAL		

4.7 Neurological

a. headaches	Yes	No
b. blackouts	Yes	No
c. tremors (shakes)	Yes	No
d. numbness/tingling	Yes	No
e. dizziness	Yes	No
f. fits/seizures	Yes	No
g. difficulty walking	Yes	No
h. head injury	Yes	No
i. forgetting things	Yes	No
J. Sub-total		

3.3.8 Gastro-intestinal

a. nausea	Yes	No
b. vomiting	Yes	No
c. stomach pains	Yes	No
d. constipation	Yes	No
e. diarrhoea	Yes	No
f. SUB-TOTAL		

3.3.9 HEALTH TOTAL: _____

**Section 6:
Legal Status**

In this section I am interested in any crimes that you may have committed. Any information that you give here is completely confidential.

Property Crime

First, I am going to ask you some questions on property crime. By property crime I mean things such as break and enter, robbery without violence, shoplifting, stealing a prescription pad, stealing a car, or receiving stolen goods. I am interested in the number of times that you committed a property crime, not the number of times you've been caught.

5.1. How often, on average, during the last month have you committed a property crime?

- 0 – No property crime
- 1 – Less than once a week
- 2 – Once a week
- 3 – More than once a week (but less than daily)
- 4 – Daily _____

Dealing

Now I am going to ask you some questions about dealing. By dealing I mean selling drugs to someone. I am interested in the number of times that you've dealt drugs, not the number of times you've been caught.

5.2. How often, on average, during the last month have you sold drugs to someone?

- 0 – No drug dealing
- 1 – Less than once a week
- 2 – Once a week
- 3 – More than once a week (but less than daily)
- 4 – Daily _____

Fraud

Now I am going to ask you some questions about fraud scams. By fraud I mean things such as forging cheques, forging prescriptions, social security scams, or using someone else's credit card. I am interested in the number of times that you've committed fraud, not the number of times that you've been caught.

5.3. How often, on average, during the last month have you committed a fraud?

- 0 – No fraud
- 1 – Less than once a week
- 2 – Once a week
- 3 – More than once a week (but less than daily)
- 4 – Daily _____

Crimes Involving Violence

Finally, I am going to ask you some questions about crimes involving violence. By crimes involving violence I mean things such as using violence in a robbery, armed robbery, assault, rape, etc. I am interested in the number of times that you've committed a crime involving violence, not the number of times that you've been caught.

5.4. How often, on average, during the last month have you committed a crime involving violence?

- 0 – No violent crime
- 1 – Less than once a week
- 2 – Once a week
- 3 – More than once a week (but less than daily)
- 4 – Daily _____

Section 7: Heroin Use Self Report

Heroin

Now I'm going to ask you some questions about heroin (smack, hammer, horse, scag, etc.).

- 5.1.1 How many days ago did you last use heroin? ___/___
- 5.1.2 How many hits, smokes, snorts, etc. did you have on that day? ___/___
- 5.1.3 How many days before that did you use heroin? ___/___
- 5.1.4 And how many hits, smokes, snorts, etc. did you have on that day? ___/___
- 5.1.5 And when was the day before that (within last 30 days)? ___/___
- 5.1.6 (q1= ,q2= ,t1= ,t2=) Q: _____

Other Opiates

These questions are about your use of opiates other than heroin (e.g. street methadone, morphine, pethidine, codeine)

- 5.1.7 How many days ago did you last use opiates other than heroin?
(do not include legally obtained methadone) ___/___
- 5.1.8 How many pills, doses, etc. did you have on that day? ___/___
- 5.1.9 How many days before that did you use opiates other than heroin? ___/___
- 5.1.10 And how many pills, doses etc. did you have on that day? ___/___
- 5.1.11 And when was the day before that (within last 30 days)? ___/___
- 5.1.12 (q1= ,q2= ,t1= ,t2=) Q: _____

Section 8: Treatment Accessibility

1. Who do usually support you for your drug treatment charge?
 - Yourself
 - The people who you live with
 - Family outside your home
 - Friend
 - Subsidy from the treatment program
 - Others (specify)

2. Who do currently support you for methadone therapy?
 - Yourself
 - The people who you live with
 - Family outside your home
 - Friend
 - Subsidy from the treatment program
 - Others (specify)

3. How long (in minutes) do you usually travel from your home to the clinic?
 - Less than 15 minutes
 - 15 – 30 minutes
 - 31 – 60 minutes
 - More than 60 minutes

4. What is your mode of transportation that you usually use to reach the clinic from your home?
 - Your own motorcycle
 - Your own car
 - Public buses
 - Rent a motorcycle / car
 - Someone gives you a ride
 - Others (specify)

5. How much money do you usually spend a day in joining methadone program? (including service charge, transportation and miscellaneous expenses)
 - Rp. 15.000,- - Rp. 30.000,-
 - Rp. 31.000,- - Rp. 50.000,-
 - More than Rp. 50.000,-

6. From all money (income) do you get, approximately what is the proportion of your allocation to access methadone treatment?%

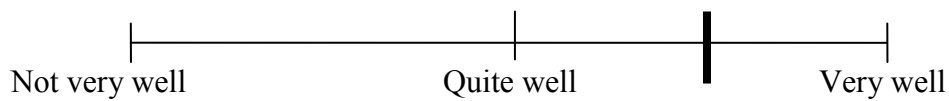
Appendix g
Self-administered Questionnaire

Part 1: Visual Analog Scale

All the questions in this questionnaire are about what has happened to you since being in the methadone maintenance program. All the information you give here will be kept confidential. Answer each question honestly and accurately.

Make a vertical line across the line below to show what you think about your methadone program.

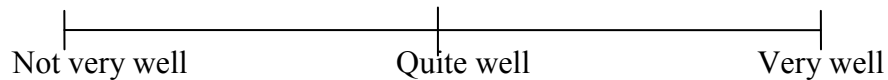
Example: If you feel that Methadone has quite a positive effect, put the vertical line between „quite well“ and „very well“. You can put the vertical line anywhere you like:



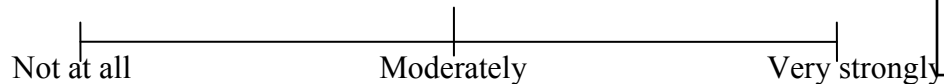
Do not
fill in
this box

Do the same thing for the following questions.

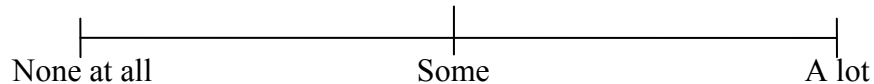
A1. How **well** does methadone work for you?



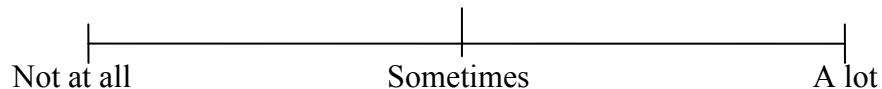
A2. To what extent does methadone give you a feeling of euphoria?



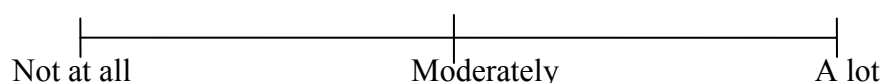
A3. How many side effects (negative) do you have from methadone?



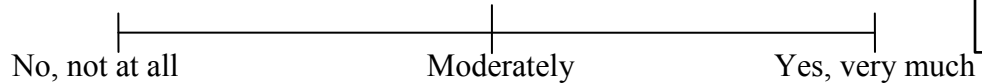
A4. To what extent do these side effects of methadone bother you?



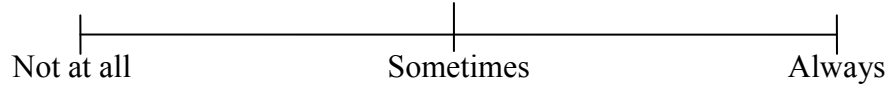
A5. To what extent do you like methadone?



A6. Does methadone make you feel more “normal”?



A7. To what extent did you crave heroin when you were in the methadone program?



A8. In your opinion, what are the best things about methadone?

A9. In your opinion, what are the worst things about methadone?

PART 2:
Survey about Yourself, your Social Situation and the Methadone Maintenance Program

Give your response to each statement below by writing an **X** in the box that indicates how far you agree or disagree with the statements. **Mark only the one box** that is closest to your view. Thank you for your participation.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree
(1)	(2)	(3)	(4)	(5)

Treatment Motivation Scales

A. Desire For Help

1) You need help in dealing with your drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) It is urgent that you find help immediately for your drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) You will give up your friends and hangouts to solve your drug problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Your life has gone out of control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) You are tired of the problems caused by drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) You want to get your life straightened out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Treatment Readiness

Strongly disagree (1)	Disagree (2)	Not sure (3)	Agree (4)	Strongly agree (5)
--------------------------	-----------------	-----------------	--------------	-----------------------

- 7) You plan to stay in this treatment program for a while
- 8) This treatment may be your last chance to solve your drug problems
- 9) This kind of treatment program will not be very helpful to you
- 10) This treatment program can really help you
- 11) You want to be in a drug treatment program now
- 12) You have too many outside responsibilities now to be in this treatment program
- 13) You are in this treatment program because someone else made you come
- 14) This treatment program seems to demanding for you

C. Treatment Needs

- 15) You need more help with your emotional troubles
- 16) You need more individual counseling sessions
- 17) You need more educational or vocational training services
- 18) You need more group counseling sessions
- 19) You need more medical care and services

D. Pressures for Treatment

- 20) You have family members who want you to be in treatment
- 21) You are concerned about legal problems
- 22) You feel a lot of pressure to be in treatment
- 23) You could be sent to jail or prison if you are not in treatment
- 24) You have serious drug-related health problems
- 25) You have legal problems that require you to be in treatment

PSYCHOLOGICAL FUNCTIONING SCALES

Strongly disagree (1)	Disagree (2)	Not sure (3)	Agree (4)	Strongly agree (5)
--------------------------	-----------------	-----------------	--------------	-----------------------

E. Self Esteem

- 26) You have much to be proud of
- 27) You feel like a failure
- 28) You wish you had more respect for yourself
- 29) You feel you are basically no good
- 30) In general, you are satisfied with yourself
- 31) You feel you are unimportant to others

F. Depression

- 32) You feel interested in life
- 33) You feel sad or depressed
- 34) You feel extra tired or run down
- 35) You worry or brood a lot
- 36) You feel hopeless about the future
- 37) You feel lonely

G. Anxiety

- 38) You have trouble sleeping
- 39) You have trouble concentrating or remembering things
- 40) You feel afraid of certain things, like elevators, crowds, or going out alone
- 41) You feel anxious or nervous
- 42) You have trouble sitting still for long
- 43) You feel tense or keyed-up
- 44) You feel tightness or tension in your muscles

H. Decision Making

- 45) You consider how your actions will affect others
- 46) You plan ahead
- 47) You think about probable results of your actions

Strongly disagree (1)	Disagree (2)	Not sure (3)	Agree (4)	Strongly agree (5)
--------------------------	-----------------	-----------------	--------------	-----------------------

- 48) You think about what causes your current problems
- 49) You think of several different ways to solve a problem
- 50) You have trouble making decisions
- 51) You make good decisions
- 52) You make decisions without thinking about consequences
- 53) You analyse problems by looking at all the choices

I. Self-Efficacy

- 54) You have little control over the things that happen to you
- 55) What happens to you in the future mostly depends on you
- 56) There is little you can do to change many of the important things in your life
- 57) There is really no way you can solve some of the problems you have
- 58) You can do just about anything you really set your mind to do
- 59) Sometimes you feel that you are being pushed around in life
- 60) You often feel helpless in dealing with the problems of life

SOCIAL FUNCTIONING SCALES

J. Hostility

- 61) You have carried weapons, like knives or guns
- 62) You feel a lot of anger inside you
- 63) You have a hot temper
- 64) You like others to feel afraid of you
- 65) You feel mistreated by other people
- 66) You get mad at other people easily
- 67) You have urges to fight or hurt others
- 68) Your temper gets you into fights or other trouble

Strongly disagree (1)	Disagree (2)	Not sure (3)	Agree (4)	Strongly agree (5)
--------------------------	-----------------	-----------------	--------------	-----------------------

K. Risk Taking

- 69) You only do things that feel safe
- 70) You avoid anything dangerous
- 71) You are very careful and cautious
- 72) You like to do things that are strange or exciting
- 73) You like to take chances
- 74) You like the “fast” life
- 75) You like friends who are wild

L. Social Consciousness

- 76) Your religious beliefs are very important in your life
- 77) You keep the same friends for a long time
- 78) You feel people are important to you
- 79) You have trouble following rules and laws
- 80) Taking care of your family is very important
- 81) You feel honesty is required in every situation
- 82) You work hard to keep a job
- 83) You depend on “things” more than “people”

THERAPEUTIC ENGAGEMENT DOMAIN

M. Treatment Satisfaction

- 84) Time schedules for counseling sessions at this program are convenient for you
- 85) This program expects you to learn responsibility and self-discipline
- 86) This program is organized and run well
- 87) You are satisfied with this program
- 88) The staff here is efficient at doing its job
- 89) You can get plenty of personal counseling at this program
- 90) This program location is convenient for you

Strongly disagree (1)	Disagree (2)	Not sure (3)	Agree (4)	Strongly agree (5)
--------------------------	-----------------	-----------------	--------------	-----------------------

N. Counselling Rapport

- 91) You trust your counselor
- 92) It's always easy to follow or understand what your counselor is trying to tell you
- 93) Your counselor is easy to talk to
- 94) You are motivated and encouraged by your counselor
- 95) Your counselor recognizes the progress you make in treatment
- 96) Your counselor is well organized and prepared for each counseling session
- 97) Your counselor is sensitive to your situation and problems
- 98) Your counselor makes you feel foolish or ashamed
- 99) Your counselor views your problems and situations realistically
- 100) Your counselor helps you develop confidence in yourself
- 101) Your counselor respects you and your opinions
- 102) You can depend on your counselors' understanding
- 103) Your treatment plan has reasonable objectives

O. Treatment Participation

- 104) You are willing to talk about your feelings during counseling
- 105) You have made progress with your drug/alcohol problems
- 106) You have learned to analyse and plan ways to solve your problems
- 107) You have made progress toward your treatment program goals
- 108) You always attend the counseling sessions scheduled for you
- 109) You have stopped or greatly reduced your drug use while in this program

Strongly disagree (1)	Disagree (2)	Not sure (3)	Agree (4)	Strongly agree (5)
--------------------------	-----------------	-----------------	--------------	-----------------------

- 110) You always participate actively in your counseling sessions
- 111) You have made progress in understanding your feelings and behavior
- 112) You have improved your relations with other people because of this treatment
- 113) You have made progress with your emotional or psychological issues
- 114) You give honest feedback during counseling
- 115) You are following your counselors' guidance

P. Peer Support

- 116) Other clients at this program care about you and your problems
- 117) Other clients at this program are helpful to you
- 118) You are similar to (or like) other clients of this program
- 119) You have developed positive trusting friendships while at this program
- 120) There is a sense of family (or community) in this program
- 121) You have good friends who do not use drugs
- 122) Most of the people I hang out with like to keep their problems to themselves
- 123) I have at least one friend I can count on to be there for me no matter what
- 124) My friends support my efforts to turn my life around
- 125) My friends can't really understand my situation
- 126) My friends ask me how my treatment is going
- 127) I can't really count on my friends to help me stay clean and out of trouble
- 128) My friends know pretty well how treatment works
- 129) I expect to have the same friends a year from now that I have today

Strongly disagree (1)	Disagree (2)	Not sure (3)	Agree (4)	Strongly agree (5)
--------------------------	-----------------	-----------------	--------------	-----------------------

Q. Social Support

- 130) You have people close to you who motivate and encourage your recovery
- 131) You have close family members who help you stay away from drugs
- 132) You have people close to you who can always be trusted
- 133) You have people close to you who understand your situation and problems
- 134) You work in situations where drug use is common
- 135) You have people close to you who expect you to make positive changes in your life
- 136) You have people close to you who help you develop confidence in yourself
- 137) You have people close to you who respect you and your efforts in this program

R. Family Support

- 138) Anytime I need something I can count on my family to help
- 139) It's hard to talk to people in my family about my problems
- 140) My family takes a big interest in how I'm doing in treatment
- 141) My family doesn't know much about my life
- 142) I can tell my family anything
- 143) People in my family don't really understand what drugs can do a person
- 144) My family is standing by me throughout treatment
- 145) People in my family pretty much know how treatment works
- 146) My family doesn't trust me

S. Community Support

- 147) There are good recreational programs in my neighbourhood

Strongly disagree (1)	Disagree (2)	Not sure (3)	Agree (4)	Strongly agree (5)
--------------------------	-----------------	-----------------	--------------	-----------------------

- 148) My neighbourhood is full of drugs
- 149) People in my neighbourhood care about each other
- 150) I would say my neighbourhood is a low crime area
- 151) People in my neighbourhood don't believe treatment can do much
- 152) You have to watch your back in your neighbourhood
- 153) Religion is strong in my neighbourhood

T. Belief Towards Program

- 154) Methadone treatment program will not be very helpful to you
- 155) You plan to stay in this treatment program for a while
- 156) You are in this treatment program because someone else made you come
- 157) You want to be in a drug treatment program

Appendix h
Staff Questionnaire

Staff Survey

1. What is your job in this Methadone Maintenance Program clinic (circle one)
 1. General Practitioner
 2. Psychiatrist
 3. Nurse
 4. Counselor/Therapist
 5. Social Worker
 6. Pharmacist
 7. Assistant Pharmacist
 8. Administrative Staff

- 2.a. How long have you been working in drug addiction services?
_____ Mths/Yrs

- b. How long have you been working on methadone maintenance programs? _____
Mths/Yrs

3. How many patients do you serve each week in this MMP?

4. What do you like best about this Methadone Maintenance Program?

5. What do you like the least about this Methadone Maintenance Program?

6. Have you received sufficient guidance to do your job in this Methadone Maintenance Program? Explain

7. Have you received sufficient training to do your job in this methadone maintenance program? Explain

Give your response to each of the statements below by putting an **X** in the box that indicates the extent to which you agree or disagree with the statement. **Mark only the one box** yang that is closest to your view. Thank you for your participation.

	Strongly agree (1)	Disagree (2)	Not sure (3)	Agree (4)	Strongly agree (5)
Tough-Minded About Addiction:					
1) Society nowadays is too tolerant of addicts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Heroin addicts have only themselves to blame, not others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Methadone does no more than substitute one drug for another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Needle exchange programs must be expanded to areas where there is an injecting drug use problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Doctors should be allowed to prescribe heroin for drug addicts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Methadone maintenance programs greatly reduces the health, social and legal impacts of narcotic addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Drug addiction is a vice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Drug addicts are weak people who cannot resist drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abstinence Orientation					
9) No limits should be set on the duration of methadone maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Methadone should be gradually withdrawn once a maintenance patient has ceased using illicit opiates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Abstinence from all opioids (including methadone) should be the principal goal of methadone maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Ater a period of stable methadone maintenance, patients should be encouraged to start a gradual withdrawal from methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) A patient should be allowed to remain on methadone maintenance as long as they choose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Maintenance patients should only be given enough methadone to prevent the onset of withdrawals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) It is unethical to maintain addicts on methadone indefinitely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strongly disagree (1)	Disagree (2)	Not sure (3)	Agree (4)	Strongly agree (5)
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- 16) The clinician's principal role is to prepare methadone maintenance patients for drug-free living
- 17) It is unethical to deny a narcotic addict methadone maintenance
- 18) Confrontation is necessary in the treatment of drug addicts
- 19) The clinician should encourage patients to remain in methadone maintenance for at least three to four years
- 20) Methadone maintenance patients who continue to use illicit opiates should have their dose of methadone reduced

Strictness About Methadone Policies:

- 21) Maintenance patients who ignore repeated warnings to stop using heroin should be expelled from treatment
- 22) Methadone services should be expanded so that all heroin addicts who want methadone maintenance can receive it
- 23) Patients on high methadone doses should get fewer take-homes than patients on low doses
- 24) Methadone maintenance patients who continue to abuse non-opioid drugs (eg benzodiazepines) should have their dose of methadone reduced
- 25) Heroin addicts should be given methadone maintenance only after alternative treatments have been unsuccessful
- 26) Methadone patients who complain about their program should be encouraged to leave
- 27) Heroin addicts should be given long-term maintenance only after short-term maintenance has been unsuccessful
- 28) Methadone patients who continue to use illegal drugs should be discharged to make way for others more likely to benefit from treatment

Negative Patient Opinions:

- 29) Many patients here just want a break from hustling (they don't really want to stop heroin addiction)

Strongly disagree (1)	Disagree (2)	Not sure (3)	Agree (4)	Strongly agree (5)
--------------------------	-----------------	-----------------	--------------	-----------------------

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 30) Many patients here are sincerely working toward their recovery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31) Many patients here are generally uncooperative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32) Most heroin addicts use drugs because they have to, not because they want to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Incorrect Medical Information: | | | | | |
| 33) Methadone maintenance can cause liver damage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34) Methadone is more dangerous than heroin to the unborn child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35) Stable doses of methadone significantly interfere with the ability to drive a car and operate machinery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36) Methadone maintenance increases the severity of pre-existing depression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37) Methadone maintenance can cause kidney damage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Appendix i
Performance Checklist (PC2)

Checklist for Service Description PC2 (Maintenance programme)

<u>Center Director ID</u>	<u>Date (dd.mm.yyyy)</u>	<u>Interviewer ID</u>
---------------------------	--------------------------	-----------------------

1. Conditions for client intake

- 1.1. Minimal age none < 16 16-20 21-25 >25
- 1.2. Consent of relatives required yes no minors only
- 1.3. Citizens of the country only yes no
- 1.4. Voluntary patients only yes no
- 1.5. Other conditions yes no
-

2. Indication for maintenance treatment

- 2.1. Minimal duration of opiate dependence
 >10 y 5-10 y 2-4 y < 2 y none
- 2.2. Previous treatment for opiate dependence
 >2 1-2 none
- 2.3. Other criteria:
-

3. Dosage policy

- 3.1 Maximal daily dose
 none specified < 60mg 60-100 mg 101-140 mg 140 mg
- 3.2 Individual dose determined by
 doctor alone staff alone doctor and staff patient participation

Control policy

- 4.1 Urine tests
 none daily 1-3 per week 1-3 per month less
- 4.2 Urine control
 Visual Temperature control other none
- 4.3 Ingestion of methadone doses observed yes no

- 4.4 Take-away of 1 unsupervised dose allowed yes no
- 4.5 Take-away of unsupervised doses for several days allowed yes no
- 4.6 Conditions for unsupervised dosing (details):

4. Medical care

- 5.1 In-service care available yes no
- 5.2 External care available yes no

5. Psychiatric care

- 6.1 In-service care available yes no
- 6.2 External care available yes no

6. In-service access to psycho-social care

- 7.1 Access to individual psychotherapy yes no
- 7.2 Access to group psychotherapy yes no
- 7.3 Access to family counseling/therapy yes no

7. Social Services

- 8.1 Access to accommodation service yes no
- 8.2 Access to vocational rehabilitation yes no

8. Programme staff includes

- Number of doctors _____
- Number of nurses _____
- Number of social workers _____
- Number of psychologists _____
- Number of other professionals _____
- Number of ex-addicts _____
- Number of volunteers _____
- Other staff (specify and include number)
-

10. Programme-related continued education of staff yes no

- 10.1 How often monthly 1-4 time annually less

11. Staff supervision by senior staff yes no

- 11.1 How often monthly 1-4 time annually less

12. Research

- Programme evaluation studies during the last 5 years yes no

If yes, please provide references and summaries of publications

Appendix j

Letter of Translation Appropriateness

Jl Senayan HJ1/14
Bintaro Jaya Sektor 9
Tangerang 15229
Indonesia

24 July 2009

To whom it may concern

Having completed the back-translation of the client and staff questionnaires and compared these translations with the original source texts, I can verify that the Indonesian versions of both questionnaires are valid and appropriately worded translations of the original texts. There were minimal differences of any significance between the original and Indonesian versions of any of the items.

Sincerely,

Sally Wellesley
Translator

Appendix k

Resume of the Back-translator

SALLY WELLESLEY

Publications Consultant

As a writer, editor and translator, Sally has built up substantial expertise in the legal, business, public health and environment sectors and has provided marketing and press copy for numerous clients. In addition, she has contributed to publications on Indonesia's history and culture. Her professional background also includes project design, implementation, monitoring and evaluation in a range of educational settings, and she has extensive experience working with government agencies, non-governmental organizations, and the private sector in Indonesia. Resident in Indonesia since 1986, Sally has also worked as an English language instructor, as a teacher trainer and as an educational and evaluation consultant. She holds an MA in Geography from the University of Cambridge.

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Appendix I
TCU CEST NORMS

NOTE:

This appendix is included on pages 231 - 232 of the print copy of the thesis held in the University of Adelaide Library.