

FACTORS AFFECTING NON-COMPLIANCE WITH DRUG ABUSE REHABILITATION PROGRAM AT THE CLINIC OF THE NATIONAL NARCOTICS BOARD

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ABSTRACT

Background: Based on the National Drug Abuse Survey, as many as 1.77% or 3,367,154 current drug users are aged 10 to 59 years. Sustainable rehabilitation program is one of strategies to reduce the prevalence of drug users. However, there was limited number of studies examining factors affecting non-compliance with sustainable drug abuse rehabilitation program. This study aimed to investigate the factors affecting non-compliance with drug abuse rehabilitation program at the clinic of the national narcotics board.

Subjects and Method: This was a qualitative study conducted at the Compulsory Clinic of National Narcotics Board from July to August 2019. A sample of 10 drug users was selected for this study. The theme of this study was factors affecting non-compliance with the sustainable drug abuse rehabilitation program among drug users at the Compulsory Clinic of National Narcotics Board. The data were obtained by direct in-depth interview and observation. The data analyzed by content analysis.

Results: Factors affecting non-compliance with the sustainable drug abuse rehabilitation program among drug users including (1) There was no rehabilitation monitoring system focusing on clients; (2) No community and environmental empowerment supports the recovery clients; (3) Poor rapport between clients and officers; and (4) Lack of family psychoeducation on the drug abuse rehabilitation program.

Conclusion: Factors affecting non-compliance with the sustainable drug abuse rehabilitation program among drug users including (1) No rehabilitation monitoring system focusing on clients; (2) No community and environmental empowerment supports; (3) poor rapport between clients and officers; and (4) lack of family psychoeducation.

Keywords: factor, non-compliance, sustainable rehabilitation, drug user, compulsory clinic, national narcotics board.

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BACKGROUND

Based on the results of the National Narcotics Agency research in collaboration with the University of Indonesia Health Research Center in 2017 on the National Drug Abuse Survey, it was found that the projected number of drug abusers in Indonesia reached 1.77% of the population or 3,367,154 people who had used drugs in the past year (current

users) in the age group of 10-59 years (BNN, 2018)

The high prevalence of drug abusers requires a variety of efforts to handle through a multi-dimensional approach and policies and strategies that include demand reduction (supply reduction) and supply reduction. Related to demand reduction, preventive and rehabilitative efforts need to be made against drug abusers and / or addicts. Preventive

efforts are carried out through massive campaigns to foster awareness and community togetherness to reject and combat the existence of drugs in the midst of their environment. While rehabilitative efforts are carried out through intensive and ongoing handling through sustainable rehabilitation programs (sustainable rehabilitation) as an effort to recover the "clients" of drug abuse so that they are no longer targeted by drug syndicates (Praningsih, 2018).

As an effort to encourage the implementation of rehabilitation provisions for narcotics users, the Government issued Government Regulation Number 25 of 2011 concerning Obligatory Reporting Addicts and Victims of Narcotics Abuse aimed at increasing the motivation of addicts and victims of narcotics abuse and their families to come to the facilities / institutions designated by the Government, to report self and join rehabilitation or known as Recipient Obligatory Institution (IPWL).

Addiction or drug dependence is a chronic and recurrent brain disease. The influence of drugs that work on the brain can often cause changes in thoughts, feelings and behavior that can harm or endanger both the client himself and others (Diah, 2017). Research into long-term treatment compliance for a chronic disease varies between 30-70% with an average value of about 50% (Di Matteo, 2004 in Gyllestrand, 2007).

BNN data shows that only 5% of drug abusers participate in the detoxification and rehabilitation program when seen from the prevalence of addicts, while of the 8,800 clients accessing services, only 2,200 terminate the program (BNN 2018). This shows that only 25% of clients who adhered to the program to completion. Poor compliance will make a double impact by spending a lot of money on a program and worsening the quality of life of the client itself.

According to research conducted by Javier Fernandez in 2009, clients who decide to drop out display high scores when assessing alcohol consumption. In addition, clients also have problems with family and need further psychological intervention. Clients with Histrionic Personality Disorder (measured by MCMI-II) have a high tendency to decide to drop out of rehabilitation activities (Javier et al., 2010: 433-441).

Another study on the predictors of drop out on drug abuse clients was conducted . The study showed that 36% of clients dropped out of rehabilitation activities. The majority of them are those who have a low level of education, and use cocaine as the main substance used, as well as originating from other health service institutions (King et al., 2014: 189-195).

The predictor of drop out from rehabilitation activities can also be seen through indications on the diagnosis of Axis I versus Axis III, where most clients who decide to drop out have mood disorders and clients who have a tendency to survive are clients who have anxiety disorders (Kokkevi A, et al. 2008).

In addition, younger client age, cognitive impairment, excessive drug abuse, and a high degree of severity from alcohol dependence. Clients who get low support tt also have a high risk of dropping out of rehabilitation activities (McKellar et al., 2006).

Through the data and literature review above, the authors see the need for research related to poor compliance which is reflected in the high drop out rate of rehabilitation programs implemented by BNN where the problems currently encountered at BNN IPWL clinics are that most clients stop following the program prematurely without knowing the exact reasons and the absence of uniform agreement on what is defined by good compliance.

Based on the gap, it is necessary to conduct research in order to obtain an overview of the factors that cause non-compliance with drug client therapy in the ongoing rehabilitation program at BNN IPWL clinic so that the quality or quality of rehabilitation services can be assessed.

SUBJECTS AND METHOD

a. Study Design

This was a descriptive study with a qualitative approach through interview techniques and analysis of documents and procedures. This study used a qualitative method of Rapid Assessment Procedure (RAP) type at the BNN IPWL clinic in July-August 2019.

b. Population and Sample

The study population was drug clients who were undergoing ongoing rehabilitation at the BNN IPWL clinic. A total of 10 clients were selected using a purposive sampling technique.

c. Study Instrumen

Data collection was done by in-depth interviews and observations. In compiling

interview guides, the authors used references from journals that contained the measuring instrument Reasons for Leaving Treatment Questionnaire (RLTQ) (Hoseinie et al., 2017). The author decides to modify the measuring instrument into the form of an individual interview guide so that the data obtained becomes more detailed in anticipation of the small number of clients who can participate in this study. Authors also carried out the same stage, namely forward translation and discussion with rehabilitation staff.

d. Analysis Data

The data were collected using in-depth interview and analyzed descriptively.

RESULTS

a. Study Characteristics

The characteristics of the informants asked in this study include age, education, and occupation. The characteristics of the informants are shown in Table 1.

Table 1. Characteristics of informants

Characteristics of Informants	N	Percentage (%)
Age		
<25 years	2	25%
≥25 years	8	75%
Education		
≤SHS	8	75%
>SHS	2	25%
Occupation		
Not working	1	10%
Student	4	40%
Civil Servant	1	10%
Private Employee	4	40%

The average age of the informants is 20 years and the youngest is 15 years, meanwhile the oldest is 32 years. The majority of them are senior high school graduates and work as private employees.

b. Reasons of Drop Out

When asked what is the most common reason why a person decides to stop participating in drug abuse rehabilitation / counseling activities, most informants answer because they are bored and disturb their daily routine.

"... maybe I'm bored mom, the program is too long ..."

"... Interrupt routine, affect time, when waiting for it "

"... For me, so far, I still like this program. There are no obstacles. Maybe it's just a matter of time "

"... That's a lot, Ma'am. Before me, many had come here. Yes, he followed a month or two, but then he still had no effect on him, he said ... "

"... Yes, maybe they came here also feels forced, Mom ..."

"... If someone drops out prematurely, it can be said physically and mentally, maybe because of illness or accident on the road and no interest ... "

"... so, first they feel ashamed in the eyes of the public, secondly maybe the program takes up a lot of their work time ..."

"... Not sure if they will recover, maybe because after rehab they usually use it again outside ... "

"... yes, if I think, ma'am, the first is due to laziness, the second is a matter of distance, thirdly maybe he can keep busy or there are other activities outside ..."

"... well, that's lazy, rehabilitation isn't his own wish ..."

b. Preventing from Drop Out

When asked what efforts could be made to prevent drop outs, most participants answered that monitoring of the monitoring system of clients who were carrying out rehabilitation programs was needed

"... there needs to be more supervision and a more compact schedule system ..., for the patient, the schedule outside is compressed so there is a busy schedule and also add the urine check schedule ..."

"... Well, you need to be motivated again, mom ... "

"... back to myself ... if I want to change I can definitely recover and follow the program ..."

"... Make a schedule, especially the appropriate hours ..."

"... Give input to that person, about the positive side if he doesn't stop from the rehab, and an explanation of the negative side if he continues to disappear from rehab ..."

c. Supports Needed

When asked the need for support in undergoing rehabilitation programs, most participants answered that community and environmental empowerment was needed that could support the family's recovery and psychoeducation process in assisting clients undergoing rehabilitation programs.

"... What is needed is support, ma'am. That's the most important, must be supported. Don't get further shunned ... "

"... at least if it's like me who likes to get up this afternoon, morning counseling, at least it is supported by the family to wake up to follow counseling ..."

"... If it's necessary if someone is having a hard time, they are brought here together with their families ..."

"... Give an input in the sense because it has happened like this whether there are still people who can accept it or not. If people can still accept it, surely rehab ... "

"... the environment is scary, ma'am ... there are a lot of teenagers and there is no definite job ... so it's good for the people in my place to give training or not to use drugs ..."

"... the hardest thing is parents ... they don't understand us who use drugs, how does it feel and can't believe if we want to get well ..."

d. Program / Service evaluation or improvement

Regarding the evaluation or improvement of the rehabilitation program that has been running, most participants suggested that related to the officers where they felt their relationship with the service staff was not good, causing them to be lazy to return to continue the program.

"... In my opinion, that's enough already, ma'am. All that remains is the individual ... "

"... maybe it's the way to deliver, actually the communication problem. Maybe frankly, I'm with you and Officer A more quickly understanding in terms of discussion ... "

'... the service is good, there's nothing wrong. Indeed only that person alone. He has found it, for example, you have given this advice, he has caught it, he has done it.... "

"... the officers are not friendly, ma'am, so it looks like because they see us too ... we are between intention and no intention to come here so they are also messing around "

"... the officers keep changing, so in my opinion, they should explain to us as clearly as possible about this program ... the good and bad, so we are comfortable and know the staff well ..."

DISCUSSION

This study is an initial effort to improve the quality of BNW IPWL Clinic services to produce improvements in the form of programs based on empirical data conducted

according to scientific principles so that, according to the goals and expectations of the implementation of rehabilitation services. The author needs to conduct research in a larger number of samples so that the data is more varied and stronger to be the foundation of the prevention program. The author also needs to carry out the testing phase of the measuring instrument since the measuring instrument used is an adaptation of a standardized measuring instrument outside the territory of Indonesia, so that the reliability is visible and the sentence items and instructions are more easily understood by clients in Indonesia.

Based on the results of the study conducted, the preparation of the intervention program is needed in a very simple form and requires a lot of improvement if the research is carried out in a larger sample. It is hoped that a well developed intervention program can later be presented in an effective form for the rehabilitation activities themselves.

Table 1. Prevention Program Design

Session	Purpose	Steps	Psychological Aspect of Target	Output	Form Needed
1	Give clients an understanding of drop-out prevention sessions and why they are important	<ol style="list-style-type: none"> 1. Provide information about what is meant by drop out from rehabilitation activities 2. Explain why this drop-out prevention session is important 3. Provide information about the effects caused to the client if he decides to drop out 4. Tell the client that BNN is always open to input for improving outpatient clinic services, including the holding of this session 	<p>Cognitive aspects:</p> <ul style="list-style-type: none"> • Clients get new information; • Clients can learn various forms of positive and negative consequences from the experiences of other clients 	Clients can explain again about the importance of drop out prevention sessions	Explanatory information sheet about drop out prevention sessions
2	Knowing the client's opinion about the factors that cause drop out	<ol style="list-style-type: none"> 1. Provide an explanation that systematic data collection is needed to determine the cause of drop out in the client's opinion 2. Give a questionnaire 3. Conduct interview sessions using the semi-structured interview guide 	<p>Cognitive aspects:</p> <p>Clients can try to do an analysis and prediction about the factors that cause drop out</p>	Clients fill out the questionnaire and follow the interview session	RLTQ questionnaire sheet and semi-structured interview guide
3	Providing a more complete understanding to clients about the history of drop out experiences done by other clients through words and information	<ol style="list-style-type: none"> 1. Show a short video about a client who decides to drop out 2. Providing reading stories about clients who decide to drop out 	<p>Cognitive aspects:</p> <p>Clients get more complete information about the consequences arising from the drop out;</p> <p>Affective aspects: the client can hone empathy and sensitivity towards other clients</p>	Clients can retell about the show or read a story that is presented	Videos and / or reading stories about the experiences of clients who have decided to drop out

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Session	Purpose	Steps	Psychological Aspect of Target	Output	Form Needed
	in visual form		and the client's family		
4	Creating insight for clients about the factors that cause drop out which can happen to him one day	<ol style="list-style-type: none"> 1. Inviting the client to write down any factors that can cause him to drop out one day, can be taken from the factors contained in or outside the questionnaire 2. The client is invited to view the questionnaire that he has filled out 3. Write down in any type of activity usually these factors arise 	Cognitive aspects: Apply these factors in everyday life	The client is able to write down a list of factors that cause drop out for himself and a list of types of activities where these factors often arise	Form factors that cause drop outs and types of activities
5	Remembering the initial goals that the client wants to achieve through rehabilitation activities	<ol style="list-style-type: none"> 1. Invite the client to rewrite the initial goals that he wants to achieve through rehabilitation activities on the form sheet factors that cause drop out and type of activity 2. Inviting the client to do a review of the compatibility between the factors that cause the drop out he has written with the initial goal that he wants to achieve 	Cognitive aspects: Analyze the consistency within the client himself between the initial goal he wants to achieve and the factors that might emerge one day	The client is able to write down the initial objectives and tell his opinion about the suitability	Form factors that cause drop outs and types of activities
6	Develop the client's ability to anticipate the limitations he has	<ol style="list-style-type: none"> 1. Applying the factors that cause drop out that can appear in daily activities that are more real 2. Invite clients to brainstorm looking for various alternative 	Cognitive aspects: think systematically, make plans, develop the power of social anticipation; Affective aspects: Feeling accepted and valued	The client is able to fill out the drop out prevention agenda form	Form dropout prevention agenda

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		<p>forms of solutions to overcome them</p> <p>3. Provide positive feedback on the efforts of clients who have tried to recognize self-limitations and how to overcome them</p>	<p>his efforts so that he increasingly moved to practice in the form of real behavior</p>		

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