

Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

The first page of your submissions is displayed below.

Submission author: Lili Musnelina Assignment title: No Repository

Submission title: RELATIONSHIPS TO THE LEVEL COMPLIANCE WITH PATIENT C...

Prosiding_1_-_Lili_Musnelina_-_new_phrase.docx File name:

File size: 38.13K

Page count: 6

Word count: 2,183

Character count: 12,491

Submission date: 12-Apr-2022 12:16AM (UTC-0400)

Submission ID: 1808521312

RELATIONSHIPS TO THE LEVEL COMPLIANCE WITH PATIENT COUNSELING THERAPY METHADONE MAINTENANCE AT HEALTH CENTERS CENGKARENG IN WEST JAKARTA Lili Masselina. Dina Yuspita Sari Department of Pharmacy, Institute of Science and Technology of National Dkn. fmipa. issue groull com / musecima. Ilii@yahoo.com

ABSTRACT
Methadone therapy is one of the effective treatments to stop or reduce opioid use with counseling. This study aims to determine the relationship between therapeutic counseling and patient compliance with methadone maintenance therapy. Data were collected by questionnaire to patients undergroing methadone maintenance therapy. Data were collected by questionnaire to patients undergroing methadone maintenance therapy and the methadone maintenance therapy center in Cengkareng, West Jakarta. The results showed that most patients were made (90.12%), aged between 25 – 49 years (85.19%) and edituated above high school (64.32%), and had worked (67.99%). The main factor for the patient to do therapy is the patients own willingness shows that there is a relationship between the level of compliance of counseling patients with methadone maintenance therapy.

Keywords: Methadone, compliance, counseling

Introduction

Mehadone maintenance therapy is one treatment for users of Narcotics, Psychotropic and Addictive Substance (Drug), in particular heroin, to overcome the problems it causes. Methadone is not a treatment for heroin addiction cure, but it is a substitution therapy and is the last option in dealing with heroin abuse. This therapy is making a new habit pattern, a chance to think, work, weigh and choose, for all its users, without fears of heroin withdrawal chance to the control of the co

implementation or metunous manuscustus.

In the 2004 National Survey, Indonesia, reported drug abuse in nearly 6% of the total population approximately 13 million people. The provincial capital region with the highest drug abuse is Jakaria (23%), Medan (15%), and Bandung (14%). In Jakaria alone, the area of West Jakaria is the largest region in cases of drug abuse. Cengkareng Health Center is one of 11 health centers in Jakaria that serve methadone maintenance therapy for drug abuses, especially heroin, better known as putau, and is located in West Jakaria. In Ashional Survey in 2006 on school and university students in 33 provinces in Indonesia with respondents about 2000 people, and students, on average 5 people in the past year drugs abuse. Data from the PRM in the Hospital Drug Dependency (RSKO) Jakaria also showed that 43% of the total patient until August 2004 get out of therapy, 75% stop / out of therapy before 5 months of the program.

Stages of counseling in methadone maintenance therapy include initial counseling as one technique to perform clinical evaluations before starting therapy. This stage explains the

AFPSC, (oral) Kuala Lumpur, 8-12 Desember 2011

RELATIONSHIPS TO THE LEVEL COMPLIANCE WITH PATIENT COUNSELING THERAPY METHADONE MAINTENANCE AT HEALTH CENTERS CENGKARENG IN WEST JAKARTA

by Lili Musnelina

Submission date: 12-Apr-2022 12:16AM (UTC-0400)

Submission ID: 1808521312

File name: Prosiding_1_-_Lili_Musnelina_-_new_phrase.docx (38.13K)

Word count: 2183
Character count: 12491

RELATIONSHIPS TO THE LEVEL COMPLIANCE WITH PATIENT COUNSELING THERAPY METHADONE MAINTENANCE AT HEALTH CENTERS CENGKARENG IN WEST JAKARTA

Lili Musnelina, Dina Yuspita Sari

Department of Pharmacy, Institute of Science and Technology of National Dkn.fmipa.istn@gmail.com / musnelina_lili@yahoo.com

ABSTRACT

Methadone therapy is one of the effective treatments to stop or reduce opioid use with counseling. This study aims to determine the relationship between therapeutic counseling and patient compliance with methadone maintenance therapy. Data were collected by questionnaire to patients undergoing methadone maintenance therapy at the methadone maintenance therapy center in Cengkareng, West Jakarta. The results showed that most patients were male (90.12%), aged between 25 – 49 years (85.19%) and educated above high school (65.432%), and had worked (67.90%). The main factor for the patient to do therapy is the patient's own willingness to recover and work is an inhibiting factor for patient therapy. The conclusion of this study shows that there is a relationship between the level of compliance of counseling patients with methadone maintenance therapy.

Keywords: Methadone, compliance, counseling

Introduction

Methadone maintenance therapy is one treatment for users of Narcotics, Psychotropic and Addictive Substance (Drug), in particular heroin, to overcome the problems it causes. Methadone is not a treatment for heroin addiction cure, but it is a substitution therapy and is the last option in dealing with heroin abuse. This therapy is making a new habit pattern, a chance to think, work, weigh and choose, for all its users, without fears of heroin withdrawal symptoms and help patients break the cycle of heroin use. Patient compliance with the implementation of methadone maintenance treatment is a determinant of treatment success (10, 13)

In the 2004 National Survey, Indonesia, reported drug abuse in nearly 6% of the total population approximately 13 million people. The provincial capital region with the highest drug abuse is Jakarta (23%), Medan (15%), and Bandung (14%). In Jakarta alone, the area of West Jakarta is the largest region in cases of drug abuse. Cengkareng Health Center is one of 11 health centers in Jakarta that serve methadone maintenance therapy for drug abusers, especially heroin, better known as putau, and is located in West Jakarta. In a National Survey in 2006 on school and university students in 33 provinces in Indonesia with respondents about 2000 people, each province is known that among the 100 people and students, on average 5 people in the past year drugs abuse. Data from the PRM in the Hospital Drug Dependency (RSKO) Jakarta also showed that 43% of the total patient until August 2004 get out of therapy, 75% stop / out of therapy before 5 months of the program. (10)

Stages of counseling in methadone maintenance therapy include initial counseling as one technique to perform clinical evaluations before starting therapy. This stage explains the

Information program (adjustable), An effective education program (personality development), providing a meaningful choice program (to distract), Early recognition & early intervention (moral support of all parties), Psychosocial skills training program. In the initial counseling, efforts should be made to obtain information about the history of drug abuse, a history of drug-related treatment, personal data of the patient. This information is relevant to the process of implementing further guidance. (4,6,11)

Implementation of Methadone maintenance therapy, including (1) the induction phase, the phase of commencement of the use of methadone maintenance therapy, (2) the stabilization phase, aims to raise the dose slowly, from the initial dose that entered the maintenance phase (3) maintenance phase. The methadone dose given was to give a sense of comfort to the patient. The increase in the dose maintenance phase has not been as frequent as in the stabilization phase. The recommended maintenance dose according to the Guidelines for methadone maintenance therapy is 60-120 mg/day, (4) Methadone Discontinuation Phase. Methadone can be stopped gradually and slowly. (4,6,11)

Method

This study is a descriptive-analytical study with primary data collection conducted through a questionnaire of patients' methadone maintenance therapy program at the Health Center District Cengkareng, West Jakarta, in the period from 2008 to 2010. The Research Objectives included the factors that encourage patients to carry out therapy and the factors that hinder patients in carrying out methadone maintenance therapy. The data obtained is analyzed using the Chi-square test to see the relationship between counseling and the level of patient compliance.

Result

A. Patient Characteristics

Table.1

The distribution of methadone maintenance therapy patients by gender

| Category | Number of patients (81) | Percentage (%) |
|----------------------|-------------------------|----------------|
| Gender | | |
| Male | 73 | 90,12 |
| Female | 8 | 9,88 |
| Age (years) | | |
| < 25 | 12 | 14,81 |
| > 25 | 69 | 85,19 |
| Education | | |
| < senior high school | 12 | 14,81 |
| > senior high school | 69 | 85,19 |
| Task | | |
| Working | 55 | 67,90 |
| No Working | 26 | 32,10 |

Manly gender act is the most cases witnessing methadone conservation remedy (90,12%). This result isn't different from the exploration conducted by Bulban and Jacopin. It is possible that there might be a relationship with the courage of men using hypes when consuming methadone. (3) Most methadone maintenance patients by age group were 15-24 years

(14.81%). This is a study conducted by Peles et al., where the age range of patients undergoing therapy was 18-67 years. (8) At this age, the suspicion of drug abuse, especially heroin, begins because the adolescent to adult life span is an age that is vulnerable to drug abuse and requires substitution therapy using methadone to overcome this problem. (3)

The average patient on methadone treatment has completed high school and higher (85,19%). One study showed that low levels of education and illiteracy negatively affect knowledge of the dangers of using drugs and tend to want to try because of the influence of the social environment. ⁽²⁾ The majority of patients on methadone maintenance treatment were at work (67.90%). This is probably due to the pressure of work and the influence of the social environment. However, according to research conducted by McLellan said that patients who work will last longer in therapy and provide better outcomes. ⁽¹³⁾

B. Distribution of methadone maintenance therapy patients undergoing therapy

Table 2
Distribution of methadone maintenance therapy patients undergoing therapy

| The main factor in the performance of the therapy | Patients | Percentage (%) |
|---|----------|----------------|
| Self/ want to heal | 68 | 83,96 |
| Parents' encouragement | 6 | 7,41 |
| Co-workers encouragement | 3 | 3,70 |
| Support from friends around the | 3 | 3,70 |
| patient's home environments | | |
| Another reason | 1 | 1,23 |
| Total | 81 | 100,00 |

The major factor in the completion of treatment is the desire to cure/self (83.96%). This is in accordance with research conducted by Dole and Nyswander which showed that therapy will not work if it is not accompanied by counseling, and must be the patient's decision. Family encouragement is the next reason to continue therapy (7.41%). The facts in Asia, especially in Indonesia, greatly affect a person's recovery process. The family has a very important role in planning the treatment program for addicts, especially based on the fact that addicts generally depend financially on their families. That the success of therapy is dependent on motivation, both from the patient himself and from social and environmental support. (12)

C. Distribution of patients offered to re-abuse methadone

Table 3
Distribution of patients offered to re-abuse methadone

| Bids for the number of drug-abusing | patients | Percentage (%) |
|-------------------------------------|----------|----------------|
| Ever | 38 | 46,91 |
| Sometimes | 24 | 29,63 |
| Rarely | 11 | 7,41 |
| Rarely | 5 | 6,17 |
| Never at all | 8 | 9,88 |
| Total | 81 | 100,00 |

A total of 38 patients (46.91%) reported that they had received an offer to resume using drugs. This relates to threats to patient control that can increase the risk of relapse, where 20% of the sample received social pressure, including offers to use drugs again. (5,8) The existence of free time can also encourage patients to be tempted to use benzodiazepines or heroin as well. Is one of the problems in the patient's life that is related to social relationships. (6)

D. Distribution of patients on methadone maintenance treatment based on treatment inhibitors.

Table 4
Distribution of patients on methadone maintenance treatment based on treatment inhibitors

| Patients | Percentage (%) |
|----------|---------------------------|
| 16 | 19,75 |
| 11 | 13,58 |
| 3 | 3,70 |
| 34 | 41,98 |
| 17 | 20,99 |
| 81 | 100,00 |
| | 16 11 3 34 17 |

Occupation is the largest factor preventing patients from receiving treatment (41.98%). This is related to previous research with the reason that work is the main reason that hinders the course of therapy due to the busyness faced by maintenance therapy patients. Although work is an inhibiting factor in carrying out therapy, most patients have good compliance in the undergo maintenance therapy. (4,5)

E. Relationship of Counseling to Patient Compliance Level of Methadone Maintenance Therapy

Table 5

Counseling relationship with the level of patient compliance with methadone maintenance therapy

| | Compliance | | |
|-------------------------------------|------------|--------------|---------|
| Adherence counseling activities | Submissive | Disobedience | Patient |
| | (patients) | (patients) | |
| Motivation | 81 | 0 | 81 |
| Attitudes (satisfaction with the | 77 | 4 | 81 |
| doctor / other staff) | | | |
| Interactions (the quality of doctor | 81 | 0 | 81 |
| and patient relationship) | | | |
| Cost | 76 | 5 | 81 |

To see whether there is a relationship between counseling and the level of patient compliance with methadone maintenance therapy, statistical analysis using the Chi-Square test was used to see the relationship between two variables, namely counseling (including motivation, attitude/satisfaction with doctors, interaction/quality of doctor-fittent relationship) and the degree of compliance (including compliance and non-compliance). The results showed that there was a significant relationship between counseling and the level of patient compliance with methadone maintenance therapy ($\alpha = 0.05$).

The role of the counselor is very important in the treatment of drug abuse. The strategy of communication skills and goal setting has a significant effect on the existence of a good relationship between the patient and the counselor. Counseling is associated with good skills in providing counseling, patient satisfaction with therapy, family and co-workers relationships as well as people in the patient's environment. This is also in line with a study conducted by McLellan which showed that counseling resulted in significant differences in the therapeutic success of a service program related to methadone abuse. The number of factors related to patient compliance according to research by Albaz (1997), where factors that affect adherence are categorial dinto five categories, namely: factors related to patients, factors related to related conditions, factors related to the health system, factors related to therapy and socio-economic factors.

CONCLUSIONS

- 1. Based on the characteristics of patients on methadone maintenance therapy, most of the patients were male (90.12 %), aged between 25 49 years (85.19%), and educated above high school (65.432%) and had worked (67.90%).
- 2. The main factor that encourages patients to carry out methadone maintenance therapy is the patient's desire to recover (83.95%), although work is also one of the inhibiting factors beyond undergoing maintenance therapy (41.96%) and has been offered to return to using methadone (46.91%).
- 3. There is a significant relationship between counseling and the level of patient compliance with methadone maintenance therapy.

REFERENCES

- 1. Albaz, R.S., Factors affecting patient compliance in Saudi Arabia, Journal of Social Sciences, 1997, page 5-8.
- AIDS Institute New York State Departement of Health, Treatment Adherence for People with HIV Infection: A Guide for Health Care Providers, 2005.
- Bilban, M. and Jakopin, C.B., Methadone Maintenance Treatment and Drugs, Ljubljana, Slovenia, 2001, page 107-109.

- Dennis C.D., Ph.D., Delinda, M., Ph.D., Gloria, C., M.Ed., Therapy Manuals for Drug Addiction Drug Counseling for Cocaine Addiction: The Collaborative Cocaine Treatment Study Model, U.S. Department of Health and Human Services., National Institutes of Health., National Institute on Drug Abuse., 6001 Executive Boulevard, Bethesda- Maryland, 2002, page 91-98.
- Delinda E.M. and George E.W., M.D., Therapy Manuals for Drug Addiction Series Individual Drug Counseling, University of Pennsylvania and Veterans Affairs Medical Center., U.S. Department of Health and Human Services., National Institutes of Health., National Institute on Drug Abuse., Division of Clinical and Services Research., 6001 Executive Boulevard, Rockville-Maryland, 1999, page 1, 21-25.
- Fred, A Counselling Approach. Dalam: National Institute on Drug Abuse, 2000, Approaches to Drug Abuse Counseling, U.S. Departement of Health and Human Services, National Institute of Health, Unated States, Sipe, 2000, page 127-137.
- Husin., A.B., Penatalaksanaan Mutakhir dan Komprehensif Ketergantungan Napza, Direktorat Pengawasan Narkotika, Psikotropika dan Zat Adiktif Badan Pengawas Obat dan Makanan RI, Penerbit P.T Kalbe Farma, Jakarta, 2002, Halaman 48-50.
- 8. Kusminarno dan Ketut, **Penanggulangan Penyalahgunaan Narkotika**, **Psikotropika dan Zat Adiktif Lainnya** (**NAPZA**), Direktorat Pengawasan Narkotika, Psikotropika dan Zat Adiktif Badan Pengawas Obat dan Makanan RI, Penerbit P.T Kalbe Farma, Jakarta, 2002, Halaman 19.
- 9. Peles, E., Schreiber, S. and Adelson, M., Factors Predicting Retention in Treatment: 10-year Experience of a Methadone Maintenance Treatment (MMT) Clinic in Israel, **Drug and Alcohol Dependence**, 2006, page 211-217.
- Saragih, N, Karakteristik Penyalahguna Narkotika, Psikotropika dan Zat Adiktif (NAPZA) di Sibolangit Centre Rehabilitation Fot Drug Addict Kabupaten Deli Serdang Tahun 2004 -2007, Medan, 2009, Halaman 18 – 19.
- 11. U.S. Department of Health and Human Services, **Principles of Drug Addiction Treatment: A Research Based Guide**, Second Edition, United States, 2009, page 54-60.
- 12. Verster, A., Buning, E., **Methadone Guidelines**, Amsterdam, The Nederlands, 2000, page17-18, 23-28.
- Ward, J., Mattick, R.P. and Hall, W., The Duration of Methadone Maintenance treatment.
 Ward, J., Mattick, R.P., Half, W. (eds), Methadone Maintenance Treatment and Other Opioid Replacement Therapies, Harwood Academic Publisher, Amsterdam, 1998, page. 305-336.

RELATIONSHIPS TO THE LEVEL COMPLIANCE WITH PATIENT COUNSELING THERAPY METHADONE MAINTENANCE AT HEALTH CENTERS CENGKARENG IN WEST JAKARTA

| ORIGIN | ALITY REPORT | | | |
|------------|--|---|--|----------------------|
| 6 SIMIL | % ARITY INDEX | 4% INTERNET SOURCES | 2% PUBLICATIONS | 1% STUDENT PAPERS |
| PRIMAF | RY SOURCES | | | |
| 1 | www.nck | oi.nlm.nih.gov | | 2% |
| 2 | libmast. | , | | 1 % |
| 3 | STUDY C RETENTI THERAP' FOR MEI DEPEND | hallyka. "PROSI OF FACTORS ASS ON OF METHAL Y AMONG PATIL NTAL HEALTH A ENCE IN CAMB ific University, 2 | SOCIATED WIT DONE MAINTE ENTS AT THE C ND DRUG ODIA", Ritsum | H "NANCE CENTER |
| 4 | | ed to Pennsylva ducation | nia State Syst | em of 1 % |
| 5 | eprints.p | ooltekkesjogja.a ^e | c.id | 1 % |

6

Lauri Nummenmaa, Patrick Jern, Tuulia Malén, Tatu Kantonen et al. "µ-opioid receptor availability is associated with sex drive in human males", Cold Spring Harbor Laboratory, 2021

1 %

Publication



es.scribd.com

Internet Source

<1%

Exclude quotes

Off

Exclude matches

Off

Exclude bibliography On