

2ND ASIA PACIFIC PHARMACY EDUCATION WORKSHOP 2011

8—9th December 2011

Management & Science University
Shah Alam, Selangor, Malaysia

ORGANIZERS



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ASIAN FEDERATION for PHARMACEUTICAL SCIENCES CONFERENCE 2011

9th—12th December 2011
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2nd ASIA PACIFIC PHARMACY EDUCATION WORKSHOP

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**CONCURRENT ORAL PRESENTATION (10 DEC 2011) 4:00-5:45 PM
VENUE: FUNCTION ROOM 5**

REGULATORY SCIENCE AND BASIC/CLINICAL STUDY

Country	Code	Timings	Title	Country
		4:00-4:15	Opening of the session	
Malaysia	DO-001	4:15-4:30	PK/PD of warfarin associated with genetic polymorphisms of VKORC1 and CYP2C9 in Indonesian patients. Taofik Rusdiana, Takuya Araki, Tomonori Nakamura, Anas Subarnas, and Koujiro Yamamoto Department of Clinical Pharmacology, Gunma University Graduate School of Medicine, Japan and Faculty of Pharmacy, Padjadjaran University, Indonesia	Japan
Malaysia	DO-002	4:30-4:45	Age appropriate immunization doses in Iraqi children younger than 2 years Omer Q.B. Al-Iela, Mohd Baidi Bahari, Mustafa G Al-abbassi, Muhannad R.M. Salih, Amena Y. Basher School of Pharmaceutical Sciences, Universiti Sains Malaysia, Pulau Pinang, Malaysia,	Malaysia
India	DO-003	4:45-5:00	Protective activities of new copper (II) complex derived from 4-(2-5-bromobenzylideneamino)ethyl piperazin-1-iumphenol against ethanol induced gastric ulcerations in rats Muhammad Saleh Salga, Hapipah Mohd Ali, Mahmood Ameen Abdullah, Siddig Ibrahim AbdelWahab Department of Chemistry, Faculty of Science, University Malaya, Kuala Lumpur, Malaysia	Malaysia
Malaysia	DO-004	5:00-5:15	Perspective of Indian Patient towards Pharmacist: A Survey Report D.B.Narayana, V Kusum Devi, Asha A N, Uday Bhosale, Nimisha Jain Department of Pharmaceutics, Al-Ameen College of Pharmacy, Bangalore, India	India
Malaysia	DO-005	5:15-5:30	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, Indonesia	Indonesia
Indonesia	DO-006	5:30-5:45	Effect of tea constituents on Paracetamol pharmacokinetics in healthy volunteers Preethi Soysa, Tharaka Bandara, Randeewari Gunarathne, Priyanga Ranasinghe, Sashimali Wickramasinghe Department of Biochemistry and Molecular Biology, Faculty of Medicine, Colombo, Sri Lanka	Sri Lanka

PROCEED FOR POSTER PRESENTATION

**CONCURRENT ORAL PRESENTATION (11 DEC 2011) 2:00-3:45 PM
VENUE: FUNCTION ROOM 3**

INNOVATIONS IN DRUG DELIVERY SYSTEMS

CODE	Timings	Title	Country
	2:00-2:15	Opening of the session	
AO-001	2:15-2:30	Improvement of the retinal delivery of eye drop containing liposomes by chitosan modification Kohei Hironaka , Tomohiro Nakanishi, Takuya Fujisawa, Hitoshi Sasaki, Kohei Tahara, Yuichi Tozuka, Kazuhiro Tsuruma, Masamitsu Shimazawa, Hideaki Hara, and Hirofumi Takeuchi Department of Drug Delivery Technology and Science, Gifu Pharmaceutical University, Japan	Japan
AO-002	2:30-2:45	Usefulness of transdermal delivery of Tranexamic acid with a constant-voltage iontophoresis patch containing chemical enhancer Hiroaki Todo , Kenji Sugibayashi Faculty of Pharmaceutical Sciences, Josai University, Japan	Japan
AO-003	2:45-3:00	Concept of hydrotropic technique and characterisation in solubility of Oxcarbazepine A. Prameelarani, Hema Veeram Research student, JNTUH, KVSRR Siddhartha College of Pharmaceutical sciences, Vijayawada, India	India
AO-005	3:00-3:15	Combined effect of <i>l</i> -menthol and 89 kHz ultrasound on the sonophoretic transport of hydrophilic compounds across the hairless rat skin Hideo Ueda , Hiroko Ichiwata, Aya Motohashi, Saori Hiura, Masakazu Kitamura, Keiichi Tsukuda, Toshinobu Seki, Soichiro Kimura, and Yasunori Morimoto Faculty of Pharmaceutical Sciences, Josai University, Japan	Japan
AO-006	3:15-3:30	The influence of oleic acid and propylene glycol on Losartan transdermal transport <i>in vitro</i> Akhmad kharis nugroho , Annas binnarjo, Arief rahman hakim, Ronny martien, Fajri nugroho, Denia selvina, Tedo harris candra, Marllyn dian laksitorini Faculty of Pharmacy, Gadjah Mada University, Sekip Utara, Yogyakarta, Indonesia	Indonesia
TEA BREAK			

DO-005

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

Lili Musnelina and Dina Yuspita Sari

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

ABSTRACT

Methadone maintenance therapy is one therapeutic option that is effective in helping users to stop injecting opioids or reduce the use of opioids. For that patient compliance is required to undergo therapy with counseling. This study aims to determine the demographic picture, factors which inhibit therapy, the offers of drug abuse, particularly heroin, factor inhibiting therapy and counseling relationship on the level of patient adherence to methadone maintenance therapy. This study is a descriptive analytical study with primary data collection through a questionnaire to 81 patients in methadone maintenance therapy at Health Centers Cengkareng of West Jakarta period 2008 until 2010. The data obtained were processed using chi-square test ($p = 0.05$). The results showed that 81 patients undergoing methadone maintenance therapy, the patients were male largest 73 people (90.12%) at age category 25-49 years as many as 69 people (85.18%), with recent high-school education as many as 53 people (65.43%) and 55 patients (67.90%) have had to work. A total of 68 patients (83.95%) stated that the main factors that encourage them to run therapy is the willingness of patients to recover. However, 38 patients (46.91%) claimed never get a bid for re-use the drug. One of the biggest inhibiting factors for 34 patients (41.98%) to run a therapy is the job they have. There is a significant relationship between the level of patient compliance in the presence of methadone maintenance therapy counseling at health centers Cengkareng, West Jakarta.

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

Lili Musnelina, Dina Yuspita Sari
Departement 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 the 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.

Key words : 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, or 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, or better known as putau, and is located in West Jakarta. 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 drug abuse. Data from the PRM in the Hospital Drug Dependency (RSKO) Jakarta also showed that 43% of the total patient until August 2004 to stop / 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), To provide 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) Induction phase, the phase of commencement of the use of methadone maintenance therapy, (2) 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 for the patient. The increase in the dose maintenance phase has not been as frequent as 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, during 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 sex

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		
< High senior school	12	14,81
>high senior school	69	85,19
Task		
Working	55	67,90
No Working	26	32,10

Manly sex 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's possible that there's 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 in accordance with 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 patients home environments	3	3,70
Another reason	1	1,23
Total	81	100

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.⁽⁵⁾ 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 a 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 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

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

Factor inhibitor therapy	Patients	Percentage (%)
Distance home to distant health centers	16	19,75
Transport stream	11	13,58
Inadequate public transport	3	3,70
Work	34	41,98
Other academic activities of	17	20,99
Total	81	100

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 undergoing 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 methadone maintenance therapy

Adherence counseling activities	Compliance		Patient
	Submissive (patients)	Disobedience (patients)	
Motivation	81	0	81
Attitudes (satisfaction with the doctor / other staff)	77	4	81
Interactions (the quality of doctor and patient relationship)	81	0	81
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-patient 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.⁽¹²⁾ This is also in line with a study conducted by McLellan which showed that counseling resulted in significant differences in therapeutic success of a service program related to methadone abuse.⁽⁵⁾ The number of factors related to patient compliance according to research by Albaz (1997), where factors that affect adherence are categorized into five categories, namely: factors related to patients, factors related to related conditions, factors related to the health system, factors related to therapy and socioeconomic factors.⁽¹⁾

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.

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*Assoc. Prof. Eddy Yusuf, PhD
Chairman of the Organizing Committee*



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RELATIONSHIPS TO THE LEVEL COMPLIANCE WITH PATIENT COUNSELING
THERAPY METHADONE MAINTENANCE AT HEALTH CENTERS CENGGARENG
IN WEST JAKARTA
Lili Musnelina, Dina Yusapta Sari
Department of Pharmacy, Institute of Science and Technology of National
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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

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COMPLIANCE WITH PATIENT
COUNSELING THERAPY
METHADONE MAINTENANCE
AT HEALTH CENTERS
CENGGKARENG IN WEST
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2
**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

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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 patient's home environments	3	3,70
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. (5) 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

Factor inhibitor therapy	Patients	Percentage (%)
Distance home to distant health centers	16	19,75
Transport stream	11	13,58
Inadequate public transport	3	3,70
Work	34	41,98
Other academic activities of	17	20,99
Total	81	100,00

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

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

To see whether there is a relationship between counseling¹ 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-patient 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 ($\alpha = 0.05$).

⁴ 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.⁽¹²⁾ 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.⁽⁵⁾ The number of factors related to patient compliance according to research by Albaz (1997), where factors that affect adherence are categorized into 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.⁽¹⁾

CONCLUSIONS

- ³ 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%).
- 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%).
- There is a significant relationship between counseling and the level of patient compliance with methadone maintenance therapy.

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Dr. apt. Mahdi Jufri, M.Si

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Unit Kerja : Fakultas Farmasi Universitas Indonesia
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Prof. Dr. apt. Teti Indrawati, MS

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Unit Kerja : Program Studi Farmasi Fakultas Farmasi ISTN
Bidang Ilmu : Farmasi
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