

Relapse in Drugs, Psychotropic, Addictive Abuse Post Rehabilitation: “Policy and Prevention Programs”

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ABSTRACT

Drug abuse is a problem in Indonesia, one of this is Relapse. Relapse is a process in which a person has been declared abstinence and returns to using drugs. The aimed of this research is to find out the policies and programs related to the prevention of drug relapse in rehabilitation centers. The study design was cross sectional by conducting Round Table Discussion (RTD) with stakeholders from the National Narcotics Agency, Drug and Food Control Agency, Directorate of Prevention and Control of Mental Health and Drug Problems Ministry of Health, Drug Addiction Hospital, psychiatric practitioners, volunteers, and confirmation to the institution rehabilitation. The results showed that there was no national minimum standard for handling relapse, egocentrism of ministries, the Ministry of Health emphasized medical rehabilitation more, the Ministry of Social Affairs emphasized social rehabilitation. and comprehensive program of BNN includes medical rehabilitation, social rehabilitation and post-rehabilitation. The various definitions of Relapse caused differences in the rate of Relapse in the 2018 Directorate of Mental and Drug Affairs, 24.3% as a rough number (claim data), Relapse rate at the National Narcotics Agency before the post rehabilitation program was 90%, after a post-rehabilitation program 30% and at Rehabilitation and Therapy House, Lido Bogor, around 7%. There is no national standard until how many times a drug user is considered a victim or category of criminal acts. Supervision of drug is carried out by the DFC Agency, use of E-NAPZA and administrative and criminal sanctions will reduce illicit circulation and drug abuse. President Republic of Indonesia Instruction No. 6 year 2018 concerning the P4GN National Action Plan, in ministries / institutions. expected to reduce the rate of drug relapse.

Keywords: *Relapse, drug abuse, rehabilitation*

1. INTRODUCTION

The decline Narcotics are substances or drugs derived from plants or not plants, both synthetic and semisynthetic, which can cause a decrease or change in consciousness, loss of taste, reduce to eliminate pain, and can cause dependence. Drug abuse (narcotics, alcohol, psychotropic, and addictive substances) is not a new problem in our country. Narcotics, alcohol, psychotropic and other addictive substances (NAPZA) on the one hand are drugs or substances that are useful in the field of medicine or health services and scientific development and on the other hand, can also cause very detrimental dependencies if misused or used without control and strict and careful [1].

According to the National Medium-Term Development Plan (RPJMN) 2015 - 2019, one priority agenda is eradicating drugs and psychotropic. (RPJMN) [2]. Based on the Ministry of Health Strategic Plan 2015 - 2019, one of the targets is the development of mental health services The

target of this activity is to improve the quality and access to mental health services and drugs [3].

The health sector plays an important role in efforts to tackle drug abuse, through promotive, preventive, therapeutic and rehabilitation efforts. Relapse or drug use is re-using drugs after an abstinence period. Some experts consider relapses to include only those people who have completed or completed episodes of formal therapy and are returning to using drugs with patterns that are similar or worse than their use before abstinence [4].

The variables related to relapse of opiates are education level, marital status, hepatitis status, length of use, and method of use. The most dominant variable is hepatitis status, hepatitis sufferers have a greater risk of relapse than non-hepatitis sufferers [5].

The level of the family in preventing relapse is low and the strategy that must be taken is to optimize the empowerment of family education regarding the importance of the role of the family to maintain the family system in support of sustainable resident recovery and to improve supporting

facilities and service system programs as a strategy to prevent the relapse of drug abusers [6].

Relapse rates are also still high in some countries, 33% in Nepal, 55.8% in China, 60% in Switzerland, and 60-90% in Bangladesh. Drug users experience a relapse between one month and one year after leaving the treatment program [7]. According to Raharni, 2002 the proportion of drug abusers among high school students in Bekasi City was 16.8%. Factors that are significantly related to the occurrence of drug abuse among Bekasi City High School students are individual factors consisting of characteristics of sex and age and knowledge; environmental factors in the family, namely communication variables; as well as environmental factors outside the family, namely peer group variables and leisure use [8].

Haifeng Chang, 2016, To reduce the risk of relapse in heroin addicts, use the resting fMRI technique, with ReHo analysis. With resting fMRI, it proves that the right caudate can function as a potential biomarker for predicting heroin relapse and hope for reducing the risk of recurrence of heroin [9]. Based on research, Christy K, Scott, shows that users suffer from becoming more chronic conditions, where they take turns in periods of relapse, re-enter treatment, detention, and recovery, and often last several years [10].

The research objective is to find out various policies and programs as well as alternative programs for handling NAPZA Relapse in rehabilitation homes. It is expected that the results of the research will be input for the government regarding policies and efforts for the NAPZA Relapse prevention program at the rehabilitation center.

2. METHOD

The research design is cross-sectional, with a qualitative approach, implying indirectly or expressing paradigm assumptions based on changing design methodologies based on individual experiences in a scientific setting [11] According to Arthur Cropley, The core property of qualitative research is that it examines the way people make sense out of their own concrete real-life experiences in their own minds and in their own words [12].

Information related to drug policy and relapse is carried out with round table discussions (RTD) from stakeholders, namely the National Narcotics Agency (BNN), POM Agency, Directorate of Psychiatry, Ministry of Health, RSKO, Practitioners, and Volunteers with an interest in the rehabilitation program for drug abusers. Also, interviews with the NAPZA rehabilitation orphanage in Jakarta, Bogor, Bekasi, in May - November 2018.

3. RESULT AND DISCUSSION

The results showed Relapse rates for drug abusers are still high reaching 90%, after going through post-rehabilitation, the relapse rate is less than 30%. According to data from the Ministry of Health data of patients who have been rehabilitated based on Sylaras 2018, relapsed as many as 261 (24.3%), but that is still dirty and inadequate data

because there may be double counting in other months during rehabilitation and the data is claim data.

The policies and regulations related to handling relapse (abuse) of drug abuse consist of laws and regulations governing the handling of drug relapse namely the Republic of Indonesia Law No. 36 of 2009 concerning Health, Indonesia Law no. 35 of 2009 concerning Narcotics and Law of the Republic of Indonesia No. 5 of 1997 concerning Psychotropic. Government regulations in the form of Presidential Regulation of the Republic of Indonesia number 80 of 2017 concerning the Agency for Drug and Food Control, Presidential Instruction of the Republic of Indonesia No. 6, 2018 concerning the National Action Plan for the Prevention and Eradication of Illicit Abuse and Circulation of Narcotics and Narcotics Pre-2018-2019 and some Minister of Health Regulation, concerning Imports and Exports of Narcotics, Psychotropic, and Pharmaceutical Precursors.

Programs related to NAPZA relapse mitigation. according to BNN, the rehabilitation policy must be comprehensive and sustainable, which is a series of integrated recovery efforts for addicts, abusers, and victims of narcotics abuse, which includes initial acceptance, medical rehabilitation and/or social rehabilitation and continued with post-rehabilitation services, which are carried out continuously in a unity integrated services

Medical Rehabilitation is a process of integrated treatment activities to free addicts from physical dependence on drugs. Forms of activity include detoxification/treatment of withdrawal symptoms, administration of pharmacotherapy and psychotherapy, management of comorbidities and medico-psychiatric evaluation. Indicators of successful medical rehabilitation are the withdrawal of withdrawal symptoms, stable physical and psychiatric conditions, so that the client can undergo all daily routines without drugs, the client's cognitive awareness of the dangers and negative effects of narcotics use, URICA test: contemplation preparation.

Social Rehabilitation is an integrated recovery activity, both physical, mental and social so that former narcotics addicts can return to carrying out social functions in people's lives. The forms of activities are motivation and psycho-social intervention, mental and spiritual guidance and physical guidance, resocialization guidance, basic vocational training and entrepreneurship, care and care for child clients, women and disabilities, and periodic evaluations and referrals. Post rehabilitation is the next stage, is an advanced program provided to clients, namely former addicts or victims of narcotics abuse who have completed medical rehabilitation and / or social rehabilitation, in order to maintain recovery (not relapse). It is an integrated and inseparable part of medical and social rehabilitation, in the effort to recover narcotics addiction. Required post-rehab because addiction is a chronic disease and easily relapses. The cause of relapse is not being able to deal with triggers, not being productive / not having a job, not getting social support.

BPOM's policy on narcotics, psychotropic and addictive substances, control are aimed at ensuring the availability of

safe, efficacious and quality drugs; prevent leakage and deviation (diversion) from legal channels to illegal or vice versa; prevent abuse. narcotics supervision uses drug use, including psychotropic drugs, and pharmaceutical precursors for medicinal purposes by POM, including: narcotics in groups II and III; psychotropic classes II, III, and IV; and pharmaceutical precursors include ephedrine, pseudoephedrine, norephedrine, ergometrine, ergotamine, potassium permanganate. In addition, bulk and medicinal products contain precursors.

Relapse is high, because each institution/ministry is carrying out its own duties and functions. The Ministry of Health for example emphasizes more on medical intervention. Eventhough it determines relapse is post-rehabilitation. The Ministry of Social Affairs more emphasis on social rehabilitation, even though what determines it is post-rehabilitation. At the time of negative urine test, clean, come out of rehabilitation using again because you found drugs, use again, and will relapse again. This means that the client being rehabilitated has not fully healed, so he is unable to deal with the trigger.

BNN's policy in conducting rehabilitation of drug users is comprehensive, carried out starting from the rehabilitation to the damping house stage. According to the definition of rehabilitation, the patient enters from the beginning, namely medical rehab, social rehab, continued after rehab, this is a single unit, inseparable. So it can't be like in the ministry of health which emphasizes only medical rehab or in the Ministry of Social which emphasizes more social rehabilitation. If after completion it should be sent to BNN which has post-rehabilitation. This is according to Ary Santi atmadja's research, that the effectiveness of the Aftercare program in an effort to reduce ex-residents who have relapsed is effective enough as evidenced by the communication and working relations of the damping house to the community and government institutions / the community has been carried out well, and effectively, as well as human resources are sufficiently fulfilling and facilitating residents to participate in a series of post-rehabilitation activities while at the damping house [13].

According to Walter, a narcotics addiction prevention and control program has been operated by the regional health department for the past year. The experience that personnel has at the local health unit with infectious diseases and mental health problems enables them to handle such programs. In this area, the program was well received by the groups involved: police, doctors, parents, pharmacists, and teachers [14].

4. CONCLUSION

There is no national minimum standard in handling NAPZA relapse. Ministries / Institutions in the effort to deal with relapse of drug abuse still egocentrism respectively, the Ministry of Health more emphasis on medical rehabilitation, the Ministry of Social Affairs places more emphasis on social rehabilitation. The National Narcotics Agency (BNN) in handling NAPZA relapse conducts rehabilitation more comprehensively starting from medical

rehabilitation, social rehabilitation and post-rehabilitation. The difference in relapse numbers due to the still varying definitions of relapse, there is no standard calculation of relapse numbers. There is no national standard how many times a drug user is considered a victim. There must be firmness that the drug users who relapse / relapse until repeatedly included in the category of criminal acts. E-NAPZA support for BPOM, data for supervision, one of which is the most distribution, will be the purpose of supervision. The existence of the Indonesian Presidential Instruction will be able to reduce drug abuse and is expected to reduce the rate of NAPZA Relapse.

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