

Characteristics of drug users admitted in Lido Rehabilitation Center during 2022

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ABSTRACT

The increasing trend of illicit drug use leaves a huge concern for health and behavioral changes, including in Indonesia. Rehabilitation is a series of treatments designed to help them recover from addiction and its impacts comprehensively. The present study aimed to explore the demographic characteristic and drug use profiles of clients admitted in Lido Rehabilitation Center, the national referral center for drug use treatment in Indonesia, during 2022. A survey study was carried out quantitatively using a 2022 database of client admission in February 2023. Descriptive analysis was performed to present the data as appropriate. The overall total of drug users was 592 clients (569 males, 23 females). The demographic characteristics were dominated by young adults (79.90%), voluntary (74.70%), Muslims (86.80%), high-school-to-higher graduates (74.70%), and employers (61.80%). The drug mostly used was methamphetamines (69.80%) with duration being less than 10 years (75.50%) and addiction level being mild-to-moderate (92.80%). The main reasons for starting drug use were peer/partner pressure (37.18%) and curiosity (29.92%). From this study, we can see that the trend of methamphetamine use in productive ages is still dominating in 2022. Further study is needed to evaluate the outcomes of the treatment they have received during the rehabilitation program.

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1. INTRODUCTION

The increasing trend of illicit drug use leaves a huge concern, particularly for health and behavioral changes, worldwide [1]. It has been estimated that around 284 million people currently consume or have consumed illicit drugs with the most widely used types being cannabis, opioids, amphetamines, cocaine, and ecstasy [2], [3]. This number is expected to increase due to the rise of new psychoactive substances (NPS) being produced and sold illegally. Until 2022, there are 1,150 types of NPS available on the worldwide market, and 31% of them have been detected in Indonesia, but only 12% have been regulated by the government [4]. Based on the 2021 Survey of Drug Abuse Prevalence released by the Indonesian National Narcotics Board, the prevalence rate of drug abusers increased from 1.80% in 2019 to 1.95% in 2021 (around 3.6 million people) with most being aged 15-64 years [5]. The higher the prevalence rate of drug use, the greater the number of people who will experience drug addiction.

Drug addiction, known as drug use disorder (DUD), is a chronic, often relapsing brain disease that causes compulsive drug seeking and use despite harmful consequences to the individual who is addicted and to those around them [6]. As a consequence, it poses not only an economic burden through rising healthcare

costs, but also social costs in the form of loss of productivity and family income, violence, security problems, and accidents [7]. Rehabilitation is a series of processes designed for people with drug use disorder (p-DUD) to recover from their addiction and restore its negative impacts so they can return to society by becoming healthier, more productive, and socially functioning person [8]. There are various types of rehabilitation programs available in Indonesia, such as community-based intervention programs, inpatient rehabilitation, and residential treatment program [9]. The residential treatment program is predominantly purposed for p-DUD who have minimum recovery capital, such as family & social support, safe housing/healthy environment, peer-based support, employment & resolution of legal issues, vocational skills/education, community integration & cultural support, meaning and purpose in life, and mental & physical health [10], [11].

Lido rehabilitation center is the national referral center for drug use treatment in Indonesia. It provides the largest capacity of the residential-based program purposed for all citizens who have a history of drug use, experience its negative impacts, and need to access the treatment, either voluntarily or compulsorily, since 2002 [12]. The maximum target of clients reaches up to 750 individuals per year with an age range between 12-60 years. Because it is a residential-based center, many interventions and activities are designed in groups, such as group therapy, group counseling, and group outing [13]. Moreover, the approach used as a core basis of the rehabilitation program in this center is the therapeutic community (TC) which believes that individual recovery occurs by utilizing the strength of peer groups [14].

In 2021, it was reported that in Indonesia, the first type of drug used was led by cannabis [15]. However, it does not mean that cannabis users lead the first rank in accessing rehabilitation programs as well due to the lack of perceived need for treatment and a desire to stop using on one's own [16]. The present study aimed to explore the demographic characteristic and drug use profiles of drug users admitted in the residential treatment program at Lido Rehabilitation Center, Indonesia, during 2022. It is hoped that what is described in this study can generally represent how far the drug treatment program in Indonesia is utilized by drug users.

2. RESEARCH METHOD

A survey study was carried out quantitatively in Lido Rehabilitation Center, Indonesia, in February 2023. All secondary data used were taken from the 2022 database of admission in the residential treatment program. The specific information collected included demographic characteristics (arrival status, age, gender, religion, educational background, marital status, domicile, and employment status), drug use profiles (types of drugs dominantly used and duration as well as severity level of drug use), and reasons why they started using drugs for the first time.

The profiles of the study population were analyzed using descriptive statistics. Frequencies, percentages, means, and standard deviations were used to describe the interested variables. No inferential statistics were performed due to the descriptive nature of the study and tables were used to present the data as appropriate. Statistical package for the social sciences (SPSS) version 20 was used to analyze the data. Ethical clearance for the study was obtained by the Ethics Committee of the Faculty of Public Health, Universitas Indonesia (Ket-22/UN2.F10.D11/PPM.00.02/2023). Further approval was obtained as well from the authorities of Lido Rehabilitation Center prior to data collection.

3. RESULTS AND DISCUSSION

Lido Rehabilitation Center has three steps of service delivery flow: admission, rehabilitation program, and evaluation. In this study, we focus on using data from client admission during 2022. At first, we found that the total number of clients admitted to Lido Rehabilitation Center during 2022 is only 592 people from the maximum target should be up to 750 people per year. The unreachable target may be related to the existence of the COVID-19 pandemic where people become tendentiously be afraid and worried about staying at a residential place [17], [18]. Moreover, this center has also made more stringent regulations to prevent the transmission of COVID-19 between clients, staff, family, and other visitors so they can always be healthy and all the activities and programs related to the recovery process can be running well and uninterruptedly.

3.1. Demographic characteristics

In Table 1, it was found that clients' arrival status in this study were 442 (74.70%) voluntary and 150 (25.30%) compulsories. This finding is similar to the finding of the Organization of American States (OAS)/The Inter-American Drug Abuse Control Commission (CICAD) report that found only 11% of clients were referred from the justice system (compulsory). It can happen because the clients who volunteered to admit to this center came after receiving encouragement from friends/family and referrals from other health centers/hospitals. However, the legal concern also held an influential role to make drug users decide to seek

for treatment services [19]. Based on gender, Table 1 showed that the prevalence rate of male clients (96.10%) was much higher than female clients (3.90%). The environmental factor and social interaction among males being wider than females might be one of the reasons as seen from men's habit to hang out with their peers than women [20]. Besides that, the large gap between male and female prevalence in this study could not be used to conclude that the number of female addicts in Indonesia was lower than male addicts. The female has higher stigmatization and heavier baggage brought from their family, partner, and society if they are recognized as an addict [21]. Based on age group, Table 1 showed that the largest contribution to the prevalence rate came from young adults (79.90%). This finding was similar to Kabir SMH's study that showed 91.70% for young adults [22].

Based on religion, more than three-quarters of clients (86.80%) were Muslims. This finding is following the majority of religion in Indonesia which is Muslim (86.93%) [23]. Based on educational background, more than 50% of clients in this study graduated from high school; only 3 (0.50%) clients were illiterate. It is probably because the weight of peer pressures they received in the university was much higher, particularly in males [24]. Based on marital status, the percentages between single (49.80%) and married (40.20%) status were quite comparable. This finding is different from the finding of Biradar and Kulkarni which was dominated by married status (81.40%), but pretty similar to the finding of Abri *et al.* in the United Arab Emirates (UAE) [7], [25]. Inharmonious family can be a co-factor that increases the risk of drug use [26]. Based on employment status, 61.80% of clients were employed, either full-time or part-time. This condition showed that those who work had a high risk of being exposed to drugs that might be related to the stress caused by work pressure [27]. Moreover, the price of illicit drugs in Indonesia was relatively expensive compared to other countries [28]. Based on domicile, most clients came from western Indonesia (92.20%); the same domiciles as where this center was. It showed that the ease of service accessibility had an important role when a drug user was considering to seek for treatment [29].

Table 1. Demographic characteristics

	Frequency (n=592)	Percentage (%)
Arrival status		
Voluntary	442	74.70
Compulsory	150	25.30
Age groups (in years)		
<20	48	8.10
21-30	267	45.10
31-40	206	34.80
41-50	59	10.00
>50	12	2.00
Gender		
Male	569	96.10
Female	23	3.90
Religion		
Muslim	514	86.80
Christian	52	8.80
Catholic	10	1.70
Hindu	4	0.70
Buddha	12	2.00
Educational background		
Illiterate	3	0.50
Elementary school	52	8.80
Primary school	95	16.00
High school	341	57.60
University	101	17.10
Marital status		
Single	295	49.80
Married	238	40.20
Divorced	59	10.10
Domicile		
Western Indonesia	546	92.20
Central Indonesia	43	7.30
Eastern Indonesia	3	0.50
Employment status		
Employed	366	61.80
Unemployed	183	30.90
Student	43	7.30

3.2. Drug use profiles

To obtain data for drug use profiles, the admission team of Lido Rehabilitation Center did semi-interviewing screening, either online or offline, for each client by using Addiction Severity Index (ASI) instrument. The ASI instrument is a relatively brief, semi-structured interview designed to gather information about many aspects of drug users' life that contributes to their illicit drug use. It contains seven domains, including medical status, employment and support, drug use, alcohol use, legal status, family/social status, and psychiatric status, but regarding to the need of screening for new clients, the admission team only used three domains, which were medical status, alcohol/drug status, and psychiatric status [12].

In Table 2, it was seen that the first type of drug most dominantly used was methamphetamines (69.80%), followed by multiple drugs (19.40%) and cannabis (6.10%). This finding is quite distinguished from the 2021 National Survey of Drug Abuse's result saying that cannabis was the most dominant drug used in Indonesia [15]. It can be said that the awareness of meth users to seek for treatment in Lido Rehabilitation Center is probably higher than non-meth users. This result was different to Nyashanu's study stating that the utilization of treatment services among youth with meth use-related problem in Zimbabwe was low [30]. Many barriers play a role in inhibiting a drug user to access treatment, such as stigma and discrimination, information gap, labeling and rejection from the community, lack of perceived treatment efficacy, privacy concerns, lack of resources and support, and denial or not being ready to give up [31]. Besides that, cannabis users tend to have a less educated environment than non cannabis users so it may inhibit them to seek for treatment [32]. From Table 1, we can also see that the mean duration the clients have been using drugs was 7.47 ± 6.34 years (range: 1-41 years) with the three-quarters population being less than 10 years (75.50%). This result can be related to the fact that more than half of clients' severity level in 2022 was mild-to-moderate (92.80%); only small numbers (7.30%) were severe. This finding seemed unusual because the criteria of the residential program were usually purposed for people with severe levels of drug use [33]. However, this finding can also give enlightenment about the high awareness level of p-DUD, particularly meth users, in Indonesia to access the treatment. The earlier the p-DUD receives the treatment program, the better prognosis they have to recover from addiction.

For reasons behind why they started using drugs for the first time, in Table 3, it was seen that only 234 data were reported from the 2022 database of admission. The highest percentages were due to peer/partner pressure (37.18%) and curiosity (29.92%), followed by sleep or other psychological disturbances (6.84%), attending certain events (5.98%), low self-spirit (4.72%), family related issues (4.27%), enjoyment (3.41%), work/customer pressure (3.00%), grief (1.70%), unemployment (1.70%), and divorce (1.28%). This finding is similar to the study of Akila *et al.* where the percentages of these two reasons were up to 79% [34], [35]. Drug use behaviors are usually driven by various needs, such as socializing with other people, escaping from negative feelings, wanting to look more masculine or popular, and having a relationship with a person who uses drugs [36]. In another study, this behavior can also be associated with limited leisure resources, leisure opportunities, low religiosity, living in vulnerable areas surrounded by neighbors who use drugs, and experiencing unpleasant events during childhood increased the risk of drug use [35], [37].

Table 2. Drug use profiles

	Frequency (n=592)	Percentage (%)
Types of drugs dominantly used		
Methamphetamines	413	69.80
Amphetamines	4	0.70
Cannabis	36	6.10
Benzodiazepine	9	1.50
Opioid	8	1.40
Multiple drugs	115	19.40
Others	7	1.20
Duration of drug use (in years)		
≤10	447	75.50
11–20	115	19.40
21–30	27	4.60
31–40	2	0.30
≥40	1	0.20
Severity level of drug use		
Mild	313	52.90
Moderate	236	39.90
Severe	43	7.20

Table 3. Reasons for starting drug use

	Frequency (n=234)	Percentage (%)
Peer/partner pressure	87	37.18
Curiosity	70	29.92
Sleep/psychological disturbances	16	6.84
Attending certain events	14	5.98
Low self-spirit	11	4.72
Family related issues	10	4.27
Enjoyment	8	3.41
Work/customer pressure	7	3.00
Grief	4	1.70
Unemployment	4	1.70
Divorce	3	1.28

4. CONCLUSION

From this study, we can conclude that in 2022, the characteristics of clients admitted in the Lido Rehabilitation Center were dominated by methamphetamines male users at productive ages. The two reasons stated why they started using drugs were due to peer/partner pressure and curiosity. These facts are important to be noticed because it generally describes that the awareness of non-meth users may be not as high as meth users. Thus, in the making of drug prevention programs, reaching out to non-meth users, especially females, to seek treatment can be prioritized. Further study is also needed in order to evaluate the outcomes of the treatment the clients have received during the rehabilitation program, particularly in health and behavior changes.




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