



UNIVERSITAS INDONESIA

**INDIVIDUAL DETERMINANTS OF HEALTH
SERVICE UTILIZATION AMONG DRUG USERS IN WEST JAVA
(BANDUNG)**

THESIS

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**FACULTY OF PUBLIC HEALTH
INTERNATIONAL MASTER OF PUBLIC HEALTH PROGRAM**

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UNIVERSITY OF INDONESIA

**INDIVIDUAL DETERMINANTS OF HEALTH SERVICE
UTILIZATION AMONG DRUG USERS IN WEST JAVA (BANDUNG)**

THESIS

**SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENT
FOR THE DEGREE OF MASTER OF PUBLIC HEALTH**

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FACULTY OF PUBLIC HEALTH

MASTER OF PUBLIC HEALTH (INTERNATIONAL PROGRAM)

DEPOK

JANUARY 2011

STATEMENT OF ORIGINALITY

This Thesis is the result of my own work, and all good sources quoted or referenced I have stated correctly.

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Abstract

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Drug users in Indonesia are threatened by many health and social challenges of which HIV, HBV and HCV are dominant and hence the utilization of health services is vital for them. This study was aimed to determine the individual factors that influence the health service utilization among drug users in west Java (Bandung), Indonesia. We used secondary data from the National Drug Survey Indonesia 2008, with a sample size of 130 drug users. The individual determinant of health service utilization were studied in three categories, predisposing, enabling and need factors we found that living with parents, drug overdose, respiratory and miscellaneous symptoms were significantly associated with health service utilization. Those living with parents were more likely to use health services than those living with others. Those who had Digestive and Miscellaneous symptoms and did not experience drug overdose were also more likely to use health service utilization. We did not find any association among the predisposing factors and health service utilization among drug users.

Keywords: Drug users. Individual Determinants, Health service utilization.

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List of abbreviations

AIDS: Acquired Immunodeficiency Syndrome

ATS: Amphetamine like Stimulants

CP: Contraceptive Prevalence

DALYs: Disability Adjusted Life Years

HBV: Hepatitis B Virus

HCV: Hepatitis C Virus

HIV: Human Immunodeficiency Syndrome

IBBS: Integrated Biological Behavioral Surveillance

IDU: Injecting drug users

LSD: Lysergic acid diethyl amide

MDMA: 3, 4-Methylenedioxyamphetamin

NAC: National Aids Commission of Indonesia

NDU: Non Injecting drug users

NIDA: National Institute on Drug Abuse

PGR: Population Growth Rate

STDs: Sexually Transmitted Diseases

TB: Tuberculosis

UN: United Nations

UNAIDS: United Nations Joint Program on HIV/AIDS

UNODC: United Nations Office on Drugs and Crimes

WHO: World Health Organization

Chapter 1

Introduction

1.1 Background:

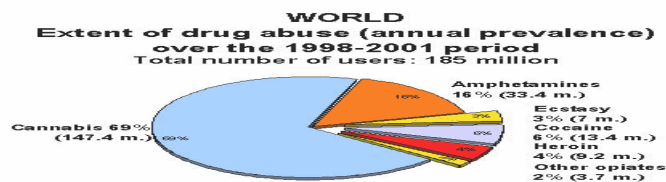
Drug use is a major social and health problem worldwide. This is a more chronic and difficult to deal with challenge currently. Drug Control has been on the global agenda since a century.

- Number of people aged 15-64 years who inject drugs is 11-21 million persons.
- Number of the “problem drug users” at the above age is 18-38 million persons.
- Number of people in this age who have used drugs at least once in the past year is 172-250 million persons.

Following are some facts about the drug use worldwide:

- 76.3 million persons with alcohol use disorders worldwide.
- At least 15.3 million persons who have drug use disorders.
- Injecting drug use reported in 136 countries, of which 93 countries reported HIV infection among this population.
- For every dollar invested in drug treatment, 7 dollars are saved in health and social costs. Different kinds of drugs being used in the world:

Figure 1.1: Typer of Drugs Being Used Worldwide



(NIDA, Drug Abuse and Addiction, 2009)

Globally, 0.4% of deaths (0.2 million) and 0.8% of Disability Adjusted Life Years or DALY (11.2 million) are attributed to overall illicit drug use. Attributable burden is consistently several times higher among men than women. Illicit drugs account for the highest proportion of disease burden among low mortality, industrialized countries in Americas, Eastern Mediterranean and European regions. In short, economic reliance on the drug trade, and drug dependence, leaves many individuals open to exploitation by criminals and criminal organizations; threatening the health of men, women and children, the rule of law, and ultimately, the vitality and strength of all our communities. 4 out of 10 US deaths are related to drug abuse. Drug abuse costs the United States economy hundreds of billions of dollars and increased health care costs, crime, and lost productivity. The total costs of drug abuse and addiction due to use of tobacco, alcohol and illegal drugs are estimated at \$524 billion a year. Illicit drug use alone accounts for \$181 billion in health care, productivity loss, crime, incarceration and drug enforcement (NIDA, Drug Abuse and Addiction, 2009).

Table 1.1 Burden of Disease (DALYs) attributed to illicit drug use by age

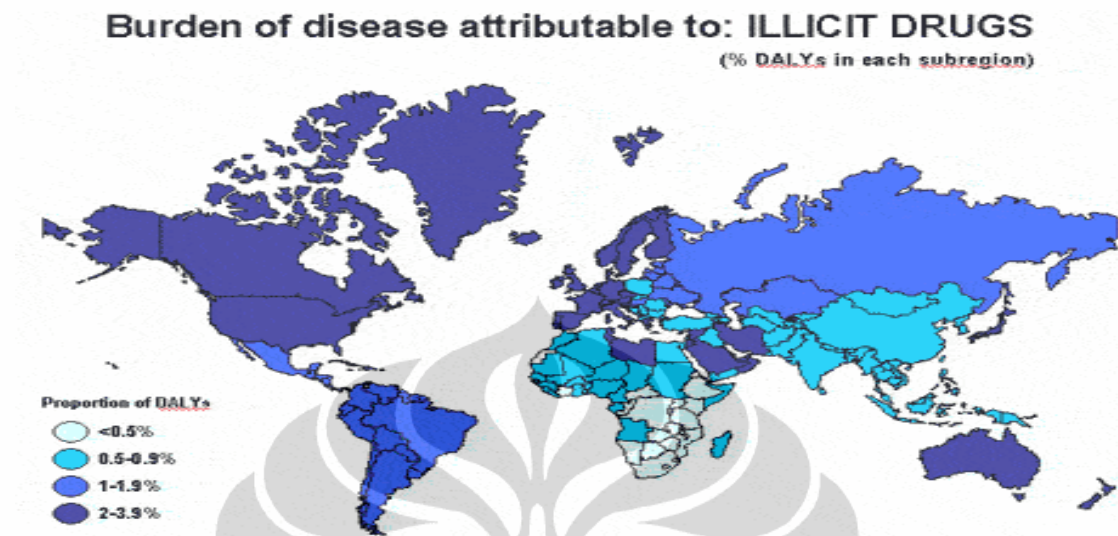
5-14	15-29	30-44	45-59	>60
177000	5691000	4397000	1211000	12000
1%	50%	38%	11%	0.1%

Source: Department of Mental Health and Substance abuse WHO 2005.

According to WHO reports, total deaths attributed to illegal drug use in 2000 were 194058 persons from which 77% were male and 23 were female, the main causes of deaths among drug users were AIDS (30.4%), Opioid Overdose (35.6%), Suicide (16.6%) and trauma (17.4%) (Poznyak, 2005).

The burden of the disease that attributed to the illicit drug use is shown in the following figure:

Figure 1.2 Burden of Diseases Attributed to Illicit Drug Use



(NIDA, Drug Abuse and Addiction, 2009)

Drug Use in Indonesia:

The drug use problem in Indonesia increased from the mid of 1990s with low grade from a heroin known as putau, which found a very lively and profitable market in there. The sharp increase in injecting drug use led a dramatic rise in HIV/AIDS among drug users (For Indonesian Drug Users, HIV and Addiction Present a Double Burden, 2008). Data from a national survey conducted in 2008 estimated lifetime prevalence of drug use at 1.5. Among those who ever used drugs, use of ATS accounted for 21%, cannabis use was reported 71% of users while heroin use accounted for 5%. In the most recent household survey it was estimated that 2% of the population between 10-64 years of age has used illicit drug in the past month, representing between 2.6 and 3.3 million drug users. Therefore, Injecting drug use is a major social and health challenge in Indonesia and is rapidly growing (For Indonesian Drug Users, HIV and Addiction Presents Double Burden, 2008).

Drug Use and HIV in Indonesia

Transmission of HIV through sharing of contaminated injecting equipment persists as the primary mode of infection in Indonesia. The five provinces most affected by injecting drug use are the Greater Jakarta area, East Java, West Java, North Sumatra and South Sulawesi. According to MoH data, in 2006 there were 219200 people injecting drugs and 43% to 56% of them were infected with HIV. The prevalence of HIV among IDU was 55%-56% in three of the four cities in which biological data were collected (Jakarta, Medan and Surabaya). According to IBBS findings; HIV prevalence among those who injected drugs for two years or less was substantially lower than among those who had injected drugs for more than two years. This finding suggests that many HIV infections among IDUs can be prevented if IDUs are effectively reached with appropriate information and action early in their injecting life (NAC, 2009). The number of women with HIV/AIDS aged 15 years and above in 2007 was 54000. The adult prevalence rate in 2007 was 0.2% and the total AIDS deaths in 2007 were 8700 (UNAIDS, AIDS Epidemic Updates, 2009).

1.2 Problem statement and Justification:

Patients affected by drug use disorders often have multiple treatment needs across a range of personal, social and economical areas that cannot be addressed when taking into consideration only their addictive symptoms in standardized way. As for any other health care problems, diagnostic and comprehensive assessment processes are the basis for a personalized and effective approach to treatment planning and engaging the client into treatment (United Nations Office on Drugs and Crimes, 2008). Drug use in Indonesia is a great challenge because of several reasons; those who use drugs are also having high risky health behaviors. They are also involved in many types of crimes. The most specific threat to those using drugs is the probability of getting HIV and other sexual transmitted infections. This problem is more dominant among injecting drug users. Drug users require specific types of services and needs long term follow up and treatment. The main route of HIV transmission in Indonesia is injecting drug use (except for Papua and West Papua Province where the main rout of transmission is unsafe sexual

intercourse). Mental disorders are another problem among drug users which may exist from the beginning or could be worsened by drug initiation.

Unlike the non drug users, drug users are less likely to use health services. The reasons for the low utilization of the health care among this group may be their Isolation, lack of appropriate services to address their need and the stigma existing within the community and with the health care providers against them. Comprehensive health care utilization would consider all aspects of their lives including treatment, prevention and their empowerment. Giving less attention to this group would cause worse condition to them and more important would spread the infectious disease in particular to others. Thus from the public health perspective, providing comprehensive package of services for drug users will ensure preventing further worsening of the drug use and its related challenges. This is obvious that drug users are less likely to utilize health care services therefore we will look for the individual factors that affect the health service utilization by drug users. Bandung is the capital of the west Java; the province with the highest population is the epicenter of the drug users and need more attention in order to prevent further deterioration of the drug users' condition. This is a touristic province and many domestic and people from abroad visit it (Iskandar, 2010).

Drug dependence and its associated social and health problems can be treated effectively in the majority of cases if people have access to continuum of available and affordable treatment and rehabilitation services in timely manner. All barriers limiting accessibility to treatment services need to be minimized for people to have access to the treatment that best fit their needs (United Nations Office on Drugs and Crimes, 2008)

1.3 Hypothesis:

1. There is association between individual's predisposing factors and health service utilization among drug users.

2. There is association between individual's enabling factors and health service utilization among drug users.
3. There is association between individual's need factors and health service utilization among drug users.

1.4 Objectives

General Objective: To determine Individual factors those influence the health service utilization among drug user.

1. To determine predisposing factors that influences the health service utilization among drug users in Bandung.
2. To determine the enabling factors influencing the health service utilization among drug users.
3. To determine the need factors influencing the health service utilization among drugs users.

1.5 Benefits of the Study:

By conducting the research we will be able to reveal the specific factors related to the health service utilization among the drug users which will help the policy level and decision making to develop a holistic approach to increase the health service utilization among drug users. This study will help us know the individual determinants of the health service utilization among drug users which can be considered for the future programming of the drug users. As a whole this study will help to deal with the threatening problem of the drugs in Indonesia that has many other risks as well; like the highest prevalence of HIV, Hepatitis B , C and other STDs.

Chapter 2

Literature Review

2.1 What is Drug?

“Drug is a chemical agent, such as narcotic or hallucinogen, that affects the central nervous system, causes changes in behavior and often addiction” (Drugs, 2010)

Narcotic: “the word narcotic comes from the Greek word “narkos”, meaning sleeping. Therefore narcotics are drugs that induce sleep. Specifically, that means the opiates such as heroin, morphine and related drugs” (What is Narcotic, 2010).

2.2 History of Drug Use

The medical and recreational use and drug abuse is not new phenomenon. Naturally occurring drugs such as opium and marijuana have been used almost since the beginning of recorded history. With the advance of science and medical technology, human has also invented today’s synthetic drugs such as amphetamine and ecstasy. Additionally, some of today’s best known drugs including cocaine and heroin, were created by using modern scientific processes to chemically alter the natural substance that have been known for centuries (Hely, 2009).

2.3 Some commons drugs and their effects:

2.3.1 Cocaine:

This is an extremely powerful stimulant that is very addictive and has damaging effects on the brain of any animal that uses it. Cocaine is made from cocoa leaves and has been abused as narcotic substance for well over 100 years. Mostly manufactured in the South America’s the pure version is called cocaine hydrochloride.

2.3.2 Crack

This is a much powerful and dangerous form of cocaine known as crack cocaine. It is actually the free-base form of the cocaine (“crack”). Crack is actually cocaine that has not been neutralized by any acid base that makes the hydrochloride salt which is cocaine in its most raw form. Crack is a rock crystal that is heated and the vapors inhaled. The name “crack” comes from the crackling sound one hears when the rock crystal is being heated.

2.3.3 Heroin:

This highly addictive drug is a fast acting opiate. It is processed from morphine, a potent substance extracted out of the seed pod of poppy plants. Known on the street as black tar, heroin is usually injected and can lead to the worst addictive drug because it can be cut with other drugs such as crack and cocaine. 5% of the drug users in Indonesia are using heroin.

2.3.4 Hydrocodone:

Known as antitussive (otherwise a cough suppressant) this is a prescription drug for mild to severe pain that has been abused for its neurotic qualities. It is one of the most popular cough suppressants and is equally as powerful in pain neutralizers as morphine.

2.3.5 Inhalants:

This is not just any one drug but a combination of volatile solvents, nitrates, and gases. The inhalants are sniffed, snorted and inhaled to acquire a drunk feeling much like that of alcohol. The most popular inhalants are glue, cigarette lighter fluid, household cleaning fluids, and painting products. This is the most popular drug for minors to abuse as it is normally found around the home and access is free.

2.3.6 LSD:

What is known as a lysergic acid compound that is a derivative of ergot, the fungus used to develop on rye grass. More known for its therapeutic value but it can also be abused.

2.3.7 Marijuana:

The most comm. Illegal drug, marijuana or ganja is a dry, shredded mix of flowers, stems, seeds, and leaves of from the naturally grown Cannabis sativa. Though its addictive does have neurotic effects that can quickly damage the brain. The active ingredient in marijuana, delta-9 tetrahydrocannabinol or THC, acts on cannabinoid receptors on nerve cells and influences the activity of those cells. Some brain areas have many cannabinoid receptors, but other areas of the brain have few or none at all. Many cannabinoid receptors are found in the parts of the brain that influence pleasure, memory, thought, concentration, sensory and time perception, and coordinated movement. When high doses of marijuana are used, usually when eaten in food rather than smoked, users can experience the symptoms such as hallucination, Delusion, impaired memory and disorientation. 71 % of the drug users in Indonesia are cannabis users.

2.3.8 MDMA (Ecstasy):

A terrible drug that is synthetic and psychoactive dedicated to creating a hallucinogenic fervor. Acting as a stimuli and psychedelic Ecstasy creates an energy effect and creates distortions in reality, time and perception of the taker and ultimately creates a seemingly joyful experience.

2.3.9 Methamphetamine (Crystal Meth):

Quickly becoming the drug of choice in the USA. Its is a deadly drug that is highly addictive and detrimental to the human central nervous system. Its

stimulant properties can cause serious brain damage in passive smokers and inhalers of the drug as well (List of Illegal Drugs, 2007).

2.4 Drug addiction and Mental Disorders:

Addiction change the brain in fundamental ways, disturbing and person's normal hierarchy of needs and desires and substituting new priorities connected with new procuring and using the drug. The resulting compulsive behaviors that weaken the ability to control impulses, despite the consequences, are similar to hallmarks of other mental illnesses. Many people who are addicted to drugs are also diagnosed with other mental disorders and vice versa. For example, compared with the general population, people addicted to drugs are roughly twice as likely to suffer from mood and anxiety disorders, with the reverse also true. Although drug use disorders commonly occur with other mental illnesses, this does not mean that once caused the other, even if one appeared first. In fact establishing causality or even directionality can be difficult. Researchers suggest following possibilities for their co-occurrence:

1. Drug abuse may bring about symptoms of another mental illness. Increase risk of psychosis in some marijuana users suggests this probability.
2. Mental disorders can lead to drug abuse, possibly as mean of self mediation. Patients suffering from anxiety or depression may rely on alcohol, tobacco and other drugs to temporarily alleviate their symptoms. These disorders could also be caused by common risk factors such as overlapping genetic vulnerabilities, environmental triggers like stress, trauma (such as physical or sexual abuse) and early exposure to drugs are common factors that can lead to addiction and other mental illnesses. Brain systems that respond to reward and stress for example, are affected by drug of abuse and may show abnormalities in patients who have certain mental disorders. Drug use disorders and other mental illnesses are developmental disorders. That means, they often being in the teen years or even younger periods when the brain experiences dramatic developmental changes. Early exposure to drug of abuse may change brain in ways that

increase the risk for mental disorders. Also, early symptoms of a mental disorder may indicate an increased risk for later drug use.

The rate of co morbidity between drug use disorders and mental illnesses calls for a comprehensive approach that identifies and evaluates both. Accordingly, anyone seeking help for mental disorder should be checked for both and treated accordingly (NIDA, Addiction and othe Menatl Health Disorders, 2009).

2.5 Addictive Behavior and Drugs:

Behaviors are considered addictive if one is unable to control them despite the fact that they produce significant negative physical or psychological effects (Hely, 2009). We would like to further discuss this issue with elaboration on the risk and protective factors as follow:

Research over the past two decades has tried to determine how drug abuse begins and how it progresses. Many factors can add to a person's risk for drug abuse. Risk factors can increase a person's chances for drug abuse, while protective factors can reduce the risk. Please note, however, that most individuals at risk for drug abuse do not start using drugs or become addicted. Also, a risk factor for one person may not be for another. Risk and protective factors can affect children at different stages of their lives. At each stage, risks occur that can be changed through prevention intervention. Early childhood risks, such as aggressive behavior, can be changed or prevented with family, school, and community interventions that focus on helping children develop appropriate, positive behaviors. If not addressed, negative behaviors can lead to more risks, such as academic failure and social difficulties, which put children in further risk of drug use.

Following are the five risk and protective domains, or settings, that affect people whether to initiated drug use or not and where interventions can take place.

1. Community Domain such as availability and marketing of illicit drug sue

2. Family domain such as parental disciplinary approach, family conflict, parental attitude about substance abuse.
3. Peer/individual domain such as substance use, delinquent behaviors, friends' substance use, and friends' attitudes toward substance use.
4. School domain such as enrollment, grades achieved, and formal antidrug education programs.
5. General domain such as social support, participation in activities, exposure to antidrug media messages, intensity of religious beliefs and observance, and exposure to prevention messages (Risk and Protective Factors for Substance Abuse, 2008).

Risk factors can influence drug abuse in several ways. The more risks a child is exposed to, the more likely the child will abuse drugs. Some risk factors may be more powerful than others at certain stages in development, such as peer pressure during the teenage years; just as some protective factors, such as a strong parent-child bond, can have a greater impact on reducing risks during the early years. Children's earliest interactions occur in the family; sometimes family situations heighten a child's risk for later drug abuse, for example, when there is:

- A lack of attachment and nurturing by parents or caregivers;
- Ineffective parenting; and
- A caregiver who abuses drugs.

But families can provide protection from later drug abuse when there is:

- a strong bond between children and parents;
- parental involvement in the child's life; and
- clear limits and consistent enforcement of discipline.

Interactions outside the family can involve risks for both children and adolescents, such as:

- poor classroom behavior or social skills;
- academic failure; and

- association with drug-abusing peers.

Association with drug-abusing peers is often the most immediate risk for exposing adolescents to drug abuse and delinquent behavior which should be taken into account.

Other factors—such as drug availability, trafficking patterns, and beliefs that drug abuse is generally tolerated—are risks that can influence young people to start abusing drugs.

Research has shown that the key risk periods for drug abuse are during major transitions in children's lives. The first big transition for children is when they leave the security of the family and enter school. Later, when they advance from elementary school to middle school, they often experience new academic and social situations, such as learning to get along with a wider group of peers.. When they enter high school, adolescents face additional social, emotional, and educational challenges. At the same time, they may be exposed to greater availability of drugs, drug abusers, and social activities involving drugs. These challenges can increase the risk that they will abuse alcohol, tobacco, and other substances.

When young adults leave home for college or work and are on their own for the first time, their risk for drug and alcohol abuse is very high which should be considered.

Because risks appear at every life transition, prevention planners need to choose programs that strengthen protective factors at each stage of development.

2.6 When and how drug abuse starts and progress?

Studies such as the National Survey on Drug Use and Health, formally called the National Household Survey on Drug Abuse, reported by the Substance Abuse and Mental Health Services Administration, indicate that some children are already abusing drugs at age 12 or 13, which likely means that some begin even earlier. Early abuse often includes such substances as tobacco, alcohol, inhalants, marijuana, and prescription drugs such as sleeping pills and anti-anxiety

medicines. If drug abuse persists into later adolescence, abusers typically become more heavily involved with marijuana and then advance to other drugs, while continuing their abuse of tobacco and alcohol. Studies have also shown that abuse of drugs in late childhood and early adolescence is associated with greater drug involvement. Scientists have proposed various explanations of why some individuals become involved with drugs and then escalate to abuse. One explanation points to a biological cause, such as having a family history of drug or alcohol abuse. Another explanation is that abusing drugs can lead to affiliation with drug-abusing peers, which, in turn, exposes the individual to other drugs.

Researchers have found that youth who rapidly increase their substance abuse have high levels of risk factors with low levels of protective factors. Gender, race, and geographic location can also play a role. Preventive interventions can provide skills and support to high-risk youth to enhance levels of protective factors and prevent escalation to drug abuse (NIDA, The Science of Addiction, 2007)

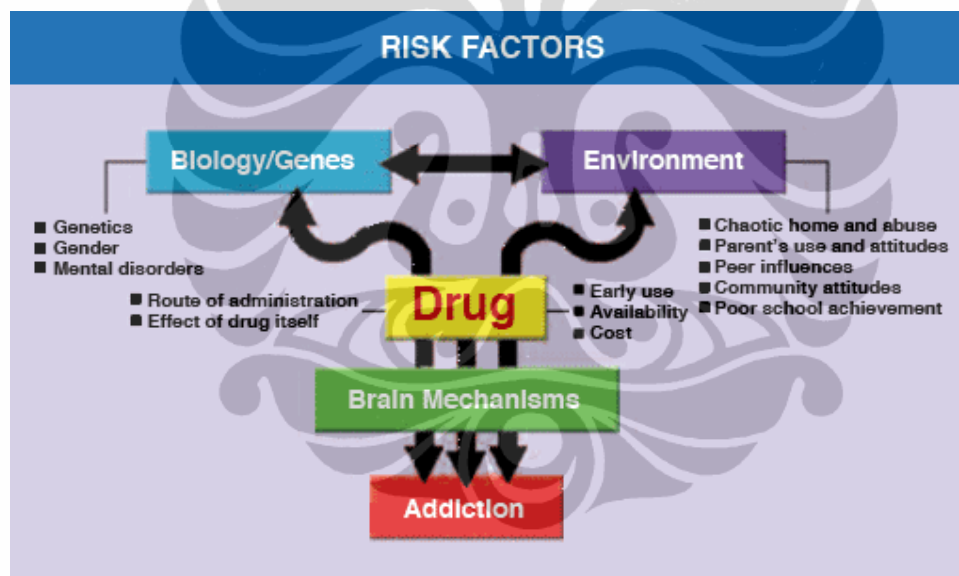
2.7 Causes of drug abuse:

There is no consensus about the causes of the drug abuse among the scientists; some believe that a tendency to engage in addictive behavior is hereditary. Some believe that factors in person's environment, or surroundings may contribute to drug abuse. It seems likely that a combination of biological and environmental factors causes drug abuse. Social scientists have studied several potential causes of drug abuse including social skills, psychological health and the family. Serious emotional and psychological problems are also related to drug abuse (Hely, 2009). People begin to taking drugs for a variety of reasons:

- **To feel good:** most abused drugs produce intense feeling of pleasure. This initial sensation of euphoria is followed by other effects, which differs with the type of drug use. For example, with stimulants such as cocaine follows by feeling of power, self confidence and increased energy. In contrast the euphoria cause by opiates such as heroine is followed by feeling of relaxation and satisfaction.

- **To feel better:** Some people who suffer from social anxiety, stress related disorders, and depression begin abusing drug in an attempt to lessen feeling of distress. Stress can play a major role in beginning drug use, continuing drug and relapse in patients recovering from addiction.
- **To do better:** The increasing pressure that some individuals feel to chemically enhance or improve their athletic or cognitive performance can similarly play a role in initial experimentation and continued drug abuse.
- **Curiosity and because others are doing it:** In this aspect adolescent are particularly vulnerable because of the strong influence of the peer pressure.

Figure 2.3 Risk Factors for Drug Addiction



Source: (NIDA, The Science of Addiction, 2010)

2.9 Social Impact of Drug Use:

2.9.1 Family and Community

The family is often viewed as the basic source of strength, providing nurturing and support to its individual members. There are four conceptual views of the family. It may be seen as protecting or sustaining both strong

and weak members, helping them to deal with stress and pathology. Secondly the family may itself be the source of tension, problems and pathology, influencing weaker members in harmful ways including destructive drugs and alcohol use. Thirdly it may be viewed as a mechanism for family members to interact with broader social and community groups, such as peer groups, schools, work colleagues and supervisors. Fourthly, the family may be seen as an important source of intervention- a natural organizational unit for transferring and building social and community values. Alcohol abuse and other substance abuse and psychopathology have been studied among family members. It is well known that having biological relatives with alcoholism increases the risk in unaffected individual

2.9.2 Health

Health problems impair family life and productive employment, diminishes the quality of life and threaten the life. Addictive substances have several important characteristics in common. They alter the function of the human brain and have an impact on behavior. The most widely used addictive substances are alcohol and tobacco and are harmful with extensive damage to the individual, family and community. The human immunodeficiency virus (HIV) causes the clinical disease of Acquired Immunodeficiency Syndrome (AIDS). The virus is spread by sexual intercourse, contaminated blood (blood transfusion, mother to child transmission during and use of contaminated syringes and injection equipments (Placeholder2). Transmission through sharing injection among drugs users is now a common way of HIV transmission in most of the developing countries (UNDCP, 1995).

2.9.3 Education

Education is the principal means of preventing drug abuse. In addition to educational institutions, other settings are important for the contribution they

make to learning and socialization. Home, workplace and religious institutions are the important examples of young and old people alike (UNDCP, 1995).

2.9.4 Demography and Health Status of Indonesia:

The estimated population of Indonesia is around 242968342 consisting of 17700 Island and only 6000 with inhabitants. In terms of population distributions 28% of the population is 0-14 years old, 66% of the population is 15-64 years old and the remaining 6% are above 65 years of age. Population growth rate (PGR) is 1.136%, Birth Rate is 18.84 births/1000, and death rate is 6.25 deaths /1000. 52% of the population is living in urban areas. Sex ratio at birth is 1.05 male/female, for under five it is 1.03/female, and for 15-64 years it is 0.8/female and in total population sex ratio is 1male/female. Median age for female is 28.4 years for female and for male 27.4 and the total median age is 27.9 years. All above estimates are of 2009 except urban population (Indonesia Demographic Profile, 2010).

2.9.5 Structure of the Health System

There are 33 provinces and each province is sub-divided into districts and each district into sub-districts. As decentralization had been already implemented, the 349 regencies and 91 municipalities are now the key of administrative units.

Each sub-district in Indonesia has at least one health centre headed by a doctor, usually supported by two or three sub-centres, the majority of which are headed by nurses. Health centres mainly provide eight programs. Most of the health centres are equipped with four-wheel drive vehicles or motorboats to serve as mobile health centres and provide services to underserved populations in urban and remote rural areas.

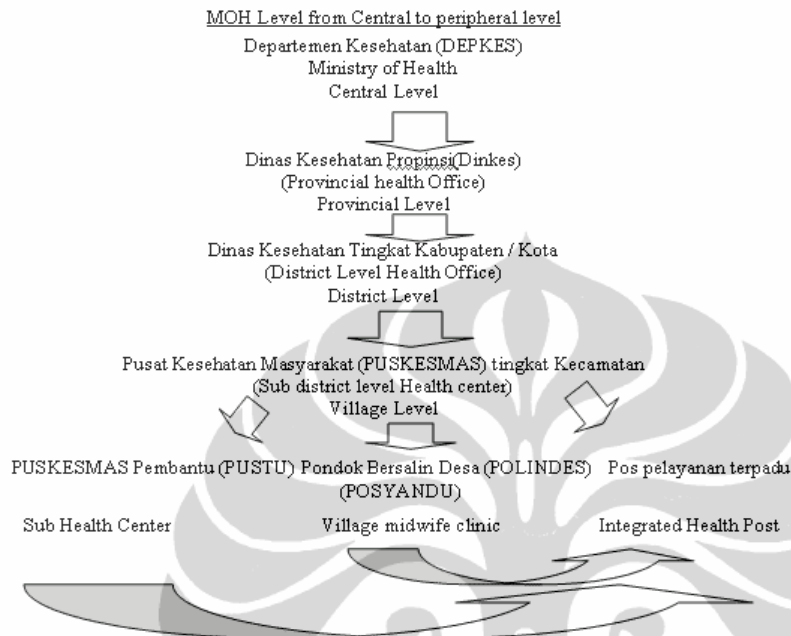
At the village level, the integrated Family Health Post provides preventive and promotive services. These health posts are established and managed by the community with the assistance of health center staff. To improve maternal and child health, midwives are being deployed to the villages.

The Decentralization Policy has been implemented in Indonesia, with the implementation of Act No. 22/1999 regarding Regional Governance and Act No. 25/1999 regarding the financial equality between Central and Regional government. With the implementation of the aforementioned Acts, the government system in Indonesia has been changed from Centralized to Decentralized type of government, which provide regional autonomy. In the Act No. 22/1999, there have been three levels of regional autonomy, i.e., Province, District, and City regional autonomy.

Paragraph 4, sub-paragraph 2 stated that there is no hierarchical links between these three regional autonomy regimes. However, in the explanation of paragraph 4, it is stated that Governor (as Head of Province Regional Autonomy and Head of Administrative area) will have to perform links in guidance, monitoring and supervision to the District and City areas. This is in relation to the delegation of responsibility to Province which has been stated as having limited autonomy; but it has been also given broader de-concentration as representative of Central government. The rule of Guidance and Supervision has been clearly stated in the Government Act No. 20/2001 regarding Guidance and Supervision of Governance implementation applied to local government (WHO/SEAR, 2010)

The following is the structure of the health system in Indonesia:

Figure 2.4 Health System Structure of Indonesia



Source: (Indonesia Country Health Profile WHO)

2.9.6 Health Indicators in Indonesia:

Life expectancy in Indonesia for male is 66 years and for female it is 63 years. The regional and global life expectancy is 63 and 66 for male and 66 and 70 for female. Healthy life expectancy at birth for both sexes is 60 while the regional average is 57 and the global average is 59. Adult mortality rate for both sexes is 206/1000 15-59 years, while for the regional and global average it is 206 and 218/1000 respectively for both sexes. Under five mortality rate/1000 live birth is 41 and for the regional and global average it is 63 and 65 respectively for both sexes. Prevalence of HIV is 2/1000 adults 15-49 years while the regional and global average is 3 and 8 respectively. Prevalence of Tuberculosis is 210/100,000 population while for the regional and global level this average is 220 and 270 respectively.

The main causes of the under five year children mortality are as follow:

Pneumonia 22%, Prematurity 19%, Diarrhoea 15%, Birth asphyxia 10%, congenital abnormalities 6%, Neonatal sepsis 5%, Injuries 2%, Malaria 1%, Measles 0, Others 19%.

2.9.7 Utilization of Health Services:

The contraceptive prevalence in Indonesia is 61%. Contraceptive prevalence (CP) average for the region is 58%. The Ante-natal care country average is 81 and the regional average is 43%. Birth attendance by skilled birth attendant is 73% while the regional average is 49%. Measles immunization by one year is 83% while the regional average is 75%. Smear positive TB treatment success is 91% and the regional average is 88% (WHO, 2010).

2.9.8 Smoking in Indonesia:

Smoking prevalence in Indonesia is 61.7% among male and 5.2% for female for the country level and for the regional level it is 39.4% and 4.6% respectively (WHO, 2010).

2.10 Access to Health Services

2.10.1 Availability and Accessibility of drug abuse dependence Treatment:

Drug dependence and its associated social and health problems can be treated effectively in the majority of cases if the people have access to continuum of available and affordable treatment and rehabilitation services in timely manner. The barriers limiting accessibility to treatment services need to be minimized for people to have access to treatment that best fit their needs. Many factors contribute to treatment accessibility:

2.10.2 Geographical Accessibility, Distribution and Linkage

- Health care systems and public health networks in cooperation with social services and the broader community can provide essential treatment and prevention services and support for people with drug use disorders in their communities. Social services and other institutions (e.g. schools, civil

society organizations, and self help groups) can serve as point of first contact for potential patients and help them access treatment.

- In a comprehensive treatment system a large scale, distributed network of treatment facilities that can respond to various needs of individuals seeking treatment permits an adequate response in each community.
- The basic prevention and treatment services for drug use disorders need to be at the reach of people of different levels of income.
- Within a continuum of care, people with drug dependence should have access to treatment services to different entry points.
- Outreach services as part of a continuum care, are needed to reach the hidden most affected by drug use, often non-motivated to treatment or relapsing after a treatment program. Outreach services are particularly important to attract problematic drug users early and to establish contact with the population of people with severe disorders who may not seek treatment because of stigma and marginalization.
- Timeliness and flexibility of opening hours: same day admission of short waiting time for structured services, as well as provision of immediate services, including patient information. A large time opening hours will facilitate access to services for individuals with employment and family responsibilities.
- Legal Framework: Requirements to register drug addicts in official records, if associated with the risk of sanctions, may discourage patients from attending treatment programs, and will reduce the accessibility of the drug users who are in need for the health care.
- Availability in low threshold services: flexibility in the organization of treatments services will improve access by a large range of individuals in need. This includes the availability of services with low threshold for patient admission and removal of unnecessarily selective criteria.
- Affordability: payment for treatment and rehabilitation services may constitute a significant barrier for patients in many cases without sources of income. Insurance coverage or inclusion of drug dependence treatment

in public health care system is therefore key to promote access for those who are most in need.

- Cultural Relevance and Friendliness: current knowledge indicates that a treatment climate that is culturally sensitive, preferably multi-professional, team orientated, and that encourages patients participation and involvement in treatment facilities, patients access and retention in treatment, and ultimately improve the treatment outcomes.
- Responsiveness to multiple needs and diversification of settings: the availability of specialized services and residential settings to care for more complex cases, e.g., patients with drug dependence and associated somatic and or psychiatric disorders is essential to increase accessibility.
- Criminal Justice system responses play a significant role in improving access for individuals affected by drug dependence to treatment services: law enforcement officials, court and prison may closely collaborate with the health system to encourage drug dependent individuals to enter treatment.
- Gender sensitiveness of services: services tailored to gender specific treatment need can improve accessibility by responding to different stigmatizations, child care needs, and issues in pregnancy (United Nations Office on Drugs and Crimes, 2008).

2.10.3 Screening, Diagnosis and Treatment Planning for Drug Dependence Patients:

Patients affected by drug use disorders often have multiple treatment needs across a range of personal, social and economic areas that cannot be addressed when taking into consideration only their addictive symptoms in standardized way. As for any other health care problems, diagnostic and comprehensive assessment processes are the basis for a personalized and effective approach to treatment planning and engaging the clients into treatment

- Screening: screening is a useful assessment procedure to identify individuals with hazardous and harmful drug use, or drug dependence, as well as associated risk behavior (like viral transmission via needle sharing,

unprotected sexual activity, potential violent behavior, suicide risk). There are standardized tools to address drug use and its sensitivity in an individual that help to consider the degree of help required. These tools can be applied in different environments (primary health care system, school health and counseling services, and employee assistance programs at work place).

- Assessment and Diagnosis are core requirements for treatment initiation. Diagnostic criteria commonly used in mental health field are the reference to reach a diagnosis of drug use disorder, diagnoses of co morbid psychiatric disorders is ideally made and follow up by a psychiatrist, while with adequate training; other health care professional can successfully identify and manage drug use disorders and its associated psychiatric co morbidities.
- A comprehensive assessment take into account the stage and severity of the disease, somatic and mental health status, individual temperament and personality traits, vocational and employment status, family and social integration and legal situation. It further considers environmental and developmental factors including childhood and adolescent history, family history and relationship, social and cultural circumstances, and previous treatment attendance. An adequate assessment process creates the environment for the development of a therapeutic alliance to engage the patient into treatment.
- The Treatment Plan, developed with the patient, establishes goal based on the patients identified needs and sets interventions to meet those goals. A care or treatment plan is a written description of the treatment to be provided and its anticipated course. Care plans set the specific needs of the individual patient and how they are going to be met by the service. The plan is then monitored and revised periodically as required to respond the patient's changing situations (United Nations Office on Drugs and Crimes, 2008)

2.11 Evidence Informed Drug Dependence Treatment:

Evidence based good practices and accumulated scientific knowledge on the nature of drug dependence should guide intervention and investments in drug dependence treatment. The high quality of standards required for approval of pharmaceutical or psychosocial interventions and all the other medical disciplines should be applied to the field of drug dependence.

- There is a range of evidence-based pharmacological and psychosocial interventions relevant to different stages of an addiction treatment process. No single treatment is appropriate for all patients and differentiated and targeted treatment interventions respond best to all specific need of each clinical condition. for example moderated cases may be handled in primary care settings while more severely affected patients, especially those with co morbidities may require multidisciplinary interventions including psychiatric intervention and care
- Sufficient duration: in treating complex chronic diseases and preventing relapse, long lasting treatment programs have been found the most effective strategy and may be necessary in the more severs forms of drug dependence. It is therefore the key for treatment services to develop approaches to facilitate long term patient retention in treatment.
- The integration of psychosocial and pharmacological treatment method can improve the outcome and should be proposed to the patient as part of a comprehensive approach. A holistic treatment orientation treating the whole person, rather than the addiction only, has been shown to have better results in terms of relapse prevention.
- Multidisciplinary teams including medical doctor, psychiatrists, psychologists, social workers, counselors and nurses can respond to needs of patients. This is because of the multi-factorial nature of drug dependence. Treatment and care for physical conditions (liver diseases, infections, pain, etc) and concomitant psychiatric disorders utilizing both medications and psychosocial interventions may significantly improve the treatment outcomes.

- Brief Intervention: individuals with experimental and occasional substance use can benefit from screening and brief interventions, which are an effective and economical prevention option and also can better result at the early stages of substance use disorders.
- Outreach and low- threshold interventions can reach patient not motivated to engage in structured forms of treatment. These interventions offer a comprehensive package of measures to prevent the health and social consequences of drug dependence and have demonstrated effectiveness in preventing the transmission of HIV and other blood born infections.
- Basic services offering the essential support to stop or reduce drug use need to be distributed and widely available throughout the territory, including detoxification, psycho socially assisted opioid agonist therapy of opioid dependence, counseling, rehabilitation strategies and social support.
- Medically supervised withdrawal is required for patients who are heavy drug dependent, users of certain substances (such as opioids, sedative/hypnotic substances and alcohol) and are likely to experience withdrawal complications. Detoxification is a preparatory step to start long lasting drug free oriented programs.
- Maintenance medication with proved efficacy and effectiveness in preventing relapse and stabilizing drug dependent patients are available only for opioid dependence. These medications belong to two main groups: long acting opioid agonists and antagonists. Opioid agonist pharmacotherapy is one of the most effective treatment options for opioid dependence when methadone or buprenorphine are administered at an individualized dosage for a period of several months to years. Alternatively, a defined group of opioid dependent patients who are detoxified and highly motivated can be prescribed an antagonist medication (naltrexone) as part of continuing relapse prevention treatment.
- Psychological and social interventions: these interventions demonstrated to be effective in rehabilitation and relapse prevention, both in out-patient and residential settings. Psychotherapies such as cognitive behavioral therapy, motivational interviewing and contingency management have

show promising results. Social support interventions like employment programs, vocational training and legal advice and support have been demonstrated to be effective in facilitating social inclusion.

- Self-help support groups complement formal treatment options and can support standardized psychosocial interventions. Treatment methodologies and strategies need to be adapted to the diverse regional, national and local circumstances, taking into account both cultural and economic factors.
- Knowledge transfer and ongoing clinical research implemented in different settings and regions is the key to permanently improve the treatment programs available to patients.
- Training of treatment professional from early on in their careers, including within university curricula and continuing education is essential to disseminate evidence-based methodologies.

2.12 Drug Dependence Treatment, Human Rights and Patient Dignity:

Drug dependence treatment services should comply with human rights obligations and recognize the inherent dignity of all individuals. This includes responding to the right to enjoy the highest attainable standard of health and well-being, and ensuring not-discrimination. To achieve these, the following components are to be considered:

- People with drug dependence should not be subjects to discrimination because of their past or present drug use.
- The same standards of ethical should apply to the treatment of drug dependence as other health care conditions. These include the right to autonomy, and self determination on the part of the patient, and the obligation for beneficence and not non-maleficence on behalf of treating staff.
- Access to treatment and care services, including measures to prevent the health and social consequences of drug use, needs to be ensured in all the stages of the disease, also for the patients not motivated to stop drugs use or relapsing after treatment, as well as during detention periods in prison.

- As any other medical procedure, in general conditions drug dependence treatment, be it psychological or pharmacological, should not be forced on patients. Only in exceptional crisis situation of high risk to self or others, compulsory treatment should be mandated for specific conditions and periods of time as specified by law.
- Discrimination should not occur based on any ground, be it gender, ethnic background, religion, political belief, or health, economic, legal or social condition.
- The human rights of people with drug dependence should never be restricted on the grounds of treatment and rehabilitation. Inhuman or degrading practices and punishment should never be part of treatment of drug dependence.

2.13 Targeting special groups and conditions:

Several subgroups with the larger population of individuals affected by drug use disorders require special consideration and often specialized care. These groups with specific needs include adolescents, women, pregnant women, people with medical and psychiatric co morbidities, sex workers, ethnic minorities, and socially marginalized populations. A person may belong to more than one of these groups and have multiple needs. The implementation of adequate strategies and provision of appropriate treatment for these patients often require targeted and differentiated approaches regarding contacting services and entering treatment, clinical interventions, treatment settings and service organization that respond best to the needs of these groups. Some subgroups are as following:

- Adolescents: Ideally specialized training should be available for counselors, outreach workers and other professionals involved in treatment of adolescent with drug use disorders, and child/adolescent psychiatrists and psychologist should be part of these multidisciplinary teams. It may be counterproductive for young patients in early stages of drug use disorders to get in contact with people in more advanced stages of the disease through the treatment setting, and therefore, whenever possible, separate

settings for adolescents and their parents can be considered. Planning and implementing interventions with young people will benefit from close cooperation with families and when appropriate, schools.

- **Women:** many treatment services and programs have been developed to meet the needs of adult men. In most cultures women with drug problems are heavily stigmatized, though bearing large family care responsibilities. As a result, access of women to treatment can be significantly limited. In addition, women tend to have specific needs of their psychological status and psychiatric co morbidity. Continued drug use affects their sexual and reproductive health. Gender responsive services are needed that consider the need of women in all aspects of their design and delivery, including location, staffing, program development, child friendliness, content and materials.
- **Pregnant women:** in many cultures, approximately one third of the people with drug dependence are women of childbearing age, so the possibility of pregnancies needs to be taken into account and optional pregnancy tests made available. Pregnancies in this population should always be considered as high risk. This makes their treatment a specialized field, requiring a multi-professional approach, including pre natal care. Evidence based standards of pharmacotherapy for opioid dependence treatment during pregnancy is available. Breastfeeding should be supported if desired by woman or no contraindication is present. This specialized care is as an opportunity to interact early on a case management basis to reduce additional risk factors.
- **People with medical co morbidities (hepatitis B and C, HIV, TB and cirrhosis):** People with drug dependence should be afforded the same level of access to treatment and care for medical co morbidities as any other people in the country. For patients with opioid dependence, provision of agonist maintenance therapy can enhance adherence to treatment regiments for HIV, TB and hepatitis. Individual counseling, or with extended family members, if requested, is an important component of a comprehensive approach.

- People with psychiatric co morbidities: Research indicates a high prevalence of personality, affective and other psychiatric disorders among drug dependent patients. It also shows that patients' retention and treatment outcomes are related to the diagnosis and adequate treatment of these psychiatric co morbidities. In consequences, treatment services can improve their effectiveness by screening for associated psychiatric disorders and their adequate psychopharmacological treatment, taking into consideration possible drug-drug interactions.
- Sex workers: a significant proportion of drug dependent individuals are involved in sex work as a mean to afford buying drugs. These individuals are exposed to increase risk of infections, victimization, violence and social exclusion. Interventions addressed to this specific group should prioritize outreach and offer a comprehensive package of measures to prevent HIV and hepatitis infections, and other sexually transmitted diseases. Sources of sustainable livelihood can be offered through social support and rehabilitation programs.
- Ethnic minorities may encounter particular barriers to access treatment services, including language difficulties. These, as well as cultural and religious differences need to be taken into consideration when organizing treatment facilities. Cultural mediators may be involved in reaching these patients and helping them in attending treatment.
- Marginalized/street people: A full package of social assistance and support in order to achieve means of sustainable livelihoods needs to be available to addicted patients living in the street, unemployed, homeless and rejected by their families. Dormitories, vouchers, free food, and temporary job opportunities offered in collaboration with social services in parallel with treatment services will support the patients' stabilization.

2.14 Preventing Drug Abuse:

Before going to preventive practices we would like to focus more on the risk factors for the drug initiation. By reducing risk factors and increasing protective factors, the likelihood that individual particularly adolescents will have attempts

to initiated drug use can be reduced. There are 17 identified risk factors for substance abuse which can be fit in four groups: community, family, school and individual/peers (Substance Abuse Prevention, 2007). These risk factors are shown in the following table:



2.15 Risk factor drug initiation

Risk factors for drug addiction could be classified as following

Table 2.1 Risk factors for drug addiction

COMMUNITY	INDIVIDUAL / PEER
Availability of Drugs	Alienation and Rebelliousness
Community Laws and Norms Favorable Toward Drug Use	Friends Who Engage in the Problem Behavior
Transitions and Mobility	Favorable Attitudes Toward the Problem Behavior
Low Neighborhood Attachment and Community Disorganization	Early Initiation of the Problem Behavior
Extreme Economic Deprivation	Constitutional Factors
FAMILY	SCHOOL
Family History of the Problem Behavior	Early and Persistent Antisocial Behavior
Family Management Problems	Academic Failure Beginning in Late Elementary School
Family Conflict Lack of Commitment to School	Favorable Parental Attitudes and Involvement in the Problem Behavior
COMMUNITY	INDIVIDUAL / PEER
Availability of Drugs	Alienation and Rebelliousness
Community Laws and Norms Favorable Toward Drug Use	Friends Who Engage in the Problem Behavior
Transitions and Mobility	Favorable Attitudes Toward the Problem Behavior

Source: Health Department Washington 2007.

Prevention refers to the activities or factors that (preferably) prevent the onset of substance use or decrease/stabilize those currently using substances. Therefore the goal of prevention is to promote healthy behaviors, decisions, and environment

that will prevent, or eliminate the problematic use of substances. There are two central components of this perspective, which aims to assist people to change:

1. Increasing positive health behaviors (protective factors)
2. Decreasing or eliminating health compromising behaviors (risk factors)

A basic description of the stages of intervention is as follow:

1. Primary prevention is a proactive effort that identifies factors that contribute to the possible development of substance abuse problems. Children and adolescents are given the highest priority in preventing planning. Basic components are information, education and alternatives.
2. Secondary prevention involves early identification of developing problems and appropriate intervention, thus eliminating further development. Basic components are alternatives, treatment and relapse prevention.
3. Tertiary prevention is primarily focused on decreasing the prevalence of existing problems, preventing further decomposition, and preventing relapse. Basic components are relapse prevention, aftercare, and continuing recovery.

Helping people to change old behaviors and learn new behaviors in the pursuit of health is a biopsychosocial issue. The associated education, support and facilitation can be promoted in many different settings such as home, school, work, formal programs and community based programs. It can take place on a 1 to 1 small group, or lecture level, ranging in intensity and cost effectiveness (L.Johnson, 2000)

Early drug use increases chance of more serious drug abuse and addiction. Drugs change brains- and this can lead to addiction and other serious problems. So preventing early use of drugs or alcohol may reduce the risk of progressing to later abuse and addiction.

Drug abuse risk increases greatly during time of transition, such as changing schools, moving, or divorce. If we can prevent drugs abuse, we can prevent drug addiction. In early adolescent, when children advance from elementary through middle school, they face new and challenging social and academic situations. Often during this period, children are exposed abusable substance such as cigarettes and alcohol for the first time. When they enter high school, teen may encounter greater availability of drugs, drugs abuse by older teens and social activities where drugs are used (NIDA, The Sceince of Addiction, 2007).

2.16 Health Service Utilization:

There are five approaches of studying health service utilization: the socio cultural, socio demographic, social-psychological, organizational and social systems.

Socio cultural Approach

Research performed from a socio cultural perspective shows health services as a part of cultural complex and is related to other social institutions in a society or subculture. The organizational form that health care delivery assumes is highly dependent on the cultural settings for example the organization of hospitals in different countries depends on religious, family and economic institutions.

Socio demographic Approach

Several studies indicated that the variation of the utilization behavior can be related to age, sex, education, occupation, ethnicity, socioeconomic status and income.

Socio psychological Approach

The unmet medical need in the population is demonstrated in several studies and suggests that important factors other than need must affect the decision as to whether or not to seek medical care. They outline three major factors in the patients' decision to seek car: his knowledge, beliefs, and attitudes concerning

his symptoms; his attitude and expectations regarding physicians and health services as a whole; and his definition of sickness and determination of the necessity for professional care.

Organizational Approach

There are three main problems in regarding this issue, which are rapidly rising expenditure for health services due to increased demand and rapidly increasing costs, shortage of certain personnel and facilities, and maldistribution of health services.

Social system Approach

The social system approach has recently emerged as a way of understanding utilization behavior. This approach views the health service system as consisting of interrelated components, such as physicians and facilities, that interact with one another and with the population they serve (Anderson, 1973).

According to Anderson's theory four factors influence the health service utilization among individuals:

1. Demographic characteristics such as age, race and income.
2. Organization of health services.
3. Ecological factors such as distance from health care providing facilities.
4. Social and psychological factors such as the influence of friends and neighbors.

Anderson further categorizes these factors and combines the demographic and some of the psychological factors into a category termed Predisposing factors. Income, insurance and community health resources were called enabling factors, while the third category was termed as need factors such as level of health as well as the level of usual response to illness (Anderson, 1973)

2.19 Forces that influence overall health care utilization:

Different actors in different levels contribute to the utilization of the health services, these factors are the factors that increase the health service utilization and those factors that decrease the health service utilization as shown in the following table.

Table 2.2 Forces that influence health care utilization

Factors that may decrease health service utilization	Factors that may increase health service utilization
<ul style="list-style-type: none"> • Decreased Supply (e.g., hospital closures, large number of physicians' retiring). • Public Health, Sanitation advances (e.g., quality standard for food and water distribution). • Better understanding of the risk factors of the diseases and prevention initiatives (e.g., smoking prevention programs) • Discover/implementation of treatments that eliminates the disease • Consensus documents of guidelines that recommends decreases in utilization • Shifts to other sites of care may cause decline in the original sites • Payers pressure to reduce costs • Changes in practice pattern (e.g., encouraging self care and healthy life style, reduced length of hospital stay • Changes in consumers' preferences (e.g., home birthing, more self care, alternative medicine. 	<ul style="list-style-type: none"> • Increase supply (e.g., ambulatory surgery centers, assisted living residences) • Growing population • Growing elderly population • New procedures and technologies (e.g., hip replacement, stent insertion, MRI) • Consensus documents or guidelines that recommends increase in health service utilization • New disease entities (e.g., HIV/AIDS, Bioterrorism) • New drugs, expanded use of existing drugs • Increased health insurance coverage • Consumer/employee pressure for more comprehensive insurance coverage • Changes in practice patterns (e.g., aggressive treatment of elderly) • Changes in the consumer preferences and demand

Source: Health care in America, Trends in Utilization 2004

2.20 Previous studies about drug users service Utilization:

The National Household Survey on Drug Abuse (NHSDA) in the United States indicates a clear relationship between mental health treatment and substance use and/or abuse treatment. The epidemiologic Catchment Area study found that nearly 20 percent of patients seeking special mental health treatment were reported substance abuse or dependence. Adults with alcohol abuse dependence or abuse in the past year were almost 3 times more likely (18.6 percent) to have had mental health treatment than past month heavy drinkers with no dependence or abuse (6.8 percent). Adults with dependence on or abuse of marijuana were almost 3 times more likely (22.9 percent) than those who had never used it (7.9 percent) to have received mental health treatment in the past year. This study shows that 34.7 percent of adults who were abused or were dependent to illicit drugs other than marijuana had received mental health treatment in the past year. This is more than 4 times the prevalence of treatment among adults who had never illicit drugs other than marijuana (8.2 percent) (Peggy R. Barker, 2004)

A study conducted in India (2009) indicates that Right abuses such as police arrests for carrying needles (OR: 0.27; CI: 0.08-0.98), refusal of needles and buprenorphine substitution (OR: 0.27, CI: 0.10-0.78) and lack of health information (OR: 0.25, CI: 0.11-0.58) were associated with lower utilization of health services (Sarin, 2009).

A study conducted in Pakistan indicates that despite the low knowledge (30.7%), all utilized public health facilities for their treatment (Saleem, 2008)

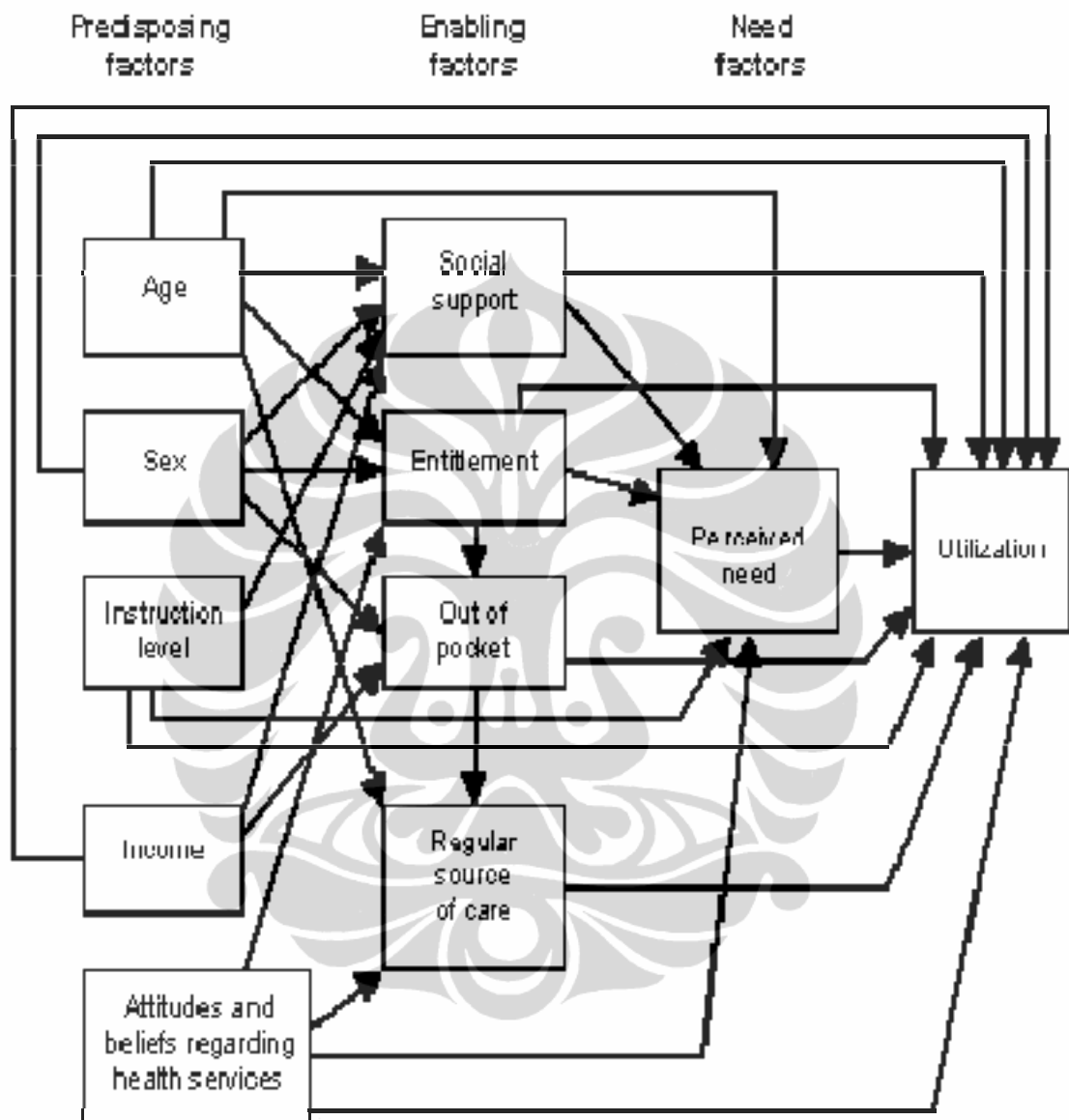
Chapter 3

3.1 Theoretical Framework:

Anderson's theoretical framework will be used for the health service utilization. Andersons and his team found the factors that influence individual decision of whether to use the health services or not. This framework comes from the relationships of two factors:

1. Health service system is the policy level relating to budget allocation, staffing and organization of health services. It is the ability that makes people have access to health services. This is related to the factors of characteristics of health delivery system. It considers some of the health aspects including allocation of resources in terms of quantity, sufficiency, distribution and service provision. Moreover, it also considers about how public health organizations in terms of the system of services and work characteristic of the staff affect treatment service utilization.
2. Characteristics of population at risk are demographic, economic, and social factors of service users, which are divided into three factors: predisposing factors that influence health service utilization directly or indirectly and leads to treatment service utilization. This includes age, gender, and social factors as education level and occupation. Enabling factors are supporting factors for individuals to utilize health services in terms of economic factors and access, which is the source of the family such as income, health insurance, and waiting time to receive health services or the time of traveling to reach the health facility. Needs for health services are factors enabling individuals to perceive illness that it can occur to anybody and when they are ill, importance should be given to appropriate service utilization (Laongbua, 2006).

Figure 3.1 Anderson's Behavioral Model for service utilization



Source: Anderson and Newman Framework of Health Care Utilization 1973

3.2 The Health Care Utilization Model

The socio-behavioral or Andersen model groups in a logic sequence three clusters or categories of factors (predisposing, enabling and need factors) which can influence health behavior. The model was specifically developed to investigate the use of biomedical health services. Later versions have extended the model to include other health care sectors, i.e. traditional medicine and domestic treatments. The figure below outlines the different categories. An adaptation of the model has been proposed for studying health-seeking behavior for malaria.

Figure 3.2 Health Care Utilization Model



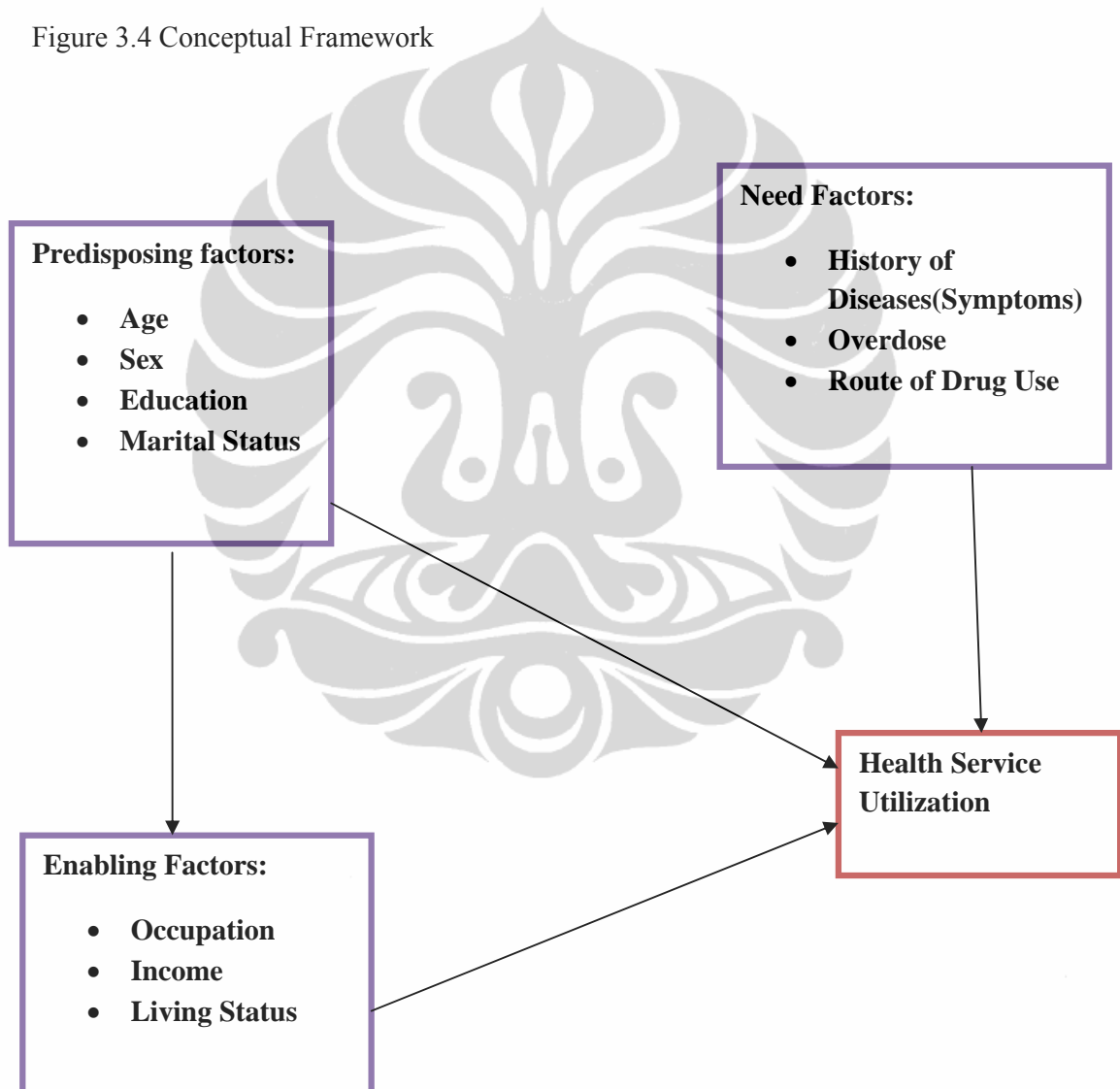
Examples of the factors organized in the categories of the Health Care Utilization Model are:

- Predisposing factors: age, gender, religion, global health assessment, prior experiences with illness, formal education, general attitudes towards health services, knowledge about the illness etc.
- Enabling factors: availability of services, financial resources to purchase services, health insurance, social network support etc.
- Need factors: perception of severity, total number of sick days for a reported illness, total number of days in bed, days missed from work or school, help from outside for caring etc.
- Treatment actions: home remedies (herbal, pharmaceuticals), pharmacy, over the counter drugs from shops, injectionists, traditional healers, private medical facilities, public health services etc (Hausmann, 2003).

3.4 Conceptual Framework:

Based on the theoretical framework mentioned above and others health services determinants could be studied in three aspects, societal, factors related to the health service system and individual factors related to the health service utilization. In this study I will be only focusing on the individual factors of health service utilization among drug users. The individual factors will be studied in as the predisposing factors, enabling factors and need factors as shown in the following conceptual framework:

Figure 3.4 Conceptual Framework

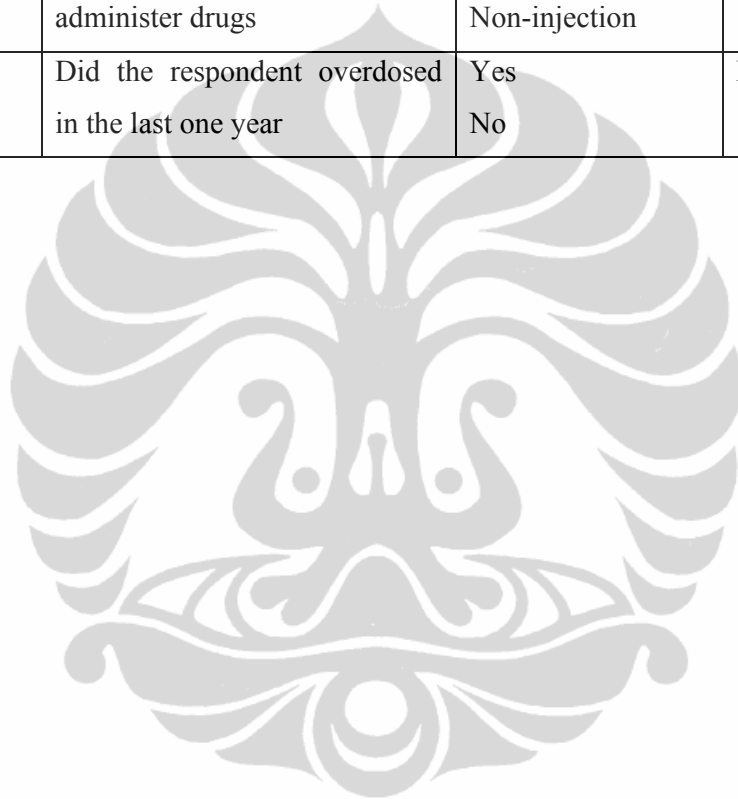


3.5 Operational Definition of Variables

Table 3.1 Conceptual definition of the variables

Variable	Operational Definition	Measurement	
		Result	Scale
Dependent Variable			
Service Utilization	Health Service Utilization in the past one year	Yes No	Binary
Independent Variables			
Predisposing Factors			
Age	Age of the Respondent	Youth Adult	Nominal
Sex	Gender of the Respondent	Male Female	Nominal
Education	Level of education of the respondent	Below High school High School and Above	Ordinal
Marital Status	Current Marital Status of the Respondent	Single Living with partner	Nominal
Enabling Factors			
Occupation	Current Job of the Respondent	Working Not Working Student	Nominal
Income	Current income of the respondent	Have income Not having income	Nominal
Living Status	Current living place of Respondent	Living with Parents Living With others	Nominal
Need Factors	Operational Definition	Result	Scale
Symptoms			

Digestive Symptoms	History of Digestive symptoms in the last one year	Yes No	Binary
Respiratory Symptoms	History of Respiratory Symptoms in the last one year	Yes No	Binary
Miscellaneous Symptoms	History of Miscellaneous Symptoms in the last one year	Yes No	Binary
Route of Drug Use	The way the respondent administer drugs	Injecting Non-injection	Nominal
Overdose	Did the respondent overdosed in the last one year	Yes No	Binary



Chapter 4

Methodology

4.1 Study Design:

This was a cross sectional study design. And interview was conducted in individual level with drug users in Bandung and quantitative data was collected. A descriptive analytical approach will be used in this study to describe the socio-economical determinants of health care utilization among drug users in Bandung.

4.2 Advantages and disadvantages of cross sectional study:

Cross sectional studies measure the prevalence of disease and thus are often called prevalence studies. In a cross sectional study the measurement of exposure and effect are made at the same time. It is not easy to assess the reason for association shown in cross sectional study design. The key question to be asked is whether the exposure precedes or follows the effect. Cross sectional studies are relatively easy and inexpensive to conduct and are useful for investigating exposures that are fix characteristics of individuals, such as ethnicity or blood groups.

Data from cross sectional studies are helpful in assessing the health care needs of the population (R.Bonita, 2006)

4.3 Study Site:

The site of this study is Bandung city, the capital of West Java in Indonesia.

4.4 Study Population:

Study population for this study is both male and female current drug users in Bandung.

4.5 Eligibility Criteria:

We will use secondary data from the National Drug Survey Indonesia 2008 where all subjects were interviewed based on the specific criteria.

4.6 The Research Instrument:

The research instrument for this study was a structured questionnaire for the interview with the drug users in Indonesia. The questionnaire has been pre tested prior to actual data collection begin and ethical approval was obtained.

For this study I will be using the secondary data from the National Drug Survey of Indonesia 2008. This survey was carried out by the National Narcotic Board of Indonesia with the technical assistance of the Center for Health Research, Faculty of Public Health University of Indonesia.

4.7 Data Collection and Analysis:

I will be using secondary Data from the National Drug Use Survey in Indonesia conducted in 2008. This study will be focusing on specific socio economical variables that influence the health service utilization among the drug users in Bandung, the centre of the West Jawa. The data will be analyzed using the Statistical Package of Social Science SPSS 13. Descriptive statistics such as frequency, mean, percentage, standard deviation and mean will be used to explore socio- economical characteristics. Inferential statistics such as Chi Square and Logistic Regression will be used to determine the association among socio-economical characteristics of the drug users that affect the health service utilization. The significance level of the study will be set $\alpha=0.05$.

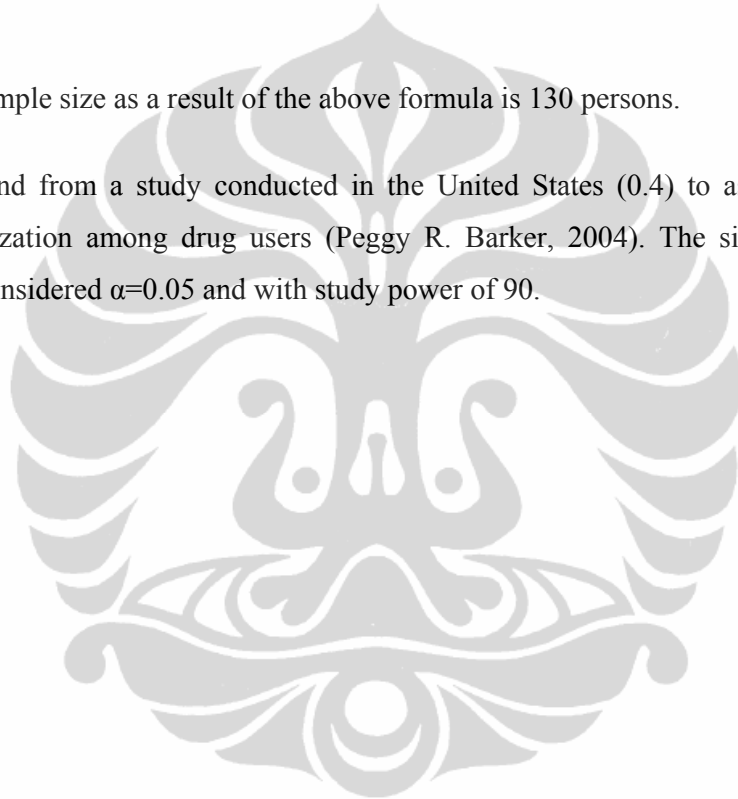
4.8 Sample size:

The estimation of the sample size was calculated based on two proportion formula:

$$n = \frac{[z_{1-\alpha/2}\sqrt{2P(1-P)} + z_{1-\beta}\sqrt{P_1(1-P_1) + P_2(1-P_2)}]^2}{(P_1 - P_2)^2}$$

The total sample size as a result of the above formula is 130 persons.

P1 was found from a study conducted in the United States (0.4) to assess the service utilization among drug users (Peggy R. Barker, 2004). The significant level was considered $\alpha=0.05$ and with study power of 90.



Chapter 5

Results

This study uses the data from National Drug Survey of Indonesia conducted in 2008 by National Narcotics Board and Health Research Center of Faculty of Public Health University of Indonesia. Totally 130 drug users were interviewed in west Java (Bandung). The result of this study will be presented in two parts of Descriptive and Inferential statistics.

5.1 Descriptive Statistics:

This part of the result shows frequency and percentage distribution, mean, median, and standard deviation of Individual characteristics of drug users.

5.2 Inferential Statistics:

This part illustrates the association among predisposing factors, enabling factors, need factors of drug users and health care utilization. Chi Square test, univariate and multivariate logistic regressions were used to explore the association among the independent and dependent variables.

5.3 Demographic Characteristics of the Respondents (Predisposing Factors):

The sample group in this study includes a total of 130 respondents.

According to table 5.1 majority (55.4%) of the drug users utilized health services, and 44.6% of the drug users did not utilized health services.

Table 5.1 frequency of service utilization among drug users

Health services utilization	n	%
No	58	44.6
Yes	72	55.4

5.3.1 Age

The mean age of the respondents was 23.7 (SD 4.45), minimum age among the respondents was 15 and the maximum age was 39 years.

5.3.2 Gender

Majority of the respondents were male (84.6%) while female were only 15.4% of the respondents. 110 (84.6%) were male while 20 (15.4%) were female. Most of the female were 24 years old and below with only one who was 33 years old.

5.3.3 Education

From 130 participants 44 (33.8%) said they still go to school while 86 persons (66.2%) said they do not go to school. One person(0.8%) has never attended school, 2 persons (1.5%) said they did not complete the preliminary school, 2 persons (1.5%) said they completed the elementary school, 18 persons (13.8%) completed junior high school, 63 persons (48.5%) completed senior high school and 44 persons (33.8%) had university level education. For the analysis purpose we will be using only 2 categories of education level. Majority of the respondents had education level of high school and university level while below high school was only 17.7%.

Table 5.2 Predisposing Characteristics

Predisposing Factors	Yes	%
Age categories		
<= 24(Youth)	84	64.6
>24 (Adults)	46	35.4
Gender		
Male	110	84.6
Female	20	15.4
Education level		
No School	1	0.8
Not Completed Primary School	2	1.5
Primary school	2	1.5
Junior high school	18	13.8
Senior high school	63	48.5
Diploma/university	44	33.8
Education level		
High school +	107	82.3
<High school	23	17.7
Occupation		
Not working	38	29.2
Student	41	31.5
School student	3	2.3
Private Employee	27	20.8
Entrepreneurs / traders	8	6.2
labor	3	2.3
Not perminant worker	5	3.8
Other	5	3.8
Occupation		
not working	38	29.2
student	44	33.8
working	48	36.9
Current marital status?		
Not yet married	102	78.5
Married	23	17.7
Widowed	3	2.3
Divorced	2	1.5
Marital status		
living with partner	23	17.7
single	107	82.3
Have used drugs by injecting		
Yes	39	30.0
No	91	70.0

5.4 Enabling Factors:

5.4.1 Occupation

Table 5.5 shows the current job distribution of the respondents. The largest proportion of the respondents is students (n=44, 33.8%). 38 respondents (29.2%) reported no working, 27(20.2%) respondents said that they are private employees. Traders, labor, not permanent worker and others were 6.2%, 2.3%, 3.8% and 3,8% respectively. In other words majority of the respondents (36.9%) were working, while 33.8% and 29.2% were students and not working individuals respectively.

5.4.2 Income

Majority of the respondents (63.1%) had no income and only 36.9% had income. the mean income was 838307.7 Indonesian Rupees with a standard deviation of 3639818 Indonesian Rupees. 82 (63.1%) respondents from 130 said they do not have any income. The minimum income was 20000 Rps while the maximum was 40000000 Rps which show a big range of variation.

5.4.3 Living Status:

Majority of the respondents (61.5%) reported that they are living together with parents, only 6% lived by their own selves, 1.5% lived with siblings (Brother or Sisters), 5.4% lived with other relatives and 35% were living in boarding houses or as a whole majority of the respondents (61.5%) lived with parents while the remaining were living with other (38.5%).

Table 5.3 Enabling Characteristics

Enabling Characteristics	N	%
Income status		
no income	82	63.1
have income	48	36.9
Living Status		
Own House	6	4.6
Parent's House	80	61.5
House of Siblings (Brother, Sister)	2	1.5
Relative House	7	5.4
Boarding House or Rented	35	26.9
Living status		
living with others	50	38.5
living with parents	80	61.5
Occupation		
Not working	38	29.2
Student	41	31.5
School student	3	2.3
Private Employee	27	20.8
Entrepreneurs / traders	8	6.2
labor	3	2.3
Not permanent worker	5	3.8
Other	5	3.8
Occupation		
not working	38	29.2
student	44	33.8
working	48	36.9

According to table 5.3 majority (56.2%) of the drug users reported Nausea, while 53.1% reported pain in the gut, 46.9% reported decreased appetite, 44.6% of the drug users reported that they had tightness in the chest, 40% of the drug users reported that they were feeling tired, 30.8% of them reported that they were having phlegm with cough for more than two weeks, 30% drug users reported that they were having pain with breathing, 23.8% reported that they have excessive sweating at night, 23% reported that they had weight lose more than 10% in the last two weeks, 22.3% had pain while swallowing, 9.2% were having high fever during the last two weeks, 8.5% were having itching with hot rashes, 7.7% had

appearances of patches, 4.6% had diarrhea for more than two weeks and 3.8% had yellow discoloration of nails and skin and skin inflammation. Based on the systematic symptoms; 20% of the drug users experienced Digestive system symptoms, 36% Respiratory symptoms while the remaining (59.2%) were miscellaneous symptoms other than respiratory and digestive system symptoms.

Table 5.4 Need Characteristics of the Respondents

Need Characteristics	Yes	%
Nausea	73	56.2
Decreased appetite	61	46.9
Pain in gut	69	53.1
pain when swallowing food	29	22.3
The white color thickened of mount	0	0.0
Tightness in chest	58	44.6
Pain when breathing	39	30.0
Cough with phlegm	40	30.8
Diarrhea more than 2 weeks	6	4.6
Feeling tired (fatigue) prolonged	52	40.0
Sweat out at night in excess	31	23.8
High fever over 2 weeks	12	9.2
Skin and nail yellow.:	5	3.8
Inflammation in the skin	5	3.8
Itching / hot and rash of the skin	11	8.5
The appearance of patches	10	7.7
Weight loss of more than 10%	30	23.1
Digestive symptoms	104	80.0
Respiratory symptoms	82	63.1
Miscellaneous symptoms	77	59.2
Have you ever experienced overdose *	15	11.7

* 2 cases no answer

5.5 Inferential Analysis:

This part of statistical analysis is made of three inferential statistics which are Chi Square test, univariate logistic regression (Crude Odds Ratio) and multivariate logistic regression (Adjusted Odds Ratio) which will describe the association between the individual characteristics and health service utilization among drug users. The significance level is $\alpha = 0.05$ and the confidence Interval (CI) is 95%.

Table 5.5 Association between the individual determinant and health service utilization

Independent Variable	Health services utilization				sig	OR	95% CI
	No		Yes				
	n	%	n	%			
Age categories							
Youth (<= 24)	35	41.7	49	58.3	0.461	1.00	
Adults (>24)	23	50.0	23	50.0		0.71	0.35 - 1.47
Gender							
Male	51	46.4	59	53.6	0.465	1.00	
Female	7	35.0	13	65.0		1.61	0.60 - 4.33
Education level							
High school +	51	47.7	56	52.3	0.167	1.00	
<High school	7	30.4	16	69.6		2.08	0.79 - 5.47
Occupation							
not working	13	34.2	25	65.8	0.301	1.92	0.80 - 4.62
student	21	47.7	23	52.3		1.09	0.48 - 2.48
working	24	50.0	24	50.0		1.00	
Marital status							
living with partner	10	43.5	13	56.5	1.000	1.00	
single	48	44.9	59	55.1		0.95	0.38 - 2.34
Have used drugs by injecting							
Yes	19	48.7	20	51.3	0.568	1.00	
No	39	42.9	52	57.1		1.27	0.60 - 2.69
Income status							
no income	34	41.5	48	58.5	0.366	1.00	
have income	24	50.0	24	50.0		0.71	0.35 - 1.45
Living status							
living with others	27	54.0	23	46.0	0.104	1.00	
living with parents	31	38.8	49	61.3		1.86	0.91 - 3.79
Digestive symptoms							
no	19	73.1	7	26.9	0.002	1.00	
yes	39	37.5	65	62.5		4.52	1.74 - 11.72
Respiratory symptoms							
no	27	56.3	21	43.8	0.046	1.00	
yes	31	37.8	51	62.2		2.12	1.03 - 4.36
Miscellaneous symptoms							
no	29	54.7	24	45.3	0.073	1.00	
yes	29	37.7	48	62.3		2.00	0.98 - 4.07
Ever have experienced overdose (OD) due to drug use							
Yes	10	66.7	5	33.3	0.096	1.00	
No	47	41.6	66	58.4		2.81	0.90 - 8.75

5.6 Association between the predisposing factors and health service utilization (Bivariate Analysis):

According to table 5.5, 58, 3% of youth utilized health services while from the Adults 50% utilized the health services. There is no significant association between the age of the drug users and health service utilization (p-value=0.461). The association between gender and health service utilization was not significant (0.465) however 65% of women utilized health services compared to men (53.6%). Drug users who had below high school education utilized more health services (69.6%) than drug users who had high school and university level education (52.3%) but the association was not significant (p-value=0.167). There was no association between occupation and health service utilization among drug users, however those who were jobless used more health services (65.8%) compared to students and workers from whom 52.3% and 50% utilized health services respectively. There was no association (p-value=1.000) between marital status and health service utilization among drug users and both have used health services almost equally (Drug users living with partners=56.5%, Drug users living single=55.1%). There was no association between the pattern of drug use (injecting, not injecting) and health service utilization among drug users (p-value=0.565). 51.3% of injecting drug users utilized health service compared to 57.1% of those who were not injecting drug users. There was no association between the income status of the drug users and health service utilization (p-value=0.366) however those who had no income utilized more health services (58.5%) than those who had income (50%). In bivariate analysis living status had no association with health service utilization (p-value=0.104) however those who were living with parents used more health services (61.3%) compared to those who were not living with parents (46%). Regarding the symptoms as perceived need factor for health service utilization, there was association between the digestive symptoms and health service utilization (p-value=0.002) and those who had digestive system symptoms used more health services (62.5%) compared to those who did not have digestive system symptoms (26.9%). There was

association between the Respiratory system symptoms and health service utilization among drug user (p -value=0.046), and those who had respiratory system symptoms used more health service (62.2%) compared to those who did not have the respiratory system symptoms (43.8%). There was no association between the miscellaneous symptoms and health service utilization among drug users (p -value= 0.073) in bivariate analysis, however those drug users who had miscellaneous symptoms utilized more health services (62.5%) compared to those who did not have those symptoms (45.3%). There was no association between experiencing overdose and health service utilization (p -value=0.096) but those who experience drug overdose used less health services (33.3%) compared to those who did not experience drug overdose (58.4%).

5.7 Multivariate analysis:

As the name indicates, multivariate analysis comprises a set of techniques dedicated to the analysis of data sets with more than one variable or multivariate is the simultaneous analysis of three or more variables. It is frequently done to refine the bivariate analysis, taking into account the possible influence of a third variable on the original bivariate relationship. Multivariate analysis is also used to test the joint effects of two or more variable upon a dependent variable.

The independent variables which were significant in the bivariate analysis of this study will be shifted to the multivariate analysis to see the joint effect of more variable on the outcome variable. During the bivariate analysis digestive system symptoms were significantly associated with the health service utilization (p -value=0.002, OR=4.52), Respiratory symptoms were significantly associated with the health service utilization (p -value=0.046, OR=2.12) so these variable are to undergo the multivariate analysis. There were also some independent variables that had a p -value less than 0.25 and we will consider them for the multivariate analysis such as Education level (p -value=0.167, OR=2.08), living status (p -value=0.104, OR=1.86), miscellaneous symptoms (p -value=0.073, OR=2.00) and drug of overdose experience (p -value=0.096, OR=2.82) of the drug users.

The multivariate analysis was processed into three steps in the first model we found two significant variables which were digestive symptoms and overdose. We took into account these two significant variables and the others which have significant level of less than 0.25, so we also included education level, living status, and miscellaneous symptoms and excluded the respirator symptoms (p-value=0.346) in the second model of the multivariate analysis. In the second model we found a p-value=0.209 for education level, p-value=0.051 for living status, p-value= 0.002 for digestive symptoms, 0.034 for miscellaneous symptoms and p-value=0.032 for overdose. For the last model we excluded the education level and found four significant variables as shown in the following table.

Table 5.6 Multivariate analysis result

variable	OR	Sig.	CI (95%)	
			Lower	Upper
Living status	Living with others	1.00		
	Living with parents	2.40	0.032	1.08 - 5.35
Disgestive symptoms	No	1.00		
	Yes	5.14	0.002	1.84 - 14.36
Miscellaneous symptoms	No	1.00		
	Yes	2.37	0.033	1.07 - 5.23
Over dose	No	1.00		
	Yes	0.27	0.036	0.08 - 0.92
	Constant	0.14	0.002	

According to multivariate analysis (Table 5.7) we can conclude that living status with the health service utilization (p-value=0.032, OR=2.40), Digestive Symptoms with health service utilization (p-value=0.002, OR=5.14), Miscellaneous Symptoms and health service utilization (p-value=0.033, OR=2.37) and overdose with health service utilization (p-value=0.001, OR= 3.72) have

significant association. According to this study the above factors are the predictors for health service utilization among drug users. Those who were living with parent utilized more health service utilization than those drug users who were living with others (OR=2.4). drug users with digestive system symptoms were have utilized more health services (OR= 5.14) and those drug users who did not had overdose utilized more health services compared to those who have experienced overdose (OR=3.72). Drug users with miscellaneous symptoms used more health services comparing to those who did not have those symptoms (OR= 2.37).



Chapter 6

Discussion

Drug use is a big public health challenge worldwide. Globally 0.4% (0.12 million) deaths and 0.8% (11.2 million) of disability adjusted life years (DALYs) are attributed to overall illicit drug use (NIDA, Drug Abuse and Addiction, 2009). Drug use is an emerging problem in Indonesia. The National Survey conducted in 2008 shows that the estimated prevalence of the drug use Indonesia is 1.5% (For Indonesian Drug Users, HIV and Addiction Present a Double Burden, 2008). Transmission of HIV through sharing of contaminated injecting equipment persists as the primary mode of infection in Indonesia. The five provinces most affected by injecting drug use are the Greater Jakarta area, East Java, West Java, North Sumatra and South Sulawesi. According to MoH data, in 2006 there were 219200 people injecting drugs and 43% to 56% of them were infected with HIV. The prevalence of HIV among IDU was 55%-56% in three of the four cities in which biological data were collected (Jakarta, Medan and Surabaya) .according to IBBS findings; HIV prevalence among those who injected drugs for two years or less was substantially lower than among those who had injected drugs for more than two years. This finding suggests that many HIV infections among IDUs can be prevented if IDUs are effectively reached with appropriate information and action early in their injecting life. Bandung is known as the epicenter of the drug users in west Java and has a big prevalence of drug use in Indonesia (NAC, 2009). The purpose of this study was to determine the individual factors that influence the health service utilization among the drug users in West Java (Bandung).

Health service utilization has a multi-factorial nature. Understanding the need for substance abuse is more complex than assessing the need for treatment. Demand depends on multiple factors such as person's behavior consequent to substance use, the seriousness of the substance use disorders, the cost and price of the services, individual income and education level and other personal characteristics (Woodward, 2008).

6.1 Study limitation:

This study uses the data from the 2008 drug survey in Indonesia conducted by the health research center of the University of Indonesia and the National Narcotic Board in Indonesia. The original data was collected for different objectives and for the different aspects and different analysis indicators. By using secondary data the researcher will not be free to design the variables and objective as per his or her own desire and expectations and restricts the researcher's perspectives.

6.2 Individual determinants of health service utilization among drug users:

The study of factor influencing service seeking (for example predisposing factors such as age, level of education, income and employment status) is still being evaluated. As these factors are often interrelated, researchers have found it difficult to explore separated effects of these variables. Thus studies have some contradictory findings. For example one study found no consistent association among these predisposing variables and heavy and frequent use of substance which is an indicator for treatment need. However some studies found correlation for example among low income and need for treatment among those over 25 years of age (Carol, 2004). This is supporting the findings of this study that those who experienced drug overdose were less likely to use health services. And those who become overdosed, they are usually heavy drug users.

Health Service Utilization

Based on our finding in determining the individual determinants of health service utilization among drug users with a sample size of 130 drug users, 72 of them (55.4%) sought health care in the last one year, while 58 drug users (44.6%) did not utilize health services in the last one year. In a study conducted in Bandung show that only 17, 8% had sought medical treatment and around 26.9% sought help for their addiction treatment in the past one year (Elizabeth Pesani, 2003).

Age

The minimum age of the drug users in this study is 15 years while maximum age is 39 years with a median of 23 years. This age is consistent with one of the studies conducted in three main cities of Indonesia (Jakarta, Bandung and Surabaya) (Elizabeth Pesani, 2003). According to this study the median age of the drug users in Bandung was also 23 years. Comparing the age group with regard to the health service utilization youths drug users were more likely (58.3%) to use health services than adult drug users (50%) however this association was not significant (p -value=0.461). This statistic is consistent with our another finding that those who were living with their parent were more likely to use health services than those who used to live with others or alone (p -value=0.032, AOR=2.40) which indicates that the youths who have ages 24 and below are usually living with their parents. Age at first use of alcohol or illicit drugs is a very important factor in understanding an individual's need for treatment, the earlier the use of marijuana, for example the greater is the likelihood for substance abuse treatment at a later stage (Woodward, 2008). In a study conducted in Georgia among drug using and non using women shows that compared with the youngest women in the sample (18-22 years), women aged 35-44 years were approximately 10 times more likely to fail to seek care (AOR=0.10) women with more than 45 years were also less likely than young women aged 18-22 to use health services (AOR=0.10) (Claire E. Sterk, 2002).

Gender

The result of this study shows that female used more health services (65%) than the male (53.6%) however this association between the health service utilization and gender was not significant (p -value=0.465). this finding is consistent with a research named gender differences in health service utilization which shows that beside that the women had lower education and low income, women had significantly higher mean number of visits to their primary care clinics and diagnostic services than men (p -value 0.0004) for primary care clinic visits and p -value=0.0005 for diagnostic services. (Klea D. Bertakis, 2000). Studies from a

number of industrialized countries confirm that girls are generally more likely to seek health than boys, research from North America; parts of Latin America, Australia and Western Europe found that boys are more likely to deny, repress problems and tend to react in a more externally aggressive way than girls in a moment of stress. Boys are also generally at high risk of substance use at times of stress. Girls are more likely to use social support system to seek help than boys, whereas boys more frequently try to manage problems by their own. Researches in developing countries also found that girls are generally more likely to pay attention to health related issues and use of health services. Researches with adolescent and adult men also suggests that in the case of support for various health needs, including mental health concerns and substance use the boys and men generally delay seeking help longer than women and girls and may only seek help when the need has already led to significant personal consequences (Barker, 2007). Also another study on gender and health care utilization shows that 92.2% of women and 85.6% of men used health service (Gender and Health Service Utilization, 2000). A study conducted in Georgia to determine the service utilization pattern in illegal drug using and non using women indicates that compared with nonusers, the most frequent users women were significantly more likely to fail for seeking needed health care (AOR=3.31) and to use hospital emergency room as their primary source of care. (AOR=6.04) (Claire E. Sterk, 2002).

Education

Education level was categorized into high school and above education level and below high school education level, health service utilization was higher among below higher school education level category (69%) while those with high school and higher education it was 53%. But this association was not significant (p-value=0.167). In a study conducted in Georgia showed that women with below high school education used more health services (47.4%) than those who had high school and above high school education (36.8% and 15.8% respectively) and this association was significant (p<0.05).

Occupation

The result of this study shows that the drug users who were not working had used more health service (65%) compared to students and those working (52.3% and 50% respectively) however this association was not significant (p -value=0.301). As majority of the participants of this study were the young age and students and there was not enough number of drug users recruited for this study, therefore the result did not show significance association between the employment status and health service utilization among drug users. A study in the United Kingdom shows that employment status is not significantly associated with health service utilization among substance abuse (Webster M, 2003).

Another study conducted among at risk drinkers in the United States shows that full time employment drug users were significantly less likely to use health services than those who were not employed (OR=0.23) (Paul J. Neitert, 2007).

Marital Status

Marital status in our result was not significantly associated with health service utilization (p -value=1.00). Both single living drug users and those living with partners used the same amount of health services. A study conducted in Bandung show that those who were never married had a higher drug use rate (57% former Injecting Drug users and 59% current injecting drug users) but did not measure the health service utilization among them (Iskandar, 2010).

Income Status:

In our study those who had not income were slightly more likely to use health services (58.5%) than those who had income (50%) but there was no significant association between the income status and health service utilization among drug users. According to the theory income as enabling factor is a determinant of health service utilization. This finding is similar with the one that those who are youth use more health services as youth drug users are almost students or do not have

any income. The national healthcare disparity reports shows that those drug users who had lower income have used less health services than those with higher income (AHRQ, 2009), but this may be due to the lack of the insurance and high costs of treatment in the United states.

Pattern of Drug Use:

Pattern of drug use was another variable we were looking for, this was considered to assess how is the health service utilization among those who use injecting drugs comparing to those with non-injecting drug use. 39 out of 130 were injecting drug users (30%). The result shows that those who were not injecting drug users utilized slightly more health services than those with injecting drug (57.1% Vs 51.3%) however this association was not significant (p-value=0.568). this may be due to that injecting drug users are high risk drug users and are always involved in high risky behavior and hence ignore health service utilization, this is an important issue for health authorities as those who are injecting drug users facing more health challenges than those with non-injecting pattern and are particularly prone to contract infectious disease such as HIV, STDs, Hepatitis B,C and many others. A study conducted in Vancouver shows that 78% of injecting drug users visited primary health care clinics in the last one year and around 60% visited Emergency Room (ER) in the years 2002 and 2003. Abscesses, Cellulitis and other skin infections accounted for the greatest proportion of emergency room use (T. Kerr, 2004). This high discrepancy in health service utilization may be due to several factors that differ in Indonesia and in the United States, such as economic status, education, risky behavior and availability of health services for drug users regardless discrimination and judicial follow up.

Significant Findings

In our study we found four determinants as the predictors for the health service utilization among drug users, which are living status as enabling factor, Digestive System symptoms, Miscellaneous Symptoms and Drug Overdose as need factors. According to the multivariate logistic regression analysis those drug users who used to live with their parents were more likely to use health services

(p -value=0.0032, aOR=2.40) than those who were living with others. A study in Ecuador shows that those who were living single utilized more preventive and hospital health services compared to others which may mean that those living single, usually live with parents (Lopez-Cevollos, 2008). The results of this study also shows that those who are youth and are below high school students, use more health services comparing to those who are adults and have above high school and university education, which means that students at below high school level and youth are usually living with their parents.

Digestive Symptoms:

Symptoms are the factors that cause someone to seek for health services provided, when perceived important by the individuals. The result of this study shows that having digestive system symptoms (such as nausea, decreased appetite, pain in gut, pain when swallowing food and diarrhea) were significantly associated with health service utilization among drug users (p -value=0.002, aOR=5.14). This finding is consistent with the usual clinical picture of the drug users that most frequently develop digestive symptoms (ACDE, 1999). According to the theory, perceived illness or symptoms is a need determinant for the health service utilization among individuals, we could not find any studies to show relationship between the digestive symptoms and health service utilization among drug users and further studies are needed to determine which symptoms are taken perceived as illness by drug users which make them seek health services.

Miscellaneous symptoms

Other symptoms which were studied by the name of Miscellaneous symptoms were also significantly associated (p -value=0.033, aOR=2.37) with the health service utilization among the study subjects. These symptoms were feeling tired for long time, excessive sweat at night, high fever, yellow discoloration of the nail and skin, inflammation in the skin (cellulitis), the appearance of red patches on the skin and weight lose more than 10%. This shows that drug users who have these symptoms are more likely to use health services, and hence is important to be understood by the health provider and particularly those dealing with drug

dependence treatment. A study conducted in Vancouver shows that most primary and emergency room visits among injecting drug users were for seeking help to treat cellulitis, Abscesses and other skin infections (18.3%), wounds lacerations and contusion (8%), substance use and overdose (7.2%) and gastro-intestinal disorders (5.3%) (T. Kerr, 2004). In bivariate analysis Respirator system symptoms were significantly associated with the health service utilization among the drug users (p -value=0.046, COR=2.12). But during the multivariate analysis Respiratory symptoms were excluded as the significance declined to (p -value=0.346).

Overdose:

In our study we found that there was significant association between the previous experience of drug overdose and health service utilization which shows that those who did not had overdose utilized more health service compared to those who were overdosed (p -value=0.036). Overdose can be a need factor for service utilization when perceived by the drug user. The reasons why those who had overdose utilized less health services may be due to several factors; first those overdosed drug users are usually heavy drug users and will feel it like usual symptoms and will not perceive it treatable issue, also for the heavy drug users as addicted individuals the drugs may seem more important than buying health services. Lack of services that can meet the needs of overdosed drug users will limit them using the health services. A study conducted in Canada among illegal opiod overdosed patients concludes that rates of current treatment utilization and the relatively high number of overdose deaths suggests that there is still room for improvement in country health system (S. Popova, 2006). As this study is mainly focusing on the general health service utilization therefore more studies are needed to determine factors that limit the overdose treatment service utilization by the drug users. In our small sample size those who experienced overdose was a small number (11.7%) therefore this factors should be studies in other studies with big sample size to show the actual association with the service utilization among the drug users as sometime drug overdose may be life threatening and much attention is to be paid by health service provider to this category.

The unmet medical need in the population is demonstrated in several studies and suggests that important factors other than need must affect the decision as to whether or not to seek medical care. They outline three major factors in the patients' decision to seek care: his knowledge, beliefs, and attitudes concerning his symptoms; his attitude and expectations regarding physicians and health services as a whole; and his definition of sickness and determination of the necessity for professional care (Anderson, 1973).



Chapter 7

Conclusion and Recommendations

7.1 Conclusion

Health care utilization among drug users is an issue of concern. Those who are drug users are frequently engaged in risky behaviors and may not prefer to seek help. In Indonesia for the time being HIV infection among injecting drug users are growing and injecting drug use is the main route of HIV infection transmission. Other Sexually Transmitted Disease (STDs), Hepatitis B and C are also common in drug users. As drug users are facing many risks, provision and availing health services should be on the top of the agenda for the policy makers and decision makers. The purpose of this study was to determine the individual factors that influence the health service utilization among drug users in West Java (Bandung) and to see how these factors are associated with the desired outcome. Our independent variable was any health service utilization being sought in the last one year regardless the specific conditions and symptoms. We studied these factors in three categories:

1. Predisposing factors that influence the health service utilization among drug users, such as Age, Gender, Education and Marital Status.
2. Enabling factors that influence the likelihood of health service utilization among drug users such as occupation, income and living status.
3. Need factors that influence the health service utilization among drug users such as symptoms, overdose of drugs being used and route of drug use (Injecting, Non-injecting).

Based on the finding of this studies enabling and need factors were significantly associated with health service utilization among drug users, family support is an important factor in increasing health service utilization. In this study we found that those drug users who were living with their parents were more likely to use

health services compared to those who were living with siblings, relatives or in dormitories. This shows that parents are those who monitor the health of their children closely. This can also support our finding that those who were junior high school students were more likely to use health services than those with high school or university level education, which may mean that those below university and high school degree are usually living with their parents.

The other factor that was associated with the likelihood of more health service utilization among drug users was the need factors of the individual, we found that those who had Digestive system symptoms (such as nausea, decreased appetite, pain in gut, pain when swallowing food and diarrhea) and miscellaneous symptoms (feeling tired for long time, excessive sweat at night, high fever, yellow discoloration of the nail and skin, inflammation in the skin (cellulitis), the appearance of red patches on the skin and weight lose more than 10%), were more likely to use health services.

Another need factor we found significant was the overdose by the drug users in the past one year, the result shows that those who were overdosed, were less likely to use health services than those who did not experience overdose.

. Base on the finding of this study we can conclude that the drug users will only seek health services when they develop specific symptoms and signs or helped by parent to seek health services. And as it is known that Drugs Users are at high risk of contracting several health problems such as HIV and other STDs, Hepatitis B and C, mental disorders and many others and these disease many not show that significant symptoms immediately to make the drug users seek health services. They will seek health services in case if these and other health related problems get worse in the long term and that time the late detection of these health problems will not be that much desirable. On the other hand those who were overdosed used less health services, this issue should be taken into account as this group of people are often heavy drug users and may ignore seeking health services.

7.2 Recommendation

Based on the findings of this study I would like to propose the following Recommendations:

Strengthening Outreach Programs

The Role of Ministry of Health:

- Sound policies are to develop which could take into account the special needs of the people with drug users, and can facilitate easy access of drug users to health services. A legal framework should be developed to protect drug users from sanctions and avail free treatment for them
- Outreach harm reduction programs are to be considered for students at high schools and universities
- Student at high schools and universities are to be given awareness on the importance of on time screening
- A functional referral system should be developed including effective referral system between the basic health facilities and specialized drug abuse treatment including detoxification and rehabilitation services which will ensure the continuum and quality of health services for those in need for the treatment.
- Primary health care staff and health counseling staff in social services, at schools and at universities should be given awareness about the benefits of screening, early identification of drug use and brief interventions on the spot.
- Client initiated HIV testing and counseling (Voluntary Counseling and Testing) centers are to be established or strengthened where the drug users can go for testing regardless having symptoms.

The Role of Ministry of Higher Education:

- Universities and high school authorities are to look after the needs of those with drug use taking into account their privacy, confidentiality and dignity.
- Ministry of health and those dealing with youths and young generations are to work in coordination to detect those with drug use and help in availing treatment for them.
- Awareness on the negative effects and long term consequences of drug use is to be considered in curriculum of Universities and schools.
- Parents are to be invited to higher education institutions and workplaces and encouraged to look after their children health even if they are not living with them.

National Narcotic Board:

- Ministry of health and the national Narcotic Board are to develop guidelines for detecting the drug users while coming to the health facilities and improve the referral system for advanced measures of drug addiction treatment.
- Ministry of health and National Narcotic Board are to establish centers that provide health services for overdose treatment and establish detoxification and rehabilitation centers as well.
- Cadres or community health workers should receive basic training on how to detect drug use and should understand the referral loop for drug related treatments and other interventions.
- Health authorities are to launch a mass campaign on awareness of the drug overdose in order to increase the related service utilization for those who experience drug overdose.

Recommendations for further Researches:

- Studies should be conducted to assess some other aspects of health service utilization such as those related with health facility, provider or patients' satisfaction in terms of drug related treatment.

- Studies should be conducted to determine the need of mental health service for drug users who have mental co-morbidity.
- Qualitative researches such as focus group discussions and in depth interviews should be conducted to explore the barriers why drug users are not using health services particularly those with overdose.
- Primary health care providing entities are to be assessed in terms of drug related problems, detection, treatments and interventions.
- Studies should be conducted to show the knowledge, attitude and risk behavior of the drug users.



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CONFIDENTIAL

QUESTIONNAIRE

The Survey of Drug Abuse in Indonesia, 2008
 Pusat Penelitian Kesehatan Universitas Indonesia

Respondent Identity

R11. City

Kalbar (Pontianak)	01	D.I. Yogyakarta	10
North Sumatra (Medan)	02	East Java (Surabaya)	11
Kepulauan Riau (Batam)	03	Bali (Denpasar)	12
South Sumatra (Palembang)	04	NTB (Mataram)	13
Lampung (Bandar Lampung)	05	South Sulawesi (Makasar)	14
East Kalimantan (Samarinda)	06	North Sulawesi (Manado)	15
DKI Jakarta	07	Central Sulawesi (Palu)	16
West Java (Bandung)	08	Papua (Jayapura)	17
Central Java (Semarang)	09		

R12. The region of respondent sampling

Central	1	West	4
North	2	East	5
South	3		

R13. Group of respondent (based on entry point at the first time)

Student/ College Student	1
Unemployed (out of work/seeking work, parking man, street singer, etc)	2
Worker	3

R14. Respondent's number

--	--	--

R15. Wave of respondent on sampling RDS

1	2	3	4	5	6
---	---	---	---	---	---

R16. Hang out place/sentinel

Street	01	Campus	05	Friend's house	09
Park	02	School	06	Empty house	10
Parking Place	03	Rent house	07	Other, mention it	11
Mall	04	Respondent's house	08	.....

The Interview : To be a respondent

T11. Have you used any drugs?

YES	1
NO	2 STOP INTERVIEWING

T12. Has it been 5 times drugs consuming since you used it at the first time?

YES	1
NO	2 STOP INTERVIEWING

T13. When did the last time you use it? month.....year..... type:

Yes, in period of Augt'07 – present (in the last one year)	1	Read " informed consent", if you willing to Then go to the next question
Yes, before Aug'07	2	STOP INTERVIEWING

Result and Completion of Interview:

R11. Result of Interview:

Questionnaire completely filled	1	Death end: the same person	5
Incompletely filled (The interview is not finished)	2	Refuse the interview	6
Incompletely filled (cannot be met on the next visit)	3	Other, _____	7
No respondent/address cannot be found	4		

R12. Name and interviewer code

Name : Code :

R13. Date of interview : ___ / ___ / 2008 (dd/mm/yy)

R14. This result has been checked for its validity and also its completion by:

Name	Status	Date of checked	Signature
Interviewer I		/ / 2008	
Interviewer II		/ / 2008	
Korlap			

Informed Consent

Read

Good morning/ afternoon/ evening. My name is(Interviewer)

I am from Health Reaearch Center of Indonesia University who is gathering data for health survey. The data we are gathering is about the drug using behavior and its impact in Indonesia. We are going to give you questionnaires which are very personal and related to drug using. We are not going to ask for your name or address so it will not be recognized and your statement will be used for the purpose of study only. The purpose of this study is, as a reference for drafting the policy, regarding to the prevention programme of drug using in Indonesia. We hope that you can participate in this study and willing to answer all the questions. If you agree, we will conduct an hour interview session, and in case, during the interview you feel discomfort with the question, you are allowed to not answer it.

All the answers are welcome. There is no correct or incorrect answer in this session. We only want to know your opinion about this topic. We really appreciate if you answer the questions to the best of your knowledge honestly. If you are bored, tired, or you have any other appointments during the interview, you can have a break or reschedule the time to continue the interview. Do you agree to participate in this survey? If yes, can we start the interview?

“Have you been interviewed for this kind of survey in the last three weeks”?
1. YES, I have. Then, STOP
2. NO.
If the respondent has been interviewed for this study, don't interview him for the second time. Say thank you and end the interview. If NO, continue to interview.

I comprehend the content of the information and the agreement sheet, and am under my awareness to participate in this survey and understand that all the information I give are confidentially guaranteed.

I agree to participate in this survey.
Date : ____ / _____ / 2008

Respondent
Signature

Interviewer
Signature

If the respondent is not willing to give a sign then the interviewer's signature is enough.

Part 1 : Respondent Characteristic

P1.1 How old are you? (based on his last birthday)

	SA
Age month : _____ year : _____	.....
Do not know/ Do not remember	98
Not answering	99

P1.2 Sex?

	SA
Male	1
Female	2

P1.3 Do you go to school now?

	SA
Yes	1
No	2
Not answering	9

P1.4 What is your latest educational background?

	SA
Never go to school	1
Have not finished elementary school	2
Elementary School	3
Junior High School	4
Senior High School	5
Academy/University	6
Not answering	9

P1.5 What is your marital status?

	SA
Single	1
Married	2
Divorced by death	3
Divorced	4
Live together without marriage status	5
Other, mention it	7
Not answering	9

P1.6 Do you have any children? (including adopted child)

	SA	Go to
Yes	1	
No	2	P1.8
No answering	9	P1.8

P1.7 How many children do you have who are still alive?

	SA
Number of children: (persons)	.....
Do not know/ Do not remember	98
Not answering	99

P1.8 How often do you pray, based on your faith, in the last one year?

Read your options:	SA
Always/routine	1
Sometimes	2
Just do it on holiday	3
Seldom	4
Never	9

P1.9 Where do you live now (house belonging)?

If the respondent stay in more than one home, choose one which is stayed the most in the last one year.

	SA		SA
Respondent's own house	01	Friend's house/ neighbour's house	05
Parent's house	02	Rent house	06
Brother's house	03	Nomaden	07
Aunt's house/grandparents's house/ cousin's house	04	Other, mention it	97
		Not answering	99

P1.10 Who stays with you in your house in the last one year (Agst'07- present)?

MA	MA			MA	
	Yes	No		Yes	No
Alone	1	2	husband/wife/kids	1	2
Parent	1	2	lover/fiancee	1	2
Brother/sister	1	2	Friend	1	2
Grandparents/other relatives	1	2	Other, mention it	1	2

P1.11 Do you have these belongings in your parent's house/your house? (can choose more than one)

Read it		MA		MA	
		Yes	No	Yes	No
1. Household belongings					
a. Television		1	2	g. Gas stove	1 2
b. Computer/laptop		1	2	h. Refrigerator	1 2
c. Telephone/mobile phone		1	2	i. Water pump	1 2
d. Video/VCD/CD player		1	2	j. Air Conditoner (AC)	1 2
e. Radio/tape		1	2	k. Rice cooker	1 2
f. Fan		1	2	l. TV satelite	1 2
2. Vehicle belongings					
a. Car		1	2	d. bvcicle	1 2
b. Motor cycle		1	2	e. Other, mention:	1 2
c. Boat		1	2		

P1.12 What is your parent's educational background?

	Father(SA)	Mother (SA)
Never go to school	1	1
Have not finished elementary school	2	2
Elementary school	3	3
Junior High School	4	4
Senor High School	5	5
Academy/ University	6	6
Do not know	8	8
Not answering	9	9

P1.13 What is your parents job now?

	Father (SA)	Mother(SA)
Not working/a housewife mother	01	01
Civil servants	02	02
Private employee	03	03
TNI/ POLRI	04	04
Entrepreneur/ seller	05	05
Pension	06	06
Farmer	07	07
Fisherman	08	08
Labour	09	09
Under contract labour	10	10
Driver	11	11
Ojek	12	12
Passed away	13	13
Other, mention: _____	97	97
Do not know		

PUSLITKES-UI ID Number

IR1	IR2	IR3	IR4

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P1.14 What is your current job? And how much you earn?

	P1.14.A Type of job		P1.14.B The salary		P1.14.C Notes
	a. Main	b. Side job	a. Main/monthly	b. Side job/annually (in the last one year)	
a. Not working	(SA)	Yes/no	go to P1.15	go to P1.15	
b. College student	01	Loncat P1.15	go to P1.15	Rp	
c. Student	0212		go to P1.15	Rp	
d. Civil Servant	0312			Rp	
e. Private employee	0412		Rp	Rp	
f. TNI/ POLRI	0512		Rp	Rp	
g. Pension	0612		Rp	Rp	
h. Entrepreneur/seller	0712		Rp	Rp	
i. farmer	0812		Rp	Rp	
j. Fisherman	0912		Rp	Rp	
k. Labour	1012		Rp	Rp	
l. Under contract labour	1112		Rp	Rp	
m. Driver	1212		Rp	Rp	
n. Ojek	1312		Rp	Rp	
o. Other, mention.....	1412		Rp	Rp	
o1.....	9712		Rp	Rp	
o2.....		12	Rp	Rp	
Not answering		12	Rp	Rp	
		99go to P1.15	Rp	Rp	
			Rp	Rp	
p.					

P1.15 Does somebody send you some money regularly in the last one year (Agst'07- present)?
(including : scholarship, parents, guardian, or children at the last one year)

	SA	Go to	The amount of money	Regularly received	Who send the moneyi	How many times have been Received in a year
Yes	1		Rp	1 2 3		
No	2	P2.1				
Not answering	9	P2.1				

* Notes, The time when regularly receive the money : 1=Weekl, 2=Month, and 3=Year

Part 2: Drug Using Pattern

READ IT TO THE RESPONDENT

In this part, we will ask you about your habitual activities, like smoking, drinking and drug using. Some questions will be very sensitive and might discomfort you. We hope you willing to give the answer to the best of your knowledge honestly. There is no correct or incorrect answer, we really appreciate your statements. You have rights to not answer if you mind the question.

Are you ready? If yes, we will start giving you questions.

A. SMOKING

P2.1 Have you smoked before? How old were you when you smoked for the first time?

	SA	Go to	Age when smoked for The first time
Yes	1		..... year
No	2	P2.5	
Do not know/ Do not remember	8	P2.5	98
Not answering	9	P2.5	99

P2.2 When did the last time you smoke? Month ____ Year ____

	SA	Go to
Yes, in period of Aug'07 – present (in the last one year)	1	
Yes, before Aug'07	2	P2.5
Not answering	9	P2.5

P2.3 Have you stopped smoking in the last one year (Aug'07-present) and how long was it?

	SA	Period of Not smoking	Time standardization*
Yes1		1....2....3
Never stop smoking2			
Not answering9			

* Note: choose the time standardization: (1-day, 2-week, 3-month)

P2.4 How many cigarettes did you smoke? How much money did you spend to buy it in average?

	SA	Time Standardization*	Average cost per Time standardization
Number of cigarettes.....		1 2 3	Rp
Do not know/ Do not remember 98			9998
Not answering99			9999

* note: choose the time standardization: (1-day, 2-week, 3-month)

B. DRINKING

P2.5 Have you consumed any alcoholic drinking? And how old were you when the first time you drank it??

	SA	Go to	Age when the first Time drank the Alcoholic drinking
Yes	1		..... tahun
No	2	P2.8	
Do not know/ Do not remember	8	P2.8	98
Not answering	9	P2.8	99

P2.6 When did the last time you consume alcoholic drinking?Month ____ Year ____

	SA	Go to
Yes, in period of Augt'07 – present (in the last one year)	1	
Yes, before Aug'07	2	P2.8
Not answering	9	P2.8

P2.7 Mention the type, the amount and the price of alcoholic drinking that you have consumed in the last one year (Agst'07-present)?

Time period	Type of Alcoholic drinking	Amount of consuming	Satuan konsumsi*	The price	Average cost spent for alcoholic drinking
1. Weekly	1.			Rp.	
	2.			Rp.	
	3.			Rp.	
	4.			Rp.	
2. Monthly	1.			Rp.	
	2.			Rp.	
	3.			Rp.	
	4.			Rp.	
3. Annually	1.			Rp.	
	2.			Rp.	
	3.			Rp.	
	4.			Rp.	

* Keterangan satuan konsumsi : 1=Gelas, 2=sloki, 3=botol, 4=liter

Coloumn for taking notes and alcoholic consuming calcaution:

C. DRUG Abuse

P2.8 We would like to ask about your experience in using drugs since the first time you used it until now?
 Frekuensi pakai adalah jumlah narkoba yang dipakai sendiri oleh responden BUKAN banyaknya barang yang dibeli. Dalam beberapa kasus seringkali responden membeli secara patungan.

1	2	3				4	5	6	7	8		9				10	11			12
		Ya	Tidak	hr	mg					bl	th	waktu								
													(SA)	(MA)	(SA)		(MA)	(SA)	(MA)	
a. Ganja (cannabis, gele, cimeng, marijuana)	01	1	2			123				1	2									
b. Hashish (getah ganja)	02	1	2			123				1	2									
c. Kokain	03	1	2			123				1	2									
d. Shabu	04	1	2			123				1	2									
e. Ekstasi (inex, i, XTC)	05	1	2			123				1	2									
f. Heroin	06	1	2			123				1	2									
g. Putau bubuk	07	1	2			123				1	2									
h. Putau cair	08	1	2			123				1	2									
i. Metadhon	09	1	2			123				1	2									
j. Subutex (buprenorphine)	10	1	2			123				1	2									
k. Obat penenang/barbiturat (valium, lexo/lexotan, nipam, BK, rohypnol, sanax)	11	1	2			123				1	2									
l. LSD (acid)	12	1	2			123				1	2									
m. Kecubung, jamur di kotoran Sapi (mushroom)	13	1	2			123				1	2									
n. Inhalan/dihirup (ngelem, bensin)	14	1	2			123				1	2									
o. Lainnya, sebutkan	97	1	2			123				1	2									
o1.		1	2			123				1	2									
o2.		1	2			123				1	2									

* Keterangan: 1=Coba pakai, 2=Jarang pakai, 3=Teratur/rutin pakai
 # Keterangan : sesuaikan umur kategori pakai narkoba pada kolom sebelumnya.
 \$ Keterangan satuan pakai : 1=paket, 2=linting, 3=gram, 4=tablet/butir, 5=milliliter (ml), 6=amplop/amp, 7=Lainnya, ___

@ Cara pakai per jenis narkoba: 1=disuntikkan, 2=dihisap seperti rokok, 3=dihirup(snip), 4=di-drag, 5=ditempel di langit-langit rongga mulut, 6=melalui goresan luka, 7=ditelan, 8=dimakan(dicampur dengan makanan), 9=lainnya (diisi sesuai jawaban responden)

PUSLITKES-UI Nomor ID

IR1	IR2	IR3	IR4

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P2.9 Table of drug using history and period of time in the last one year (Agst'07-present)?

Give the check list code (√) based on type of drug and the month of using. Make sure the drug type in P2.8 is the same with drug type in this table (in the last one year).

Jenis Narkoba	Agst'07	Sept'07	Okt'07	Nop'07	Des'07	Jan'08	Feb'08	Mart'08	April'08	Mei'08	Juni'08	Juli'08	Agst'08	Total
	1	2	3	4	5	6	7	8	9	10	11	12	13	
a. Ganja (cannabis, gele, cimeng, marijuana)														
b. Hashish (getah ganja)														
c. Kokain														
d. Shabu														
e. Ekstasi (inex, i, XTC)														
f. Heroin														
g. Putau bubuk														
h. Putau cair														
i. Metadon														
j. Subutex (buprenorphine)														
k. Obat penenang (valium, lexo/lexotan, nipam, BK, rohypnol, sanax)														
l. LSD (acid)														
m. Kecubung, jamur di kotoran Sapi (mushroom)														
n. Inhalan/dihirup (ngelem, bensin)														
o. Lainnya, sebutkan														
o1.														
o2.														

P2.10 Based on your knowledge how much is the price of drugs in market demand and for how many times it can be used? (Match the answer on P2.8 (in the last one year)?

Market Buy Type of Drugs	(MA)		Amount	Tulis Satuan pakai	The price	For how many Times it can be used
	Yes	No				
a. Ganja (cannabis,gele,cimeng,marijuana)	1	2			Rp.	
b. Hashish (getah ganja)	1	2			Rp.	
c. Kokain	1	2			Rp.	
d. Shabu	1	2			Rp.	
e. Ekstasi (inex, i, XTC)	1	2			Rp.	
f. Heroin	1	2			Rp.	
g. Putau bubuk	1	2			Rp.	
h. Putau cair	1	2			Rp.	
i. Metadhon	1	2			Rp.	
j. Subutex (buprenorphine)	1	2				
k. Obat penenang (valium, lexo/lexotan, nipam, BK, rohypnol, sanax)	1	2			Rp.	
l. LSD (acid)	1	2			Rp.	
m. Kecubung, jamur di kotoran Sapi (mushroom)	1	2			Rp.	
n. Inhalan/dihirup (ngelem, bensin)						
o. Lainnya, sebutkan						
12Rp.						
12o1. ....Rp.						
12o2. ....Rp.						

Keterangan satuan pakai : 1-paket, 2-linting, 3-gram, 4-tablet/butir, 5-mililiter (ml), 6-amplop/amp, 7-Lainnya, ...

P2.11 How many times did you buy drugs in the last few month?

	SA	Go to	The purchase that Needs extra budget (transportation)	The average cost of transportation in once drugs purchasing
Total amount of purchasing	.....		.....	Rp.
Do not know/Do not remember	98	P2.13	98	9998
Not answering	99	P2.13	99	9999

If there is no purchasing: give 0 (zero)

Go to P2.13

P2.12 From question no. P2.11, how many times did you buy drugs directly to the distributor in the last few months?

	SA
Amount	.....
Do not remember	98
Not answering	99

P2.13 Where do you get the budget to buy drugs in the last one year (Agst'07- present)?

	Yes	MA			Yes	No
		No	Yes				No
a. Monthly salary	1		2	h. Sell oneself's belongings	1	2
b. Side job	1		2	i. Sell drugs	1	2
c. Pocket money	1		2	j. Drugs courier	1	2
d. School fee	1		2	k. Other, mention	1	2
e. Exchange your own belongings/family's 1			2	.....	1	2
f. Exchange oneself's belongings 1			2		1	2
g. Sell your own belongings/family's 1			2		1	2

P2.14 Does anyone of your family member know that you are a drug user?

SA	Go to
Yes	1
No	2
Not answering	9

P2.15 Who, in your family, knows that you are a drug user ?

	MA			MA	
	Yes	No		Yes	No
a. Father	12		e. Cousin/relatives	1	2
b. Mother	12		f. Other,	1	2
c. Children	12		g. Not answering	1	2
d. Brother/sister	12				

P2.16 Beside you, is there any family member who also becomes a drug user?

SA		Go to
Yes	1	
No	2	P2.18
Not answering	9	P2.18

P2.17 Who, in your family, has ever used drugs?

	MA			MA	
	Yes	No		Yes	No
a. Father	12		e. Cousin/relatives	1	2
b. Mother	12		f. Other,	1	2
c. Children	12		g. Not answering	1	2
d. Brother/sister	12				

D. Drug abuse (injection)

P2.18 Have used drugs by injecting?

	SA	Go to
Yes	1	
No	2	P3.1
Not answering	9	P3.1

P2.19 Did you share the needle or use the ex-used needle?

	SA	Amount of people you shared the needle with
Yes	1	ppl
No	2	
Not answering	9	

P2.20 Do you inject the drugs regularly? How long has it been done?

	SA	Period of injecting (in months)
Yes	1	.....
Not regularly, just couple times	2	
Do not remember	98	
Not answering	99	

P2.21 What are the kinds of drug that have been injected into your body?

	MA			MA	
	Yes	No		Yes	No
a. Kokain	1	2	g. Metadon	1	2
b. Shabu	1	2	h. Subutex (buprenorphine)	1	2
c. Ekstasi (inex, i, XTC)	1	2	i. Obat penenang (valium, lexo/lexotan, nipam, BK, rohypnol, sanax)	1	2
d. Heroin	1	2	j. Lainnya.....	1	2
e. Putau bubuk	1	2	k. Tidak tahu	1	2
f. Putau cair	1	2			

P2.22 When did you inject drugs for the first time?

	SA
Age of the first time injecting month : Year :	.....Year
Do not know/ Do not remember	98
Not answering	99

P2.23 Do you still inject drugs in the last one year (Agst'07- present)?

	SA	Go to	The last time of injecting
Yes	1		
No	2	P3.1	....., days ago
Do not remember	8	P3.1	....., weeks ago
Not answering	9	P3.1	....., months ago

P2.24 How many times do you inject drugs in average?

(sesuaikan waktu pemakaian dengan kebiasaan responden, dan isi pada kolom yang disediakan)

SA	Go To
Amount of using in a day.....times	
Amount of using in a week.....times	
Amount of using in a month.....times	
Amount of using in a year.....timesP3.1	
Do not remember98	
Not answering99	

P2.25 During this month, how many times do you use a new needle?

	Total of needles	free needles	Bought needles	Needles that need Extra budget for transportation	The average cost to get a new needle
Amount	.....	.....	.....	.....times transport	Rp.
Don't know/Don't remember	98	98	98	98	9998
Not answering	99	99	99	99	9999

Part 3. Sex in Drug Abuse

Now, I am going to ask about sex in drug abuse. I appology if there any dicomfort questions appear. I don't mean to despise you, but this experience is commonly happened among the drug users in some big cities in Indonesia. If you mind the question, you are allowed to not answer it.

P3.1 Have you had sex before?

	SA	Go to
Yes	1	
No	2	P4.1
Not answering	9	P4.1

P3.2 When did you have sex for the first time?

	SA
Age of first having sex month : Year :	Age:.....years
Do not know/do not remember	98
Not answering	99

P3.3 When did the last time you have sex? month ____ year ____

	SA	Go to
Yes, in period of Agst'07 – present (a year)	1	
Yes, before Agst'07	2	P4.1
Do not know/ Do not remember	8	P4.1
Not answering	9	P4.1

P3.4 How many times you had sex in the last one year (Agst'07- present)?

	SA	Time set
Frequent of having sex	..... times	1 2 3
Do not know/ do not remember	998	
Not answering	999	

* note: Time set options: (1=days, 2=weeks, 3=months)

P3.5 Whom did you have a sex with in the last one year?

	MA	
	Yes	No
a. Wife/husband	1	2
b. Lover	1	2
c. Friend	1	2
d. Acquaintance	1	2
e. Sex workers	1	2

	MA	
	Yes	No
f. Drugs distributor	1	2
g. Homo/Lesbi	1	2
h. Other, mention	1	2

P3.6 Have you ever asked for a date or having sex for a money?

	SA	Go to	How many times in a year
Yes, I have. In the last one year	1		.....
Yes, I have but nit in the last one year	1	P3.8	
Never	2	P3.8	
Do not know/ Do not remember	8	P3.8	
Not answering	9	P3.8	

P3.7 How much do you get from your sex transaction in the last one year (Agst'07- present)? (If you are paid by getting drugs instead of money, convert it into rupiah)

	Average amount in Rp
How much you got per transaction	Rp
Do not know/ Do not remember	9998
Not answering	9999

P3.8 How often did you use condoms in the last one year (Aug'07 – present) ?

	SA
Never	1
Seldom	2
Often	3
Always	4
Do not know/Do not remember	8
Not answering	9

P3.9 Based on your experience, what is kind of drugs that can arouse you to have sex?

	MA			MA	
	Yes	No		Yes	No
a. Ganja (cannabis, gele, cimeng, marijuana)	1	2	i. Metadhon	1	2
b. Hasish (getah ganja)	1	2	j. Subutex (buprenorphine)	1	2
c. Kokain	1	2	k. Obat penenang (valium, lexo/lexotan, nipam, BK, rohypnol, sanax)	1	2
d. Shabu	1	2	l. LSD (acid)	1	2
e. Ekstasi (inex, i, XTC)	1	2	m. Kecubung, jamur di kotoran Sapi (mushroom)	1	2
f. Heroin	1	2	n. Inhalan/dihirup (ngelem, bensin)	1	2
g. Putau bubuk	1	2	o. Lainnya:.....	1	2
h. Putau cair	1	2		1	2

Part 4: The Impact of Drug Abuse

READ IT TO RESPONDENT: In this section you will find some informations that related to the impact of drug abuse. The information is a respondent's experience, so there will not be no wrong statement. We hope, you will be honest in answering all the questions and all the informations will be kept very well.

A. History of Disease

P4.1 In the last one year (Agst'07-present), do you feel any symptoms like these:

Read these symptoms from a s/d q	MA		Bacakan keluhan berikut mulai dari a s/d q	MA	
	Ya	Tidak		Ya	Tidak
a. Nauseous	1	2	l. Demam tinggi lebih dari 2 minggu	1	2
b. No appetite	1	2	m. Kulit dan kuku berwarna kuning	1	2
c. Rasa sakit pada ulu hati	1	2	n. Peradangan di kulit (luka yg sulit sembuh)	1	2
d. Rasa perih/nyeri saat menelan makanan	1	2	o. Rasa gatal/panas dan ruam/memerah di kulit	1	2
e. Warna putih menebal (jamuran) di mulut/tenggorokan	1	2	p. Munculnya bercak berwarna merah/putih/hitam di kulit	1	2
f. Rasa sesak pada dada	1	2	q. Penurunan berat badan lebih dari 10% dalam 2 minggu	1	2
g. Rasa sakit pada saat bernafas	1	2			
h. Batuk berdahak lebih dari 2 minggu	1	2			
i. Diare lebih dari 2 minggu	1	2			
j. Rasa lelah (fatigue) berkepanjangan	1	2			
k. Keluar keringat di malam hari secara berlebihan	1	2			

Apabila tidak ada keluhan sama sekali (kodenya 2 semua)Loncat ke P4.12

P4.2 Was there any symptoms that maim your activities(cannot go to school/work/college) in the last one year (Aug'07-present)?

	SA	Go to
Yes	1	
No	2	P4.4
Do not know/ do not remember	9	P4.4

P4.3 How long did it happen / maim your activities: _____ days

P4.4 Did you try to cure it yourself in the last one year (Agst'07- present)?

	SA	Go to
Yes	1	
No	2	P4.6

P4.5 What was the method of your treatment? - And how much did it cost?

	Total amount In a year		(Rp)The method	(MA) The treatment (in a year)
	Yes	No		
a. traditional treatment	1	2		
b. modern treatment	1	2		
c. Other: _____	1	2		

P4.6 Did you go to any medical / non medical places for a treatment in the last one year (Agst'07- present)?

	Rawat Jalan (SA)	Rawat Inap (SA)
Yes	1	1
No	2	2
Do not remember	9	9

If you never have any medical treatment, what is the reason: _____

 _____ go to P4.12)

P4.7 Where did you go to get medical treatment in the last one year to cure the symptoms? (Agst'07- present)?

Medical Places	Rawat Jalan*				Rawat Inap			
	Done (MA)		Amount of visiting	Total of cost In a year(Rp)	Done (MA)		The period	Total of cost (Rp) in a day
	Yes	No			Yes	No		
a. Government Hospital	1	2	..... times		1	2	..... times	
b. Private Hospital	1	2	..... times		1	2	..... times	
c. Practitioner	1	2	..... times		1	2	..... times	
d. Puskesmas	1	2	..... times		1	2	..... times	
e. Puskesmas Pembantu	1	2	..... times		1	2	..... times	
f. Polyclinic	1	2	..... times		1	2	..... times	
g. Praktek petugas kesehatan	1	2	..... times		1	2	..... times	
h. Traditional treatment	1	2	..... times		1	2	..... times	
i. Other. mention	1	2	..... times		1	2	..... times	
.....	1	2	..... times		1	2	..... times	

* Untuk responden yang saat ini sedang dalam terapi subutex/metadon termasuk dalam terapi rawat jalan untuk biaya konsul dokter

P4.8 Do you know the result of your diagnosis?

	SA
Yes, Mention	1
No	2

P4.9 Who supports you in financial to buy medicines or all kind of treatments?

	MA	
	Yes	No
a. Askes	1	2
b. Astek jamsostek	1	2
c. Company	1	2
d. Other assurance/private assurance	1	2
e. Kartu sehat/SKTM/jamkesmas/Gakin	1	2
f. Family/relatives	1	2
g. Yourself (respondent)	1	2
h. Other	1	2

P4.10 Did anyone accompany you in doing the treatment in the last one year? (Agst'07- present)?

	Rawat Jalan (SA)	Rawat Inap (SA)
Yes1		1
No 2		2
Do not remember 9		9

Jika jawaban responden tidak atau tidak ingat, untuk rawat jalan dan rawat inap (keduanya=2)

Loncat P4.12

P4.11 Based on your visits, how many times were you accompanied? Then how long did it take in average (in hour)? And how much did it cost?

Kind of treatment	Total of visits/ days of hospitalized	Jumlah orang yg sering menunggu/ menemani	Rata-rata lama menunggu per-hari (jam)	Rata-rata biaya pengeluaran per hari (Rupiah)		
				Makan/Trans	Lain-lain	
Rawat jalan			minumportas		
Rawat inap					

B. Over dose

P4.12 Have you been in too much of a drug taken at one time?

	SA	Go to
Yes	1	
No	2	P5.1
Do not know / Do not remember	8	P5.1
Not answering	9	P5.1

P4.13 When was the last time you were overdose (OD)? month ___ Year ___

	SA	Go to
Yes, in period of Agst'07 – present (in a year)	1	
Yes, before Agst'07	2	P5.1
Do not know / Do not remember	8	P5.1
Not answering	9	P5.1

P4.14 How many times were you overdose (OD)in the last one year (Aug '07 – present)?

	SA
Total of OD in a year	..... times
Do not know/Do not remember	998
Not answering	999

P4.15 What was the aid when you were overdose last time?

	MA		Go To
	Yes	No	
a. Nothing	12		P5.1
b. With the aid of friend	12		P5.1
c. Medical treatment	12		
d. Non medical treatment	12		
e. Other, mention	12		
f. Do not know/ Do not remember	12		
g. Not answering	12		P5.1 P5.1

P4.16 If you were taken care in a Hospital or Clinic, in your last time overdose, what was the name of the hospital/clinic and how much did it cost for the treatment in the last one year (Agst'07- present)?

Place	Days of being hospitalized	The cost (Rp)
1.	Rp.
2.	Rp.
3.	Rp.

P4.17 Was there anyone who supported you/accompanied you when you were overdose in the las one year? (Agst'07- ppresent)?

	SA	Go to
Yes	1	
No	2	P5.1
Not answering	9	P5.1

P4.18 How many people were there to accompany you when you were overdose and how long did they accompany you ? How much di dit cost(in the last one year ?

Place	Total of ppl who accompanied	Period of Accompanying In a day (hour)	Average cost per day (Rupiah)		
			Meal/drink	Transportation/other	
1.				
2.				
3.				

Bagian 5. Medical Treatment

A. Detoxification and rehabilitation treatment

P5.1 Have you had these kind of treatments below:

Kind of treatment	Done (MA)		Age of the First time treatment	Done in the last One year (MA)		The frequencies In the last one year
	Yes	No		Yes	No	
	a. Detoksifikasi	1		2	1		2
b. Rehabilitasi	1	2	1	2		
c. Detoksifikasi & Rehabilitasi	1	2	1	2		

If Never Done or Never Done in the last one year

Go to P5.5

P5.2 Related to the treatment, mention the institution, category, type of institution, the period, and the cost in the last one Year (Agst'07- present)

Name of the institution	Category (MA)		Type of institution (LSM,RS,PONPES, rehabilitasi, dll)	The period	The cost (Rp)
	1. Medical	2. Non medical			
Detoksifikasi	Yes	No			
1.	1		.....	.....	Rp.
2.	1		.....	.....	Rp.
Rehabilitasi					
1.	1	2	.....	.....	Rp.
2.	1	2	.....	.....	Rp.
Detoksifikasi & Rehabilitasi					
1.	1	2	.....	.....	Rp.
2.	1	2	.....	.....	Rp.

P5.3 Were you accompanied during the Detoxification and Rehabilitation treatment?

SA Go To	
Yes1	
	P5.5No2 P5.5 Not answering9

P5.4 If yes, how many people were there, period of accompanying, and the cost for detoxification !

Nama institusi tempat penanganan	Jumlah orang yangTotal lama		Biaya Pengeluaran per hari (Rupiah)			
	menunggu/menunggu pasien menemani/ X perMakan/Trans-	perawatan				
1.			Lain-lainmenjenguk selamajam minumporitasbulan			
2.						

Rehabilitasi jika responden tidak bisa membedakan detoksifikasi atau rehaabilitasi (seperti pengobatan di pesantren/ponpes) masukkan sebagai rehabilitasi

Nama institusi tempat penanganan	Jumlah orang yangTotal lama		Biaya Pengeluaran per hari (Rupiah)			
	menunggu/menunggu pasien menemani/ X perMakan/Trans-	perawatan				
1.			Lain-lainmenjenguk selamajam minumporitasbulan			
2.						

B. Self Treatment for Curing Drug Abuse

Did you cure yourself from drug addiction by taking traditional recipe, like jamu, etc?

P5.5

	SA	Go to
Yes	1	
No	2	P6.1
Do not know/ Do not remember	8	P6.1
Not answering	9	P6.1

P5.6 When did the last time you did self treatment from drug addiction? month _____ year _____

	SA	Go to
Yes, in period of Agst'07 – present (in a year)	1	
Yes, before Agst'07	2	P6.1
Do not know/ Do not remember	8	P6.1
Not answering	9	P6.1

P5.7 How many times did you do the self treatment in the last one year (Agst'07-present)?

	SA
The frequency of treatment	..... times
Do not know/ Do not remember	998
Not answering	999

P5.8 Did you spend some money in self treatment to cure your drug addiction?

	SA	Go To
Yes	1	
No	2	P6.1

P5.9 Mention the type of treatment, period of treatment, and the cost spent during your self curing in the last one year (Aug'07 – present) :

If there is not any cost, fill 0(zero) in The Cost coloumn.

Type of treatment	Period of Treatment	The Cost	Notes
1.	Rp. ....	.....
2.	Rp. ....	.....
3.	Rp. ....	.....

Bagian 6. Criminality and Circulation

A. Drug Circulation History

P6.1 Did you sell drug before?

	SA	Go To
Yes	1	
No	2	P6.6
Do not know/ Do not remember	8	P6.6
Not answering	9	P6.6

P6.2 When did the last time you sell drug? month _____ year _____

	SA	Go to
Yes, in period of Agst'07 – present (in a year)	1	
Yes, before Agst'07	2	P6.6
Do not know/ Do not Remember	8	P6.6

P6.3 As you remember, How many transactions in drug selling that you had done in the last one year?
(Agst'07-present)

Type of drug	Pernah transaksi		Jumlah transaksi penjualan narkoba	Rata-rata Total keuntungan hasil penjualan dalam	Jumlah orangnarkoba yang
	Ya	Tidak			
a. Ganja (cannabis,gele,cimeng,marijuana)	1	2		Rp.	
b. Hashish (getah ganja)	1	2		Rp.	
c. Kokain	1	2		Rp.	
d. Shabu	1	2		Rp.	
e. Ekstasi (inex, i, XTC)	1	2		Rp.	
f. Heroin	1	2		Rp.	
g. Putau bubuk	1	2		Rp.	
h. Putau cair	1	2		Rp.	
i. Metadhon	1	2		Rp.	
j. Subutex (buprenorphine)	1	2		Rp.	
k. Obat penenang (valium, lexo/lexotan,	1	2		Rp.	
.....					
..... nipam, BK, rohypnol, sanax)	1	2		Rp.	
l. LSD (acid)	1	2		Rp.	
m. Kecubung, jamur di kotoran Sapi (mushroom)	1	2		Rp.	
n. Inhalan/dihirup (ngelem, bensin)	1	2		Rp.	
o. Lainnya, sebutkan					
.....					

* Keterangan satuan pakai : 1-paket, 2-linging, 3-gram, 4-tablet/butir, 5-mililiter (ml), 6-amplop/amp, 7-Lainnya, _ _ _

P6.4 Have you been a courier for drug circulation?

	SA	How much did you get (Rp) per delivering
Yes, in period of Agst'07 – present (in a year)	1	Rp.
Yes, before Agst'07	2	
Do not know/ Do not remember	8	

P6.5 Did you offer to someone else to use drug?

	SA
Yes	1
No	2

B. Criminal Act History

Before we go to the next section, we would like to inform you that the questions will be very personal and sensitive, yet we still have to ask them to you to count the estimation of cost that might harmful due to drug abuse. Your answer will be kept well and there is not any purpose which is not related to this study.

P6.6 Did you ever do such criminal actions, like stealing or robbery to buy drug?

	SA	Go to
Yes	1	
No	2	P6.9
Do not know/ Do not remember	8	P6.9
Not answering	9	P6.9

P6.7 When did the last time you steal?month. _____ year _____

	SA	Go to
Less than a year (since Agst'07- present)	1	
More than the last one year (before Agst'07)	2	P6.9
Do not know / Do not remember	8	P6.9
Not answering	9	P6.9

P6.8 What are the goods that you stole in period of Aug '07 – present?

Time Period (month/year)	The goods (including money)	Belongings*	Total items	The exchange amount when the goods were resold	
1.				Rp.	Rp.
2.				Rp.	Rp.
3.				Rp.	Rp.
4.				Rp.	Rp.
5.				Rp.	Rp.
6.				Rp.	Rp.
7.				Rp.	Rp.
8.				Rp.	Rp.
9.				Rp.	Rp.
10.				Rp.	Rp.

* Notes:Belongings: 1= parent's, yours or relatives, 2= friend's or someone else's

C. TRAFFIC ACCIDENT HISTORY

P6.9 Have you ever had any crash accident due to drug using?

	SA	Go to
Yes	1	
No	2	P6.14
Do not know/Do not remember	8	P6.14
Not answering	9	P6.14

P6.10 Have you ever had any crash accident due to drug using in the last one year (Aug '07 – present)?

	SA	Go to	How many times did you have crash accident
Yes	1		..... times
No	2	P6.14	
Not answering	9	P6.14	999

P6.11 How much did you spend due to crash accident in the last one year (Aug'07-present)?

Jenis Pengeluaran :	MA		Biaya Pengeluaran (Rupiah)		
	Ya	Tidak	Kejadian-1	Kejadian-2	Kejadian-3
a. Biaya perawatan/Pengobatan responden	1	2	Rp.	Rp.	Rp.
b. Pengobatan si korban	1	2	Rp.	Rp.	Rp.
c. Perbaikan sepeda/motor/mobil milik sendiri	1	2	Rp.	Rp.	Rp.
d. Perbaikan sepeda/motor/mobil milik korban	1	2	Rp.	Rp.	Rp.
e. Biaya ganti rugi bagi si korban	1	2	Rp.	Rp.	Rp.
f. Urusan Kepolisian	1	2	Rp.	Rp.	Rp.
g. Lainnya, sebutkan	1	2			
g.1	1	2			
g.2	1	2			
Tidak tahu/ tidak ingat	1	2	Rp.	Rp.	Rp.
	1	2	Rp.	Rp.	Rp.
h.					
i. Tidak menjawab					
TOTAL BIAYA KECELAKAANRp.			Rp.	Rp.	Rp.

Jika tidak dapat merinci per jenis pengeluaran maka tuliskan total biaya kecelakaan
Jika kejadian lebih dari 3 kalitulis/catat pada lembar terpisah

P6.12 Related to the budget spent for crash accident, was there any relatives/ family who accompanied you while handling the accident?

	SA	Go to
Yes	1	
No	2	P6.14
Do not know / Do not remember	8	P6.14
Not answering	9	P6.14

P6.13 If yes, fill the field of people based on the spending, total of people, period of time during handling the accident!

	Total of ppl During the accident	Berapa hari menunggu	Rata-rata lama menunggu per hari (jam)	Biaya Pengeluaran per hari (Rupiah)	
				Makan/Trans- portasi	Lain-lain minum
1. First accident				
2. Second accident				
3. Third accident				

D. Riwayat Penangkapan Oleh Pihak Kepolisian

P6.14 Apakah Anda pernah ditangkap oleh pihak kepolisian karena kasus narkoba ataupun kasus kriminal terkait dengan narkoba?

Termasuk semua kasus kriminal yang disebabkan oleh narkoba, baik pengaruh akibat pemakaian narkoba, tindak kriminal untuk memperoleh uang dengan tujuan untuk membeli narkoba.

	SA	Loncat ke
Ya1		
Tidak2P6.20		
Tidak tahu/ tidak ingat8P6.20		
Tidak menjawab9P6.20		

P6.15 Apakah Anda pernah ditangkap oleh pihak kepolisian karena kasus narkoba ataupun kasus kriminal terkait dengan narkoba dalam setahun terakhir (Agst'07-sekarang)?

	SA	Jumlah penangkapan	Loncat ke
Ya	1	..... kali	
Tidak	2		P6.20
Tidak tahu/ tidak ingat	8		P6.20
Tidak menjawab	9		P6.20

P6.16 Apakah Anda mengeluarkan biaya supaya bisa terbebas dari tangkapan kepolisian tersebut dalam setahun terakhir (Agst'07-sekarang)

	SA	Loncat ke
Ya	1	
Tidak	2	P6.18
Tidak tahu/ tidak ingat	8	P6.18
Tidak menjawab	9	P6.18

P6.17 Berapa besar biaya yang telah Anda atau keluarga Anda keluarkan selama berurusan dengan pihak kepolisian dalam setahun terakhir (Agst'07-sekarang)

Penangkapan Polisi	Biaya Pengeluaran (Rupiah)
1. Kejadian 1	Rp.
2. Kejadian 2	Rp.
3. Kejadian 3	Rp.

P6.18 Terkait dengan urusan di kepolisian tersebut, apakah ada anggota keluarga/orang lain yang membantu/mengurus sehingga waktu kerjanya hilang?

	SA	Loncat ke
Ya	1	
Tidak	2	P6.20
Tidak tahu/ tidak ingat	8	P6.20
Tidak menjawab	9	P6.20

P6.19 Jika Ya, isilah orang-orang yang dimaksud sesuai dengan jenis pengeluaran menurut jenis, jumlah orang, total lama menunggu dan biaya selama pengurusan dengan kepolisian?

Penangkapan oleh kepolisian	Jumlah orang yang menunggu selama kejadian	Berapa hari menunggu	Rata-rata lama menunggu per hari (jam)	Biaya Pengeluaran per hari (Rupiah)		
				Makan/minum	Transportasi	Lain-lain
1. Kejadian pertama					
2. Kejadian kedua					
3. Kejadian ketiga					

E. Riwayat Pengalaman di Penjara

P6.20 Apakah Anda pernah dipenjara karena penyalahgunaan narkoba ataupun kasus kriminal terkait dengan narkoba?

	SA	Loncat ke
Ya	1	
Tidak	2	P7.1
Tidak tahu/ tidak ingat	8	P7.1
Tidak menjawab	9	P7.1

P6.21 Apakah Anda pernah dipenjara karena penyalahgunaan narkoba ataupun kasus kriminal terkait dengan narkoba dalam setahun terakhir (Agst'07-sekarang)

	SA	Loncat ke
Ya	1	
Tidak	2	P7.1
Tidak tahu/ tidak ingat	8	P7.1
Tidak menjawab	9	P7.1

P6.22 Berapa kali Anda pernah di penjara dalam setahun terakhir (Agst'07-sekarang)

	SA	Loncat ke
Jumlah di Penjara	..... kali	
Tidak tahu/ tidak ingat	998	
Tidak menjawab	999	

P6.23 Apakah Anda mengeluarkan biaya terkait urusan penjara yang pernah Anda alami dalam setahun terakhir (Agst'07-sekarang)?

	SA	Loncat ke
Ya, berapa kali.....	1	
Tidak	2	P6.25
Tidak tahu/ tidak ingat	8	P6.25
Tidak menjawab	9	P6.25

P6.24 Berapa besar biaya yang telah Anda atau keluarga Anda keluarkan terkait dengan urusan penjara yang pernah Anda alami dalam setahun terakhir (Agst'07-sekarang)?

Urusan penjara	Biaya yang dikeluarkan (Rupiah)
1. Kejadian 1	Rp.
2. Kejadian 2	Rp.
3. Kejadian 3	Rp.

P6.25 Terkait dengan urusan di penjaran tersebut, apakah ada anggota keluarga/orang lain yang membantu atau mengurus selama Anda di penjara?

	SA	Loncat ke
Ya, siapa saja:	1	
Tidak	2	P7.1
Tidak tahu/ tidak ingat	8	P7.1
Tidak menjawab	9	P7.1

P6.26 Jika Ya, isilah orang-orang yang dimaksud sesuai dengan penjara yang pernah dialami, lama di penjara, jumlah orang yang menjenguk, total lama menjenguk dan besar biaya yang keluarga Anda keluarkan selama di penjara dalam setahun terakhir (Agst'07-sekarang)?

Nama Penjara	Lama di penjara (hari)	Jumlah orang yang menjenguk rutin selama di penjara	Rata-rata lama menjenguk		Biaya Pengeluaran per hari (Rupiah)		
			X per bulan	Jam	Makan/minum	Transportasi	Lain-lain
1.							
2.							
3.							

Bagian 7. Riwayat Aktivitas Terganggu

Pertanyaan riwayat aktivitas terganggu hanya untuk yang status kerja pelajar atau mahasiswa dan pekerja.

P7.1 Setelah pakai narkoba, apakah Anda pernah tidak masuk sekolah/kerja karena pengaruh narkoba?

	SA	Loncat ke
Ya	1	
Tidak	2	P8.1
Tidak tahu/ tidak ingat	8	P8.1
Tidak menjawab	9	P8.1

P7.2 Kapan terakhir kali Anda pernah tidak masuk sekolah/kerja karena pengaruh narkoba?
Bulan ____ Tahun ____

	SA	Loncat ke
Ya, dalam periode Agst'07 – sekarang (setahun terakhir)	1	
Ya, sebelum bulan Agst'07	2	P8.1
Tidak menjawab	9	P8.1

P7.3 Riwayat terganggunya aktivitas akibat pengaruh pakai narkoba dalam setahun terakhir (Agst'07-sekarang)?

Aktivitas	MA		Lama Tidak Masuk (hari)	Catatan
	Ya	Tidak		
a. Sekolah	1	2	.....
b. Kuliah	1	2	.....
c. Bekerja	1	2	.....
d. Lainnya, sebutkan.....	1	2	.....
e. Tidak tahu/ tidak ingat	1	2	.....
f. Tidak menjawab	1	2	.....

Bagian 8. Teman Responden yang Pakai Narkoba (teman sepermainan/gang)

P8.1 Berapa jumlah teman Anda yang pakai narkoba dalam setahun terakhir dan masih tinggal di kota ini (minimal tinggal dalam 3 bulan terakhir dan masih hidup)?

	SA	Loncat ke
Jumlah teman	.....orang	
Tidak tahu/ tidak ingat	98	P9.1
Tidak menjawab	99	P9.1

P8.2 Berapa jumlah teman Anda yang meninggal dalam setahun terakhir?

	SA	Jumlah	Loncat ke
Ya	1	.....org	
Tidak	2		P9.1

P8.3 Mohon sebutkan siapa saja yang meninggal karena pemakaian narkoba dalam setahun terakhir (Agst'07-sekarang)?

No	Nama	Jenis kelamin		Umur dan tahun meninggal		Penyebab Kematian	Lokasi	
		Laki-laki	Perempuan	Umur	Tahun		Rumah	Kematian
Contoh:	Mr. X	1	2	23 th	2007	OD	tinggal Kel. Pondok Jaya	RS. Swasta
1	1	2				.....	.....
2	1	2				.....	.....
3	1	2				.....	.....
4	1	2				.....	.....
5	1	2				.....	.....
6	1	2				.....	.....
7	1	2				.....	.....
8	1	2				.....	.....
9	1	2				.....	.....
10	1	2				.....	.....

Bagian 9. Program Intervensi

P9.1 Apakah Anda pernah mengetahui/mendengar institusi/lembaga berikut ini?

Bacakan nama institusi/lembaga berikut:	MA	
	Ya	Tidak
Badan Narkotika Nasional	1	2
Badan Narkotika Propinsi	1	2
Badan Narkotika Kabupaten	1	2

Apabila tidak pernah mengetahui/mendengar ke 3 lembaga diatas Loncat ke P9.6

P9.2 Darimana Anda mengetahui/mendengar institusi/lembaga tersebut?

	MA	
	Ya	Tidak
Televisi	1	2
Radio	1	2
Buku/Surat kabar/majalah	1	2
Stiker/pamflet/selebaran/poster/billboard/baliho	1	2
Orang tua/Anda/kakak	1	2
Teman	1	2
Tetangga	1	2
Tempat kerja	1	2
Posyandu/RS/petugas kesehatan	1	2
Perkumpulan keagamaan	1	2
LSM	1	2
Sekolah/kampus/guru/dosen	1	2
Lainnya	1	2

P9.3 Apakah Anda pernah terlibat dalam kegiatan program pencegahan narkoba yang dilakukan oleh institusi/lembaga berikut?

Bacakan	MA	
	Ya	Tidak
Badan Narkotika Nasional	1	2
Badan Narkotika Propinsi	1	2
Badan Narkotika Kabupaten	1	2

Apabila tidak pernah terlibat di semua kegiatan (kode 2) Loncat ke P9.6

P9.4 Jika pernah terlibat, jenis kegiatan apa yang pernah diikuti terkait program pencegahan narkoba?

	MA	
	Ya	Tidak
Penyuluhan/penerangan/CERAMAH	1	2
Panggung hiburan/konser musik	1	2
Dialog interaktif/DISKUSI	1	2
Kegiatan olah raga/gerak jalan	1	2
Pembuatan Spanduk/Pamflet/Brosur	1	2
Pembuatan Buku /Majalah	1	2
Detoksifikasi dan rehabilitasi	1	2
Kegiatan hari anti madat	1	2
Pelatihan/workshop tentang narkoba	1	2
Lainnya , sebutkan _____	1	2

P9.5 Menurut Anda apakah kegiatan BNN/BNP/BNK terkait dengan pencegahan narkoba tersebut dapat meningkatkan kesadaran ANDA untuk tidak menggunakan narkoba?

	SA
Ya	1
Tidak	2
Tidak pernah ikut/melihat kegiatan promosi mengenai bahaya narkoba	3
Tidak menjawab	9

P9.6 Apakah Anda pernah/sedang ikut program dampingan yang dilakukan LSM atau Puskesmas untuk pengurangan dampak buruk (Harm Reduction) penggunaan narkoba?

	SA
Ya	1
Tidak	2
Tidak menjawab	9



Bagian 10. Kualitas Hidup

Berikan tanda cek list (√) pada [] di depan setiap pernyataan di bawah ini. Apabila mengalami kesulitan, pilihlah yang paling menggambarkan kondisi diri Anda.

P10.1 Mobilitas

- a. Apakah sebelum mengonsumsi narkoba Anda mempunyai gangguan dalam berjalan? (bukan karena cacat)
- Ya
 Tidak
- b. Pilihlah salah satu yang paling menggambarkan diri Anda saat ini. (Bacakan)
- Saya dapat berjalan dengan normal (tanpa ada keluhan) _____
- Saya mempunyai masalah dalam berjalan, tapi masih bisa berjalan tanpa menggunakan alat bantu/orang lain
- Saya bisa berjalan dengan menggunakan alat bantu/orang lain
- Saya tidak bisa berjalan (terbaring di tempat tidur)

P10.2 Aktivitas pribadi

- a. Apakah sebelum mengonsumsi narkoba Anda mempunyai gangguan dalam melakukan aktivitas pribadi (mengenakan pakaian sendiri, mandi, BAB, BAK, dll)?
- Ya
 Tidak
- b. Pilihlah salah satu yang paling menggambarkan diri Anda saat ini.
- Saya tidak mempunyai masalah apapun dalam melakukan aktivitas pribadi
- Saya mempunyai masalah dalam melakukan aktivitas pribadi, tapi masih bisa beraktivitas tanpa menggunakan alat bantu/orang lain
- Saya bisa melakukan aktivitas pribadi dengan menggunakan alat bantu/orang lain
- Saya tidak mampu melakukan aktivitas pribadi

P10.3 Aktivitas sehari-hari (bekerja, belajar, mengurus keluarga, dll)

- a. Apakah sebelum mengonsumsi narkoba Anda mempunyai masalah dalam melakukan aktivitas sehari-hari? (sulit konsentrasi kerja, sulit konsentrasi belajar, dsb)
- Ya
 Tidak
- b. Pilihlah salah satu yang paling menggambarkan diri Anda saat ini.
- Saya tidak mempunyai masalah apapun dalam melakukan aktivitas sehari-hari
- Saya mempunyai masalah dalam melakukan aktivitas sehari-hari, tapi masih bisa beraktivitas tanpa menggunakan alat bantu/orang lain
- Saya bisa melakukan aktivitas sehari-hari dengan menggunakan alat bantu/orang lain
- Saya tidak mampu melakukan aktivitas sehari-hari

P10.4 Kegiatan sosial (kegiatan umum, masyarakat atau sosial, berorganisasi, dll)

- a. Apakah sebelum mengonsumsi narkoba Anda aktif berorganisasi dalam kegiatan sosial?
- Ya
 Tidak
- b. Pilihlah salah satu yang paling menggambarkan diri Anda saat ini.
- Saya masih aktif melakukan kegiatan sosial.
- Saya hanya mau datang ke kegiatan sosial, bila ada orang lain yang menemani.
- Saya bisa melakukan kegiatan sosial tanpa ditemani oleh orang lain.
- Saya sama sekali tidak mau melakukan kegiatan sosial.

P10.5 Nyeri/rasa sakit

- a. Apakah sebelum mengonsumsi narkoba Anda mempunyai rasa sakit/nyeri pada tubuh Anda?
- Ya
 Tidak
- b. Pilihlah salah satu yang paling menggambarkan diri Anda saat ini.
- Tidak pernah
- Kadang-kadang
- Sering
- Selalu

P10.6 Gangguan Tidur (tidak bisa tidur pulas atau sulit tidur, misalkan sering terbangun di tengah malam)

- a. Apakah sebelum mengkonsumsi narkoba Anda mengalami gangguan tidur?
- Ya
 - Tidak
- b. Pilihlah salah satu yang paling menggambarkan diri Anda saat ini.
- Saya tidak pernah mengalami gangguan tidur
 - Saya kadang-kadang mengalami gangguan tidur
 - Saya sering mengalami gangguan tidur
 - Saya selalu mengalami gangguan tidur

P10.7 Gelisah

- a. Apakah sebelum mengkonsumsi narkoba Anda mengalami kegelisahan atau depresi?
- Ya
 - Tidak
- b. Pilihlah salah satu yang paling menggambarkan diri Anda saat ini.
- Saya tidak pernah gelisah atau depresi
 - Saya kadang-kadang gelisah atau depresi
 - Saya sering gelisah dan depresi
 - Saya selalu gelisah dan depresi

P10.8 Emosi atau Mood

- a. Apakah sebelum pakai narkoba Anda mudah emosi (mis. marah/sedih) dan berubah mood?
- Ya
 - Tidak
- b. Pilihlah salah satu yang paling menggambarkan diri Anda saat ini.
- Saya tidak pernah emosi atau berubah mood
 - Saya kadang-kadang emosi atau berubah mood
 - Saya sering emosi atau berubah mood
 - Saya selalu emosi dan berubah mood

P10.9 Merasa Aneh dan berbeda

- a. Apakah sebelum mengkonsumsi Anda merasa ingin aneh dan berbeda dengan orang lain?
- Ya
 - Tidak
- b. Pilihlah salah satu yang paling menggambarkan diri Anda saat ini.
- Saya tidak pernah merasa aneh dan berbeda dengan orang lain
 - Saya kadang-kadang merasa aneh dan berbeda dengan orang lain
 - Saya sering merasa aneh dan berbeda dengan orang lain
 - Saya selalu aneh dan berbeda dengan orang lain

P10.10 Menghindari orang lain selain teman pengguna narkoba

- a. Apakah sebelum mengkonsumsi Anda merasa ingin menghindari orang lain?
- Ya
 - Tidak
- b. Pilihlah salah satu yang paling menggambarkan diri Anda saat ini.
- Saya tidak pernah ingin menghindar dari orang lain
 - Saya kadang-kadang ingin menghindari orang lain
 - Saya sering menghindari orang lain
 - Saya selalu menghindari orang lain

P10.11 Dijauhi orang lain selain teman pengguna narkoba

- a. Apakah sebelum mengkonsumsi Anda merasa dijauhi/dikucilkan oleh orang lain?
- Ya
 - Tidak
- b. Pilihlah salah satu yang paling menggambarkan diri Anda saat ini.
- Saya tidak pernah ingin dijauhi/dikucilkan oleh orang lain
 - Saya kadang-kadang dijauhi/dikucilkan oleh orang lain
 - Saya sering dijauhi oleh orang lain
 - Saya selalu dijauhi orang lain

P10.12 Keluarga

a. Apakah sebelum pakai narkoba Anda merasa keluarga Anda sangat menyayangi, hangat dan akrab dengan Anda?

- Ya
- Tidak

b. Pilihlah salah satu yang paling menggambarkan hubungan anda dengan keluarga saat ini.

- Saya tidak pernah merasa disayangi atau akrab dengan keluarga
- Saya kadang-kadang merasa disayangi atau akrab dengan keluarga
- Saya sering merasa disayangi atau akrab dengan keluarga
- Saya selalu merasa disayangi atau akrab dengan keluarga

P10.13 Untuk menyatakan seberapa baik atau buruk kondisi kesehatan, kami membuat gambar skala (seperti termometer), dimana kondisi kesehatan paling baik pada tanda 100 dan kondisi kesehatan terburuk pada skala 0.

Kami menginginkan Anda untuk menandai pada skala ini seberapa baik atau buruk kondisi kesehatan Anda hari ini, menurut pendapat Anda. Lakukan dengan cara menghubungkan sebuah garis dari kotak di bawah ini ke titik pada skala di samping untuk menentukan seberapa baik atau buruk kondisi kesehatan Anda.

Kondisi kesehatan anda saat ini



P10.14 Apakah Anda tahu akibat dari pakai narkoba?

	SA	Loncat ke
Ya, sebutkan	1	
Tidak	2	P10.16
Tidak tahu/ tidak ingat	8	P10.16
Tidak menjawab	9	P10.16

P10.15 Jika Ya sebutkan akibat dari pakai narkoba?

	MA	
	Ya	Tidak
Dapat tertular virus HIV/AIDS	1	2
Dapat tertular virus hepatitis C	1	2
Dapat tertular penyakit menular seksual	1	2
Merusak fisik (kesehatan, kecelakaan)	1	2
Merusak mental, emosi dan spiritual	1	2
Merugikan ekonomi individu/keluarga	1	2
Ketagihan	1	2
OD/kematian	1	2
Penjara/ditangkap polisi	1	2
Lainnya _____	1	2

P10.16 Bila ada seseorang pengguna narkoba yang tingkat pemakaiannya seperti Anda, maka berapa tahun kira-kira berkurang harapan hidupnya? (isilah skala di bawah ini)
Perkiraan berkurangnya harapan hidup _____

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 Dst (dlm tahun).....

P10.17 Bila ada seseorang pengguna narkoba yang tingkat pemakaiannya seperti Anda, dan mendapatkan pengobatan atau rehabilitasi, berapa kira-kira tambahan harapan hidup orang tersebut? (isilah skala di bawah ini)
Perkiraan bertambahnya harapan hidup _____

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 Dst (dlm tahun).....

P10.18 Apakah Anda setuju bahwa dengan pemakaian narkoba akan mengurangi masa hidup?

	SA
Setuju	1
Tidak	2
Tidak tahu/ tidak ingat	8
Tidak menjawab	9



Bagian 11. DSM - 4

A. SUBSTANCE ABUSE (Penyalahguna Teratur belum Pecandu) dalam setahun terakhir

PERNYATAAN	Ya	Tidak	Tidak relevan
P11.1 Kegagalan dalam melaksanakan pekerjaan, tugas sekolah, tugas di rumah			
• Bila Anda masih sekolah, Apakah pencapaian nilai sekolah/ulangan/ujian selama setahun ini mengalami penurunan?	1	2	3
• Bila Anda masih bekerja, Apakah kinerja Anda dinilai oleh bos/pimpinan tempat kerja mengalami penurunan?	1	2	3
• Apakah Anda pernah dikeluarkan dari sekolah atau tempat kerja dalam setahun terakhir?	1	2	3
• Apakah Anda merasa bahwa keluarga memperhatikan/ mendukung kegiatan kegiatan yang Anda lakukan?	1	2	3
P11.2 Pernah dihukum (ditahan, dipenjara, dihukum di sekolah/tempat kerja/di rumah) berkaitan dengan pemakaian narkoba			
• Apakah pernah dihukum atau di skors di sekolah/tempat kerja akibat pakai narkoba?	1	2	3
P11.3 Tetap pakai narkoba walaupun ada masalah social atau interpersonal akibat pakai narkoba			
• Apakah Anda pernah mengalami ketidakharmonisan hubungan/konflik dengan sesama anggota keluarga di rumah?	1	2	3
• Apakah Anda pernah konflik dengan sesama teman sekolah atau teman sekerja?	1	2	3
• Bila pernah konflik, apakah setelah konflik Anda masih tetap memakai narkoba?	1	2	3
P11.4 Risiko pengaruh pakai narkoba			
• Apakah Anda pernah menyetir kendaraan dalam kondisi masih pengaruh narkoba	1	2	3
• Apakah Anda pernah melakukan pengrusakan fasilitas umum (telpon, halte, taman, dsb) dalam kondisi masih pengaruh narkoba	1	2	3

B SUBSTANCE DEPENDENCE / ADDICT (Pecandu) dalam setahun terakhir

PERNYATAAN	Ya	Tidak	Tidak relevan
P11.5 Dosis Narkoba (Tolerance)			
• Apakah Anda mengkonsumsi narkoba dengan dosis yang sama atau tetap, selama setahun terakhir,?	1	2	3
• Apakah dengan dosis narkoba yang sama akan berefek sesuai harapan Anda?	1	2	3
• Apakah Anda membutuhkan dosis yang lebih besar untuk mencapai efek yang diinginkan?	1	2	3
P11.6 Putus Obat (Withdrawal)			
• Apakah Anda pernah mengalami sakau? (sakau adalah mengalami gejala gelisah, cemas, dan rasa sakit luar biasa)	1	2	3
• Apakah gejala sakau tersebut dapat hilang bila Anda pakai narkoba?	1	2	3
P11.7 Keinginan untuk pakai narkoba yg terus menerus, atau kegagalan untuk menurunkan atau mengendalikan dosis pemakaian narkoba			
• Ketika bangun tidur dipagi hari, Apakah Anda ingin segera pakai narkoba?	1	2	3
• Apakah Anda pernah berusaha mengurangi dosis narkoba yang Anda pakai?	1	2	3
• Jika Anda tidak pakai narkoba dalam 2 hari, apakah memberikan efek sakau?	1	2	3
P11.8 Pemakaian narkoba dilakukan dengan dosis yang lebih besar atau dalam waktu yg lebih lama dari yg diinginkan awalnya			
• Apakah Anda ingin meningkatkan dosis narkoba yang dipakai saat ini?	1	2	3
• Apakah Anda ingin tetap memakai dosis narkoba dengan dosis yang sama untuk satu tahun ke depan?	1	2	3
• Apakah Anda pernah mengalami perubahan dosis pakai narkoba dalam satu tahun terakhir?	1	2	3

FORM-3

PERNYATAAN	Ya	Tidak	Tidak relevan
P11.9 Berbagai usaha dilakukan untuk mendapatkan narkoba			
• Apakah Anda pernah berusaha tidak mendapatkan narkoba?	1	2	3
• Apakah Anda pernah berkeinginan mengorbankan apapun untuk mendapatkan narkoba, termasuk menjual diri atau memberikan layanan seks untuk dapat narkoba?	1	2	3
• Apakah Anda merasa sebagian waktu sehari-hari dipergunakan untuk mendapatkan dan mengkonsumsi narkoba dalam setahun terakhir	1	2	3
P11.10 Berbagai usaha dilakukan untuk pulih dari pakai narkoba			
• Apakah Anda pernah berusaha untuk berhenti pakai narkoba?	1	2	3
• Apakah Anda pernah berhenti pakai narkoba?	1	2	3
• Jika pernah berhenti narkoba, apakah pernah relaps/kambuh lagi pakai narkoba?	1	2	3
P11.11 Berkurangnya kegiatan sosial, pekerjaan, kegiatan rekreasi, karena pemakaian narkoba			
• Dalam tiga bulan terakhir, Apakah Anda pernah melakukan kegiatan rekreasi (tidak berkaitan dengan narkoba), seperti bertamasya, berolahraga, kesenian, berkumpul bersama anggota keluarga lain?	1	2	3
• Apakah kegiatan rekreasi tersebut sesering tiga bulan sebelumnya?	1	2	3
• Apakah Anda masih bekerja di tempat pekerjaan yang sama seperti setahun yang lalu	1	2	3
• Apakah hubungan dengan teman sekerja memburuk dalam setahun ini	1	2	3
• Apakah hubungan dengan anggota keluarga memburuk dalam setahun ini	1	2	3
P11.12 Terus memakai narkoba walaupun sudah tahu bahwa ada gejala fisik atau psikologis akibat kambuhnya pakai narkoba			
• Apakah Anda tahu efek narkoba itu berbahaya terhadap diri Anda	1	2	3
• Apakah ada efek buruk yang dirasakan oleh tubuh Anda akibat pakai narkoba?	1	2	3
• Apakah ada efek buruk terhadap pikiran/perasaan Anda akibat pakai narkoba?	1	2	3
• Apakah Anda akan tetap pakai narkoba walaupun terdapat efek/dampak buruk terhadap fisik/tubuh atau psikologis/pikiran Anda?	1	2	3
• Apakah Anda pernah merasa sakit atau tidak enak badan ketika menggunakan narkoba	1	2	3

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