

Table of contents

01

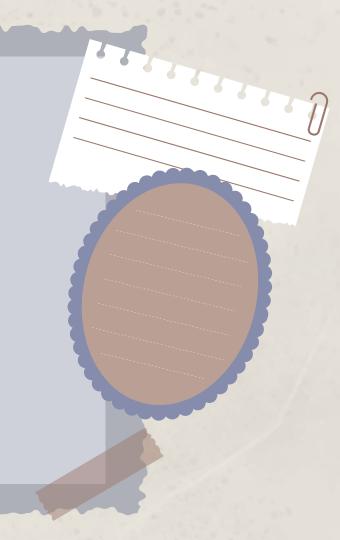
Introduction

03 Community Based Intervention 02

Effects of substance use disorder-related stigma

04

Conclusion



1. Introduction

UNODC World Drug Report 2021

275 million of world population (15-64 y.o)/
1: 18 people

+/-36.3 million/ 13%

1:8 people with disorder receive treatment each year

Use drugs at least once in a year

Drug use disorder (dependency/ require treatment)

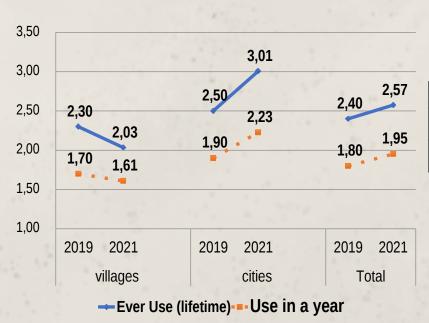
Limited accessibility and availability of treatment and rehabilitation services at global level

DRUG USE PREVALENCE IN INDONESIA





2019-2021



Total Population Age 15-64 Tahun in Indonesia 187.513.456

Prevalence increased from 1.80% in 2019 to 1.95% in 2021

However, the prevalence at villages have shown reduction.

	2019	2021			
Ever Use	4.534.744	4.827.616			
Use in a Year	3.419.188	3.662.646			

Common drugs used : cannabis, amphetamine type stimulants and dextrometorphane

Common first-time drug used : cannabis, methamphetamine and dextro

Average age for first time drug use:

In villages – 19 y.o.

In cities- 20 y.o.

Background

- As an archipelago country, providing drug treatment all over Indonesia is one of our big issues. Not only because health service provider is limited and over burden in providing basic health issues, particularly during this pandemic situation.
- Another reason is interest of health professional in health sector in treating people who use drugs is limited, due to time constraint, and feel treating PWUD is quite challenging
- Therefore, as a leading institution in treating and preventing drug's issues in Indonesia, we initiated idea of
 providing low threshold drug treatment, meaning that we empower local community, involving available local
 people -not always professionals. To provide primary drug treatment we call it as community-based
 intervention program.
- We didn't said it as a community-based rehabilitation program, because the program is still in the initial phase, although we trained those local people, we do not know yet their ability in treating PWUD. However, we also put a systematic scientific review to evaluate this program.

2. Effects of substance use disorder-related stigma

Substance use disorders and stigma

- Several studies have found that substance use disorders are more highly stigmatized than other health conditions
- Yet, many health workers tend to be reluctant in treating people who use drugs (PWUD): they perceive "them" as a manipulative person as well as uneasy to deal with.
- The relationship between stigma and substance use disorders can manifest differently from that of other stigmatized health conditions, thereby complicating efforts to build social acceptance of people with substance use disorders.
- Substance use behaviors are linked symbolically to a range of other stigmatized health conditions [eg human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), hepatitis C virus, mental illness], unsafe behaviors (eg impaired driving) and social problems (eg poverty, criminality).
- Therefore, people with substance use disorders may experience stigma as a consequence of the culturally endorsed stereotypes that surround the health condition.

Where Does Stigma Come From?



Stigma is learned



Depictions of substance use disorders seem to contain two main fallacies that can taint reputability and reinforce negative stigma:

- -1.--Inaccurate representations of the illness
- 2. Frequent depiction of mainly negative symptomology
- 3. Mischaracterization as moral flaws or social evils

How Does Stigma Affect People with SUD?

Feeling stigmatized can reduce the willingness of individuals with substance use disorders (SUD) to seek treatment.

Stigma contributes to a host of adverse outcomes for people with substance use disorders, including poor mental and physical health.

A significant barrier for accessing health care and substance use treatment services.

Stigmatizing views of people with SUD are common; this stereotyping can lead others to feel pity, fear, anger, and a desire for social distance from people with an SUD.

Delayed recovery and reintegration processes and increased involvement in risky behavior (e.g. needle sharing).

Stigmatizing language can negatively influence health care provider perceptions of people with SUD, which can impact the care they provide.

Negative effects on stigmatized people's health and quality of life, by lowering their self-esteem and self-efficacy, limiting their social interaction, and increasing social isolation and unemployment.

Stigmatization is a major obstacle in searching general and specialized healthcare services, what compromises individuals' adherence to treatment and causes intense psychosocial damage.

How Do We Minimize Stigma?



Therapeutic interventions, such as group-based ACT, as well as vocational training & counseling, are likely to produce positive effects.

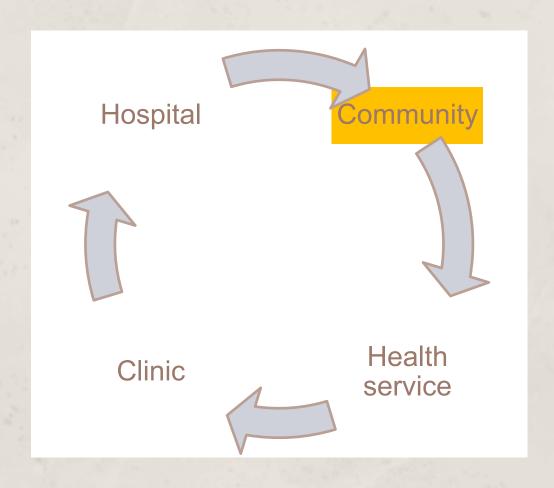


Communication strategies that promote positive stories and through motivational interviewing approaches with particular target groups (eg landlords or employers).

Educate Community in understading drugprevention; Train community to be a recovery agent in outreaching and assisting PWUD to receive primary intervention, screening and maintaining their new positive behavior

No Wrong Door

PWUD can enter service system anywhere



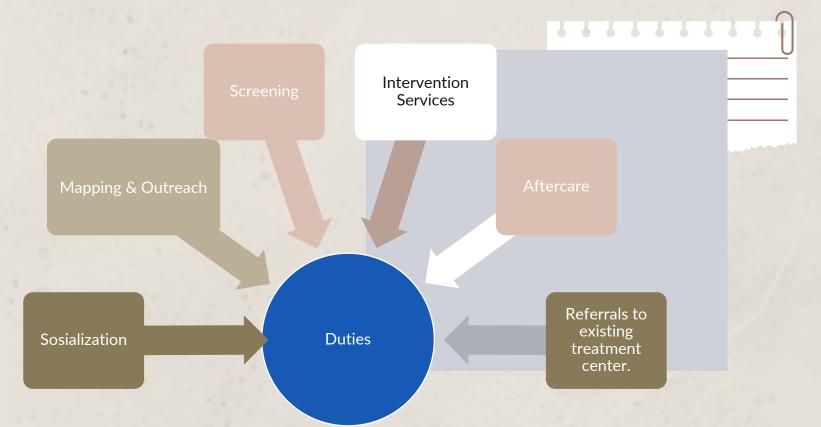
3. Community-Based Intervention

(or called as IBM in our language's abbreviation)

We developed a 'new' program of Communitybased intervention (IBM) in 2019

- IBM is located in 'red/ (drug-prone) district/village /rural area
- This 'new' community-based intervention is not a rehab program provided by NGO / community,
- yet, it is a primary intervention provided by local and 'trained people (called as a recovery agent) to identify and toprevent people who use drugs in early stage (experimental user / situational user) for not going into dependent stage) by providing:
 - Outreach activity
 - Screening, brief intervention to know their own risk
 - home visit for family intervention
 - Vocational / productive avtivities /counseling.

Services provided by IBM program



The Role of Community Based Intervention



Reduce

- ✓ Stigma
- ✓ Discrimination



Increase

- Availability
- Accessibility
- > Affordability
- > Information

Basic Addiction Knowledge

Understanding drug addiction criteria and harmful effect of drug use

Life Skill

Ability to manage individual problem solving skills

Relapse Prevention

Recovery Agents are thought how to prevent relapse among drug users

Manage Peer Group Meetings

Train Recovery Agents to conduct Peer Group Meetings

Manage Family Meetings

Recovery Agents able to educate to the families on resiliency including stress management

03

04

Effective Communication

Recovery Agents assist in the implementation of effective communication

Screening and Wheel of Life

Asist Recovery Agents in screening and completing Wheels of Life kehidupan

Healthy Life Behavior

Understanding of healthy life behavior and the impact of drugs on health

Training Modules for Recovery

01

Agents of IBM

06

05

Target&Availability of IBM in 2021to2022

Tahun	Target Availability		IBM as part of 'Drug Free District/ Village'	Number of I Recovery	O I					Number of client	
	IBM to be developed	Developed		Agent (RA)	Concep tual	Emb ryo phas e	Growt h phase	Devel oping phase	Stabl e phase	Indep enden t phase	
2021	233	306 (131%)	162 (53%)	2049	27	51	26	114	75	13	2396
2022 (by August 2022)	263	307 (117%)	291 (95%)	2105	173	79	42	13	0	0	389

Conclusion

- Reducing and ending stigma and discrimination for PWUD and the medications that treat such disorders starts with each of us
- A range of interventions that may be able to influence stigma-related outcomes positively in the context of substance use disorders.
- The Community-based Intervention programme is an initial attempt to mobilize community in early intervention, preventing progressivity of addiction and reduce stigma.
- Human rights apply to everyone. People who use drugs also do not lose their human rights, including the right to the highest attainable standard of health, social services, to be able to work, to benefit from scientific progress, freedom from arbitrary detention and freedom from cruel and inhuman treatment. and degrading human dignity.





Reference

- Livingston, J. D. e/ il. (2012) "The effectiveness of interventions for reducing stigma related to substance use disorders: A systematic review,".4JJic/ion. doi: 10.111 l/j. l3f>0-0443.2011.03601. x.
- UNODC. 2015. Trainers' Manual: Community-Based Services for People Who Use Drugs in Southeast Asia, Module 2: Community-based drug therapy and treatment. Bangkok: United Nations Office on Drugs and Crime Regional Office for Southeast Asia and the Pacific.
- DAP.2018. Delivery recovery support service: the peer (peer experience empower recovery) model.
- Apriliani, R.(2022). The problem with stigma: identification and interventions to reduce substance use stigma. DI Yogyakarta.

