

INTISARI

Penelitian ini berusaha untuk mengembangkan sebuah intervensi yang singkat dan berkelanjutan untuk pasien NAPZA rawat jalan. Tujuan dari penelitian ini adalah mengembangkan suatu model intervensi yang dilakukan oleh farmasis dan mengujikannya pada pasien NAPZA rawat jalan untuk dilihat dampak perubahan pada *outcome* nya.

Penelitian terdiri dari tiga tahap. Tahap satu adalah pengumpulan sumber informasi baik secara umum maupun spesifik (*systematic review* dan *focus group discussion*). Tahap dua adalah penyusunan model intervensi *pharmacy health coach* (PHC) dan penyusunan format pelatihan PHC. Sedangkan pada tahap tiga meliputi implementasi model dan pengukuran *outcome*. *Outcome* yang diamati adalah tingkat keparahan adiksi NAPZA, kepatuhan pengobatan, dan tingkat kualitas hidup. Metode penelitian pada tahap satu dan dua adalah *observasional study*, sedangkan pada tahap tiga menggunakan *quasi experimental study* dengan rancangan *one group pretest-posttest design*. Subjek penelitian adalah mahasiswa farmasi tingkat III sejumlah tujuh orang dan pasien NAPZA rawat jalan sejumlah delapan pasien. Pemilihan pasien dilakukan dengan *consecutive sampling* sedangkan mahasiswa sebagai peserta pelatihan PHC dipilih dengan metode *convenience sampling*. Penelitian ini dilakukan di STIKES ISFI Banjarmasin dan RSJ. Sambang Lihum Provinsi Kalimantan Selatan. Instrumen yang digunakan adalah panduan FGD, lembar pengumpul data, modul PHC, leaflet NAPZA, leaflet penggunaan obat yang benar, buku panduan pelaksanaan, dan lembar kuesioner untuk menilai tiga indikator *outcome*. Kuesioner yang digunakan adalah WHO *Adiction Severity Index Lite* (WHO ASI-Lite), *Adherence to Refills and Medications Scale* (ARMS), dan WHO *Quality of Life –BREF* (WHOQOL-BREF). Analisis data pada tahap satu dan dua dilakukan secara deskriptif, sedangkan pada tahap tiga menggunakan uji *paired t-test* untuk data kontinu terdistribusi normal dan uji *sign rank Wilcoxon* untuk data yang tidak terdistribusi normal.

Hasil penelitian pada tahap satu menghasilkan komponen-komponen penting pada PHC yang meliputi kunci penting, cakupan, cara penyampaian & perlengkapan, dan kompetensi (sikap, pengetahuan, dan keterampilan). Pada tahap dua dihasilkan modul PHC, panduan pelaksanaan, leaflet, materi pelatihan, *slide* materi pelatihan, dan format pelatihan PHC. Sedangkan pada tahap tiga, *outcome* keparahan adiksi mengalami perbaikan bermakna ($59,75 \pm 5,95$; $19,75 \pm 2,48$; $p=0,001$). Persentase jumlah pasien patuh terhadap pengobatan juga mengalami kenaikan sebelum dan sesudah intervensi PHC (25%, 75%, berurutan). Intervensi PHC juga mampu meningkatkan skor total kualitas hidup pasien adiksi NAPZA rawat jalan ($253,37 \pm 18,70$; $267,00 \pm 17,94$), meskipun peningkatan ini tidak bermakna secara statistik ($p=0,08$). Hanya skor faktor psikologis yang meningkat bermakna secara statistik ($p=0,024$). Jumlah partisipan yang lebih besar, randomisasi, dan kelompok kontrol diperlukan untuk penelitian selanjutnya. Kesimpulan, intervensi PHC dengan model 3 Co-TEAM (*communication, collaborative, consultation, training, education, attitude, motivation*) mampu menurunkan tingkat keparahan adiksi NAPZA dan meningkatkan kualitas hidup pasien pada faktor psikologis.

Kata kunci: keparahan adiksi NAPZA, kepatuhan pengobatan, kualitas hidup, WHO ASI Lite, WHOQOL – BREF, *pharmacy health coach*.

ABSTRACT

This study seeks to develop a brief and sustainable intervention for outpatient drug addiction. The purpose of this study was to develop an intervention model performed by pharmacists and test it on outpatient drug addiction patients to see the impact of changes on the outcome.

The research consists of three stages. Stage one is gathering information sources both in general and specifically (systematic review and focus group discussion). The second stage is the preparation of the pharmacy health coach (PHC) intervention model and the preparation of the PHC training format. While the third stage includes model implementation and outcome measurement. The observed outcomes were the severity of drug addiction, medication adherence, and quality of life. The research method in stages one and two was an observational study, while in stage three a quasi-experimental study was used with a one group pretest-posttest design. The research subjects were seven third-grade pharmacy students and eight outpatient drug addiction patients. The selection of patients was carried out by consecutive sampling while students as PHC training participants were selected by the convenience sampling method. This research was conducted at STIKES ISFI Banjarmasin and RSJ. Sambang Lihum Province of South Kalimantan. The instruments used were FGD guidelines, data collection sheets, PHC modules, drug leaflets, leaflets on correct drug use, implementation guidebooks, and questionnaires to assess the three outcome indicators. The questionnaires used were WHO Addiction Severity Index Lite (WHO ASI-Lite), Adherence to Refills and Medications Scale (ARMS), and WHO Quality of Life –BREF (WHOQOL-BREF). Data analysis in stages one and two was carried out descriptively, while in stage three the paired t-test was used for normally distributed continuous data and the Wilcoxon sign rank test for non-normally distributed data.

The results of the research in phase one resulted in important components of PHC which included key elements, scope, method of delivery & equipment, and competencies (attitudes, knowledge and skills). In phase two, PHC modules, implementation guidelines, leaflets, training materials, training material slides, and PHC training formats were produced. Whereas in stage three, the outcome of addiction severity experienced a significant improvement (59.75 ± 5.95 ; 19.75 ± 2.48 ; $p=0.001$). The percentage of patients adhering to treatment also increased before and after the PHC intervention (25%, 75%, respectively). The PHC intervention was also able to increase the total score of outpatient drug addiction quality of life (253.37 ± 18.70 ; 267.00 ± 17.94), although this increase was not statistically significant ($p = 0.08$). Only the psychological factor score increased statistically ($p=0.024$). Larger number of participants, randomization, and control groups are needed for further research. In conclusion, the PHC intervention with the 3 Co-TEAM model (communication, collaborative, consultation, training, education, attitude, motivation) is able to reduce the severity of drug addiction and improve the patient's quality of life in terms of psychological factors.

Keywords: drug addiction severity, medication adherence, quality of life, WHO ASI Lite, WHOQOL – BREF, pharmacy health coach.