Original Research

COPING MECHANISMS AND DEPRESSION IN ADOLESCENTS WITH DRUG ABUSE

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ABSTRACT

Introduction: The high level of depression or life problems among adolescents impacted different coping for each individual intending to overcome the problems that occur. This study aimed to determine the relationship between levels of depression and coping mechanisms of adolescent drug users.

Method: This study was a correlational analytic research with cross-sectional approach. The sampling technique was simple random sampling. This study's sample was 32 adolescent drug users undergoing rehabilitation at the drug rehabilitation facility Rumah Obit Surabaya. Depression variables was measured used the Beck Depression Inventory questionnaire, and variable coping mechanisms used the Ways of Coping Checklist questionnaire. The data was analyzed using the rho spearmen test.

Results: The analysis result showed that coping mechanism had a significant relationship with depression in adolescent drug users with p-value = 0.001 (p <0.05). The adolescent drug users mostly experienced mild depression as many as 25 respondents (78.1) and maladaptive coping mechanism as many as 21 (65.6%).

Conclusion: Optimizing socialization to increase knowledge about the impact of drug use on adolescents is needed to prevent depression in adolescent therefore they can use adaptive coping mechanisms in problem solving.

Keywords

depression; coping mechanisms; drugs users; adolescent

1. INTRODUCTION

Depression is a loss of control and experience of someone who is experiencing severe suffering and emotionally (Kaplan et al., 2010). Symptoms of depression include loss of energy and interest, feeling guilty, difficulty concentrating, loss of appetite, thoughts of death or suicide, changes in activity levels, decreased cognitive abilities and changed speech (Kaplan et al., 2010). The high level of depression or life problems among adolescents has an impact that will cause different coping for each individual to overcome the problems that occur. If adolescents are already using maladaptive coping mechanisms to escape the problems they are facing, the rehabilitation efforts currently being undertaken will not run optimally.

In the United States, the use of cannabis types in adolescents from 2002 to 2013 in 12 and 10-grade school adolescents is much higher at 12 years of age (UNODC, 2015). The National Narcotics Agency (BNN) noted that drug users in Indonesia in 2017 reached 3.3 million people or 1.77 % of the total population of productive age and teenage age. From the data obtained by the East Java Health Service (Dinkes) and the East Java National Narcotics Agency (BNN), it show that the number of drug users reaches 2.2% of the entire population of East Java, around 40 million people, reaching 900,000 drug users

(Jatimprovgo, 2017). The City National Narcotics Agency (BNNK) in Surabaya found an increase in drug abuse in the last two years. In 2016, a study found that 84 students in the Surabaya were drug users and underwent the rehabilitation process. Of that number, it shows an increase in 2017, namely 101 students with addiction to drugs and double L pills. Most of them are students from 4 elementary schools, 63 junior high schools, 34 high schools (Jatimtimes, Surabaya 2018). In November 2018, at the drug rehabilitation facility Rumah Orbit Surabaya, ten teenagers were hospitalized with drug use cases, and more than 40 teenagers were undergoing outpatient care.

The increasing number of drug user among adolescents were caused by trigger factors such as depression, failure to achieve expectations, physical and psychological conditions while supporting factors include: separation of parents, the influence of the surrounding environment and school, social style, bullying, and peer influence. Adolescents are vulnerable to being affected by new things, including curiosity about many things that they find interesting to try, such as (alcohol, shabu, drugs, drugs/illegal pills). They think that consuming all of these things will make them feel a sensation like flying or floating and eliminating a few thoughts in the brain accumulated.

Based on the data above, the researcher was interested in knowing the relationship between the depression level and and adolescent drug users' coping mechanism in the Surabaya Orbit house. In undergoing rehabilitation, it is expected that adolescent can reduce the depression level and provide an overview of adaptive coping mechanisms that they can use when facing other problems after leaving the rehabilitation place.

2. METHODS

This study used a correlational analytic research design using the cross-sectional method. This study's population was all adolescent drug users undergoing rehabilitation at the Surabaya Orbit House as many as 32 adolescents, both inpatient and outpatient. Ten teenagers are undergoing hospitalization, and 22 teenagers drug users are undergoing outpatient care at the Surabaya Orbit House.

The inclusion criteria in this study were adolescent drug users who are undergoing drug rehabilitation at the Surabaya Orbit House, adolescent drug users at Rumah Orbit Surabaya who can interact well, adolescent drug users undergoing inpatient and outpatient rehabilitation at the Surabaya Orbit House.

The exclusion criteria in this study were teens are not cooperative and died.

In this study, samples were taken from all adolescent drug users in the Surabaya Orbit House which met the research criteria. Sampling in this study used probability sampling with a simple random sampling technique. The researcher previously explained the prospective respondents regarding the mechanisms and objectives of this study and provided informed consent. The data collection process was under the principles of research ethics, namely, confidentiality, fairness, and informed consent. Informed consent forms were given to respondents and with the consent of the respondents' parents. The instrument used in this study was the Beck Depression Inventory questionnaire consisting of 20 questions with the value of each item 1 - 4. Interpretation of depression was minimal (score 0-13), low (14-19), moderate (20-28), and severe (> 29) (Jackson-Koku, 2016). The value of the instrument on the coping mechanism variable uses the ways of coping checklist instrument.

The data was analyzed using the Spearmen rho test. The statistical test result was considered to have a significant relationship when less than $\alpha = 0.05$ means that if P is less than 0.05 HO is rejected and H1 is accepted, there was a relationship between the level of depression and the coping mechanism of adolescent drug users.

3. RESULTS

The research data results in table 1 shows that there are more male respondents than female respondents as many as 19 respondents (59%). Based on the age characteristics, more vulnerable people are aged 16-18 years compared to those aged 10-15, which are 25 respondents (75%). Based on the educational characteristics, most of the respondents did not go to school, namely 18 respondents (56.25%). Based on the characteristics of drugs' effects, most of the effects of drug use came from friends or friends as many as 20 respondents (62.5%).

Four respondents had maladaptive coping mechanisms (12.5%). Respondents who experienced mild depression with adaptive coping mechanisms were 8 respondents (25%), and respondents who experienced moderate depression with adaptive coping mechanisms were 3 respondents (9.4%). R value in this study was 0.572 greater than r table 0.350.

The results of the analysis of the relationship between the coping mechanism of adolescent drug users who experience depression showed a p-value = 0.001 then (p <0.05) so that H0 was rejected and H1 was accepted, which means there was a relationship between the level of depression and the coping mechanism of adolescent drug users.

Table 1 Characteristics of Respondents

Characteristics	Frequency	Percentage (%)
Gender		
Male	19	59
Female	13	41
Total	32	100
Age		
10 – 15 year	8	25
16 – 18 year	24	75
Total	32	100
Education		
Elementary School	0	0
Junior High School	2	6.25
Secondary School	12	37.5
No School	18	56.25
Total	32	100
Effect of Drug Use		
Friends or Companions	20	62.5
Environment	12	37.5
Total	32	100

Table 2 Depression Relation with Coping Mechanisms

Depression Level	Coping Mechanism				Total		p-value	R
	Adaptive		Maladaptive					
	f	%	f	%	f	%		
Minimal Depression	0	0	0	0	0	0		
Mild Depression	8	25	17	48.6	25	78.1		
Moderate depression	3	9.4	4	12.5	7	21.9	0.001	0.572
Major Depression	0	0	0	0	0	0		
Total	11	34.4	21	65.6	32	100		

4. DISCUSSION

Adolescence is an age with a high sense of curiosity and feels that he can take risks by trying new things so that adolescents are very vulnerable to drug use (Nur'artavia, 2017). Based on the study results, most of the respondents were male. In line with the prior study (Nur'artavia, 2017), male tend to be considered as manly and courageous and tend to like groups, so they are more easily influenced by peer behavior to be accepted into the group (Shekarchizadeh et al., 2012). The education level greatly influence a person in the process of solving a problem. Education plays an important role in character building, mindset, and self-development (Santrock, 2011). Individuals who have higher education will also have higher cognitive development, such as experiencing and developing new ways of thinking about age or self-issues, to improve individual coping skills. (Hidayat, 2011). Based on prior study (Suprapto, 2009), stated that young people were more prone to experiencing increased stress and depression than adults. Adolescence is the transitional age from childhood to adulthood. The ages of 16-18 years are the age where someone has not found their identity and feels they can be independent, but on the other hand, they cannot take responsibility for the risks that arise from their actions (Cahyani, 2015). Peers are one of the factors that contribute to adolescent drug use deviations (Nur'artavia, 2017). In adolescence, children tend to prefer to hang out with friends. Factors that encourage promiscuity are predisposing factors consisting of personality, religious life, mental disorders. Contribution factors are family, school, peers and trigger factors, namely environment (Hawari, 2009).

Depression levels are related to coping mechanisms in adolescents with drugs. Adolescents with mild depression tend to have maladaptive coping mechanisms. Adolescents who experienced moderate depression also experience a maladaptive coping mechanism, although there are adolescents with moderate depression who have adaptive coping mechanisms, the numbers are fewer.

There was a relationship between the depression level and the coping mechanisms of adolescent drug users. Beck's research showed that depressed people have such feelings because their thoughts was distorted in the form of negative interpretations (Davidson, 2010). The most influential cognitive theorist, psychiatrist Aaron Beck, linked the development of depression to the adoption of a biased or negatively distorted way of thinking early in life (Nevid et al., 2020). Depressed individuals tend to blame themselves. This is due to a cognitive distortion of themselves, the world, their future, so that in evaluating themselves and interpreting the things

that happen in self-evaluation, they tend to make adverse decisions (Donohue & Luby, 2016).

The coping mechanism is a person's usual anticipation in dealing with psychological problems such as stress and depression. The coping mechanism is one of the primary things that can indicate the level of a person experiencing stress or depression (Krisdianto & Mulyanti, 2016). If a person uses an adaptive coping mechanism, the less likely it is that a person experiences stress or depression, and the worse one's coping mechanism is or maladaptive, the greater the risk of stress and depression in a person (Azizah et al., 2016). Each adolescent in coping is not alone and uses only one strategy, but it can vary. Their coping depends on the abilities and conditions of the individual (Stuart, 2013). According to Lazarus and Folkman (1986), there are two coping mechanisms that a person can do, namely focusing on problems that cause stress (Problem-focused coping) and focusing on emotions where this coping mechanism is oriented towards changing emotions based on experiences caused by problems that cause depression (Emotion-focused coping (Nursalam, 2017)). Individuals who experience moderate depression and are able to use adaptive coping mechanisms mostly have high religious beliefs. This is in line with Lora Santini's (2020) research, on military prisoners who experience greater problems, on average, military prisoners use adaptive coping mechanisms using religious aspects.

5. CONCLUSSION

It is crucial to optimize the socialization and education to increase knowledge about the impact of drug use on adolescents to decrease depression levels. It is expected that adolescents can use adaptive coping mechanisms in decision making on a problem. Nursing implications in this study are expected to be a reference in nursing implementation to add health education regarding the importance of adaptive coping mechanisms when counselling adolescents in rehabilitation centers.

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