



Qualitative Research

The dilemma of adolescents experiencing self-stigma to quit drugs

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Abstract

Objectives: The study aims to explore the dilemma of adolescents who experience self-stigma to quit drugs while undergoing drug rehabilitation.

Methods: This study was used a descriptive phenomenological approach; semi-structured in-depth interviews were conducted with 15 adolescent drug abusers in three types of study sites selected using a purposive sampling design. Participants consisted of adolescent drug abusers (10–19 years old), currently undergoing drug rehabilitation, experiencing high self-stigma, not having verbal communication barriers, and not having physical ailments. Data analysis was guided by Collaizzi's approach to gain an in-depth understanding and analysis of participants' experiences.

Results: Two things that make drug-using adolescents experience a dilemma to quit drugs while undergoing rehabilitation are the emergence of motivation and feeling obstacles to quitting drugs. Motivation comes from within and outside oneself, whereas obstacles are felt in the form of fear of other people's reactions and inability to control oneself.

Conclusion: There are several considerations including the realm of self, family, and environment that make adolescents with self-stigma feel in a dilemma to quit drugs. The rehabilitation institutions must involve various parties comprehensively and sustainably, as long as adolescents start rehabilitation until they return to the community. Future studies regarding the correlation between the demographic characteristics of self-stigma and the dilemma of adolescents undergoing rehabilitation also the impact of self-stigma on self-control, motivation, and stopping drug use can be carried out involving female subjects to describe the intervention to increase adolescent's self-confidence to quit drugs.

Keywords: Adolescent; drug; fear; motivation; self-stigma.

The trend of drug abuse globally is still relatively high. Drug abuse killed nearly half of the people in 2019. Moreover, the COVID-19 pandemic has created crisis conditions that are potential for the surge and accumulation of illegal drugs.^[1] In ASEAN, drug tracking coverage reached 65.6/100,000 population in 2019.^[2] The high global and regional prevalence is inseparable from the high prevalence of drug lockups in Indonesia, which is the largest target market in South-east Asia.^[3] The prevalence of drug trafficking in Indonesia reached 3.41 million people (1.80%) in 2019,^[2] and one of the vulnerable populations to abuse drugs is adolescents. Indonesia is a developing country with 25% of the population being ado-

lescents.^[4] In 2019, the prevalence of traced drugs among adolescents in Indonesia reached 24–28%, consisting of men (2.70% ratio) and women (1.10% ratio).^[5] This high prevalence requires more attention to prevent adult addiction and other serious effects.

Being accustomed to drug substances can affect physical and psychological that cause damage to adolescent health.^[6] The unique development of brain structure and function affects the drug's response potential to increase adolescent vulnerability to repeated adverse consequences of drug exposure. Exposure to anatomic functions, especially the prefrontal cortex (PFC) can lead to addiction and increased susceptibility to

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drug effects.^[7] Apart from that, the use of drugs also affects a person's cognitive impairment function.^[8] This condition is a complex but treatable disease with management that involves various methods, namely pharmacotherapy, behavioral therapy, and social therapy.^[9]

Rehabilitation is one of the efforts to overcome drugs by improving the health status of drug abusers, relaxing the status of dependence, and reducing the relapse rate of drug addicts. Various medical efforts, non-medical support, and follow-up are provided to help restore the addict's health status during rehabilitation. This program is considered ineffective if the death and drug crime rates increase, the number of seekers of health assistance decreases, and the relapse rate increases.^[10] Many institutions provide treatment for adolescents but 70% of those who have received rehabilitation experience relapse.^[11] The ineffectiveness of a rehabilitation program is certainly influenced by several factors, including biological; psychological; the rehabilitation program; social environment; and spiritual condition.^[12]

Amid the high rate of adolescent drug abuse, adolescents are less involved in recovery due to the availability of treatment, convenience, and stigma.^[13] Stigma implies social disapproval and can lead to discrimination, exclusion, and leading to self-stigma. Almost all drug abusers experience stigma^[14] and 26.5% of people who experience stigma will stigmatize themselves.^[15] Self-stigma is a barrier to maintaining coping, quality of life,^[16] and ability to access health services.^[11,17] Especially in the phase of self-concept formation, adolescents with self-stigma often experience psychological pressure and decreased social function^[18] which has an impact on physical, mental, and drug addiction continuously.^[19,20] Challenges to managing symptoms of drug reactions and dealing with stigma are often experienced by drug abusers.^[21,22]

Drug abusers usually understand the importance of treatment, but the negative views about the treatment on their self-concept affect their motivation and confidence in undergoing treatment. This ambivalence relates to the fear of symptoms and concerns about the ability to live independently, side effects, and the unknown duration of medication.^[13] Studies on adolescents show that emotional problems are related to their desire to return to using drugs.^[23] This is in accordance with the self-determinant theory which explains that there is a relationship between intrinsic motivation and a person's psychology in making decisions to abuse drugs or complete rehabilitation. Humans have an innate tendency to pursue growth, well-being, and health which is influenced by motivation. Motivation is classified into intrinsic (refers to a person's involvement in terms of their interests) and extrinsic (refers to a person's involvement because of external outcomes such as rewards and social recognition).^[24] Motivation has components consisting of environmental controls, outcome descriptions, and the effort to be exerted are very important to promoting goal-directed behavior.^[25]

Based on the aspect of development, transitions from child-

What is presently known on this subject?

- Amid high rates of drug abuse, several factors influence the success of adolescent rehabilitation. Adolescents often experience self-stigma which creates ambivalence to make decisions. This study explores the dilemma of adolescents who experience self-stigma to stop using drugs while undergoing drug rehabilitation.

What does this article add to the existing knowledge?

- This study shows that several things, including oneself, family, and the environment, become motivations and obstacles to the beliefs of adolescents undergoing rehabilitation to live without drugs.

What are the implications for practice?

- This study shows that service providers should facilitate the development of positive self-assessment by involving internal and external aspects comprehensively and continuously during rehabilitation until further care at home. Health workers can increase adequate social support, provide interventions to reduce doubts, increase self-control, and increase motivation to stop using drugs, as well as conduct more comprehensive studies on self-stigma, self-control, and adolescent motivation.

hood to adulthood also often cause anxiety.^[26] Negative feelings due to self-stigma will cause a decrease in self-esteem^[27] and affect to process of forming self-identity as the main task in adolescent development. Adolescents have a different character from other populations. While the prevalence of drug abuse tends to increase, the study on how adolescents feel about drug rehabilitation individual experiences is currently limited. Studies that can explore how adolescents who experience self-stigma in facing rehabilitation to quit drugs are urgently needed to optimize their rehabilitation program. Based on this phenomenon, this study aims to explore the dilemma of adolescents who experience self-stigma to quit drugs in Indonesia.

Materials and Method

Study Design

A phenomenological descriptive approach was implemented to describe the general meaning of various life experiences related to the phenomenon of self-stigma experienced by adolescent drug abusers to quit drugs. This descriptive phenomenological qualitative study is used to explore and understand individuals.^[28]

Study Site

This research was conducted in three types of institutions. The difference in places was to increase the variety of data so rich information was obtained in explaining the phenomenon.^[29] First, the legal institution from the Ministry of Law and Human Rights, namely, Lembaga Pembinaan Khusus Anak (LPKA) in Jakarta. Second, the rehabilitation institutions from the National Narcotics Agency, namely, Badan Narkotika Nasional (BNN) in Bogor. Third, the private foundation rehabilitation, namely, Al-Islami in Yogyakarta.

Participant

Participants were selected using a purposive sampling technique to obtain study results that are representative of geographic distribution, rich in data, and focused on objectives.

^[30] The criteria for participants in the study were drug abusers (10–19 years), currently undergoing drug rehabilitation, experienced high self-stigma as measured using the Internalized Stigma: Substance Abuse Version questionnaire with the average score being 2.51–4.00, having no barriers verbal communication, and do not have a physical illness that interferes with communication skills.

Selection participants were assisted by nurses or counselors as key persons after being briefed about the research. There were no adolescents who refused to participate or dropped out of this study after receiving personal information about the research from the researcher by meeting in person. Participation is voluntary as evidenced by the signing of the consent form by the participant and the guardian in charge. The number of participants to reach data saturation is 15 people (Table 1).

Data Collection

The data collection stage begins with a participant screening process based on predetermined criteria. One of them is having high self-stigma based on the Internalized Stigma: Substance Abuse Version questionnaire was adapted from Luoma and Platt (2016) by researchers on adolescent drug users. The questionnaire consists of 28 statements with four answer options, namely: Strongly agree (score 4), agree (score 3), disagree (score 2), and strongly disagree (score 1) which can be categorized into high self-stigma (average score 2.51–4.00) and low (average score 1.00–2.50). This questionnaire is valid with $r \geq 3.610$ ($r: 0.394-0.814$) and reliable with Cronbach alpha > 0.700 (Cronbach's alpha if items deleted: 0.902). Adolescents who met the criteria were given an explanation of the study and asked for consent to be involved in the study. Adolescents who have signed the agreement then agree on the time and place for data collection.

Data collection was carried out through semi-structured in-depth interviews for 40–60 min in Indonesian from February to July 2020 by the first author. Interviews were held in a comfortable room based on an agreement with the participants to increase comfort and privacy in expressing their life experiences. Interviews were conducted face-to-face individually with semi-structured open questions using an interview guide that had been developed by the research team based on the literature and research objectives. Inquiry-type questions that follow initial responses to questions are used to allow for more in-depth descriptions of experiences.

There are three questions used as interview guides in this study. The first question was to explore the experiences felt by adolescents during the rehabilitation process related to their condition. The second question was to explore the conditions felt by adolescents regarding the rehabilitation experience that they underwent and the third question was to explore what participants thought and hoped for in the future. Based on the phenomenological qualitative study data collection procedure, guiding questions are used to focus participants in describing their experiences. Researchers can construct two

Table 1. Characteristics of participant demographic data (n=15)

| Characteristic | Frequency | Percentage |
|-----------------------------------|-----------|------------|
| Age in years | | |
| 14–15 | 3 | 20 |
| 16–17 | 3 | 20 |
| 18–19 | 9 | 60 |
| Marital status | | |
| Married | 1 | 6.7 |
| Single | 14 | 93.3 |
| Employee | | |
| Student | 4 | 26.7 |
| Not Employee | 6 | 40 |
| Entrepreneur | 5 | 33.3 |
| Education | | |
| Elementary school | 3 | 20 |
| Junior high school | 10 | 66.7 |
| Senior high school | 2 | 13.3 |
| Ethnic | | |
| Javanese | 9 | 60 |
| Betawi | 2 | 13.3 |
| Batak | 2 | 13.3 |
| Sundanese | 1 | 6.7 |
| Chinese | 1 | 6.7 |
| Religion | | |
| Moslem | 13 | 86.7 |
| Christian | 2 | 13.3 |
| Drug's type | | |
| Methamphetamine | 8 | 53.3 |
| Marijuana | 2 | 13.3 |
| Trihexipenidyl | 5 | 33.3 |
| Drug use's duration (years) | | |
| 1–3 | 12 | 80 |
| 4–6 | 1 | 6.7 |
| >6 | 2 | 13.3 |
| Rehabilitation's frequency | | |
| 1 | 11 | 73.3 |
| 2 | 3 | 20 |
| >2 | 1 | 6.7 |
| Rehabilitation's duration (month) | | |
| 1–3 | 6 | 40 |
| 4–6 | 4 | 26.7 |
| >6 | 5 | 33.3 |
| Average score of self-stigma | | |
| 2.50–2.75 | 9 | 60 |
| 2.75–3.00 | 3 | 20 |
| >3.00 | 3 | 20 |

and at most three general questions or open-ended questions about what participants experienced and the situations that influenced those experiences.^[31,32] Furthermore, researchers can develop relevant questions based on the attributes given by the participants.^[33]

The interviews were conducted once for every participant; however, the researcher presented the transcript of the interview to the participants at the next meeting to reaffirm the correctness of the transcription based on the participant's point of view. The conversation during the interview was recorded by the device for verbatim processing. Field notes were made regarding the atmosphere during the interview and the time, date, and location of the interview. Data saturation is a reference in the data collection process.^[34] The entire study team discussed the findings that emerged from the completed interviews. Data collection continued until consensus was reached among the study team that the data collected answered the research questions and no new information emerged from the interviews (n=15).

Data Analysis

Data analysis used Colaizzi's (1978) approach which consisted of; reading the interview transcripts repeatedly to understand what was conveyed by the participants, identifying meaningful statements in accordance with the study objectives, formulating relevant meanings of the statements, classifying themes based on the similarity of categories, develop complete descriptions, describe the basic structure, and validate research findings using member checking techniques.^[35] Researchers read transcripts and listened to audio recordings repeatedly to know the participants' experiences and increase their familiarity with the data. Researchers confine their presuppositions to stick tightly to the phenomena. After understanding the meaningful statement in accordance with the research objectives, the researcher then gave the code. Based on the code, the researcher identifies, eliminates duplicates, and combines similar codes before organizing them into themes. The final stage of analysis is a draft manuscript which is developed using detailed descriptions of the identified themes supported by raw data segments to describe interpretations.

Trustworthiness

The validity of the data was assessed by four Lincoln and Guba criteria (1985). First, credibility through reaffirming the correctness of the transcription and seeking participants for member checking. Second, transferability through increasing the diversity of data (ex: by collecting data in three types of study sites) and describing adequate contextual information about the study in a detailed, clear, and reliable manner. Third, dependability through audits with supervisors (from determining problems to making conclusions). The researchers have regular discussions to ensure that the data collection and analysis process runs well. Fourth, confirmability through identified statements and potential meanings for the first transcription, and these meanings have been discussed with other researchers for consensus. A consensus was reached for the final theme among researchers. The results of the study were also discussed with other parties who were not involved in the study so that the results could be assessed more objectively through study results seminars.^[36]

Reflexivity

Pre-understanding was the researcher's experiences, hypotheses, perspectives, prejudices, and terms of reference that influenced the research process. Researchers attempt to reflect on pre-understanding before, during, and after the interview. Furthermore, interviewers were trained with a special focus on being curious and open-minded about the experiences that participants shared. During the analysis and making of the research results, the researcher tries to discuss it with the supervisor to avoid any interpretation based on the researcher's pre-understanding.

Ethical Approval

Participants were informed of the study's intent and requirements. Informed consent was signed by all participants before the interview process without any inducement, coercion, or perceived pressure. Data are stored in coded materials and databases without personal data, and the authors have policies in place to manage and keep data secure. Approval was obtained from the Ethical Committee of the Faculty of Nursing, University of Indonesia (Ethics Review Number: SK56/UN2.F12.DI.2.I/ETIK 2020).

Results

All participants in this study were male, with the majority aged 18–19 years (60%), 16–17 years (20%), and 14–15 years (20%). The majority of participants were single (93.3%) and not working (40%). In terms of educational level, the majority of respondents had at least junior high school (66.7%), high school (13.3%), and elementary school (20%). The types of drugs used by this research participant consisted of many types. The most frequently used type of drug is methamphetamine (86.7%), the second most is trihexyphenidyl (33.3%), and the last is marijuana (13.3%) with the highest duration of drug use being in the range of 1–3 years (80 %). As many as 13.3% had used drugs for >6 years and 6.7% had used drugs for 4–6 years. Based on the frequency of rehabilitation, the majority of participants were undergoing their first rehabilitation (73.3%). In terms of time, the majority were in the first 3 months of rehabilitation (40%), the remainder had undergone rehabilitation for 4–6 months (26.7%), and >6 months (33.3%). The level of self-stigma possessed by all participants was included in the high self-stigma category with most scores in the range of 2.50–2.75 (60%) and the rest had moderate (20%) and low (20%) levels of self-stigma.

The results of the data analysis showed that two conditions cause dilemmas for adolescents who experience self-stigma to quit the drug's life. These conditions were classified into two forms of themes. The first theme describes the emergence motivation of adolescents who experience self-stigma to quit drugs. On the other hand, there was a second theme that describes the obstacles felt by adolescents who experience self-stigma to quit drug life.

Emergence Motivation to Quit Drugs

This motivation was felt by the participants as an encouragement to change for the better than the conditions currently experienced. Participants revealed that this motivation comes from several sources, which were categorized into three, namely, internal motivation from himself; external motivation from family; and external motivation from the environment.

Internal Motivation from Himself

This motivation arises after realizing and regretting the mistakes. Participants have felt the negative impact of drug abuse behavior on the emergence of self-stigma. This prompts him to quit drugs and become a better person. This category was explained by the participants through the following statements:

"It turns out that the enjoyment of using drugs is only momentary Sis, while the harm continues as I feel now. Being a useless person and only causing trouble for the family (sharp eyes and rubbed the head). I do not want my life to be ruined again (19 years, married, entrepreneur, senior high school, and 3 years used marijuana)"

"I am already frustrated. This is a big mistake I made. I do not want to keep failing. I learned a lot while here and I realize there is still a chance for change (17 years, single, not employee, junior high school, and 5 years used methamphetamine)"

External Motivation from the Family

Supportive families motivate directly or indirectly to help participants get through difficult times and change for the better person. The forms of support provided are in the form of moral support and material support, which could be illustrated by the following excerpt:

"Even though I became a prisoner because of my stupidity, my parents always prayed and encouraged me, they promised to give me a prize if I could pass this rehabilitation period and not use drugs anymore... (14 years, single, student, elementary school, and 2 years used methamphetamine)"

"When I am down, my family always reminds me Sis. They said I had to be patient, pray, and practice a lot. I saw their lives suffer because of my mistakes (eyes teary). They only asked me to take lessons from this incident so that I would be completely drug-free (16 years, single, student, junior high school, and 2 years used marijuana)"

External Motivation from the Environment

Things that motivate participants from the environment include support from health workers (staff), from friends with the same condition at the rehabilitation center, information about successes that friends have, and even the unpleasant treatment given by the environment as a form of stigma. Support, inspiration, and negative treatment foster a participant's desire to change, which was illustrated by the following statement:

"Currently my condition is humiliated, shunned, and even my family is also ostracized by neighbors. My counselor said I have to be able to prove that I too can turn into a good and successful child ... (14 years, single, student, elementary school, and 1 year used methamphetamine)"

"While my friends out there have succeeded in working or studying, I am still stuck here with drugs. However, it is better late than not changing at all right? (little smile) Friends here also remind each other that former drug abusers can also be successful... (16 years, single, student, junior high school, and 2 years used marijuana)"

Feel Barriers to Quit Drugs

In addition to the motivation that builds adolescents' desire to change, the presence of anxiety becomes an obstacle that makes adolescents unsure of quitting drugs. These two opposing conditions dilemma adolescent drug abusers with self-stigma to get out of drugs. Types of barriers are felt in the form of concerns about people's responses that are not pleasant after he is out of rehabilitation and concerns about the inability of adolescents to control their desire to use drugs.

Worried About Other People's Reactions

The self-stigma experienced by adolescents raises concerns about the bad response that other people will give to them. Even though they have completed rehabilitation and are free from drugs, participants are worried that the community and the surrounding environment will still view them badly, treat them badly, and even reject them. This concern is illustrated by the following expressions of some of the participants:

"Even though I have finished rehabilitation, it is not necessarily my neighbors or friends who can accept me. Sometimes I feel insecure about what will happen when I return home... Even though my whereabouts are kept secret, the neighbors will still know (15 years, single, student, junior high school, and 2 years used methamphetamine)"

"Sometimes I get confused, how will the neighbors and family respond when I go out? (lookup) Because so far I have been labeled as a drug user, a naughty child, and a troublesome child. Once a user, it is usually difficult to return home, Sis. Still considered a user (16 years, single, student, junior high school, and 2 years used trihexypenidyl)"

Worried about the inability to control the desire to use drugs

Another concern that teenagers feel is the fear of not being able to control the urge to use drugs. This concern is influenced by biological factors, as well as other factors such as peer group factors, family factors who are also users, psychological factors due to many life problems, and economic factors, which could be illustrated by the following excerpt:

"Really tired of living like this but when I do not use drugs, sometimes my body feels like asking and keeps asking. If that is the case, how strong is my defense? (tone rises and looks hopeless) It will fall... afraid of falling again, afraid of not being able

to say “no” to drugs (18 years, single, student, junior high school, and 2 years used methamphetamine)”

“My life was ruined because of these stupid drugs. However, it is hard to stay away because my father and my mother are also users. I have been in rehabilitation several times and keep coming back. Sometimes I am not sure I can be clean from drugs. Very confused... (18 years, single, student, junior high school, and 3 years used methamphetamine)”

Discussion

Stigma is the negative label given by the social environment.^[37] The label of a drug abuser will remain attached even though the individual has recovered.^[38] Stigma that is accepted and internalized within oneself can lead to self-stigma marked by the emergence of negative thoughts and feelings toward oneself.^[20] These conditions trigger the emergence of a negative self-concept in adolescents. Studies show that self-concept has a strong correlation with fear, guilt, or shame^[39] which are at risk for changes in social life, physical health status, or decreased quality of life.^[18] This condition can cause psychological stress that affects their ability to make a decision.

In this study, participants came from varied characters. The participant's ages are middle and late adolescents. Age correlated with the maturity of cognitive functions and emotional control. They said became irritable and had difficulty concentrating since using the drug. Study shows adolescents undergoing opioid detoxification experience that condition due to opioid exposure at an early age.^[40] Exposure to addictive substances will affect cognitive function and the development of the nervous system which is not yet perfect in adolescents.

There are anatomical and physiological brain changes that occur in response to substance exposure, especially when occurs repeatedly. Certain types of substances have a more detrimental effect on memory and cognitive flexibility. In the long term, exposure at a young age causes greater harm to plasticity and nerve transmission function than use in adults^[8] Hence, some substances also have a higher risk of relapse.^[41] Known as executive function deficits, the PFC is the inhibitory and motivational system. The development of the adolescent's PFC is not yet perfect makes adolescents have a high developmental sensitivity to drug attacks and addiction.^[42] The PFC is to be hyper-reactive to substance-associated environmental cues but to be hypo-reactive in inhibitory control tasks. In addition to the biological changes due to substance exposure, the pleasure felt when using drugs is also a challenge for adolescents' self-control to stop.

In this study, participants had several categories for employment status, namely, students, not working, and working. Individuals who are busy working have experience confirming stigma given to them is lower^[43] so the risk of decreasing self-concept is lower. However, working individuals have a greater chance of accessing drugs again due to their income. In addition to employment status, education level also affects a per-

son's level of awareness, both awareness of the negative views of drugs which can increase self-stigma or increasing awareness of the importance of undergoing rehabilitation. Studies show that health education programs can reduce the shame of drug addicts.^[44]

The frequency and duration of rehabilitation that had been undertaken also varied. Drug abusers will experience self-stigma and decreased quality of life in the first 3 months. Especially for drug abusers who are undergoing rehabilitation for the 1st time, the level of self-stigma tends to be higher and will decrease after entering the 4th month.^[45] However, this study shows that increasing the frequency of rehabilitation does not necessarily reduce the level of self-stigma but increases the uncertainty about being able to fully recover. Some participants who had repeatedly undergone rehabilitation expressed pessimism that they would be able to recover without drugs. They feel that his current condition is the result of his foolish behavior which is hard to let go of.

Individuals with self-stigma tend to feel disconnected, self-deprecating, and anxious.^[46] These negative feelings affect the self-efficacy in undergoing rehabilitation and in controlling themselves from relapse.^[47] Adolescent self-control development is crucial not only for improving quality of life but also for reducing social costs related to health-care needs (relapse) caused by low self-control. Self-control is a strong relapse factor.^[48] Inadequate self-control of the urge to use drugs is an internal factor in relapse prevention. Adolescent's self-control is influenced by environment, especially family and their peer groups. Adolescents tend to adapt and follow their peer groups. However, if a person's self-control is strong, he will tend to hold on to his life principles and is not influenced by the lifestyle of his peer group. Some participants talked about their fear of not being able to recover because even though they wanted to recover, their environment was very close to drugs. This ambivalence makes drug abusers who experience self-stigma unsure about undergoing their rehabilitation process.

Drugs are substances that are considered to cause a sense of calm. This is often used by adolescents as a shortcut to forget the problems in life. The high stressors faced will increasingly challenge the ability of adolescents to control themselves. Another condition related to the biological function of adolescents is the body's dependence on substances. Physical dependence also includes the development of tolerance to the effects of the substance.^[49] This condition will be a very strong challenge for adolescents in self-control. Self-control has a close relationship with motivation. The high motivation to quit drugs will increase their self-control to decide not to use drugs again. Motivation is the basis of perception that is defined as a person's intention to change their behavior.^[50] Participants in this study expressed a desire to recover, but on the other hand, the rehabilitation process made adolescents feel unsure about finishing the program.

As a participant in this study, people who have self-stigma

usually have a crisis of motivation and low self-efficacy. They are unsure of their abilities and assume that they cannot live without drugs.^[51] Lack of motivation often causes people deciding not to complete rehabilitation programs and return to using drugs. Especially if rehabilitation is carried out because of environmental coercion not the wishes of the adolescent themselves. This study describes two types of motivation, namely, internal and external. Internal motivation is more effective than external in reducing the risk of relapse.^[46] Adolescents receive psychological satisfaction which makes them more consistent to change.^[52] However, this motivation cannot run optimally without external motivation which comes from family, peer groups, and their environment. Family pressure or support are the most significant external motivators for adolescents in seeking rehabilitation. Feel guilt is a source of internal motivation that comes from the external environment of the family. The negative responses to drug abuse encourage adolescents' motivation to change, on the other hand, environmental refusing can hinder it. The perceptions of the pressures may receive from the environment are one of the things that influence their choices.^[53]

Self-determination theory explains that people are inherently prone toward psychological growth and integration, and thus toward learning, mastery, and connection with others. Healthy development can be realized if the need for basic psychological support is met, namely autonomy, competence, and relatedness. Failure to fulfill one of these basic needs is considered to be detrimental to a person's motivation and health.^[54] Based on Self-determination theory, there are six things behavior adaptation motivates, namely: Internal motivation refers to pleasure, a higher level of safety values, the belief about safe behavior and what is important to do, feelings of pressure to act (e.g., guilt), external motivation justifies behavior from outside the scope, and the absence of motivation.^[51] Motivation that is formed independently, both intrinsic and extrinsic motivation that is well internalized makes a person more interested, happy, and confident.^[54]

A decision based on this motivation can result in better performance, persistence, and well-being. The motivation also influences the level of consistency of adolescents' self-control behavior to recover from drugs. Adolescents will use various strategies to manage emotions, thoughts, and behavior to maintain a life they believe is comfortable.^[55] Therefore, the role of health workers in carrying out rehabilitation for adolescents is to create a comfortable atmosphere physically and psychologically by involving various parties such as family, peer groups, and the environment so that adolescents can be confident and have a strong motivation to make the decision to stop drugs.

Strength and Limitations

This study was the first to explore the dilemma of self-stigmatized adolescents to quit drugs, so the results of this study can be used as a reference in the future. Limitations of this study

were the number and gender of participants which leads to limited generalizability of this study. Despite its limitations, this study has the strength of demographic data and varied study sites so that it can increase the richness of data describing the adolescent's experiences.

Conclusion

Quitting drugs is not an easy thing to do for adolescent drug abusers who have self-stigma. Several considerations make the adolescent feel dilemma in making decisions including self, family, and environment's domain. This dilemma is influenced by the formation of motivation from the internal scope of the self as well as the external scope of the family and the environment and the presence of obstacles related to fear of other people's responses and fear of inability to control themselves not to use drugs after completion of rehabilitation. Based on self-determination theory, motivation is the basis of perception as a person's intention to change their behavior that is influenced by several conditions from internal and external aspects. The high motivation to quit drugs will increase their self-control to deciding not to use drugs again, even though adolescents will encounter several obstacles in the recovery process.

Implication and Future Direction

This study describes the dilemma that must be considered especially by service providers to help adolescents recover from drugs. Education about drugs and their potential for recovery can be given to reduce the feeling of unsure and increase the motivation in rehabilitation among adolescents. Involve the support of several parties in a comprehensive and sustainable manner from the time an adolescent starts rehabilitation until they return to their lives. Not all families or peer groups can be a support system. Caregivers should identify the closest environment that has the potential to become an adequate support system for adolescents. These findings can be used as a reference for further research involving female subjects and a larger number of participants regarding interventions that can be carried out to reduce the self-stigma of adolescent drug users. Apart from that, a more comprehensive study regarding the relationship between adolescent demographic characteristics and self-stigma as well as the dilemmas of adolescents undergoing drug rehabilitation, studies that can explain the impact of self-stigma on self-control, motivation, and stopping drug use, studies regarding efforts that can be made to reduce self-stigma, as well as studies regarding efforts that can be made to increase self-control and internal motivation of adolescents also need to be carried out.

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