

INTEGRATIVE SUPPORTS TOWARDS LIFE CHALLENGES OF INDIVIDUALS RECOVERING FROM DRUG DEPENDENT IN MALAYSIA

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ABSTRACT

Most individuals with history of drug dependent problems encountered life challenges en route for a normal life. Not many studies carried out with the focus on these individuals with relapse case despite numerous efforts had been taken by Malaysian National Anti-Drug Agency. The present study investigated the life challenges and the role of public supports towards these individuals with history of drug dependent background problem. The design of the study was qualitative which focused on a snowball sampling method. The study involved an in-depth interview with ten participants. They were former drugs addicts and were in the age range of 23 to 63 years old. The data was analyzed based on Miles and Huberman's principles. The findings revealed the major life challenges among individuals with history of drug addiction are stigmatization, lack of employment opportunities and self-efficacy. Entailed in this study, the implications suggested an integrative approach which highlights the role of public supports besides family and self-development of the individuals concerned.

Keywords: *Integrative Approach, Life Challenges, Public Supports, Self-efficacy, Stigmatization*

INTRODUCTION

Drug abuse in Malaysia is a serious public health concern which affects almost every community and family directly or indirectly. It has caused family disintegration, low employment, low productivity in school and work place, domestic violence, child abuse and an increased in crime. Global analytical reports estimated that 52% of the world population aged 15-64 had used an illicit drug mainly cannabis, opiates, cocaine or amphetamine type stimulant (World Drug Report 2014). Similarly in Malaysia the National Anti-Drug Agency (NADA) reported that between 2009-2013 the highest drug users were those between age 19-39 years. The commonly used drugs by these youths are opiate (75.07%), methamphetamines (13.55%), cannabis (8.82%) amphetamine type of (ATS) pills (2.23%) and psychoactive pills (0.22%). (Chie, et al.2015.)

Although treatment and rehabilitation programs were introduced since 1975 to help rehabilitate addicts but the number of relapse addicts remain high at 3,096 compared to new addicts of 4,768 (National Anti-Drug Agency, 2013)Why this phenomenon happened despite the increased preventive measures and treatment programs conducted by the government and its Anti-Drug Agency?

Research reports that former drug addicts faced a number of challenges and dilemma. The long rehabilitation treatment duration has caused them to forgo their employment opportunities. Previous studies (Fauziah & Kumar 2009; Mahmood 2006; Mc Coy, & Lai 1997) claimed that unemployment factor was one of the causes for recovered addicts to relapse. This inability to get a job and the lack of financial support to survive induce some of them to commit crime to financially support themselves and their families. At their work place employers discriminate them by paying them low salaries without considering their qualification and experience caused dissatisfaction amongst these former addicts which eventually forcing them to quit.(Yunos,1996) cited in Fauziah et al.2011.

Recovery is a continuous life long process with difficult path for most of recovering addicts as they seek for better quality of life. Recovered drug addicts also encounter the challenges of stigmatization by families and society. Social negative perception of ex-drug addicts damaged the individual's social identity and negatively impact personal relationship (Kitsuse,1962).Research showed weak communication patterns and ineffective interactions amongst former addicts family (Mohd Taib, Rusli & Mohd Khairi, 2000).Some former addicts were being ostracized by their family members (Daley& Marlatt, 1992). The lack of social interaction with family members increased the relapsed addiction tendency as they have difficulties in expressing their problems with family members. This poor family communication pattern causes stress and depression among relapsed addicts.

Studies found that the lack of confidence and self determination to withstand the trials of difficulties resulted in recovered drug addicts to relapse. Fauziah and Kumar (2009) in their study found that most former addicts have low self-efficacy which resulted them to become relapsed addicts.58% of their total respondents (400) felt that they did not have strong personal strength to solve problems in their lives (p.40).Self efficacy is essential preventive factor as it is the belief of one's ability to act effectively and efficiently when facing an adversity. Research found that inmates of rehabilitation centre lack the coping skills in their interaction with society (Chuah,1990).According to Bandura social theory, individuals with supportive social relationships are more likely to have strong self-efficacy as the successful self-experience enhanced the individuals' confidence. The existence of a strong social support is important to

help in building the self- efficacy of addicts to face their life challenges. Literature has shown the importance of social support in promoting physical and mental health in buffering psychological stress which most recovered drug addicts encountered. (Greenblatt, Becerra & Serafetinides, 1982, Taylor & Aspinwall, 1996) cited in Laudet, Morgen & White (2006). Strong social support is essential for enhancing self- efficacy but previous study found that the lack of community support contributed to the high relapse among addicts. Fauziah and Kumar (2009) reported that 64% of their 400 respondents felt that they were not received by the community which still had a prejudicial attitude toward recovered addicts.

Most research studies in Malaysia used self-administered questionnaire to focus on the causes of relapse in drug addiction with little emphasis on the problems and challenges encountered by recovered drug addicts. Thus the present study aimed to investigate the challenges and difficulties faced by ex- drug abuser through personal interview of twelve individuals from private rehabilitation centres. It also sought to propose an integrative approach to improve the quality of life which is the basic human right for recovered drug addicts.

METHODS

This study used a qualitative approach where information was obtained from in-depth face-to –face interview to better understand the experiences and psychological dilemma of recovered drug addicts. The interview lasted approximately one to two hours each. Twelve participants were recruited from four private rehabilitation centres. Upon obtaining the respondents' consent to be interviewed eleven males and one female participant volunteered. The participants ages ranges from 29-63 years old. All of them had gone through relapse but currently are free from any drug.

The interview schedule was semi-structured with few closed ended questions on demographics, family and drug history. The face to face interviews were audio taped and the interview scripts further transcribed. The verbatim statement was quoted without any changes. Each transcript was coded by the author and another person who is not involved in the research so as to maintain objectivity. The thematic analysis process followed the principles of Miles and Huberman (1984). Emergent themes were extracted and integrated into theoretical concepts. Constant comparison was performed across all the twelve cases to derive at common themes. Three dominant themes were identified from the data analysis. They were the challenges of social stigmatization, lack of financial resources due to poor employment opportunities and lack of self

FINDINGS

Social Stigmatization

All the participants felt the impact of multiple burdens where they were labeled and treated negatively. They experienced direct and internalized discrimination (Link, Struening, Rahav, Phelan, & Nuttbrock, 1997) they were denied access to employment because of criminal history. This social discrimination also negatively affects their health resulting in low quality of life. Previous studies found that addicts relapse within thirty days to six months of their release from rehabilitation centre due to the feeling of dissatisfaction with their quality of life. (Asbah, Nur Azah Farimah & Aida, 2015). Negative attributes assigned to them resulted in them having attitude problem and pressure in life. One participant lamented that he felt like killing family members or relatives when they embarrassed him by asking others *“do not mix with this uncle, he is taking drug. People started talking badly about me, I felt very angry. My mother never talks to me for almost 6 months”*.

Another participant commented *“When I was on drug, my family members were angry and they don’t talk to me they did not support me.”* The social stigmatization resulted in one of the participant from a single parent family being abandoned by the family. He reported *“My father and sister left me to fend for myself when I was on drug.. When my family moved out from the house, I have no way to go. I was sleeping along shop corridors with nothing”*

The lady participant felt that she too had difficulties trying to maintain good and healthy relationship with her friends and family even having being out of drug for the last five years. She is still trying to gain back the trust of her family and friends as she lamented, *“I have been chased out from my house and I was feeling down emotionally. People like me recovered from drug addiction also need to live and have friends too so that we can have life.”*

According to a 59 years old participant when his family discovered that he was taking drug everyone was angry with him. His mother cried and was disappointed with him. The family refused to accept him. Friends were scared of him and will try to avoid him as he commented *“Friends were afraid I will borrow money from them.”*

Lack of financial resources and employment opportunities.

The challenges and dilemma encountered by ten of the participants is to get employment to self-support themselves. The inability to get a job and the lack of financial support to survive led some of them to work in the rehabilitation centre. A Malaysian survey found that 97.8% of 400 drug addicts on relapse cases received moderate to low level of support from employer (Fauziah & Kumar 2009) Most employers were not willing to employ ex-addicts for fear of low productivity, frequent absence from work thus causing higher risk of

work place accidents (Glen, Peter & Annette,2006).This inability to gain employment coupled with the lack of financial support caused psychological stress .This view is reflected by one of the participants as follow: *“it’s so stressful , I worked for my friends for three days, I have no money and clothes and need to borrow some money from my friend to go back home.”*

Several participants described that they were discriminated at their working place. A participant reported that he had to conceal his identity as recovering drug addicts because of the fears of reprisal from others in the work place. He believed that revealing his past history of addiction might ruin his chances of being accepted in the group social setting and being discriminated by his boss and colleague. He commented: *“I don’t like to talk about my past with anyone. I am afraid they might make judgment about me and avoid interacting with me. Once my boss knows about it I might be out of job. I need money to support myself.”* As Fauziah et al.(2011) points out employers often discriminate and provide unfair employment services to former addicts .This inability to secure jobs coupled with inadequate economic resources to support recovered drug addicts into community caused some of them to return to drug addiction or resorted to criminal activities.

Lack of self-efficacy.

All the participants recognized their problems and have the desire to change but the fear of uncertainty of whether they will have the ability to change and recover from using drugs was their major challenge. Fauziah and her colleague in their survey of 593 rehabilitees from 6 drug rehabilitation centers in Peninsular Malaysia reported that 65.1% drug addicts did not know whether they were ready to change and 89.4% reported they need help to avoid being trapped again (Fauziah et al.2010). This lack of self- confidence coupled with the absence of drug free environment upon release from addiction caused many of the rehabilitee to continuing staying in the rehabilitation centre which is a safe haven for them. One of the participant commented: *“This place provides rules and schedule to follow, no substance and alcohol. I learnt to appreciate what I have. I want to stay here as life outside is not easy.”* Another participant expressed the same fear of uncertainty outside the rehabilitation centre as he lamented *“In this centre, I have learnt to control my emotion and angry and able to express my feelings freely as my friends understand me”* The fear of handling life challenges outside the centre is also expressed by another participant who lamented *“I have no idea about changing myself upon leaving the centre.”*

The fear of unexpected challenges and obstacles in their lives caused some of the participants to remain in their protected environment. This lack of self confidence among recovered addicts may

lead to higher tendency of relapse as the real world may dispel the recovered addicts' perception of self- efficacy. Several participants described the fear of ubiquitous exposure to drugs and drug trafficking after their release from the rehabilitation centre. They felt that they need to acquire new skills to prevent relapse and overcome the pressure from friends who are still on drug addiction. For example the female participant commented:

“Well, when I meet my old friends, they come around asking me whether I want the dope even I don't have money. They're my friends and it was hard for me to say I need to go especially to my ex-boyfriend whom I had spent 10 years with him. I try to avoid him as he is still using drug. I am afraid to meet him for fear it might be a trigger for me to cause a slip up.”

DISCUSSION

The findings of the study demonstrated the need for an integrative approach in assisting recovered drug addicts to face their life challenges after rehabilitation hence preventing them to slip and fall into the trap of addiction. The shared responsibilities should involve the support from families, community, local religious groups, government policies, non-government agencies and a review of rehabilitation treatment program. The mechanism to assist addicts from relapse is to deal with the issues of assisting recovered drug addicts in their human recovery capital which include values, knowledge, educational and vocational skills, self- awareness, self-efficacy and perception of one's purposes in life.(Cloud & Granfield,2004). The social cognitive theory defined self-efficacy as the personal belief that one can successfully perform a specific task under specified condition (Bandura, 1997). Self-efficacy is also perceived as an important component of self-regulation. (Bonincontro,2012)The ability to self-regulate one's emotion and negative self-appraisals will assist recovered addicts to handle the stigmatization and labeling imposed on them. According to Akers (1992), bad and hideous labeling caused the drug addicts to absorb the deviant role and to return to drug addiction.

As self-efficacy enhances one's self confidence in facing life challenges, rehabilitation centers should adopt treatment intervention and strategies in developing steady self-efficacy in the rehabilitation program. Besides using Cognitive Behavioral therapy and confrontation mental health professional in rehabilitation center may integrate oriental practice of acceptance and mindfulness into the treatment process. Mindfulness which focuses on paying attention to the moment without any judgment is useful in helping recovering addicts manage psychological problems and fostering self- resilience (Goleman & Chermis, 2001). The creation of self-awareness through mindfulness activities will enhance recovering addicts self confidence in accepting

challenges when they are integrated into society. Mindfulness has been found to be an effective stress management tool to help an individual cope emotionally. The potential utility of mindfulness-based approaches has been recognized by social care professionals as they can facilitate active listening, promote self-awareness and enhance critical self-reflection. (Lynn2010)

Recovered addicts will have higher chances of living a new life if they received positive support from families, friends and society. This family or social recovery capital encompasses the willingness of family members to accept recovered addicts and to establish family relationship. Family members have to exhibit the hope and try to show that they have faith in the recovered addicts. They should provide emotional, social and material support and be careful never to shame recovered addicts. It is important for the family to encourage recovered addicts re-entry back into society by participating in charity work, involvement in religious life and interacting with other family members and neighbors. This process will aid in the building of self-esteem and the sense of belongingness.

Empirical studies have shown the importance of social support in influencing behavioral changes. Providing assistance, emotional support and a sense of belonging can assist in buffering stress as well as improving satisfaction with life (Caplan & Caplan, 2000). Studies found that strong social support has significant correlation with subjective well-being among recovering substance users (Laudet et al., 2000) cited in (Laudet, Morgan and White, 2006). An individual's existential beliefs, community participation, socio-economic factors and peer network are important factors in influencing the initiation and maintenance of personal recovery. There should be a greater social and communal appreciation of a person and his/her embeddedness within the social and cultural life (Granfield & Cloud, 2001). Society should avoid labeling recovered addicts and having a negative perception of them as criminals. Positive social support will provide higher chances for recovered addicts to live a new life. By embracing life challenges and exhibiting good characters former addicts will be able to overcome the negative labeling and images of themselves. Active participation in various governmental intervention programs, local community organization could help in rehabilitating former addicts into functional citizens. Hence strong cooperation and collaboration from community is vital in assisting the recovered addicts to maintain their high self-belief and determination to keep themselves free from drugs.

The immediate concern of most recovered addicts coming out of drug treatment is making a living. They often faced the challenges of getting legitimate employment. Most employers are reluctant to employ ex-addicts as they are being labeled as problematic in the work place (Delina & George, 1999). To

enable recovered addicts to gain employment, rehabilitation program should incorporate vocational skills training. These skills will provide recovered addicts the opportunity to seek employment or being self-employed. Studies have shown that former addicts had strong self determination to stay away from drug addiction but they need a supporting social environment to assist them in living a more meaningful life.

This study has several limitations. Qualitative data provide depth understanding of the data but not the breadth. Hence the results of the study may not be generalized. The interviewed data was from a small sample size of twelve recovered drug addicts from selected private rehabilitation centres thus the study may not have reflected the experiences of recovered addicts leaving outside the centres. To understand other life challenges of recovered drug addicts, future research may include representation from governmental, private rehabilitation centres and also those who has returned to their family. This study does not look at the possibility of evaluating the effectiveness of current treatment programs provided by rehabilitation centres. It would be worthwhile for future research to study how Malaysia can provide a more person-centered, holistic, family-centred and recovery-focused system of care for recovered drug addicts.

CONCLUSION

This study offers the perspectives of the life challenges and the difficulties encountered by recovered drug addicts as they are integrated into the society. Participants highlighted the significance of social stigmatization, inadequate financial support due to lack of employment opportunities and the low self-efficacy and self-confidence to support integration into the community. To help the recovered addicts to build their lives it is important to instill in them the meaning of life. With an integrated support from the family, employers, community, non- governmental agencies and governmental policies, recovered drug addicts may acquire sufficient recovery capital to be more self-assured and confidence in living a more meaningful life.

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