

FAKTOR KONTEKSTUAL DAN CIRI DEMOGRAFI BEKAS PENAGIH DADAH

**CONTEXTUAL FACTORS AND DEMOGRAPHIC TRAITS OF FORMER DRUG
ADDICTS**

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Abstrak

Peningkatan jumlah penagih dadah yang berulang semakin membimbangkan. Peningkatan ini adalah kerana bekas penagih dadah berhadapan dengan pelbagai tekanan dan cabaran setelah mereka tamat tempoh rawatan dan pemulihan. Faktor kontekstual yang merangkumi sejarah ahli keluarga yang terlibat dengan masalah dadah dan tempoh tamat rawatan dan pemulihan turut dikatakan menjadi salah satu faktor yang menyebabkan kecenderungan berulang. Hal ini menjadi bukti bahawa sejarah ahli keluarga yang terlibat dengan masalah dadah dapat menjadi salah satu faktor risiko yang menyebabkan kadar berulang menjadi semakin tinggi saban tahun. Manakala faktor tempoh tamat rawatan pula mendapati kira-kira 35% - 58% penagih dadah cenderung berulang selepas dua minggu mereka tamat rawatan. Selain itu, kajian lepas kebanyakannya mendapati terdapat beberapa ciri-ciri demografi yang mungkin dapat dikaitkan dengan kecenderungan berulang seperti faktor umur penagih

dadah dan faktor status sosioekonomi. Oleh yang demikian, melalui kajian ini beberapa faktor kontekstual dan ciri-ciri demografi yang dapat mempengaruhi kecenderungan berulang akan dapat dikupas dengan lebih lanjut lagi.

Kata Kunci: Penagih Dadah, Kecenderungan Berulang, Faktor Kontekstual, Faktor Demografi

Abstract

The increase in the number of relapse drug addicts is alarming. This is because former drug addicts face various pressures and challenges after the end of their treatments and recovery period. The contextual factor involving family's past with family members' involvement in drug problems, treatment and recovery end period are also said to be one of the factors contributing to the inclination to relapse. This situation proves the history of family members' involvement in drug problems could be a risk factor that causes the increase in the relapse rate every year. Meanwhile, the treatment end period factor found that around 35% - 58% of drug addicts relapse into drug use two weeks after their treatment ended. In addition, previous studies mostly identified demographic traits that could be linked to the inclination to relapse such as the age and socioeconomic status factors of addicts. Therefore, through this study, contextual factors and demographic traits that could influence the inclination to relapse could be further elaborated upon.

Keywords: Drug Addicts, Relapse, Contextual Factors, Demographic Factors

1.0 Introduction

Based on the statistic issued by the National Antidrug Agency (AADK) in 2014, 7,078 drug addicts have been identified from January 2013 to December 2013. From this number 2,767 of them are repeat addicts while the remaining ones are new addicts.

This number seems to have increased from the 2,330 repeat users in 2012. The increase in number is an evident as addicts face high risk situations after the end of their treatment and recovery. Information obtained by the AADK also showed that most addicts detected to have relapsed are addicts who have been admitted into the treatment and recovery centres multiple times (AADK, 2014).

Contextual factors covering history of family members involved in drug problems and the end of treatment and recovery period are also said to be one of the factors contributing to the inclination to relapse (Grichting & Barber, 1989). According to Lieb, Merikangas, Isensee and Wittchen, (2002) children that grew up in families involved with drugs are at a risk to be inclined to relapse. This proves that family history of drug involvement could be one of the risk factors that causes the rate of relapse to increase every year. This factor, thus, is said to be a clue to the inclination to relapse (Godfrey, 2009).

Meanwhile, the factor of treatment and recovery end period refer to the duration following the former addict's end of treatment and recovery at the rehabilitation centre. This period is evaluated to identify the duration of the inclination to relapse. Hurdle, Okamoto and Miles, (2003) state the treatment end period is one factor that could influence the inclination to relapse. This is proven through a study they conducted that found around 35% - 58% of drug addicts are inclined to relapse two weeks after treatment ended. A study by Wasif, Azhar, Oktavia, Usman, Uzbek and Athar, (2011) also found addicts are inclined to relapse within six months after the treatment and recovery end period. This is because of the response to the stress and self-dependence from reusing drugs. This means the period of inclination to relapse among addicts is not the uniform, and dependent on the high risk situation they are facing.

However, most previous studies do not highlight the treatment end period in their research, even though this factor is very important in evaluating the inclination to relapse among former addicts. Therefore, the treatment end period could be identified as one factor contributing to the inclination to relapse.

In addition, previous studies mostly found that some demographic traits might be linked to the inclination to relapse such as the addict age factor (Chaturvedi & Phukan, 2003) and the socioeconomic status factor (Kadari Bhagyalakshmi & Kedia, 2003). Through this study, some demographic traits that influence the inclination to relapse could be further deliberated upon.

This study is conducted among former addicts that have ended their period of treatment at the full Cure & Care Rehabilitation Centre. Even though most studies have been done related to the inclination to relapse among former addicts, studies using respondents that have ended their rehabilitation treatment within one to six months is still lacking at the local level. Most researchers at the local level are sent to be more focused on the issues and problems of addicts undergoing treatment at the rehabilitation centres, without discussing the factor of inclination to relapse among former addicts that have ended their treatment and recovery period (Fauziah, 2008). Previous studies mostly agree that usually addicts that have ended their treatment period at the rehabilitation centre have high motivation and confidence that they could avoid relapsing into addiction (Greenfield, Brooks, Gordon, Green, Kropp & McHugh, 2009). Nevertheless, not all of them succeed in facing self- and social pressures after leaving the drug rehabilitation centres. This is acknowledged by the statistics issued by the AADK in 2014 that recorded most addicts are inclined to relapse after the end of treatment and recovery. A previous study conducted found former addicts are

inclined to relapse within the first three to six months after they have completed receiving treatment at the treatment centres.

2.0 Previous Studies

2.1 Demographic Traits

Previous studies identified some demographic traits, such as age, socioeconomic status, treatment end period, and family history of drug problems as influences on the inclination to relapse among former addicts (Lintonen, Rimpela, Vikat & Rimpela, 2000; Huebner, Drane & Valois, 2000). However, some previous studies also found the opposite results (Vereecken et al., 2004). Studies related to demographic traits are still seen as inconsistent. Some researchers found these factors have positive relationship with the inclination to relapse and some previous studies found otherwise. This is possibly due to difference in respondents and uneven measuring instruments (Lintonen, Ahlstrom, & Metso, 2004). Therefore, this study aims to assess demographic traits linked to the inclination to relapse.

2.2 Age

Age represents the individual level of maturity in the process of life. Previous studies found that age has a link with the inclination to relapse among former addicts (Guo, Hill, Hawkins, Catalano & Abbott, 2002). However, other studies found that addict's age has no link to the inclination to relapse (Eisenstein, 2005). Some studies conducted on demographic traits focused on addicts aged 15 years and above found the younger addicts fail to prevent themselves from relapsing (Cross, Doua & Shabbar, 2006). This is because a too young age while using drugs leads addicts to be more inclined to relapse into drug use.

There are studies that found addicts began taking drugs at the age of 13 years old and relapse within a three year period. This is possibly due to the young age factor and the influence of peers and environment (Thomas & Perera, 2006). The frequency of addicts experiencing emotional turmoil such as disappointment, anger, anxiety, and sadness increase with the age factor. This means age affects the emotional instability of former addicts, thus increasing the risk of relapse.

Ortega, Rosenheck and Alegria (2000) in their study on Hispanic and African-American adolescents found addicts that started taking drugs at 15 years old are five times more exposed to the risk of inclination to relapse. However, the factor of familial support is said to reduce to possibility of relapse (Farrell & Cairnes, 1986). This is acknowledged by Greenfield et al., (2009) in their study that state most problems of relapsing happen among youths aged between 18 and 39 years of age. Results show that during this period, relapse occurs because of their desire to get short-term reward and gratification.

It is possible that at a young age, adolescents form expectations that drug use would relieve pain, suppress stress, control negative emotion, and create positive ones, and allows them access into their circle of friends (Nissen, 2011). Gossop, Green and Phillips (1989) added that the young takes drugs in order to obtain positive emotions such as confidence, enjoyment, and energy. They could transform negative emotions into positive ones by expecting rewards from drug use. This proves this group uses drugs for fun and to avoid stress and negative emotions.

It is not unusual to say that drug use is now a normal trend among the youths in the Western countries (Carrabine & Lee, 2009). A study by Newcomb and Bentler (1988) in Britain found that drug intake is normal for youths and an opportunity for them to

experience new things in their process of being more mature. This shows the drug-using culture is popular in Britain and the level of youth users increase by year. In fact, non-drug using youths are ostracised from the norm and their circle. However, in some countries, youths that have drug abuse problems are discriminated in their society, leading to difficult in rehabilitation (Corrigan, Kuwabara & O'Shaughnessy, 2009).

2.3 Socioeconomic Status

Socioeconomic level is an important variable in the context of inclination to relapse. Daniel, Hickman, Macleod, Wiles, Lingford, Farrell, Araya, Skapinakis, Haynes & Lewis, (2009) found the family socioeconomic level has a positive relationship with the problem of drug relapse. This is acknowledged by Macleod, Oakes and Copello (2004) in their study that found 78.6% of addicts relapsed because of their low socioeconomic level. Addicts that live in poverty are at risk with the inclination to relapse (Berkman & Kawachi, 2000). Therefore, the socioeconomic level is important in the context of relapsing behaviour among former addicts. This is because low income or economic level has an indirect effect on the addicts' life stress.

Narimani and Sadeghie (2008) in their study found that economic problems are the source for addicts to relapse. Studies found 66.7% of former addicts with economic problems also face psychological development problems, 32.1% of them with low economic levels face stress in life that drive them to reuse, and only 1.2% manage to persevere and not reuse. In addition, a study by Bradley and Corwyn (2002) also found that family socioeconomic situation has a positive relationship with the problem of addicts relapsing. The higher the economic burden, the more influence it has on the addicts relapsing. However, some studies also found the opposite results, which is low

socioeconomic levels have no link to the problem of relapse (Lemstra, Bennett & Neudorf, 2008; Gregoire & Snively, 2001).

2.4 Treatment End Period

Treatment end period refers to the duration of former addicts following the end of their treatment and recovery at the rehabilitation centres. This period is assessed to identify the period for relapse. Hurdle et al., (2003) argue the existence of a link between the treatment end period and the inclination to relapse. Usually, addicts would reuse after they leave the rehabilitation centre, because within this period, addicts could no longer manage the stress and pain that then forces them to reuse as a reward and sense of gratification.

Walton, Blow, Bingham, and Chermack, (2003) in their study on former addicts that have completed their treatment period for a month found a change in the relapse score among addicts within the 30 days of the study. Results show former addicts are able to resist reuse for only 30 days. 41 per cent of addicts manage to resist use for 30 days, while the remaining could only resist for less than 30 days following treatment and recovery. The results found a difference in the relapse score among different addicts within the 30 day period of study.

Cooper, Holman & Braithwaite (1983) found that 92% of former addicts could only last for four months. After this period, some former addicts were readmitted into treatment and rehabilitation centres as a prevention measure from relapsing. In addition, studies also found five former addicts were reported to have died within the first month after treatment ended, due to the response to stress and self-dependence from reusing drugs.

Haegerich and Tolan, (2009) in their study found addicts could resist from reuse starting from 30 days after the treatment period ends with motivation and support from their environment. Meanwhile, within 60 to 120 days, lack of social support leads to their relapsing. This is proven that on day 120 post-follow-up treatments, the relapse total score mean is higher.

Marlatt and Gordon (1985) found around 35% - 58% of addicts are prone to relapse after two weeks of end of treatment. This means the period of inclination to relapse among former addicts are not uniform, and is dependent on the high risk situation encountered. However, most previous studies do not highlight the treatment and period in their studies, even though this factor is important when evaluating the inclination to relapse among addicts. Most previous studies on treatment period are still inconsistent, some found relapse occurs within weeks, 30 days, 120 days, up to six months. Most previous studies do not highlight the treatment end period in their study, although this factor is important in assessing the maturity level of former addicts in rebuilding their new drug-free lives.

2.5 Family History of Drug Abuse

Family history of drug abuse could also influence children to pick up the habit. Parents that use drugs are a clue to relapse behaviour. It is possible that family members' involvement in drugs increase the addicts' desire to relapse (Steinglass et al., 1987). Most previous studies found that family history of drug use could influence relapse behaviour.

According to Grichting and Barber (1989), individuals with drug-abusing parents or partners have a higher inclination to become repeat offenders. Findings show family history of drug abuse leads to relapse, because family drug abuse influences the

behaviour of other family members. Meanwhile, Hill et al., (2000) in their study found a higher risk of relapse among former addicts with addict family members due to negative life experiences being a higher risk factor of alcohol and ganja use among adolescents. In fact, this could be compared to addicts without the family drug history, whose risk of relapsing is considerably lower. Study by Lieb et al., (2002) also produced similar results.

There is clear evidence that children that grew up in family with drug problems undergo behavioural and anti-social problems (Grant 2005). One in four 18-year old adolescents in the United States are exposed to the risk of drug involvement due to the drug-using family factor. Children with family members involved with drugs show a higher inclination to relapse, due to problems and internal dependence on drugs.

Previous studies also found family members involved in drugs causes children to undergo psychiatric agitation. Children growing up with drug-using parents or family members are inclined to be at risk of relapsing. This means family history of drug use is one risk factor that increases the risk of inclination to relapse, because of their dependence on substance use.

3.0 Analysis and Discussion

This part describes reports the demographic data of respondents that participated in this study. The demographic data explains respondent background such as age, ethnicity, marital status, level of education, employment status, income level, treatment period end, family history of drug use, and inclination to relapse among former addicts.

3.1 Demographic Profile of Former Addicts

Objective 1: Describe the demographic profile traits of former addicts.

3.2 Age

Through demographic data, information on the age of drug addicts that participated in this study has been collected (see Table 4.1). There are a total of 242 respondents. Based on data obtained, four respondents (1.7%) are aged 15 years and below, 134 respondents (55.3 per cent) are 16-25 years old, 103 respondents (42.6 per cent) are 26-39 years old, and only one respondent (4%) is 39 years and above. This shows the majority of former addicts in this study are youths within the 16-25 year-old bracket.

Based on the chronology of life development, during the early 20s, they are at a transitional period from adolescence to youth. In this age, one's participation in drug use is a process that begins with experimentation, but when the experience provides gratification and satisfaction to someone, he would repeat the process. They develop and expectation that drug intake could provide alleviation from stress. As time passes, the drugs seep into their system, and they become addicted to the substance.

This is acknowledged by previous studies conducted by the United Nations Drug Control (UNDCP) in 2010 that found 3.3% to 4.1% of the world's drug addicted population are adolescents between the ages of 16 to 25. This shows this group is the most involved with drugs, and are at risk of relapse. This is compounded by the young age factor plus the influence of peers and environment (Thomas & Perera, 2006). This trend is worrying especially as youths are the largest group involved in drug abuse, and the main concern is the probability that the drug abuse habit would continue into adulthood.

Table 3.1: Age Distribution of Respondents

Age	Number	Percentage
15 years and below	4	1.7
16-25 years	134	55.3
26-39 years	103	42.6
39 years and above	1	0.4

3.3 Ethnicity

Based on information on ethnicity it could be observed that the majority of respondents are Malays, of 202 people (83.4 percent), followed by Indians with 21 people (8.7 percent). The remaining 19 respondents (7.9 percent) are Chinese. Results found most former addicts are Malays, as acknowledged by studies issued by the AADK in 2014, which found Malays are the most identified with drugs every year. This means Malay-Muslim adolescents are most involved in drug problems.

Table 3.2: Ethnic Distribution of Respondents

Ethnicity	Number	Percentage
Malay	202	83.4
Indian	21	8.7
Chinese	19	7.9

3.4 Marital Status

For marital status, 111 people (45.9 percent) are still unmarried, while 106 people (43.8 percent) are married. The remaining 25 people (10.3 percent) are formerly married. This shows most respondents in this study are unmarried.

Table 3.3: Marital Status Distribution of Respondents

Marital Status	Number	Percentage
Unmarried	111	45.9
Married	106	43.8
Formerly Married	25	10.3

3.5 Education Level

For level of education, findings show that 19 respondents (7.9 percent) do not attend school, 33 people (13.9 percent) are at a Primary School Achievement Test (UPSR) level, 96 orang (39.7 percent) are at a Lower Secondary Assessment (PMR) level, 76 people (31.4 percent) are at a Malaysian Certificate of Education (SPM) level, and the remaining 18 respondents (7.4 percent) have a Skills Certificate. Based on this explanation it could be concluded that most respondents only have a PMR level of education.

This shows that most respondents drop out of school at a very young age. In the context of this study, it is possible that most respondents do not have any skills due to their lower level of education. They might feel they do not have a future and that career opportunities are limited. They then feel pressured and turn to drugs to alleviate stress.

This discovery is supported by a report issued by the AADK in 2014 that found the main reason most adolescents participate in drugs is due to their lower education level.

Table 3.4: Education Level Distribution of Respondents

Education Level	Number	Percentage
No schooling	19	7.9
UPSR	33	13.9
PMR	96	39.7
SPM	76	31.4
Skills Certificate	18	7.4

3.6 Employment Status

In the employment status context, 41 respondents (16.9 percent) are part-time employees, five people (2 percent) are still studying, 51 people (21.1 percent) have full-time employment, 72 people (29.8 percent) are self-employed, and the remaining 73 respondents (30.2 percent) are unemployed. This is possibly due to the low level of education.

Table 3.5: Employment Status Distribution of Respondents

Employment Status	Number	Percentage
Part-time	41	16.9
Studying	5	2.0
Full-time	51	21.2
Self-employed	72	29.8
Unemployed	73	30.2

3.7 Level of Income

In the context of income level, 73 respondents (30.2 percent) have an income of RM500 and below, 61 respondents (25.2 percent) have an income in the RM500-RM1000 monthly bracket, 24 respondents (9.9 percent) have an income in the RM1000-RM1500 monthly bracket, 28 respondents (11.6 percent) have an income of RM1500 and above, and the remaining 56 respondents (23.1 percent) have no source of income.

Low income or socioeconomic levels have an indirect effect on the inclination to relapse (Jones, Williams, Jetten, Haslam, Harris, Gleibs, 2012). According to previous researchers, individuals living and growing up in poverty have a higher risk of involvement in drugs (Liddell, 2007).

Table 3.6: Level of Income Distribution of Respondents

Level of Income	Number	Percentage
RM500 and below	73	30.2
RM500-RM1000	61	25.2
RM1000-RM1500	24	9.9
RM1500 and above	28	11.6
Unemployed	56	23.1

3.8 Treatment End Period

In the context of treatment end period in the CCRC, three respondents (1.2 percent) ended treatment in two months, 164 respondents (67.9 percent) ended treatment in three months, 39 orang respondents (16.1 percent) ended treatment in four months, while 18 respondents (7.4 percent) ended their treatment in the five and six month period. This shows the majority of respondents in this study ended their treatment period in three months.

The treatment end period is taken into consideration as according to Chong & Herman, (2003) drug addicts relapsed within the first month post-treatment. More than half of the former addicts in their study relapsed within three months after receiving treatment. This is because in that period, addicts could no longer bear the stress and pain, which then forces them to reuse drugs as reward and gratification.

Some previous researchers state the period is linked to relapse such as Hurdle et al., (2003) that found addicts would relapse within three to six months post-treatment, because the inability to control stress and pain drives them back to reuse.

Table 3.7: Treatment End Period Distribution of Respondents

Treatment End Period	Number	Percentage
2 Months	3	1.2
3 Months	164	67.9
4 Months	39	16.1
5 Months	18	7.4
6 Months	18	7.4

3.9 Family History of Drug Abuse

Findings related to family members that have been involved in drug use shows 155 respondents (64 percent) said they have family members involved in drug abuse, while 87 respondents (36 percent) stated they do not have this history of drug abuse among family members.

According to Shelef, Diamond and Liddle (2005), addict family members serve as a mechanism that creates interest in the same activity. It is possible that family members involved in drugs would increase former addict's desire to become addicted (Steinglass et al., 1987). Drug abuse among family members could influence behaviour of other family members. This means family history of drug use could be a clue to the inclination to relapse (Hill et al., 2000), because of the problems and drug dependence still within the addicts that are still not fully treated.

Table 3.8: Family History of Drug Abuse Distribution of Respondents

Family History of Drug Abuse	Number	Percentage
Yes	156	64
No	87	36

3.10 Family Members Involved in Drug Abuse

Findings related to family members involved in drug abuse shows nine respondents (3.7 percent) state their mothers were involved in drugs, 64 respondents (26.4 percent) state their fathers were involved with drugs, 61 respondents (25.2 percent) state their older brothers were involved in drugs, three respondents (1.3 percent) state their older sisters were involved with drugs, 16 respondents (6.6 percent) state their younger brothers were involved with drugs, and two respondents (0.8 percent) state their younger sisters were involved with drugs. The remaining 87 respondents (36 percent) do not have family members involved in drug problems.

Addicts are found to be more exposed to the risk of relapse if their parents were involved with drugs (Thompson, 2003). Grichting and Barber (1989) also found individuals with drug-addicted fathers have a higher inclination to relapse.

The findings related to family members involved in drug-related problems also show that males monopolised drug use, with 141 users being male family members. Many studies, especially in Western countries, proved that more males use drugs compared to females. This might be due to different social controls that work to govern male and

female drug use (Jarvinen 2001; Gfellner & Hundleby 1994; Huselid & Cooper 1992; Room 1996; Snare 1989). In fact, previous studies found that more precocious teenage boys are more inclined to participate in unhealthy activities, including truancy and drug use. Denzin & Lincoln (2005) found that precocious teenage boys are more inclined to problematic behaviour. This is different for teenage girls, as they reach maturity and physical development at an earlier age, and are more self-conscious.

Family Member	Number	Percentage
Mother	9	3.7
Father	64	26.4
Older Brother	61	25.2
Older Sister	3	1.3
Younger Brother	16	6.6
Younger Sister	2	0.8
None	87	36

3.11 Inclination to Relapse Distribution of Respondents

Findings related to inclination to relapse found 133 people (55 percent) state they have an inclination to relapse after the treatment period ended, while the remaining 109 people (45 percent) say they do not have such inclination to relapse after the end of their treatment period.

Research findings found more than half of the respondents say they have an inclination to relapse. According to the Genetic Science Learning Center (2008), the problem of repeat use occurs in almost all addicts. Repeat here is described as a "culture" within two years following the end of the addict's treatment and rehabilitation

period. Their inclination to relapse is possibly due to them undergoing changes such as change in thought, emotion, behaviour, and attitude. These changes force addicts to return to drugs as a form of self-approval (Zvolensky et al., 2008).

4.0 Conclusion

In this study, contextual factors that cover family history of involvement in drug-related problems and the end of treatment period are also linked to the inclination to relapse. This also applies to demographic factors, which have implications in the inclination to relapse among former addicts. This proves that all these factors listed could be a risk factor causing the year-by-year increase of the inclination to relapse. Children from a drug-using domestic situation have a higher inclination to relapse. What is most concerning is the youths are the largest group involved in drug use, and this drug-use habit will continue into adulthood. This problem is not only detrimental to the human capital that the nation depends on, but the government must also bear a large cost to fund treatment and rehabilitation. If they could not be rehabilitated, our country faces large losses, socially and economically. Therefore, the drug problem must be eradicated as best possible to ensure the drug problems are stopped and the country does not lose a source of human capital that contributes to its economic development.

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