

A Qualitative Study on Drug Abuse Relapse in Malaysia: Contributory Factors and Treatment Effectiveness

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Abstract

Introduction/Background: Drug abuse is a complex issue and has been a serious public health problem in Malaysia. The high relapse rate which has been consistently over 50% for the past decades has been worrying also. Research into the contributory factors of drug abuse represents a continuing effort to curb this growing social threat and past research has shown that family factors and peer influence were two of the primary contributory factors of drug abuse.

Aim & Objectives: The present study aims to examine the contributory factors of drug relapse among drug addicts and the treatment effectiveness of a centre in Malaysia.

Methods/Study Design: An in-depth qualitative interview which was flexible, non-directive, and semi-structured was employed. There were 17 drug addicts and 3 administrative staffs being selected from the Malaysian Private Rehabilitation Centre for interview.

Results/Findings: Result indicated that peer influence and curiosity were the top two significant factors contributing to drugs abuse. Treatment provided in the centre was highly effective as majority of the participants have a very low intention to relapse after recovered.

Discussion/Conclusion: The current research provides us a general idea of how the drug abusers and rehabilitation centre are like in Malaysia, providing clue to related parties on how we can further work on reducing if not eliminating drug abuse in our country.

Key words: Drug abuse relapse, contributory factors, treatment effectiveness, family factors, peer influence, curiosity

Literature Review

Drug abuse is a complex issue and has been a serious public health problem in Malaysia.¹ The cumulative number of registered drug users until 2008 was estimated at about 250,000 and was predicted to reach half a million by 2015.² Another worrying trend is the high relapse rate which has been consistently over 50% for the past decades.^{3,4,5} For instance in 2009, for every 20 new cases of drug abusers reported daily in average; there were concurrently 24 cases of relapse detected on the very same day.⁶

Research into the contributory factors of drug abuse also represents a continuing effort to curb this growing social threat. Previous research has shown that family factors and peer influence are two of the primary contributory factors of drug abuse. The family factors comprised the parental behavior, family relationships (father-mother or parent-child), the atmosphere within the family, and the family's economic standing. In particular, Glynn⁷ found that parental substance use was itself the most significant predictor of drug abuse, which may be attributable to the modeling of parental behaviors as explained by the social learning theory. The stronger the parent-child relationship, the greater the parental influence on the child in which case, if the parent is a substance user, there is a greater chance that the child would follow the parent's footsteps. This is further supported by Andrews, Hops, and Duncan's study⁸ which investigated substance use in adolescents. They found that adolescents tended to model themselves on their father's marijuana use and mother's cigarette's use if there was a close parent-child relationship.

On the other hand, Cooper, Peirce, and Tidwell⁹ did not find paternal or maternal drinking problems to be predictive of substance use (including drinking problems) other than chaotic and unsupportive family conditions. Cooper et al. thus showed that family conditions instead of the family members' behavior itself appear to play a greater role in substance use but the defined boundaries between these two variables may not be clear-cut because they intertwine and influence each other. In a similar vein, Clark¹⁰ investigated the effect of family support among adults with mental illness and substance use. He found that family's economic support was linked to substance abuse recovery while caregiving duration was associated with substance use reduction.

In another study involving African Americans, parental variables including parent-child communication and parent-child relationship were found to be related to teenagers' substance use.¹¹ Specifically, open communication about substance use and a positive parent-child relationship could serve as protective factors for teenagers against substance use.¹¹ Relatedly, Lonczak, Fernandez, Austin, Marlatt, and Donocan¹² found that adolescents from a single-parent family evidence a higher likelihood of regular tobacco use and alcohol initiation than those from a two-parent family. Adolescents raised in a single-parent family or an adopted family were also found to be at greater risk of initiating marijuana use. Moreover, a positive link was found between cohabiting extended family and adolescent's tobacco initiation.¹² In essence, multiple family factors including family support, family relationships and communication, the availability of the parental figure, and the duration of care

provided would seem to have a bearing on substance use, beyond that of parental substance use per se.

Apart from family factors, peer influence on drug abuse has also been frequently studied. In Malaysia, it has been identified as the major contributory factor of drug abuse (57.9%) according to the latest statistics by Agensi Antidadah Malaysia.⁶ The social pressure to belong, be accepted, and be part of a social group prompted some adolescents to conform to their peer group and start trying out drugs. A study by Hundleby and Mercer¹³ found that peers' substance use is one of the most significant factors in predicting adolescent drug use. The motive to experiment with drugs is especially strong among immature adolescents who are seeking to belong to a group or a gang.¹⁴

Previous studies have also found similarities in substance use among peers.^{15,16} This could be attributed to the fact that peer influence is partly the outcome of socialization in which one's peers knowingly or unknowingly influence one's behaviors, and in this case substance use.¹⁵ The constant association with and reinforcement from one's peers who are substance users could more easily predispose someone to substance use. On the other hand, positive influence such as prosocial involvement is associated with a reduced risk for alcohol use.¹⁷ Hence, peer influence affects the behavioral outcome of a person as a result of his or her peer's behaviors whom he or she comes to interact with.

Research on peer influence on substance use has also looked into group identity. Verkooiken, Vries, and Nielson¹⁸ studied the impact of group identity on the use of tobacco, alcohol, and marijuana among adolescents and found that identification with the pop, techno, skate/hip-hop, and hippie groups was linked to increased probability of substance use compared to the quiet, sporty, religious, computer nerd groups. In adopting the group identity, individuals who perceived the group members as likely to abuse substance were more likely to follow suit¹⁸. In conforming to the masculine norm, a sample of 154 Asian American men (of 21.57 years old in average) engaged in binge drinking (27%), marijuana abuse (18%), illicit drug abuse (8%), and cocaine abuse (3%) within the last 30 days.¹⁹ Another study in support of peer influence in substance use comes from Dishion and Owen's¹⁶ longitudinal study examining the relationship between peer influence and substance use in adolescence and adulthood based on a sample of 206 males. This study showed that substance use in adulthood was predicted by peer influence during adolescence. Past research has also indicated that the overwhelming majority of adolescents try drugs out of curiosity; others begin using drugs as a means of rebellion and expression of dissatisfaction with traditional norms and values.²⁰ Thus, the contributory role of peer influence in substance use is widely supported.

Relapse rate

National Anti-Drug Agency (NADA)²¹ reported in year 2007, fresh drug addict and relapse addicts were 6679 and 7810 correspondingly. Surprisingly, both fresh drugs addicts and relapse rate declined from 6679 to 5939 and 7810 to 6413 respectively in year 2008. However, relapse addicts indicated higher percentage than fresh drug addicts. According to the statistic report done by National Drug Information System

(BIONADI),⁶ in year 2009, there were 8613 former drug addicts relapse into drug. As compared to year 2009, relapse rate among drug abusers in year 2010 decreased approximately 25%. This indicated that 2400 drug addicts registered in year 2009 had been successfully treated without relapse within the first examination of National Drug Information System.

In Malaysia, opiates (heroin, 32%; morphine, 22%) are the most commonly abused drugs, followed by cannabis (33%) and amphetamine-based stimulants (8%)⁶. Drug abusers detected will be sent for compulsory rehabilitation and treatment programs for two years as mandated by the law.²² It would cost the government about RM3000 per month for each drug addict and a staggering RM300 million annually for its rehabilitation programs.²³

Mohamad Hussain and Mustafa²⁴ conveyed that there were evidence of 90% relapsed cases among heroin addicts within six months after been discharged from the rehabilitation centres. Astonishingly, inmates who fully followed the programs in the rehabilitation centre contributed to relapse as well. In parallel, Habil²⁵ found more than 70% of the drug addicts who attended to rehabilitation centres would probably relapse. Although some of the programs in the rehabilitation centre had been successful, there were still 70% to 90% of drug addicts relapse within the first year after been discharged.²⁶

Fauziah and Kumar²⁷ described drug relapse as complex, vibrant, and volatile process. They labelled drug relapse as “usage, intake, or misuse of psychoactive substance after one had received drug addiction treatment and rehabilitation, physically, and psychologically”.

Yet, the rehabilitation programs have failed to bring down the relapse rates which remain a serious concern in the country to date. Despite the scarcity of research on this, initial research effort has also been directed at investigating the contributory factors on relapse. For example, Ibrahim, Samah, Talib, and Sabran²⁸ have done a preliminary study on the main factors related to relapse using self-administered questionnaires. Their study found that self-confidence was the main factor for relapse (contributing to 62.4% variance) followed by social support (2.2%) and family support (0.7%). However, the use of stepwise regression as in their study has also been criticised for potential bias or uncertainty.²⁹ Moreover, the other factors contributing to the remaining variance are also yet to be examined.

Objectives

In view of the lack of qualitative data on relapse in drug users, this study aims to fill in that gap, specifically to clarify the contributory factors on relapse drawn directly upon the drug users' personal experiences and perspectives. This will also closely tie to and allow the reassessment of the effectiveness of the treatment program.

Significance of Study

Findings from the study would be useful on diverse levels of the society. The outcome of the study could help parents to be more aware of their children's needs and emotion stability. Adolescents especially may easily lead to inadequate behaviour such as drugs abuse if their needs are not being fulfilled. It is essential for parents and community to identify the contributory factors of drug abuse and the reasons of high relapse rate.

The present study can be treated as reference to keep track on the latest progress of drugs abuse cases. With this reference, Non-Government Organizations (NGOs) could improve prevention programs and treatment plans against drugs abuse in Malaysia.

Methodology

Study design

This is a qualitative study designed to explore the contributory factors and treatment effectiveness as to relate the drug abuse relapse in Malaysia. An in-depth qualitative interview which is flexible, non-directive, semi-structured, and open-ended will be employed. As the existing literature mainly consists of quantitative data, a qualitative study would provide more in-depth and holistic perspectives and understanding.^{30,31,32,33} Moreover, it is also possible to examine the subjective causality through qualitative research from the drug addicts' personal experiences and perspectives of lives.³¹

Participants

A total of 17 participants (11 males, 6 females) participated in the study. They are recruited from a rehabilitation centre located in Kuala Lumpur Malaysia. Their age ranged from 20 to 53 years old; 13 of them were working whereas 4 of them were unemployed prior to admission to the centre. Among the participants, there were 11 Chinese, 4 Indian, 1 Myanmar, and 1 Bidayuh. 8 of them were single, 4 of them were divorced, and 5 of them were married. Thirteen of the participants have lower secondary education background or more, 3 have the primary education level and 1 has not attended to school at all. (See Table 1 for further details)

Procedure

Based on Taylor and Bogdan's³⁴ guidelines, the first interview would focus on establishing rapport with the participants to make them feel more at ease and willing to open up and talk freely. The number of follow-up interviews was not specified prior to the study as it depended on the participants and took *several* sessions (2-3 or more). Each session took at least one hour to conduct. The interviewers were reminded to be a good listener, to be patient, nonjudgmental, sensitive, and sympathetic, as well as to pay attention during the interviewing sessions to ensure successful interviews.³⁴

An interview guide will also be prepared to remind the interviewers to explore certain topics although it is far from being a structured protocol. A review of the literature shows that most of the studies have employed unstructured interviews. However, lack of standardization may result in low level of reliability or increased the level of biasness. To overcome these problems, we have decided to use the semi-structured interviews. An appealing feature of semi-structured interviews would be more systematic in guiding the participants to reveal information pertaining to this research projects. Such an approach may enhance the quality of the research findings.

At the outset, human ethics approval from the university and a permission letter from the drug rehabilitation center were obtained. The participants comprised of drug addicts who relapsed to their drug use. In the first visit, they were briefed about the purpose of the study and their consent obtained. The interviews were tape-recorded and later transcribed. The interviewers consisted of four researchers (two assigned to each participant). The researchers then analyzed the transcripts for related themes and finally reach a consensus.

Relationship with Family

This interview session consists of 3 themes which are the relationship with parents, parents' issues, and family issues. See Table 2 for semi-structured questionnaire. Participants' responses were reported as follow.

Theme 1: Relationship with Parents

Results of present study indicated that 9 (52%) of the participants have poor relationship with their parents. Another 8 (48%) of the participants' explained that they have good family relationship. Participants who rated 3 and 4 (moderately true and very true) based on interview checklist said that they felt strange towards parents as they never received love from parents since young. There was also 1 participant mentioned that his parents only took care of his meal without educated him properly.

Theme 2: Parents' Issues

Results of present study showed that parents of drug addicts were mostly not involved in drug using. In other words, children were not influenced by parents in drug using. Anyway, 3 participants stated that their parents showed inadequate model in family. There were two participants claimed that their parents punished them excessively by severe caning. Nonetheless, majority of them did not subject to excessive punishment.

Theme 3: Family Issues

Drug addicts have been brought up in broken family. Most of the drug addicts complained that there were at high level of stress and disharmony in their family. There was also poor communication in the family. However, their family did not face any severe economic problems as most of their parents worked and managed to support the living of family members.

Peers Relationship

This session consists of 3 themes which are peers' relationship with parents, peers' issues, and peer influence. See Table 3 for semi-structured questionnaire. Participants' responses were reported as follow.

Theme 1: Peers' Relationship with Parents

Participants in the present study stated most of their peers were not rejected by parents. Moreover, their peers did not show isolation from family as well. There were only 3 (18%) of their peers tended to be isolated from family. According to participants' statement, their peers were quite close with parents.

Theme 2: Peers' Issues

12 (71%) Participants mentioned that most of their peers presented behavior problems and engaged in social problems such as robbery and stealing. There were very few of their peers who were obedient.

Theme 3: Peer Influence

According to the participants' perspective, peers were not the main fuse that influenced them in drugs taking. For example, among 17 participants, only half of them claimed that peers were the one who influenced and persuaded them in taking drugs. Three (17%) of them reported that peers were the drugs supplier and participants obtained the drugs from their peers. On the other hand, participants who disagreed with the influence of peer factors would not blame anyone. They honestly explained that they should be responsible for the problems that occurred in their life.

Contributory Factors to Drug Abuse

During the interview sessions, participants were very cooperative in revealing the contributory factors to drug abuse. Results reported that peer influence was chosen most frequently (12 times) followed by curiosity (9 times) and family issues or conflicts (5 times). Unemployment and personal problem were chosen the least, only once respectively. Hence, peer influence and curiosity were the top contributory factors to drug abuse. See table 4.

Evaluation of Rehabilitation Centre

A rating scale of 1 to 10 was given to participants during interview sessions in order to identify their evaluation towards their current rehabilitation centre. Participants rated their current centre as a good rehabilitation centre. Most of their rating was in the range of 8 to 10. There was only 3 participants gave a rating of 5 to 7 to their current rehabilitation centre. Participants who rated 8 to 10 in their evaluations were satisfied with the programs and services provided. They were happy and grateful that they were part of the rehabilitation centre as they were guided consistently to the right track by social workers and volunteers. On the other hand, participants who rated 5 to 7 basically were not satisfied with the life in rehabilitation centre as they were referred by their family members in a forceful way. In addition, 1 of the participant claimed that the rules set in the centre were very tight. Nevertheless, 2 participants were satisfied with the programs especially the arrangement of trips and visitations during weekends.

Three administrators in the centre were being interviewed. They rated the centre in the range of 7 to 9. In their opinions, the services and programs in the centre can still be improved by adding in activities that related to spiritual input. 1 of the administrators disclosed that he has to wake up at 5.30am and this was the worst in the centre for him.

Relapse Rate of Participants

Among 17 participants, 7 of them stated that they would not relapse after recovery. When asked the percentage of relapse, the 7 of them gave a figure of 0%. In other words, they were 100% sure that they would not relapse in the future. Another 10 participants were not guarantee whether they would relapse. According to them, it was very much dependent on the situations. Half of these 10 participants stated there was lower than 25% of relapse rate in future whereas another half of them mentioned they did not have any thought of taking drugs again for this moment. They were afraid of the negative impacts of drugs. Thus, they did not perceive themselves as a high risk group in relapse.

Discussions

According to the responses in exploring relationship with parents, parents' issues, and family issues, most of the respondents were found to have grown up in broken family where the family was filled with high level of stress, disharmony and dysfunctional communication. No significant theme was found in relationship with parents and parents' issues.

Contrary to previous studies that show relationship with parents and parents' issue to be related to offspring's drug abuse,^{7,11} the current research found no such trend in the Malaysia context. Only family issues, specifically the family situation in which the offspring grew up shows significant influence among the drug abusers. Apparently, the environment in which a person grows up has a strong impact on his or her later choice of abusing drugs. This could be explained in terms of Erikson's psychosocial development.³⁵ Growing up in a dysfunctional family, a child could not obtain what is needed to fulfill his need to go through the eight predetermined stages.³⁵ He gets stuck at a certain stage which possibly causes behavior problems in life. Further research is still needed to validate the impact of growing up environment on a person's later drug abuse behavior.

The present study also investigates the peers of the respondents in terms of their relationship with parents, peers' own issues, and peer influence to the respondents. Outcome reveals that peers generally have good relationship with parents, shows some problematic behavior such as stealing, and believed not to be the main reason to the respondents' drug abuse. This seems to be in accordance to research that showed people being inclined to abusing substance when they see their friends as likely to do so.¹⁸ In this study, the respondents have friends who are showing rebellious behavior though not necessarily directly related to drug abuse. This shows how impactful peers could be to an individual even if the peers do not directly teach the person to behave negatively.

In the current study, respondents mentioned peer influence and curiosity to be the top reasons contributing to their drug abuse. This is in accordance to the statistics of Agensi Antidadah Malaysia⁶ which revealed peer influence to be the main causal factor of drug abuse (57.9%). This finding, again, emphasizes the impact peers could impose on an individual. The importance of public awareness regarding negative consequences of drug abuse is also highlighted here. The public could stop the desire before curiosity gets hold of them.

When asked about relapse rate, seven out of the 17 respondents have full confidence that they would not fall back. Being aware of the negative impacts of drugs, the relapse rate mentioned by the other 10 participants was low. Therefore generally, all the respondents have appropriate confidence of them not relapsing while going back to the society. This is a positive finding as confidence has been shown to be crucial for not relapsing.^{28,36} All of the respondents rated the centre above 5 with majority giving the rate of 8-10. In short, the participants have overall good view of the centre.

Implications

Findings of current research serve as a reference for the rehabilitation centre to provide more effective programs for the drug abusers. Present study revealed that peer influence is the most chosen factor causing drug abuse. This is in line with past research which has shown that people are more likely to abuse substance when they see their identified group members as likely to do so.¹⁸ Hence, efforts could be done to minimize the negative effects of peer influence. Specifically, the government or school could set compulsory courses for students to learn to differentiate well and bad behavior and the negative consequences of substance abuse. This is essential so that they would not be easily influenced by peers who impose negative impacts.

Human's curiosity could be beneficial if used in the right setting such as in education. Unfortunately, high level of curiosity in the wrong setting could contribute to disasters. Seeing curiosity to be one of the most impactful factors in drug abuse, programs could be made to eliminate if not decrease its negative impacts. Awareness programs regarding the harmful consequences of trying out drugs and later getting addicted, for instance, could be set up for the public. Every person should be aware of the possible impacts of drug addiction so that they would stop before their curiosity cause them into trying out something that could ruin their life.

The rehabilitation centre could also make use of the respondents' feedback for further improvement of the centre. For instance, one of the participants mentioned not liking the centre as the rules set were too rigid. The rehabilitation centre could take this opportunity to evaluate if the feedback was true and make relevant amendment or improvement if needed. The administrators could also use the reported relapse rate as an overall understanding of how well the rehabilitation centre is serving and carry out appropriate reevaluation and implementations for better success rate.

Strengths

As interviews were carried out by third party and contents were de-identified, the participants would not be pressured to provide favorable response especially in terms of the feedback to the centre and opinion of own relapse possibility. This opens up opportunity for the centre to utilize the data and to evaluate the centre to maximize its effectiveness. In short, the centre, the public and other related parties have a reliable source of data regarding the rehabilitation centre. In addition to providing advantages to the centre, the involvement of third party in the study also benefits the participants who are also the residents or users of the rehabilitation service. The participants have a channel to voice their honest view of the rehabilitation centre.

The rating of the centre from the perspective of participants (3 rated 5 to 7 over 10; the rest rated above 5) also gives an overall idea to the centre and the public on how the residents are feeling undergoing the programs in the centre. The study also includes feedback of the centre from both the clients and staff, hence increasing the reliability of results.

Limitations

Several things need to be taken into consideration while reviewing the findings. Firstly, the relapse rate was merely the judgment of the participants. In fact, the participants were still undergoing the program at the time of interview, receiving encouragements and motivations from the counselors and other volunteers in the centre. This abundant of support from these parties could have boosted their confidence in handling the society outside of the centre after completion of the rehabilitation. This is a positive condition though, as research has shown confidence to facilitate determination after failure.³⁶ It is crucial for participants to persist not to relapse after rehabilitation.

Another concern is that the participants were all recruited from the same rehabilitation centre. Therefore, findings of centre's effectiveness could not be generalized to other rehabilitation centres located in Malaysia. Furthermore, the results of centre's effectiveness, that is, participants' judgment of their own possible relapse rate was a very general one for the public's basic understanding or guideline. The small number of participants also limits the generalization of the findings.

Future Research

Future research could include participants from several different centres in Malaysia. The increased number of centres and number of participants could then increase the findings' generalization. Comparison could also be made between government rehabilitation and non-government rehabilitation centre as both could have different policies and guidelines in handling the centres and people going through treatment. These differences might be the reasons for effectiveness differences if available. The ultimate goal would be to disclose the best possible treatment program for different

kinds of clients and to maximize the available resources. The differences of clients could be in terms of contributory factors to initiation of abuse, kinds of substance abused, personality, family background, education level, or even races. In fact, it is widely known that individualized rehabilitation is crucial for effective treatment.²¹ Therefore, the next important step would be to find out the connections between different characteristics of drug addicts and the suitable rehabilitation programs.

As the current research finds peer influence and curiosity to be the most chosen contributory factors of drug abuse in a rehabilitation centre in Malaysia, the incoming research based in the same country could next focus on the in-depth mechanisms how these factors cause a person ending up as drug abuser. Research could also aim to find the appropriate and most effective treatment for these people utilizing resources available in the local context. Besides, utilizing further findings of the mechanisms, precaution programs should be designed and implemented nationwide so that number of new abusers could be eliminated at the same time decreasing relapsing addicts.

The current research draws on the participants' relapse rate according to their own judgment while still undergoing the treatment at the centre. In order to increase its persuasiveness and reliability of the research findings, future studies could invest to study the correlation between respondents' own judgment and relapse rate after completion of treatment. This would further ease future research studies as it is harder to obtain feedback from drug abusers who have already left the rehabilitation centre and living in the society.

Conclusion

The current research utilizing the method of semi-structured interview has provided us some statistics along with more in-depth subjective information of drug abuse in Malaysia. First of all, while using the questionnaire exploring family factors and peer influence, family issues and peer's behavior are shown to be significant to drug abusers. Besides, peer influence and curiosity are the most frequently mentioned contributory factor to participants' drug abuse. When asked about relapse rate after completion of the treatment, seven out of the 17 participants have full confidence that they would not fall back. The relapse rate mentioned by the other 10 participants is low as a result of being aware of drugs' negative impacts. In terms of satisfaction of the centre, most of the participants rated the centre favorably. The current research provides us a general idea of how the drug abusers and rehabilitation centre are like in Malaysia, providing clue to related parties on how we can further work on reducing if not eliminating drug abuse in our country.

Conflict of Interest: None declared.

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Table 1: Participants' Details

Gender	Age	Race	Marital Status	Education Background
Male: 11	30-39 (2)	Chinese (5)	Single (5)	Primary (3)
	40-49 (5)	Indian (4)	Divorced with	Lower secondary(5)
<i>Working with income: 8</i>	50 (1)	Bidayuh (1)	children (3)	Upper secondary (2)
<i>Unemployed: 3</i>	51 (2)	Myanmar (1)	Married with	Graduate (1)
	53 (1)		children (3)	
Female: 6	20-29 (4)	Chinese (6)	Single (3)	Did not attend school (1)
	40-49(2)		Divorced with	Lower secondary (2)
<i>Working with income: 4</i>			children (1)	Upper secondary (3)
<i>Working without income</i>			Married with	
<i>(Social worker): 1</i>			children (2)	
<i>Unemployed: 1</i>				
TOTAL			17	

Table 2: Semi-Structured Questionnaire of Relationship with Family

No.		Not at all true	Slightly true	Moderately true	Very true
1.	Isolation from family	1	2	3	4
2.	Lack of closeness with parents	1	2	3	4
3.	Lack of parental support	1	2	3	4
4.	Lack of recognition, trust and love	1	2	3	4
5.	Suffer from parental rejection and hostility	1	2	3	4
6.	Lack of family closeness	1	2	3	4
7.	Father is always unhappy	1	2	3	4
8.	Mother is always unhappy	1	2	3	4
9.	Parents are having marital serious conflict	1	2	3	4
10.	There is disharmony in family	1	2	3	4
11.	There is high degree of stress and trauma.	1	2	3	4
12.	Parents are drug abusers	1	2	3	4
13.	Parents act as inadequate model	1	2	3	4
14.	Parents showing lack of coping skills in life	1	2	3	4
15.	Parents showing lack of clear rules, limits and guidance	1	2	3	4
16.	Parents use excessive punishment	1	2	3	4
17.	Follow parental model of coping by using drugs and alcohol	1	2	3	4
18.	Family showing history of problem behaviour	1	2	3	4
19.	Family members seldom talk to each other	1	2	3	4
20.	Family showing extreme economic deprivation	1	2	3	4

Table 3: Semi-Structured Questionnaire of Peer Relationship

No.		Not at all true	Slightly true	Moderately true	Very true
1.	Peers show isolation from family	1	2	3	4
2.	Peers show lack of closeness with parents	1	2	3	4
3.	Peers show rebelliousness	1	2	3	4
4.	Peers shows lack of recognition, trust and love	1	2	3	4
5.	Peers suffer from parental rejection and hostility	1	2	3	4
6.	Peers engage in problem behaviour	1	2	3	4
7.	Peers show favourable attitudes toward problem behaviour	1	2	3	4
8.	Peers encourage strongly to be drug user	1	2	3	4
9.	Availability of drugs from peers	1	2	3	4
10.	Influence of peers in drugs use is undeniable	1	2	3	4

Table 4: Contributory Factors to Drug Abuse

Contributory Factors to Drug Abuse	Number of Participant
Peer Influence	12
Curiosity	9
Family Issue/Conflict	5
Others	4
Tension Release	3
Unemployment	1
Personal Problem	1